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GAVIN NEWSOM  
GOVERNOR

June 7, 2022

Sent via e-mail to: [quistr@saccounty.net](mailto:quistr@saccounty.net)

Ryan Quist, Director  
Sacramento County Department of Health Services  
7001-A East Parkway Suite 400  
Sacramento, CA 95823-2501

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Quist:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Sacramento 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 Sacramento County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Sacramento County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 8/8/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

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

Sincerely,

Michael Bivians  
(916) 713-8966

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 Quist,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Lori Miller, Sacramento County Division Manager, Substance Use Prevention & Treatment  
Edward Dziuk, Sacramento County Health Program Manager, Substance Use Prevention & Treatment

## COUNTY REVIEW INFORMATION

**County:**

Sacramento

**County Contact Name/Title:**

Ed Dziuk, Health Program Manager, Substance Use Prevention & Treatment

**County Address:**

7001-A East Parkway  
Sacramento, CA 95823-2501

**County Phone Number/Email:**

(916) 875-2057  
dziuked@saccounty.net

**Date of DMC-ODS Implementation:**

7/1/2019

**Date of Review:**

4/20/2022

**Lead CCU Analyst:**

Michael Bivians

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Michael Bivians

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
  - b. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
  - 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 4/20/2022. The following individuals were present:

- Representing DHCS:  
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
- Representing Sacramento County:  
Ed Dziuk, Health Program Manager, Substance Use Prevention & Treatment  
Lori Miller, Division Director, Substance Use Prevention & Treatment  
Andrew Mendonsa, Clinical Program Manager, Substance Use Prevention & Treatment  
Alex Rechs, Program Manager, Quality Management  
Stephanie Dasalla, Program Planner, Substance Use Prevention & Treatment  
Michelle Besse, Mental Health Program Coordinator  
Kelsey Parker-White, Senior Mental Health Counselor  
Nicole Harper, Mental Health Program Coordinator  
Joyce Bartlett, Mental Health Program Coordinator  
Kathleen Macias, Mental Health Program Coordinator  
Eriberto Manzano, Mental Health Program Coordinator  
Trisha Parker, Mental Health Program Coordinator  
Kimberley Grimes, Human Services Program Planner  
Melissa Viscarra, Mental Health Program Coordinator  
Joyce Bartlett, Senior Mental Health Counselor

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 4/20/2022. The following individuals were present:

- Representing DHCS:  
Michael Bivians, CCM II Chief
  
- Representing Sacramento County:  
Ed Dziuk, Health Program Manager, Substance Use Prevention & Treatment  
Lori Miller, Division Director, Substance Use Prevention & Treatment  
Andrew Mendonsa, Clinical Program Manager, Substance Use Prevention & Treatment  
Alex Rechs, Program Manager, Quality Management  
Stephanie Dasalla, Program Planner, Substance Use Prevention & Treatment  
Michelle Besse, Mental Health Program Coordinator  
Kelsey Parker-White, Senior Mental Health Counselor  
Nicole Harper, Mental Health Program Coordinator  
Joyce Bartlett, Mental Health Program Coordinator  
Kathleen Macias, Mental Health Program Coordinator  
Eriberto Manzano, Mental Health Program Coordinator  
Trisha Parker, Mental Health Program Coordinator  
Kimberley Grimes, Human Services Program Planner  
Melissa Viscarra, Mental Health Program Coordinator  
Joyce Bartlett, Senior Mental Health Counselor

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	5
2.0 Coordination of Care	1
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	2
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	3

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

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.



## Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1.4:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, e-f

- iii. The Contractor shall comply with the following timely access requirements:
- e. Monitor network providers regularly to determine compliance.
  - f. Take corrective action if there is a failure to comply by a network provider.

**Findings:** The Plan did not provide evidence demonstrating all network providers' compliance with timely access requirements. The Plan did not provide evidence of the following timely access requirements:

- Monitor network providers to determine compliance; and
- Take corrective action if there is a failure to comply by a network provider.

**CD 1.2.1:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
  - a. Credentialing and re-credentialing requirements.
    - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
    - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019  
CREDENTIALING POLICY 2018

For all licensed, waived, registered and/or certified providers<sup>4</sup>, the Plan must verify and document the following items through a primary source, <sup>5</sup> as applicable. The listed requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;
8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and

10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

#### Provider Re-credentialing

DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above.

**Findings:** The Plan did provide evidence demonstrating implemented policies and procedures for the selection and retention of network providers however, the policies and procedures regarding re-credentialing is missing the verification of requirement, specifically:

- Hospital and clinic privileges in good standing.

#### **CD 1.2.2:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
  - a. Credentialing and re-credentialing requirements.
    - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
    - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

##### MHSUDS Information Notice: 18-019

##### Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or incapacities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

**Findings:** The Plan did not provide evidence demonstrating all network providers who deliver covered services sign and date a written attestation regarding their credentials.

**CD 1.4.6:**

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

**Findings:** The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

**CD 1.4.9:**

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v

- iv. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

**Findings:** The Plan did not provide evidence demonstrating Sacramento County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine.

Specifically:

- The Plan submitted continuing education units for three (3) of three (3) County LPHA staff for calendar year 2019 and calendar year 2020.
- The continuing education units submitted for calendar year 2019 for Gabriel Ramirez totaled zero (0) hours.
- The continuing education units submitted for calendar year 2020 for Nicole Harper totaled zero (0) hours.
- The continuing education units submitted for calendar year 2020 for Kelsey Parker-White totaled zero (0) hours.

The Plan did not provide evidence demonstrating Volunteers of America professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019 and calendar year 2020.
- The continuing education units submitted for calendar year 2019 for Brandi Garner totaled zero (0) hours.

The Plan did not provide evidence demonstrating the Associated Rehabilitation Program for Women professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for two (2) of three (3) subcontractor LPHA staff for calendar year 2019 and calendar year 2020.
- The continuing education units submitted for calendar year 2020 for Jessica Vierra totaled zero (0) hours.

The Plan did not provide evidence demonstrating the Sacramento Recovery House professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for two (2) of three (3) subcontractor LPHA staff for calendar year 2019 and calendar year 2020.
- The continuing education units submitted for calendar year 2019 for Angela Cobb totaled zero (0) hours.

## Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiency in the coordination of care requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 2.1.4:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iv-v, a-e

- iv. The Contractor shall implement mechanisms to comprehensively assess each Medicaid beneficiary identified by the Department as having special health care needs to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. The assessment mechanisms shall use appropriate providers.
- v. The Contractor shall produce a treatment or service plan meeting the criteria below for beneficiaries with special health care needs that are determined through assessment to need a course of treatment or regular care monitoring. The treatment or service plan shall be:
  - a. Developed with beneficiary participation, and in consultation with any providers caring for the beneficiary.
  - b. Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).
  - c. Approved by the Contractor in a timely manner, if this approval is required by the Contractor.
  - d. In accordance with any applicable Department quality assurance and utilization review standards.
  - e. Reviewed and revised upon reassessment of functional need, at least every 12 months, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR §441.301(c)(3).

**Findings:** The Plan did not provide evidence demonstrating County and subcontractor compliance with meeting the criteria for beneficiaries with special health care needs. The treatment or service plan was not:

- Reviewed and revised upon reassessment of functional need, at least every 12 months, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR §441.301(c)(3).
- Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).

## Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in quality assurance and performance improvement were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 3.2.4:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- i. Written provider 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 beneficiaries or their family members for personal gain
  - c. Prohibition of sexual contact with beneficiaries
  - d. Conflict of interest
  - e. Providing services beyond scope
  - f. Discrimination against beneficiaries or staff
  - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
  - h. Protection of beneficiary confidentiality
  - i. Cooperate with complaint investigations

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

**Findings:** The Plan did not provide evidence demonstrating the Code of Conduct for Sacramento County's Medical Director includes all required elements. The following required elements are missing, specifically:

- Providing services beyond scope; and
- Cooperate with complaint investigations.

**CD 3.4.1:**

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
  - c. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
  - d. 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 and reporting requirements.
  - e. 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.
  - f. 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 Plan’s Open Admissions report is not in compliance.



## Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 4.1.2:**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 1

1. The Contractor shall report complaints to DHCS by secure, encrypted e-mail to [MCBHDmonitoring@dhcs.ca.gov](mailto:MCBHDmonitoring@dhcs.ca.gov) within two business days of completion.

**Findings:** The Plan did not provide evidence demonstrating the reporting of complaints to DHCS by secure, encrypted email to [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov) within two business days of completion.

**CD 4.2.2:**

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

- x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

- 5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

**Findings:** A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: Call 1 was made to 888-881-4881 on 3/28/2022 at 3:32 p.m. and is determined to be out of compliance. The call was made from a cell phone with the caller's phone number blocked. The caller was connected to a recorded voice that said, "You have dialed a number that is not available from your calling area 41590." The recorded message repeated itself at least three times before the call was disconnected. This number was called from the same cell phone with the phone number blocked two additional times, with the same result.

Test Call 2: Call 2 was made to 888-881-4881 on 3/29/2022 at 4:00 p.m. and is determined to be out of compliance. The call was made from a cell phone where the caller's phone number was not blocked. The caller was connected to a recorded voice that said, "You have dialed a number that is not available from your calling area 085T." The recorded message repeated itself twice before the call automatically disconnected. This number was called from the same cell phone with the phone number not blocked two additional times, with the same result.

Test Call 3: Call 3 was made to 916-874-9754 on 3/29/2022 at 4:22 p.m. and is determined to be in compliance. Following a very brief recorded message, Tessa came on the line and identified herself by name.

Tessa was told by the caller he was calling for information on how to get his adult son with an opioid addiction into treatment.

Tessa asked if the potential client was a resident of Sacramento County and what type of insurance did he have. Following the response from the caller, Tessa provided the phone number to sign up for Medi-Cal. Tessa said the son would be required to call himself and speak with a counselor to be assessed to determine what level of care is needed for placement. Tessa also stated there is a waitlist for in-patient treatment. When asked if the phone number the caller used would be the correct phone number to call back on, Tessa replied yes, but calls are answered Monday through Friday 8 a.m. to 5 p.m. The caller asked about calling back after hours and Tessa stated she felt the calls were routed to someone who would take a name and phone number for a return call the following day. Tessa was thanked and the call was ended.

Test Call 4: Call 4 was made to 888-881-4881 on 4/4/2022 at 6:56 a.m. and is determined to be out of compliance. The call was made from a cell phone with the caller's phone number blocked. The caller was connected to a recorded voice that said, "You have dialed a number that is not available from your calling area 129T." The recorded message repeated itself three times before the call was disconnected. The toll free phone number 888-881-4881 was verified as the phone number listed on County's website.

## Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in program integrity were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 6.1.1:**

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, c

- c. Provision for prompt notification to the Department when it receives information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including all of the following:
- i. Changes in the beneficiary's residence.
  - ii. The death of a beneficiary.

**Findings:** The Plan did not provide evidence demonstrating prompt notification to DHCS regarding changes to a beneficiary's circumstances that may affect eligibility, including:

- Changes in the beneficiary's residence.
- The death of a beneficiary.

#### **CD 6.2.2:**

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, h

- h. Provision for the Contractor's suspension of payments to a network provider for which the Department determines there is a credible allegation of fraud in accordance with 42 CFR §455.23.

**Findings:** The Plan did not provide evidence demonstrating a provision for the suspension of payments to a network provider when there is a credible allegation of fraud in accordance with 42 CFR § 455.23.

#### **CD 6.3.1**

Intergovernmental Agreement Exhibit A, Attachment I, III, BB, 1

1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

**Findings:** The Plan did not provide evidence demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

## **TECHNICAL ASSISTANCE**

Sacramento County requested Technical Assistance to receive information regarding what entity within DHCS is to be notified of beneficiary status changes.