



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

08/04/2022

Sent via e-mail to: [khill@sierracounty.ca.gov](mailto:khill@sierracounty.ca.gov)

Kathryn Hill, Director  
Sierra County Behavioral Health  
704 Mill St. P.O. Box 265  
Loyalton, CA 96118

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Hill:

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 Sierra 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 Sierra County's State Fiscal Year 2021-22 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Sierra 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 10/04/2022. 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 [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667

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 Hill,

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Robert Szopa, Sierra County Substance Abuse Counselor III  
Madera Schwary, Sierra County Health Assistant I

## COUNTY REVIEW INFORMATION

**County:**

Sierra

**County Contact Name/Title:**

Kathryn Hill, Sierra County Behavioral Health Director

**County Address:**

704 Mill St. P.O. Box 265  
Loyalton, CA 96118

**County Phone Number/Email:**

(530) 993-6746  
khill@sierracounty.ca.gov

**Date of Review:**

05/03/2022

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU 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 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. Fiscal Year (FY) 2021-22 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 05/03/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Unit (CCU) Associate Governmental Program Analyst (AGPA)  
Angela Rankin, County Provider Operations and Monitoring (CPOMB) Unit AGPA
- Representing Sierra County:  
Kathryn Hill, Sierra County Behavioral Health Director  
Robert Szopa, Sierra County Substance Abuse Counselor III  
Madera Schwary, Sierra County Health Assistant I

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 05/03/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, CCU AGPA  
Angela Rankin, CPOMB AGPA
- Representing Sierra County:  
Kathryn Hill, Sierra County Behavioral Health Director  
Robert Szopa, Sierra County Substance Abuse Counselor III  
Madera Schwary, Sierra County Health Assistant I

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 Administration	1
2.0 Covered Services	0
3.0 DMC Certification & Continued Certification	1
4.0 Monitoring	5
5.0 General Provisions	0

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

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 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 2021- 22 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 1.4:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, T, 3 a-b

#### T. Discrimination Grievances

3. The Contractor shall provide information to all beneficiaries and potential beneficiaries on how to file a Discrimination Grievance with:
  - a) The Contractor and DHCS if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
  - b) The United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

**Finding:** The County did not provide evidence demonstrating the implementation of a process to inform beneficiaries and potential beneficiaries on how to file a Discrimination Grievance.



### **Category 3: DMC CERTIFICATION & CONTINUING CERTIFICATION**

A review of the County's certification and re-certification 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 3.4:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part V, Section 4, B, 1, 2, b

- a) During the monthly status check, the Contractor shall monitor for a triggering recertification event (including but not limited to; change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' Provider Enrollment Division at [DHCSDMCRECERT@dhcs.ca.gov](mailto:DHCSDMCRECERT@dhcs.ca.gov) within five business days of notification or discovery.

**Findings:** The County did not provide evidence demonstrating a process to monitor subcontractors for a triggering recertification event on a monthly basis.

## 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 A1, 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 demonstrating Sierra County's Medical Director received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Sierra County's Medical Director Thomas Bittker for calendar year 2020.

The County did not provide evidence demonstrating the subcontractor's Medical Director received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Granite Wellness's County's Medical Director Neal Mehra for calendar year 2019.
- The County did not provide evidence of continuing medical education for Granite Wellness's County's Medical Director Scott Kellermann for calendar year 2020.

**CD 4.4:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, a

3. Program Complaints

a) Report suspected Medi-Cal Fraud online:

<https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> By email:

[fraud@dhcs.ca.gov](mailto:fraud@dhcs.ca.gov)

By phone: 1-800-822-6222

**Finding:** The County did not provide evidence demonstrating an implemented process for program complaints of suspected fraud to be reported to DHCS by phone, email or online.

**CD 4.5:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, b

3. Program Complaints

b) All complaints received by the Contractor regarding a DMC provider shall be forwarded to MCBHD within two business days as follows:

DMC provider complaints are to be submitted to:

DHCS

Medi-Cal Behavioral Health Division

1500 Capitol Avenue, MS# 2623

Sacramento, CA 95814

**Findings:** The County did not provide evidence demonstrating that program complaints regarding DMC providers are submitted to DHCS within two business days.

**CD 4.6:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, c

3. Program Complaints

- c) Complaints for licensed, adult alcoholism or drug abuse recovery or treatment facilities, or Alcohol and/or Other Drug (AOD) Certified Treatment Facilities shall be addressed to:

Department of Health Care Services  
Licensing and Certification Division  
P.O. Box 997413., MS# 2601  
Sacramento, CA 95899-7413

Email: [SUDcomplaints@dhcs.ca.gov](mailto:SUDcomplaints@dhcs.ca.gov)

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can be submitted online at:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>.

**Finding:** The County did not provide evidence demonstrating that program complaints received by the County regarding licensed, adult alcoholism or drug abuse treatment facilities, or Alcohol and Other Drug (AOD) Certified Treatment Facilities are submitted to DHCS via phone, mail, email or online.

**CD 4.7:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, d

3. Program Complaints

- d) The Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS by secure, encrypted e-mail to:

[MCBHDmonitoring@dhcs.ca.gov](mailto:MCBHDmonitoring@dhcs.ca.gov) within two business days of completion.

**Finding:** The County did not provide evidence demonstrating DHCS is provided the results of all complaint investigations by secure, encrypted email within two business days of investigation's completion.

## **TECHNICAL ASSISTANCE**

Sierra County did not request any technical assistance.