



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

July 12, 2021

Sent via e-mail to: rroberts@mono.ca.gov

Robin Roberts, MFT, Director  
Mono County Behavioral Health  
452 Mammoth Rd.  
Mammoth Lakes, CA 93546

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Roberts:

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 Mono 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 Mono 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.

Mono 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 9/13/2021. 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 [becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov).

Sincerely,  
*BLCounter*  
Becky Counter  
(916) 713-8567

[becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov)

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 Roberts,

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  
Amanda Greenberg, Mono County Program Manager

## COUNTY REVIEW INFORMATION

**County:**

Mono

**County Contact Name/Title:**

Amanda Greenberg / Program Manager

**County Address:**

452 Mammoth Rd.  
Mammoth Lakes, CA 93546

**County Phone Number/Email:**

(760) 924-1754  
agreenberg@mono.ca.gov

**Date of Review:**

6/16/2021

**Lead CCU Analyst:**

Becky Counter

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Becky Counter

**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 6/16/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)  
Susan Volmer, AGPA
- Representing Mono County:  
Robin Roberts, Director  
Amanda Greenberg, Program Manager  
Stephanie Mejia, Staff Services Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Mono County overview of services

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 6/16/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA  
Susan Volmer, AGPA
- Representing Mono County:  
Robin Roberts, Director  
Amanda Greenberg, Program Manager  
Stephanie Mejia, Staff Services Analyst

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow-up deadlines

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

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	1
2.0 Covered Services	0
3.0 DMC Certification & Continued Certification	0
4.0 Monitoring	4
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 deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **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 County staff complete training on Title 22 regulations and DMC program requirements annually.



## Category 4: MONITORING

A review of the County's monitoring and program integrity 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:**

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

- B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Division 9, Part 3, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, and Article 1.3, Sections 14043, *et seq.*, (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code Regulations (hereinafter referred to as Title 9).

##### 22 CCR § 51341.1 (b) (28) (A) (i) (f) (iii)

- (A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:
- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following
- (f) 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.
- (iii) A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

**Findings:** The County did not provide evidence to support the County's Medical Director received the annual five (5) hours of continuing medical education units in addiction medicine. The County did not provide evidence to support a subcontractor's Medical Director received the annual five (5) hours of continuing medical education in addiction medicine.

#### **CD 4.2:**

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

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

##### Minimum Quality Treatment Standards, Document 2F(a)

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### Minimum Quality Treatment Standards, Document 2F(a), A, 3

A. Personnel Policies

3. 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.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

A. Personnel Policies

4. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

**Findings:** The County did not provide a copy of the Code of Conduct for the Medical Director of Mono County.

The Code of Conduct for the Medical Director of Tarzana Treatment Center did not meet the following requirement:

- Signed and dated by a provider representative.

**CD 4.3:**

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

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

Minimum Quality Treatment Standards, Document 2F(a)

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

A. Personnel Policies

5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

22 CCR § 51341.1 (b) (28) (A) (i) (a)-(f)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
  - (a) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
  - (b) Ensure that physicians do not delegate their duties to non-physician personnel.
  - (c) Develop and implement medical policies and standards for the provider.
  - (d) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
  - (e) Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
  - (f) 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.

**Finding:** The County did not provide a copy of the written roles and responsibilities for the Medical Director of Mono County.

The written roles and responsibilities for the Medical Director of Tarzana Treatment Center did not meet the following requirement:

- Signed and dated by a provider representative.

**CD 4.4:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, a-b

1. Program Integrity: The Contractor is responsible for ensuring program integrity of its services and its subcontractors through a system of oversight, which shall include at least the following:
  - a) Compliance with state and federal law and regulations, including, but not limited to, 42 CFR 433.51, 42 CFR 431.800 *et seq.*, 42 CFR 440.230, 42 CFR 440.260, 42 CFR 455 *et seq.*, 42 CFR 456 *et seq.*, 42 CFR 456.23, 22 Cal. Code Regs. 51490, 22 Cal. Code Regs. 51490.1, 22 Cal. Code Regs. 51159, WIC 14124.1, WIC 14124.2, 42 CFR 438.320, 42 CFR 438.416, 42 CFR 438.10, and 42 CFR 438.206.
  - b) The Contractor shall conduct, at least annually, a programmatic and utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review shall include an on-site visit of the DMC provider. Reports of the annual review shall be provided to the Medi-Cal Behavioral Health Division (MCBHD) at:

DHCS  
Medi-Cal Behavioral Health Division  
1500 Capitol Avenue, MS# 2623  
Sacramento, CA 95814

Or by secure, encrypted email to: [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov)

The review reports shall be provided to DHCS within two weeks of completion by the Contractor.

Technical assistance is available to counties from DHCS' MCBHD.

**Finding:** The County did not provide evidence it conducts an audit of all DMC providers at least annually to assure services are being appropriately rendered.

## **TECHNICAL ASSISTANCE**

Mono County is requesting Technical Assistance in Quality Improvement. DHCS's County Compliance Unit Analyst will make referrals to the DHCS' CPOMB County Liaison for the training and technical assistance areas identified below:

Quality Improvement: Mono County is requesting assistance with clarification on monitoring tools for multiple requirements.