



RICHARD FIGUEROA  
ACTING DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

January 13, 2020

Sent via e-mail to: [slsinz@solanocounty.com](mailto:slsinz@solanocounty.com)

Sandra Sinz, LCSW, CPHQ, Deputy Director  
Solano County Health and Human Services  
275 Beck Ave MS 5-250  
Fairfield, CA 94533

SUBJECT: Annual County Compliance Unit Report

Dear Deputy Director Sinz:

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 Solano 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 Solano County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Solano 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 Monitoring Unit (CMU) Analyst by 2/13/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov).

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

*Becky Counter*

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: Deputy Director Sinz,

CC: Kelly Molohan, Audit and Investigation, Medical Review Branch Chief  
Lanette Castleman, Audit and Investigation, Behavioral Health Compliance Section Chief  
Mayumi Hata, Audit and Investigation, County Compliance Unit Chief  
Janet Rudnick, Audit and Investigation, Provider Compliance Unit Chief  
[CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov), County and Provider Monitoring Unit  
[MHSDcompliance@dhcs.ca.gov](mailto:MHSDcompliance@dhcs.ca.gov), County and Provider Monitoring Unit  
Rob George, Solano County, Senior Manager

<b>Lead CCU Analyst:</b> Becky Counter	<b>Date of Review:</b> 12/17/2019
<b>Assisting CCU Analyst(s):</b> N/A	
<b>County:</b> Solano	<b>County Address:</b> 275 Beck Ave Fairfield, CA 94533
<b>County Contact Name/Title:</b> Sandra Sinz, LCSW, Deputy Director	<b>County Phone Number/Email:</b> (707) 784-8320 slsinz@solanocounty.com
<b>Report Prepared by:</b> Becky Counter	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - c. 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
  - d. Code of Federal Regulations, Title 42 Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 375 Beck Ave, Fairfield, CA 94533 on 12/17/2019. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associative Governmental Program Analyst (AGPA)  
Connie Perez, Associative Governmental Program Analyst (AGPA)
- Representing Solano County:  
Sandra Sinz, LCSW, Behavioral Health Director  
Cheryl Esters, Compliance  
Judith Greco-Gregory, MH Clinical Supervisor  
Christine Lam, MH Clinician Licensed  
Ruth Leonard, MH Clinician Licensed  
Denny Checuck, Dep Auditor Controller  
Rob George, Sr. Manager

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Solano County Overview of Services
- DHCS Re-Organization
- CalAIM Proposal

### Exit Conference:

An exit conference was conducted at 375 Beck Ave, Fairfield, CA 94533 on 12/17/2019. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA  
Connie Perez, AGPA
- Representing Solano County:  
Sandra Sinz, LCSW, Behavioral Health Director  
Judith Greco-Gregory, MH Clinical Supervisor  
Christine Lam, MH Clinician Licensed  
Ruth Leonard, MH Clinician Licensed  
Rob George, Sr. Manager

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 Beneficiary Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>0</b>
<b>5.0 Monitoring</b>	<b>1</b>
<b>6.0 Program Integrity</b>	<b>1</b>
<b>7.0 Compliance</b>	<b>2</b>

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed SFY 2019- 20 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 CMU analyst will monitor progress of the CAP completion.

## 5.0 MONITORING

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 5.11:**

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

Department of Health Care Services  
SUD - Program, Policy and Fiscal Division  
Performance & Integrity Branch  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413

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

**Finding:** The County did monitor five (5) of their service area providers and did not monitor two (2) of their service area providers. Solano County did not submit monitoring for MedMark DMC # 28AA and Successful Alternatives DMC # 4826.



## 6.0 PROGRAM INTEGRITY

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 6.19:**

Exhibit A, Attachment I, Part III, C, 3 - 6

The CalOMS-Tx business rules and requirements are:

3. 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.
4. 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. 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. 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.

**Finding:** The following CalOMS Tx report is non-compliant:

- Open Admissions Report

**COMPLIANCE**

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

**State Fiscal Year: 18-19**

**CD #: 9.50**

**Finding:** The County did not monitor five (5) of the 11 subcontracted providers for required DMC program requirements.

**Reason for non-clearance of CD: 8/2/19:** Not all of our subcontractors are DMC-certified providers, and are not audited to DMC standards. All of our DMC contractors were audited

**County plan to remediate:** The County wanted clarification as to the names of the five (5) subcontractors not monitored.

**Original expected date of completion:** 8/2/2019

**Updated/ revised date of completion:** None provided.

**State Fiscal Year: 18-19**

**CD #: 9.64**

**Finding:** The County does not ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Initially- Required within 30 days of admissions
- Continually-within 15 days of signature by the therapist or counselor or updated treatment plan(s)
- No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification

**Reason for non-clearance of CD:** County did not offer a reason.

**County plan to remediate:** 8/2/19: The County authorizes residential and every other type of SA tx service (except detox) before the client is admitted. Every contractor is required to meet the tx plan standards that are listed in the deficiency. The providers are either in compliance or it is an audit exception that is listed at the time of the annual site visit. The provider then corrects the exception. So, the County is in compliance with this requirement.

**Original expected date of completion:** 8/2/2019

**Updated/ revised date of completion:** None provided.

**TECHNICAL ASSISTANCE**

Solano County did not request technical assistance in FY 2019-20.