



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

October 8, 2021

Sent via e-mail to: [mmann@inyocounty.us](mailto:mmann@inyocounty.us)

Marilyn Mann, Director  
Inyo County Department of Health and Human Services  
1360 N. Main Street  
Bishop, CA 93514

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Mann:

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

The County Compliance Unit (CCU) 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 instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Inyo County's State Fiscal Year 2020-21 State Plan 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 12/8/2021. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [susan.volmer@dhcs.ca.gov](mailto:susan.volmer@dhcs.ca.gov).

Sincerely,

*Susan Volmer*  
Susan Volmer  
(916) 713-8677

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Director Mann

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Mayumi Hata, Medi-Cal Behavioral Health Division, County/Provider Operations and  
Monitoring Branch Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Stephanie Tanksley, Inyo County Program Integrity and Quality Assurance (PIQA) Manager  
Ralph Cataldo, Inyo County Administrative Analyst III  
Catherine Grisham, Inyo County Addictions Counselor  
Sheila Turner, Inyo County Addiction Counselor  
Donna Stephen, Inyo County Addiction Counselor

## COUNTY REVIEW INFORMATION

**County:**

Inyo

**County Contact Name/Title:**

Stephanie Tanksley, Program Integrity and Quality Assurance (PIQA) Manager

**County Address:**

1360 N. Main Street  
Bishop. CA 93514

**County Phone Number/Email:**

760.872.3273

[stanksley@inyocounty.us](mailto:stanksley@inyocounty.us)

**Date of Review:**

8/18/2021

**Lead CCU Analyst:**

Susan Volmer

**Assisting CCU Analyst:**

N/A

**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 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 8/18/2021. The following individuals were present:

- Representing DHCS:  
Susan Volmer, Associate Government Program Analyst (AGPA)  
Angela Rankin, AGPA
- Representing Inyo County:  
Stephanie Tanksley, Program Integrity and Quality Assurance (PIQA) Manager  
Ralph Cataldo, Administrative Analyst III  
Catherine Grisham, Addictions Counselor  
Sheila Turner, Addiction Counselor  
Donna Stephen, Addiction Counselor

During the Entrance Conference, the following topics were discussed:

- Introductions
- Inyo County overview of services
- Overview of monitoring process

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 8/18/2021. The following individuals were present:

- Representing DHCS:  
Susan Volmer, AGPA  
Angela Rankin, AGPA
- Representing Inyo County:  
Stephanie Tanksley, PIQA Manager  
Ralph Cataldo, Administrative Analyst III  
Catherine Grisham, Addictions Counselor  
Sheila Turner, Addiction Counselor  
Donna Stephen, Addiction Counselor

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	2
2.0 Covered Services	2
3.0 DMC Certification & Continued Certification	0
4.0 Monitoring	0
5.0 General Provisions	0

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, 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 2020- 21 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) Who will be responsible for correction and ongoing compliance.

The CPOMB analyst will monitor progress of the CAP completion.

## Category 1: ADMINISTRATION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.3:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, A, 3, a

##### 3. Training

- a) The Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' MCBHD or the Contractor. The Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov) annually as part of the DHCS Contractor monitoring process.

**Findings:** The County does not ensure Title 22 annual training documentation of attendance is emailed to DHCS.

#### **CD 1.4:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, d

- d) The Contractor shall certify the DMC claims submitted to DHCS represent expenditures eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR 430.30, 433.32, and 433.51). The Contractor shall not knowingly submit claims for services rendered to any beneficiary after the beneficiary's date of death, or from unenrolled or disenrolled providers.

**Finding:** The County does not have a process to review and verify submitted claims were accurate and legitimate. Specifically, not knowingly submitting claims for services rendered to any beneficiary after the beneficiary's date of death.



## Category 2: COVERED SERVICES

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

### COMPLIANCE DEFICIENCY:

#### **CD 2.1:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 2, B, 2

1. Covered services, whether provided directly by the Contractor or through subcontractors with DMC certified and enrolled programs, shall be provided to beneficiaries without regard to the beneficiaries' county of residence

**Findings:** The County does not have a process to ensure beneficiaries receive DMC covered services without regard to the beneficiary's county of residence.

#### **CD 2.2:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 2, B, 1, a

1. 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
  - a) When a request for covered services is made by a beneficiary, the Contractor shall require services to be initiated with reasonable promptness. 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.

**Findings:** The County does not have a process to monitor and evaluate accessibility of care.

The County does not have a process for addressing problems that develop regarding wait times for appointments.

## TECHNICAL ASSISTANCE

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

**Administration:** Assistance in Development of Policies & Procedures around subcontractor provider monitoring