



March 24, 2023

THIS LETTER SENT VIA EMAIL TO: kpier@inyocounty.us

Kimball Pier, Director
Inyo County Health and Human Services
163 May Street
Bishop, CA 93514

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS
REPORT

Dear Director Pier:

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

The County Compliance Section (CCS) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring protocol, discussion with county staff, and supporting documentation provided by the County. Enclosed are the results of Inyo County's Fiscal Year (FY) 2022-23 DMC contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Inyo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operations and Monitoring Branch (CPOMB) liaison by 5/24/2023. Please use the enclosed CAP form and 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 related to this report, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer | Compliance Monitoring II Analyst

Distribution:

To: Director Pier

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
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Tony Nguyen, County/Provider Operations and Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Ralph Cataldo, Inyo County HHS Administrative Analyst III

COUNTY REVIEW INFORMATION

County:

Inyo

County Contact Name/Title:

Ralph Cataldo/HHS Administrative Analyst III

County Address:

163 May Street
Bishop, CA 93514

County Phone Number/Email:

760-873-4073/ralphcataldo@inyocounty.us

Date of Review:

2/7/2023

Lead CCM Analyst:

Susan Volmer

Assisting CCM Analyst:

Michael Bivians

Report Prepared by:

Susan Volmer

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) 2021-22 State-County Contract, herein referred to as State County Contract
- b. Fiscal Year (FY) 2022-23 State-County Contract, herein referred to as State County Contract
- c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
- d. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 2/7/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II (CCM II) Analyst
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
- Representing Inyo County:
Kimball Pier, Director
Ralph Cataldo, HHS Administrative Analyst III

During the Entrance Conference, the following topics were discussed:

- Introductions
- County overview of services provided
- DHCS overview of review process

Exit Conference:

An Exit Conference was conducted via WebEx on 2/7/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, CCM II Analyst
Michael Bivians, CCM II Chief
- Representing Inyo County:
Kimball Pier, Director
Ralph Cataldo, HHS Administrative Analyst III

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>		<u>Number of CD's</u>
1.0	Administration	2
2.0	Program Integrity	0
3.0	Perinatal Practice Guidelines	1
4.0	Youth Services	1
5.0	Reporting Requirements	1

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County 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 2022-23 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 1: ADMINISTRATION

A review of the County's Administration was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2:

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, B, 2

1. The Contractor shall amend its subcontracts for covered services in order to provide sufficient funds to match allowable Federal Medicaid reimbursements for any increase in DMC services to beneficiaries.

Findings: The County did not provide evidence of compliance demonstrating how it amends subcontracts for covered services in order to provide sufficient funds to match allowable Federal Medicaid reimbursements for any increase in DMC services to beneficiaries.

CD 1.6:

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1

Title 22 Section 51341.1 (h)(6) (B)(ii)

- (i) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.

Title 9 Section §10415 (g)(1-3)

- (g) The program shall complete a discharge summary for each patient who is terminated from treatment, either voluntarily or involuntarily. The discharge summary shall include at least the following:
 - (1) The patient's name and date of discharge;
 - (2) The reason for the discharge; and
 - (3) A summary of the patient's progress during treatment.

Findings: The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for narcotic treatment program beneficiaries terminated voluntarily or involuntarily from treatment.

Category 3: PERINATAL PRACTICE GUIDELINES

A review of the County's Perinatal Practice Guidelines was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.1:

DMC Contract, Exhibit A, Attachment I AI, Part II, I

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

Perinatal Practice Guidelines Section B, 4

1. SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

Findings: The County did not provide evidence of compliance demonstrating the following Perinatal Practice Guidelines requirement:

- Coordination with other services (criminal justice, social services, educational services, and vocational rehabilitation).

Category 4: YOUTH SERVICES

A review of the County's Youth Services was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.1:

DMC Contract, Exhibit A, Attachment I A1, Part II, J

J. Youth Treatment Guidelines

The Contractor will follow the guidelines in Document 1V, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

Adolescent Best Practices Guidelines 3.1.6

Case Management and Care Coordination

Adolescents are often involved in multiple systems while in or on their path to treatment and throughout their recovery (see Systems Collaboration section for additional information). Effective adolescent services coordinate with the adolescent's family and with professionals from the various systems with which he or she interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice). Involvement of these professionals, as identified by the team, assists in developing and executing a comprehensive treatment plan. Case managers (e.g., care coordinators) provide continuous support for the adolescents, ensuring there are linkages.

Findings: The County did not provide evidence of compliance demonstrating the following Case Management and Care Coordination Services are offered:

- Coordination with adolescent's family.
- Coordination with social services.
- Coordination with child welfare.
- Coordination with juvenile justice.

Category 5: REPORTING REQUIREMENTS

A review of the County's reporting requirements was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.1:

DMC Contract, Exhibit A, Attachment I A1, Part III; C, 3-6

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.

Findings: The County's Open Admissions report is out of compliance.

TECHNICAL ASSISTANCE

DHCS's CCM Analyst will make referrals to the DHCS CPOMB County Liaison for training and/or technical assistance in the areas identified below:

Reporting Requirements: The County requested assistance with error codes in CalOMS reporting.