



April 3, 2024

THIS LETTER SENT VIA EMAIL TO: jan.cobaleda-kegler@sonoma-county.org

Ms. Jan Cobaleda-Kegler, Director
Sonoma County Behavioral Health Division
2227 Capricorn Way, Suite 203
Santa Rosa, CA 95407

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Director Cobaleda-Kegler:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Intergovernmental Agreement operated by Sonoma County.

The County Compliance Section (CCS) within DHCS' Audits and Investigations (A&I) conducted a review of the County's compliance with Federal and State regulations, program requirements and contractual obligations based on supporting documentation and interviews with County staff. Enclosed are the results of Sonoma County's Fiscal Year (FY) 2023-24 DMC compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Sonoma County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to DHCS' Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 6/3/2024. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHOMDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at michael.bivians@dhcs.ca.gov.

Sincerely,

Michael Bivians | Unit Chief

Distribution:

To: Director Cobaleda-Kegler,

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review
Division Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Review Branch
Chief
Ayesha Smith, Audits and Investigations, County Compliance Section Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II
Chief
Sergio Lopez, County/Provider Operations and Monitoring Section I Chief
Tony Nguyen, County/Provider Operations and Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Cammie Noah, Sonoma County Quality Assurance Manager

COUNTY REVIEW INFORMATION

County:

Sonoma

County Contact Name/Title:

Cammie Noah, Quality Assurance Manager

County Address:

2227 Capricorn Way
Santa Rosa, CA 95407

County Phone Number/Email:

(707) 565-7472
cammie.noah@sonoma-county.org

Date of Review:

12/13/2023

Lead CCM Analyst:

Michael Bivians

Assisting CCM Analyst:

N/A

Report Prepared by:

Michael Bivians

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
 - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

- II. Program Requirements:
 - a. Fiscal Year (FY) 2022-23 DMC Intergovernmental Agreement (IA)
 - b. State of California *Adolescent Best Practices Guidelines October 2020*
 - c. DHCS' *Perinatal Practice Guidelines FY 2018-19*
 - d. DHCS' *Minimum Quality Drug Treatment Standards (Document 2F(a))*
 - e. National Culturally and Linguistically Appropriate Services (CLAS)
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 12/13/2023. The following individuals were present:

- Representing DHCS:
Michael Bivians, County Compliance Monitoring 2 (CCM2) Unit Chief
Cristina Whitlock, County/Provider Operation and Monitoring Branch (CPOMB) Liaison
- Representing Sonoma County:
Jan Cobaleda-Kegler, Behavioral Health Division Director
Cammie Noah, Quality Assurance Manager
Christina Marlow, Behavioral Health Section Manager
Melissa Struzzo, Behavioral Health Section Manager
Arin Travis, Behavioral Health SUD Analyst
Jennifer Pimentel, Compliance Officer
Katrina Straight, Behavioral Health Auditing and Monitoring Manager
Krysten Johnston, Accountant II
Nathan Hobbs, Quality Improvement Manager
Carmen Morales, Accountant III
Will Gayowski, Behavioral Health SUD Quality Assurance
Kelley Ritter, Chief Financial Officer
Masha McCarthy, Behavioral Health Compliance Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process.
- Overview of services provided.

Exit Conference:

An Exit Conference was conducted via WebEx on 12/13/2023. The following individuals were present:

- Representing DHCS:
Michael Bivians, CCM2 Unit Chief
Cristina Whitlock, CPOMB Liaison

- Representing Sonoma County:
Jan Cobaleda-Kegler, Behavioral Health Division Director
Cammie Noah, Quality Assurance Manager
Christina Marlow, Behavioral Health Section Manager
Melissa Struzzo, Behavioral Health Section Manager
Arin Travis, Behavioral Health SUD Analyst
Jennifer Pimentel, Compliance Officer
Katrina Straight, Behavioral Health Auditing and Monitoring Manager
Krysten Johnston, Accountant II
Nathan Hobbs, Quality Improvement Manager
Carmen Morales, Accountant III
Will Gayowski, Behavioral Health SUD Quality Assurance
Kelley Ritter, Chief Financial Officer
Masha McCarthy, Behavioral Health Compliance Analyst

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2023-24 COMPLIANCE DEFICIENCIES (CD)

<u>Category</u>	<u>Number of CDs</u>
1.0 Availability of DMC Services	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 6 a-b each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2023-24 CAP:

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The CPOMB analyst will monitor progress of the CAP completion.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the County's Quality Assurance and Performance Improvement program was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.5:

DMC Contract, Exhibit A, Attachment I, Part I, Section 3 DMC Certification and Continued Certification, A, 4, c

The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to:

Minimum Quality Treatment Standards, (Document 2F(a))

Minimum Quality Drug Treatment Standards Document 2F(a), A, 5

Written roles and responsibilities...for the medical director shall be clearly documented, signed and dated by a program representative and physician.

Findings: The County did not provide evidence of a Roles and Responsibilities document signed by the County's Medical Director as required according to the Minimum Quality Drug Treatment Standards.

The County did not provide evidence of a Roles and Responsibilities document signed by the subcontractor's Medical Director as required according to the Minimum Quality Drug Treatment Standards.

CD 3.4.1:

DMC Contract, Exhibit A, Attachment I, Part III Reporting Requirements, C, 3-8

California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx Business Rules and Requirements are:

3. Electronic submission of CalOMS-Tx data shall be submitted by the Contractor within 45 days from the end of the last day of the report month.
4. The Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection.
5. The Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.
6. The Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.
7. The Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls.
8. The Contractor shall implement and maintain a system for collecting and electronically submitting CalOMS-Tx data.

Findings: The County’s Open Admissions report is not in compliance.

TECHNICAL ASSISTANCE

Sonoma County did not request technical assistance during this review.