



March 7, 2023

THIS LETTER SENT VIA EMAIL TO: [jan.cobaleda-kegler@sonoma-county.org](mailto:jan.cobaleda-kegler@sonoma-county.org)

Ms. Jan Cobaleda-Kegler, Director  
Sonoma County Department of Health Services, 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) Contract operated by Sonoma 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 Sonoma County's Fiscal Year (FY) 2022-23 DMC compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Sonoma County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 5/8/2023. 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 [MCBHOMEMonitoring@dhcs.ca.gov](mailto:MCBHOMEMonitoring@dhcs.ca.gov).

If you have any questions, please contact me at [katrina.beedy@dhcs.ca.gov](mailto:katrina.beedy@dhcs.ca.gov).

Sincerely,

Katrina Beedy | Analyst

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  
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Melissa Struzzo, BHD-SUD Section Manager, Sonoma County  
Chris Marlow, BHD-QAPI Section Manager, Sonoma County  
Kat Straight, BHD-QAPI Auditing & Monitoring Manager, Sonoma County

## COUNTY REVIEW INFORMATION

**County:**

Sonoma County

**County Contact Name/Title:**

Cammie Noah/SUD Quality Assurance Manager

**County Address:**

2227 Capricorn Way, Suite 203  
Santa Rosa, CA 95407

**County Phone Number/Email:**

Cammie.Noah@sonoma-county.org  
(707) 565-7472

**Date of Review:**

1/26/2023

**Lead CCS Analyst:**

Katrina Beedy

**Assisting CCS Analyst:**

N/A

**Report Prepared by:**

Katrina Beedy

**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 1/26/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst  
Cristina Whitlock, County/Provider Operations & Monitoring Branch (CPOMB) Analyst  
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
- Representing Sonoma County:  
Cammie Noah, SUD QA Manager  
Melissa Struzzo, BHD-SUD Section Manager  
Chris Marlow, BHD-QAPI Section Manager  
Kat Straight, BHD-QAPI Auditing & Monitoring Manager  
Masha McCarthy, DHS Compliance Analyst  
Ken Tasseff, DHS Privacy & Security Officer  
Kelley Ritter, DHS CFO  
Marta Fijalowski, DHS Revenue Analyst  
Donna Lawrence, DHS Supervising Accountant  
Bruce Robbins, DHS Administrative Services Officer  
Arin Travis, DHS-BHD Department Analyst  
Martha Naranjo, DHS-BHD Department 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 1/26/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, CCM II Analyst  
Cristina Whitlock, CPOMB Analyst
- Representing Sonoma County:  
Cammie Noah, SUD QA Manager  
Melissa Struzzo, BHD-SUD Section Manager  
Chris Marlow, BHD-QAPI Section Manager  
Kat Straight, BHD-QAPI Auditing & Monitoring Manager  
Masha McCarthy, DHS Compliance Analyst  
Ken Tasseff, DHS Privacy & Security Officer  
Kelley Ritter, DHS CFO  
Marta Fijalowski, DHS Revenue Analyst  
Donna Lawrence, DHS Supervising Accountant  
Bruce Robbins, DHS Administrative Services Officer  
Arin Travis, DHS-BHD Department Analyst  
Martha Naranjo, DHS-BHD Department Analyst

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)**

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

## Category 2: PROGRAM INTEGRITY

A review of the County's program integrity 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 2.3:**

DMC Contract, Exhibit A, Attachment I A1, Part II, T, 1-3

#### **T. Discrimination Grievances**

1. The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
2. The Contractor shall adopt Discrimination Grievance procedures that ensure the prompt and equitable resolution of discrimination-related complaints. The Contractor shall not require a beneficiary to file a Discrimination Grievance with the Contractor before filing the grievance directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.
3. The Discrimination Grievance Coordinator shall be available to:
  - a) Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.
  - b) Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.
  - c) Investigate and process any Americans with Disabilities Act, Section 504 of the Rehabilitation Act, section 1557 of the Affordable Care Act, and/or Gov. Code section 11135 grievances received by the Contractor.

**Findings:** The County did not provide evidence of compliance demonstrating the requirements involving Discrimination Grievances are met, specifically:

- Notification that beneficiaries may file a Discrimination Grievance with DHCS' Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights before filing with the County.

The County did not provide evidence demonstrating each Discrimination Grievance includes all required documentation. The missing required documentation includes:

- Acknowledgement Letter.
- Disposition/Resolution Letter.



- Corresponding NOABD, if applicable.
- Supporting documentation/evidence.
- Provider notification of the grievance, appeal, expedited appeal results.

### **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 deficiencies in regulations, standards, or protocol requirements were identified:

#### **COMPLIANCE DEFICIENCIES:**

##### **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**

4. 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:

- Transportation.

##### **CD 3.2:**

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

##### **Perinatal Practice Guidelines Section B, 10**

##### **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, 10**

10. SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment. The purpose of providing

interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.

If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the provider must:

- i. Admit the woman no later than 14 days of the request; or
- ii. Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.
- iii. At a minimum, interim services include the following:
  - a. Counseling and education about the risks and prevention of transmission of HIV and TB;
  - b. Counseling and education about the risks of needle-sharing;
  - c. Counseling and education about the risks of transmission to sexual partners and infants;
  - d. Referral for HIV or TB services;
  - e. Counseling on the effects of alcohol and drug use on the fetus; and
  - f. Referral for prenatal care.

#### Perinatal Practice Guidelines, Section C, 4

4. It is recommended that pregnant and parenting women are provided with interim services while they are awaiting admission into treatment. The delivery of interim services aims to reduce the risks of fetal exposure to substances, and to help contain the spread of infectious disease.

Often times, placing a client who is requesting SUD treatment services on a waiting list serves as a barrier. It often leads some individuals “to give up on treatment and continue using, while some are prompted to perceive sobriety during the waiting period as proof that treatment is not necessary. Therefore, it is important to provide pregnant and parenting women with interim services as a means of reducing adverse health effects, encouraging entry into treatment, and promoting the health of women. Examples of interim services include peer mentorship, services by telephone or e-mail, risk assessment activities, and drop-in centers.

#### 42 USC § 300x-23

**Findings:** The County did not provide evidence of compliance demonstrating interim services include the following elements:

- Counseling and education about the risks and prevention of transmission of TB;
- Counseling and education about the risks of needle-sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;

- Referral for HIV or TB services;
- Counseling on the effects of alcohol and drug use on the fetus; and
- Referral for prenatal care.

## 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 deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **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 mental health services.
- Coordination with physical health care services.
- Coordination with social services.
- Coordination with child welfare.
- Coordination with juvenile justice.

#### **CD 4.2:**

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 all 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 4.6

##### Transportation

Access to safe, affordable transportation for adolescents with SUDs can increase their engagement and retention in treatment, aid in accessing other treatment-related services, and assist in achieving treatment and recovery plan goals. Transportation assistance may be accomplished in a variety of ways, such as provision of public transportation passes; and identification of and access to other community transportation resources (NASADAD, 2014).

**Findings:** The County did not provide evidence of compliance demonstrating youth transportation may be provided in one or more of the following ways, specifically:

- Provision of public transportation passes.
- Other community transportation resources.
- Other modes of transportation.

## **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 deficiencies in regulations, standards, or protocol requirements were identified:

### **COMPLIANCE DEFICIENCIES:**

#### **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.

#### **CD 5.3:**

**DMC Contract, Exhibit A, Attachment I A1, Part III; E, 1-2**

- E. 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.

**Findings:** The County's DATAR Non-Compliance Report is out of compliance.

## TECHNICAL ASSISTANCE

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

**Youth Services:** The County requested clarification on how the Adolescent Best Practice Guidelines will align with CalAIM, specifically for DMC Counties.

**Reporting Requirements:** The County requested assistance in ensuring compliance with its CalOMS Open Admissions and DATAR reports.

**Other Topic(s):** The County requested clarification on when the AOD Certification Standards will be in alignment with CalAIM.