



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

August 4, 2020

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

Connie Cessna Smith, AOD Administrator  
Trinity County Behavioral Health Services  
1450 Main Street  
Weaverville, CA 96093

SUBJECT: Annual County Compliance Unit Report

Dear Administrator Smith:

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 Trinity 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 Trinity 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.

Trinity 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 9/4/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

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

Sincerely,

*Michael Bivians*

Michael Bivians  
(916) 713-8966  
[michael.bivians@dhcs.ca.gov](mailto:michael.bivians@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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Distribution:

To: Administrator Smith,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
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Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Sherry Chandler, Trinity County Substance Use Disorder Program Manager

<b>Lead CCU Analyst:</b> Michael Bivians	<b>Date of Review:</b> May 2020
<b>Assisting CCU Analyst(s):</b> N/A	
<b>County:</b> Trinity	<b>County Address:</b> 1450 Main Street Weaverville, CA 96093
<b>County Contact Name/Title:</b> Sherry Chandler / SUD Program Manager	<b>County Phone Number/Email:</b> schandler@trinitycounty-ca.gov 530-623-1840
<b>Report Prepared by:</b> Michael Bivians	<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)

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

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>2</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>2</b>
<b>6.0 Program Integrity</b>	<b>2</b>
<b>7.0 Compliance</b>	<b>15</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.

## 1.0 ADMINISTRATION

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1:**

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, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 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 of Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (iii)

iii. ... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

**Finding:** The County did not provide the medical director's annual continuing medical education units in addiction medicine. The county did not provide evidence to support all subcontractor's Medical Directors received the annual five (5) hours of continuing medical education in addiction medicine.

#### **CD 1.2:**

Exhibit A, Attachment I, Part I, Section 4, A, 3, a

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

**Finding:** The County did not provide evidence County and subcontractor staff are receiving Title 22 training annually by submitting evidence to DHCS via [SUDCountyReport@dhcs.ca.gov](mailto:SUDCountyReport@dhcs.ca.gov).

## 5.0 MONITORING

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **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 zero (0) of six (6) of their service area providers for DMC requirements.

#### **CD 5.14:**

Exhibit A, Attachment I, Part III, B

Contractors and subcontractors that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each month of services prior to billing for DMC services to that client for that month. Medi-Cal eligibility verification shall be performed prior to rendering service, in accordance with and as described in DHCS' DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary described in the DHCS' DMC provider Billing Manual.

**Finding:** The County did not provide evidence of how the County ensures all service area providers are verifying DMC eligibility for each beneficiary, for each month of service.



## 6.0 PROGRAM INTEGRITY

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 6.17:**

Exhibit A, Attachment I, Part I, 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:

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

Document 2F(a), A, 5

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.

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)

- 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 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 Trinity County Behavioral Health Services. The written roles and responsibilities for Aegis Treatment Centers did not include the following requirements:

- Signed and dated by the physician
- Signed and dated by a provider representative

- Ensure that physicians do not delegate their duties to non-physician personnel
- Develop and implement medical policies and standards for the provider
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
- Ensure that provider's physicians are adequately trained to perform other physician duties

**CD 6.18:**

Document 2F(a), A, 5

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.

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.

Document 2F(a), A, 3

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.

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 beneficiaries;
  - 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.

**Finding:** The Code of Conduct for the Trinity County Behavioral Health Services' Medical Director did not include the following requirements:

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

The Code of Conduct for the Aegis Treatment Center's Medical Director did not include the following requirement:

- Cooperate with complaint investigations.

## 7.0 COMPLIANCE

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

**State Fiscal Year:** SFY 2015-16

**CD #:** 4

**Finding:** The County did not demonstrate complete monitoring of all Title 22, Section 51341.1 requirements for DMC providers.

**Reason for non-clearance of CD:** Staff working on this left the agency.

**County plan to remediate:** The County will make sure that our DMC is accurate and will complete DMC monitoring.

**Original expected date of completion:** 2/28/2017

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct DMC monitoring.

**State Fiscal Year:** SFY 2015-16

**CD #:** 5

**Finding:** The County is not submitting DMC monitoring reports to DHCS Performance Management Branch annually.

**Reason for non-clearance of CD:** Staff working on this left the agency.

**County plan to remediate:** TCBHS will complete the report and send it to DHCS two weeks after monitoring is completed.

**Original expected date of completion:** 2/28/2017

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will submit the completed monitoring report to DHCS upon completion.

**State Fiscal Year: SFY 2016-17**

**CD #: 3.25**

**Finding:** The County did not conduct annual onsite utilization reviews of each DMC-funded program in the County.

**Reason for non-clearance of CD:** TCBHS conducted quarterly UR meetings up until the prior AOD Administrator retired. At that time there was a staff shortage and only one provider maintaining direct services. Quarterly UR meetings and keep sign in documents as evidence will resume 7/1/2020.

**County plan to remediate:** TCBHS will resume quarterly UR meetings to ensure DMC services are being covered correctly and also ensure that billing for these services are accurate. Copies of sign in sheets as evidence that UR is being conducted, will be retained as required.

**Original expected date of completion:** 9/31/2017

**Updated/ revised date of completion:** Sherry Chandler will create a new utilization review team and will begin conducting quarterly UR meetings by July 1, 2020.

**State Fiscal Year: SFY 2017-18**

**CD #: 9.65**

**Finding:** The County did not meet the annual onsite review requirement for all DMC providers.

**Reason for non-clearance of CD:** Due to staff retiring and leaving the agency we were unable to get our DMC monitoring tool approved.

**County plan to remediate:** TCBHS has submitted the current DMC monitoring tool and is awaiting confirmation of approval to start monitoring. Once the monitoring is complete, a final report will be submitted to DHCS within two weeks.

**Original expected date of completion:** 5/25/2018

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring.

**State Fiscal Year:** SFY 2017-18

**CD #:** 9.66

**Finding:** The County did not submit DMC monitoring reports to DHCS within two weeks of completion.

**Reason for non-clearance of CD:** TCBHS was unable to get monitoring completed due to staff leaving and tasks not being completed.

**County plan to remediate:** TCBHS will conduct onsite monitoring once our DMC monitoring tool is approved by DHCS.

**Original expected date of completion:** 6/8/2018

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler, SUD Program Manger

**State Fiscal Year:** SFY 2017-18

**CD #:** 9.78

**Finding:** The County does not meet the following requirements:

- conduct monthly status checks for triggering recertification events; and
- notifying DHCS within two business days of notification or discovery; complete the Existing Provider Info Form\_ADA and submit to the MPF team at: dhcsmpf@dhcs.ca.gov.

**Reason for non-clearance of CD:** Due to staff shortage this was not completed and had stopped.

**County plan to remediate:** TCBHS will resume with a UR process that outlines:

TCBHS will train staff in order to meet the following requirements:

- Conduct monthly status checks on DMC providers for triggering recertification events.
- Notifying DHCS within two business days of notification or discovery of a recertification event; complete the Existing Provider Info Form ADA and submit to the MPF team at: dhcsmpf@dhcs.ca.gov

**Original expected date of completion:** 6/1/2018

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler, SUD Program Manager

**State Fiscal Year: SFY 2017-18**

**CD #: 9.84**

**Finding:** The County did not demonstrate compliance with the following requirements:

- Analyst should list the non-compliant requirement(s).
- Must be documented in beneficiary record.
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303.
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on 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:** Staff leaving the agency and not following through with implementation.

**County plan to remediate:** TCBHS will establish regular UR reviews and conduct annual Title 22 trainings.

**Original expected date of completion:** 6/1/2018

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring once our tool is approved.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.45**

**Finding:** The County does not have assessment and referral procedures nor does it arrange for the following required DMC covered services:

- Outpatient drug-free treatment
- Narcotic replacement therapy
- Naltrexone treatment
- Intensive outpatient treatment
- Perinatal residential substance abuse services (excluding room and board)

**Reason for non-clearance of CD:** Staff leaving the agency.

**County plan to remediate:** TCBHS will work to create an assessment and referral process for all DMC covered services.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** June 30, 2020. Sherry Chandler, SUD program manager will be responsible.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.46**

**Finding:** The County does not demonstrate compliance with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

**Reason for non-clearance of CD:** TCBHS is working towards creating an agreement or contract with our local Health Clinic to be able to provide this service. At this time, clients are directly referred to the clinic and will obtain an ROI to discuss the potential of this service being provided to beneficiaries.

**County plan to remediate:** We will continue to strive to reach a contractual agreement with the Clinic for this service.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring once our tool is approved.



**State Fiscal Year:** SFY 2018-19

**CD #:** 9.49

**Finding:** The County did not provide evidence that all the DMC providers are required to comply with the Minimum Quality Drug Treatment Standards for DMC.

**Reason for non-clearance of CD:** Staff left during the last CAP review. I submitted documentation to DHCS for review and did not get a response. TCBHS worked with many DHCS providers and at the time the Department was going through a re-org and many of the contacts that TCBHS was working with either did not respond or had left the position. TCBHS submitted a CAP in 12/1/2019.

**County plan to remediate:** TCBHS will work towards developing program integrity and will work to comply with our contractors to ensure that they are complying with the Minimum Quality Drug Treatment Standards for DMC.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** June 30, 2020. Sherry Chandler, SUD Program Manager.

**State Fiscal Year:** SFY 2018-19

**CD #:** 9.50

**Finding:** The County did not monitor one of one County provider for required DMC program requirements.

**Reason for non-clearance of CD:** TCBHS has submitted our DMC monitoring tool to DHCS several times and did not receive a response regarding the accuracy of the tool.

**County plan to remediate:** TCBHS has submitted the current DMC monitoring tool and is awaiting confirmation of approval to start monitoring. Once the monitoring is complete, a final report will be submitted to DHCS within two weeks.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring once our tool is approved.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.51**

**Finding:** The County did not submit one of one required DMC monitoring and auditing reports for FY 17-18 to DHCS secured and encrypted and the County did not submit one of one reports within two weeks of report issuance.

**Reason for non-clearance of CD:** TCBHS could not get their DMC monitoring tool approved and therefore, monitoring did not get completed due to a lack of communication with the Department and due to staff leaving the agency.

**County plan to remediate:** TCBHS has submitted the current DMC monitoring tool and is awaiting confirmation of approval to start monitoring. Once the monitoring is complete, a final report will be submitted to DHCS within two weeks.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring once our tool is approved.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.61**

**Finding:** The County does not provide services to beneficiaries who reside out of county.

**Reason for non-clearance of CD:** The County did not provide any barriers for non-compliance for this deficiency.

**County plan to remediate:** TCBHS will continue to serve any beneficiaries that come into our office from any other County. TCBHS will assist in transferring Medi-Cal to Trinity through case management.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** May 1, 2020. Sherry Chandler, SUD Program Manager.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.63**

**Finding:** The County did not submit Form 8049 for a Post Service Post Payment (PSPP) CAP dated 9/6/2019, to sudcountyreports@dhcs.ca.gov.

**Reason for non-clearance of CD:** TCBHS did respond and did not receive any communication back regarding the past CAP. TCBHS will continue to work towards correcting any deficiencies and submit form 8049 when it is completed.

**County plan to remediate:** TCBHS will continue to make any corrections and submit the correct form to DHCS when completed.

**Original expected date of completion:** 12/1/2019

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler will conduct monitoring once our tool is approved.

**State Fiscal Year: SFY 2018-19**

**CD #: 9.65**

**Finding:** The County did not provide evidence that they ensure all DMC programs have medical policies and standards developed and approved by the program medical director.

**Reason for non-clearance of CD:** TCBHS submitted documentation prior and did not receive any response from the Department therefore, we will continue to correct our deficiencies.

**County plan to remediate:** TCBHS will create more elaborate DMC policy's as in accordance with our contract.

**Original expected date of completion:** 9/11/2019

**Updated/ revised date of completion:** December 31, 2020. Sherry Chandler, SUD Program Manager.

## TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals for the training and/or technical assistance identified below.

**Administration & Documentation:** The County requested TA for administrative functions and required documentation. DHCS's County Monitoring Analyst has been contacted and a referral has been made.

**Quality Improvement:** The County requested TA for Quality Improvement and Program Integrity efforts. DHCS's County Monitoring Analyst has been contacted and a referral has been made.

**CalOMS and DATAR:** The County requested TA for CalOMS and/or DATAR. DHCS's County Monitoring Analyst has been contacted and a referral has been made.