



July 29, 2024

THIS LETTER SENT VIA EMAIL TO: rroberts@mono.ca.gov

Robin K. Roberts, Director
Mono County Behavioral Health
1290 Tavern Road
Mammoth Lakes, CA 93546

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Director Roberts:

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

Mono 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez | County Compliance Unit II Analyst

Distribution:

To: Director Roberts,

Cc: Mateo Hernandez, Chief
Contract and Enrollment Review Division - Audits and Investigations

Catherine Hicks, Chief
Behavioral Health Review Branch
Contract and Enrollment Review Division - Audits and Investigations

Ayesha Smith, Chief
County Compliance Section
Contract and Enrollment Review Division - Audits and Investigations

Michael Bivians, Chief
County Compliance Monitoring 2
Contract and Enrollment Review Division - Audits and Investigations

Sergio Lopez, Chief
County/Provider Operations and Monitoring Section 1
Medi-Cal Behavioral Health – Oversight and Monitoring Division

Tony Nguyen, Chief
County/Provider Operations and Monitoring Section 2
Medi-Cal Behavioral Health – Oversight and Monitoring Division

MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Amanda Greenberg, Mono County Behavioral Health Program Manager
Stephany Meja, Mono County Behavioral Health SUD QA Coordinator

COUNTY REVIEW INFORMATION

County:

Mono

County Contact Name/Title:

Stephany Meja, SUD QA Coordinator

County Address:

107655 U.S. HWY 395
Walker, CA 96133

County Phone Number/Email:

(760) 924-1740
smejia@mono.ca.gov

Date of Review:

03/04/2024

Lead CCM Analyst:

Emanuel Hernandez

Assisting CCM Analyst:

N/A

Report Prepared by:

Emanuel Hernandez

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 03/04/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Unit II (CCM II) Analyst
David Cannedy, County/Provider Operations and Monitoring Branch (CPOMB) Staff Services Manager I
Alessandra Rocha, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
Marcellus Presley, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Mono County:
Robin Roberts, Mono County Behavioral Health Director
Amanda Greenberg, Mono County Behavioral Health Program Manager
Stephany Meja, Mono County Behavioral Health SUD QA Coordinator
Debra Stewart, Mono County Behavioral Health SUD Supervisor

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 3/4/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst
David Cannedy, CPOMB Staff Services Manager I
Alessandra Rocha, CPOMB Analyst
Marcellus Presley, CPOMB Analyst

- Representing Mono County:
Robin Roberts, Mono County Behavioral Health Director
Amanda Greenberg, Mono County Behavioral Health Program Manager
Stephany Meja, Mono County Behavioral Health SUD QA Coordinator
Debra Stewart, Mono County Behavioral Health SUD Supervisor

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	1
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	4
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 Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section QQ 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 deficiency was identified:

COMPLIANCE DEFICIENCY:

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 demonstrating compliance with timely access standards. Specifically, the County did not demonstrate beneficiaries were offered appointments within the following timelines:

- Outpatient Substance Use Disorder Services: 10 business days of request for services.
- Residential: 10 business days of request for services.
- Narcotic Treatment Program (NTP): 3 business days of request for services.

And

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 it notifies 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 and subcontractor staff sign a Code of Conduct that includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required elements are missing, specifically:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with clients or their family members for personal gain.
- Prohibition of sexual contact with beneficiaries.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.

- Verbally, physically, or sexually harassing, threatening, or abusing beneficiaries, family members or other staff.
- Protection of beneficiary confidentiality.
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under.
- Cooperation with complaint investigations.

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 elements are missing, specifically:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
- Ensure that physicians do not delegate their duties to nonphysician personnel.
- Develop and implement medical policies and standards for the provider.
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- 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’s Open Admissions report and Open Provider report are not in compliance.

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

Mono County did not request technical assistance during this review.