



July 31, 2024

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

Ms. Anna Scott, Behavioral Health Director
Inyo County Department of Health and Human Services
1360 North Main Street, Suite 202
Bishop, CA 93514

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Director Scott:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Intergovernmental Agreement operated by Inyo 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 Inyo County's Fiscal Year (FY) 2023-24 DMC compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Inyo 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). For questions regarding the CAP process and submitting documentation, email your questions to 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 Scott,

Cc: Mateo Hernandez, Chief
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Lori Bengochia, Inyo County Senior Manager

COUNTY REVIEW INFORMATION

County:

Inyo

County Contact Name/Title:

Kimball Pier / Deputy Director

County Address:

1360 N. Main St.
Bishop, CA 93514

County Phone Number/Email:

kpier@inyocounty.us
760-937-1658

Date of Review:

1/24/2024

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 Teams on 1/24/2024. The following individuals were present:

- Representing DHCS:
Michael Bivians, County Compliance Monitoring 2 (CCM2) Unit Chief
John Wiesner, CCM2 Health Program Specialist I (HPSI)
- Representing Inyo County:
Lori Bengochia, Inyo County Senior Manager
Melisa Beth Baker, Inyo County Deputy Director
Ralph Cataldo, Administrative Analyst III

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 1/24/2024. The following individuals were present:

- Representing DHCS:
Michael Bivians, CCM2 Unit Chief
John Wiesner, CCM2 HPSI

- Representing Inyo County:
Lori Bengochia, Inyo County Senior Manager
Melisa Beth Baker, Inyo County Deputy Director
Ralph Cataldo, Administrative Analyst III

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	2
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	5
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	1
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.

Your CPOMB liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2023-24 CAP, please email MCBHOMDMonitoring@dhcs.ca.gov.

Category 1: AVAILABILITY OF DMC SERVICES

A review of the County's records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 1.1.1:

DMC Contract, Exhibit A, Attachment I, Part I, Section 2 Covered Services, A covered Services, 1 a-e

Covered Services

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a. Outpatient Drug-Free Treatment
- b. Narcotic Treatment Program Services
- c. Naltrexone Treatment
- d. Intensive Outpatient Treatment
- e. Perinatal Residential Substance Abuse Services (excluding room and board)

MHSUDS Information Notice No: 18-009

The DMC contract between the Department and a contracting county specifies that the contracting county "shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area." (See Fiscal Year 2017-2020 DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1.) The contract goes on to define "covered services" to include the following:

- a) Outpatient drug-free treatment;
- b) Narcotic replacement therapy;
- c) Naltrexone treatment;
- d) Intensive Outpatient Treatment; and
- e) Perinatal Residential Substance Abuse Services (excluding room and board).

(DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1) The contract further requires that a contracting county “maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services.” (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraph 1.) These services must be provided to Medi-Cal beneficiaries with reasonable promptness, may not be limited due to budgetary constraints, and must be provided to requesting beneficiaries without regard to the county of residence (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraphs 1 and 2.). A referral to a non-contracting provider or to another county without an appropriate funding agreement does not fulfill a county’s contractual obligation to arrange, provide or subcontract for DMC services.

Findings: The County did not provide evidence demonstrating how it arranges, provides, or subcontracts for the following DMC Services:

- Narcotic Treatment Program Services
- Naltrexone Treatment

CD 1.1.2:

DMC Contract, Exhibit A, Attachment I, Part I, Section 2 Covered Services, B Access to Services, 1, a

Subject to DHCS provider enrollment requirements, the Contractor shall maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services through use of DMC enrolled providers. Such services shall not be limited due to budgetary constraints.

When a request for covered services is made by a beneficiary, the Contractor shall require services to be initiated with the timely access standards outlined below. The Contractor shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

BHIN 22-070

DHCS calculates compliance using the Date of First Contact to Request Services and the number of days between that date and the Assessment Appointment First Offer Date, wherein, 80% of beneficiaries must have been offered an appointment within the appropriate standard.

Outpatient Services – Substance Use Disorder Services: Offered an appointment within 10 business days of request for services.

Residential: Offered an appointment within 10 business days of request for services.

Narcotic Treatment Program (NTP): Offered an appointment within 3 business days of request for services.

Findings: The County did not provide evidence it has a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

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 3.1.4:

DMC Contract, Exhibit A, Attachment I, Part I, Section 4 Monitoring, B, 5, a

The Contractor shall notify DHCS' Data Management, Reporting, and Evaluation Section by email at DHCSMPF@dhcs.ca.gov of the termination of any contract with a subcontractor, and the basis for termination of the contract, within five business days of the termination.

Findings: The County did not provide evidence of a procedure to notify DHCS by email at DHCSMPF@dhcs.ca.gov regarding the termination of any contract with a subcontractor, and the basis for termination of the contract, within five business days of the termination.

CD 3.2.3:

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, 3 a-j

Written code of conduct for employees and volunteers/interns shall be established which addresses at least the following:

- a. Use of drugs and/or alcohol;
- b. Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- c. Prohibition of sexual contact with beneficiary's;
- d. Conflict of interest;
- e. Providing services beyond scope;
- f. Discrimination against beneficiary's or staff;
- g. Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- h. Protection beneficiary confidentiality;
- i. The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
- j. Cooperate with complaint investigations.

Findings: The County did not provide evidence it ensures County staff sign a Code of Conduct that includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically:

- Providing services beyond scope.

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 that the County Medical Director's Roles and Responsibilities document includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically:

- Is signed and dated by a program representative.

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 did not ensure timely submission of beneficiary annual updates to the CalOMS-Tx system.

The County did not ensure timely submission of provider data updates to the CalOMS-Tx system.

CD 3.4.2:

DMC Contract, Exhibit A, Attachment I, Part III Reporting Requirements, E, 1-4

Drug and Alcohol Treatment Access Report (DATAR) The DATAR business rules and requirements are:

1. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom the Contractor makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
2. The Contractor shall ensure that all DATAR reports are submitted by either the Contractor-operated treatment providers and/or by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.
3. The Contractor shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity.
4. The Contractor shall ensure that all applicable providers are enrolled in DHCS' web-based DATAR program for submission of data, accessible on the DHCS website, when executing the subcontract.

Findings: The County did not ensure timely submission of provider capacity data updates to the DATAR system.

Category 6: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the County's Beneficiary Rights and Protections was conducted to ensure compliance with applicable Federal and State regulations, program requirements and contractual obligations. The following deficiency was identified:

COMPLIANCE DEFICIENCY:

CD 6.5.2:

DMC Contract, Exhibit A, Attachment I, Part II General, L, 12

Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

Findings: The County did not provide evidence demonstrating compliance with Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

TECHNICAL ASSISTANCE

Inyo County did not request technical assistance during this review.