



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

September 27, 2021

Sent via e-mail to: james.wagner@acgov.org

James Wagner, Deputy Director
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Deputy Director Wagner:

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 Alameda 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 Alameda County's State Fiscal Year 2020-21 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Alameda 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 11/29/2021. 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.

If you have any questions or need assistance, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811
katrina.beedy@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 James Wagner,

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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Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Imo Momoh, Deputy Director Plan Administrator, Alameda County Behavioral Health

COUNTY REVIEW INFORMATION

County:

Alameda

County Contact Name/Title:

Imo Momoh/ Deputy Director Plan Administrator

County Address:

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

County Phone Number/Email:

510-567-8127

Imo.Momoh@acgov.org

Date of Review:

8/23/2021

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

Michael Bivians

Report Prepared by:

Katrina Beedy

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. 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 8/23/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, Staff Services Manager I (SSM I)
Hernando Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Alameda County:
James Wagner, Deputy Director Clinical Operations, Alameda County Behavioral Health
Imo Momoh, Deputy Director Plan Administrator, Alameda County Behavioral Health
Brion Phipps, Quality Assurance, Clinical Review Specialist, Alameda County Behavioral Health
Torfeh Rejali, Quality Assurance Administrator, Alameda County Behavioral Health
Tony Sanders, Quality Assurance Interim Associate Administrator, Alameda County Behavioral Health
Ravi Mehta, Chief Compliance & Privacy Officer, Alameda County Health Care Services Agency
Wendi Vargas, Assistant Director, Contracts, Alameda County Behavioral Health
Gina Battaglia, SUD Program Specialist, Alameda County Behavioral Health
Lisa Moore, Billings & Benefits Director, Alameda County Behavioral Health
Mandy Chau, Audit & Cost Reporting Director, Alameda County Behavioral Health
Jameka Polk, SUD Administrative Assistant, Alameda County Behavioral Health
Angela Coombs, Associate Medical Director, Alameda County Behavioral Health
Lauren Rankin, Program Contract Manager, Alameda County Behavioral Health
Kelly Robinson, SUD Prevention Coordinator, Alameda County Behavioral Health
Hazel Weiss, Senior Program Specialist, ADA, Alameda County Behavioral Health
Edilyn Velasquez, Interim Contracts Director, Alameda County Behavioral Health
Karen Capece, Quality Management Program Director, Alameda County Behavioral Health
Aaron Chapman, Chief Medical Officer, Alameda County Behavioral Health
Yikki Yi, Supervising Financial Services Specialist, Cost Reporting Unit, Alameda County Behavioral Health
Natalie Courson, Deputy Director, Information Systems, Alameda County Behavioral Health
Fonda Houston, SUD Operational Specialist, Alameda County Behavioral Health
Rickie Lopez, Assistant Finance Director, Alameda County Behavioral Health
Juliene Schrick, UM Division Director, Alameda County Behavioral Health
Kristina Wong, SUD Program Specialist, Alameda County Behavioral Health
Sophia Lai, Supervising Program Specialist, Interim Privacy Officer, Alameda County Behavioral Health
Sheryl Diedrick, IS Analyst, Alameda County Behavioral Health
Anna McKenzie, Management Analyst, Contracts, Alameda County Behavioral Health
Jill Louie, Budget & Fiscal Services Director, Alameda County Behavioral Health
Danielle Moore, Fiscal Contract Manager, Alameda County Behavioral Health

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 8/23/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, SSM I
Hernando Hernandez, AGPA
- Representing Alameda County:
James Wagner, Deputy Director Clinical Operations, Alameda County Behavioral Health
Imo Momoh, Deputy Director Plan Administrator, Alameda County Behavioral Health
Brion Phipps, Quality Assurance, Clinical Review Specialist, Alameda County Behavioral Health
Torfeh Rejali, Quality Assurance Administrator, Alameda County Behavioral Health
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Jill Louie, Budget & Fiscal Services Director, Alameda County Behavioral Health
Danielle Moore, Fiscal Contract Manager, Alameda County Behavioral Health

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

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

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 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) The name of the person who will be responsible for corrections and ongoing compliance.

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 deficiency in availability of DMC-ODS services was identified:

COMPLIANCE DEFICIENCY:

CD 1.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD 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 written 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

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 written roles and responsibilities provided for the Plan's Medical Director is missing the following criteria:

- 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.

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 3.2.1

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

1. Monitoring

i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this Agreement. Monitoring criteria shall include, but not be limited to:

d. Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov

Alternatively, mail to:

Department of Health Care Services
Medi-Cal Behavioral Health Division
1500 Capitol Avenue, MS-2623
Sacramento, CA 95814

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

iv. Ensure the Contractor monitors the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Findings: The Plan did not monitor all county and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For FY 2019-20, the Plan monitored 35 of 53 Plan and sub-contracted providers inside and outside of the County for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

- The Plan submitted 34 of 35 DMC-ODS audit reports to DHCS within two weeks of report issuance.

CD 3.2.2

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; and
 - 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.

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
 - iv. Ensure the Contractor monitors the subcontractor’s performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Findings: The following CalOMS-Tx reports are non-compliant:

- Open Admissions Report
- Open Providers Report

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 deficiency in access and information requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.1.1

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

JJ. Subcontract Termination

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two (2) business days. The Contractor shall submit the notification by secure, encrypted email to:
SUDCountyReports@dhcs.ca.gov.

Findings: The Plan does not notify DHCS via a secure, encrypted email to SUDCountyReports@dhcs.ca.gov regarding the basis for termination of any subcontract with a certified provider.

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 deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.2.2

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, b & g

- ii. The arrangements or procedures shall include the following:
 - b. Provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the Department.
 - g. Provision for the prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

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

- v. Treatment of recoveries made by the Contractor of overpayments to providers.
 - c. The Contractor shall annually report to the Department on their recoveries of overpayments.

MHSUDS Information Notice 19-022

Consistent with Exhibit A, Attachment I of the Intergovernmental Agreement (IA), DMC-ODS counties must submit a completed and signed certification statement on county letterhead to ODSSubmissions@dhcs.ca.gov. The certification is required with each submission of the following data, documentation, and information:

- Enrollee encounter data;
- Documentation to demonstrate compliance with DHCS' requirements for availability and accessibility of services, including the adequacy of the provider network;
- Information on ownership and control;
- Annual report of overpayment recoveries;
- Quarterly data submitted to DHCS on beneficiary grievance and appeals;
- Monthly American Society of Addiction Medicine Level of Care data; and
- Other data, information, or documentation related to the performance of the county's obligations as required by DHCS or the Secretary of Health and Human Services, and in the DMC-ODS IA.

The certification statement must be on county letterhead and conform to the following requirements:

- Indicate the current month during which all data, information, and documentation submitted to DHCS, as described above, is certified;
- Reference, with specificity, all types of data, information, and documentation described in the bulleted list above; and
- State that the data, information, and documentation to which the certification statement applies is "accurate, complete, and truthful" to the declarant's "best information, knowledge, and belief."

The Chief Executive Officer (CEO), the Chief Financial Officer (CFO), or an individual who reports to the CEO or CFO with the delegated authority to sign for the CEO or CFO, so that the CEO or CFO is

ultimately responsible for the certification, must sign the certification statement. The attached DMC-ODS County Certification template includes the requirements described above.

Findings: The Plan did not provide evidence demonstrating a completed and signed certification statement on County letterhead was sent with the data, documentation and information regarding the annual reporting of overpayment recoveries to DHCS.

TECHNICAL ASSISTANCE

Alameda County requested technical assistance for issues with CalOMS.