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GAVIN NEWSOM  
GOVERNOR

08/01/2022

Sent via e-mail to: Karyn.Tribble@acgov.org

Karyn L. Tribble, Director  
Alameda County Behavioral Health Care Services Department  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Tribble;

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 2021-22 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 10/03/2022. 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 [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  
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Sacramento, CA 95814  
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Distribution:

To: Karyn L. Tribble, Director

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James Wagner, ACBH Clinical Operations Deputy Director  
Clyde Lewis, ACBH Substance Use Continuum of Care Director

## COUNTY REVIEW INFORMATION

**County:**

Alameda

**County Contact Name/Title:**

Clyde Lewis, ACBH Substance Use Continuum of Care Director

**County Address:**

2000 Embarcadero Cove  
Oakland, CA 94606

**County Phone Number/Email:**

(510) 567-8123  
clyde.lewis@acgov.org

**Date of DMC-ODS Implementation:**

06/30/2018

**Date of Review:**

05/24/2022

**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. 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 05/24/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Unit (CCU) Associate Governmental Program Analyst (AGPA)
- Representing Alameda County:  
Clyde Lewis, Alameda County Behavioral Health (ACBH) Substance Use Continuum of Care Director  
Jameka Polk, ACBH Support Admin  
Kripa Sooryanayana, ACBH Financial Services Specialist II Budget & Fiscal Services  
Ricca Espiridon, ACBH Substance Use Continuum of Care Assistant Director  
Yikki Yi, ACBH Supervising Financial Services Specialist, Audit and Cost Reporting Unit  
Danielle Benjamin, ACBH Information System Analyst, Information Support  
Jose Santiago, ACBH Financial Services Specialist II, CBO Audit Review Unit  
Macy Hui, ACBH Budget and Fiscal Services  
Lauren Rankin, ACBH Program Contract Manager Contracts Unit  
Karen Capece, ACBH Quality Management Program Director  
Melissa Yamamoto, ACBH Administrative Support Manager, Office of the Deputy Director, Clinical Operations  
Fonda Houston, ACBH Operational Specialist Substance Use Continuum of Care

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 05/24/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, CCU AGPA
- Representing Alameda County:  
Clyde Lewis, ACBH Substance Use Continuum of Care Director  
Jameka Polk, ACBH Support Admin  
Kripa Sooryanayana, ACBH Financial Services Specialist II Budget & Fiscal Services  
Ricca Espiridon, ACBH Substance Use Continuum of Care Assistant Director  
Yikki Yi, ACBH Supervising Financial Services Specialist, Audit and Cost Reporting Unit  
Danielle Benjamin, ACBH Information System Analyst, Information Support  
Jose Santiago, ACBH Financial Services Specialist II, CBO Audit Review Unit  
Macy Hui, ACBH Budget and Fiscal Services  
Lauren Rankin, ACBH Program Contract Manager Contracts Unit  
Karen Capece, ACBH Quality Management Program Director  
Melissa Yamamoto, ACBH Administrative Support Manager, Office of the Deputy Director, Clinical Operations  
Fonda Houston, ACBH Operational Specialist Substance Use Continuum of Care

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	8
2.0 Coordination of Care	2
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	0
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	0

## **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 1.2.2:**

##### 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 inability 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.

The Plan did not provide evidence of two (2) completed credentialing attestations for licensed providers employed by Alameda County.

The Plan did not provide evidence of two (2) completed credentialing attestations for licensed providers employed by the following providers:

- Horizon Services, Inc., Cronin House provider #010010
- Second Chance, Inc., Hayward Recovery Center, provider #010025
- Bi-Bett., East Oakland Recovery Center, provider #010030

The Plan did not provide evidence demonstrating the credentialing attestation form contains the required elements. The missing elements include:

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

**CD 1.3.1:**

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, i, a, i-x

- i. The following requirements shall apply to the Contractor, the provider, and the provider staff:
  - a. Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:
    - i. Physician
    - ii. Nurse Practitioners
    - iii. Physician Assistants
    - iv. Registered Nurses
    - v. Registered Pharmacists
    - vi. Licensed Clinical Psychologists
    - vii. Licensed Clinical Social Worker
    - viii. Licensed Professional Clinical Counselor
    - ix. Licensed Marriage and Family Therapists
    - x. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians

**Findings:** The Plan did not provide evidence demonstrating professional staff employed by Alameda County are supervised under the scope of practice laws related to their license, specifically:

- Physician Assistants (PA);
- Licensed Clinical Social Workers (LCSW); and
- Licensed Marriage and Family Therapists (LMFT).

**CD 1.4.1:**

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

**Findings:** The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by Alameda County have appropriate experience and necessary training at the time of hiring. The Plan did not provide evidence for:

- Two (2) professional/licensed staff hired by Alameda County during FY 2020-21.
- Two (2) non-professional staff hired by Alameda County during FY 2020-21.

**CD 1.4.2:**

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

**Findings:** The Plan did not provide evidence demonstrating non-professional staff employed by Alameda County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by Alameda County during FY 2020-21.

**CD 1.4.3:**

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

**Findings:** The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by subcontractors have appropriate experience and necessary training at the time of hiring.

The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired during FY 2020-21 from the following network providers:

- South Alameda County Committee for Raza Mental Health, provider #010043
- Bi-Bett, Orchid Woman's Recovery Center, provider #010070

The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired during FY 2020-21 from the following network providers:

- South Alameda County Committee for Raza Mental Health, provider #010043
- Bi-Bett, Orchid Woman's Recovery Center, provider #010070

**CD 1.4.4:**

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

**Findings:** The Plan did not provide evidence demonstrating non-professional staff employed by subcontractors receive appropriate onsite orientation and training prior to performing assigned duties.

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired during FY 2020-21 from the following network providers:

- South Alameda County Committee for Raza Mental Health, provider 10043
- Bi-Bett, Orchid Woman's Recovery Center, provider #010070

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired during FY 2020-21 from the following network providers:

- South Alameda County Committee for Raza Mental Health, provider 10043
- Bi-Bett, Orchid Woman's Recovery Center, provider #010070

**CD 1.4.8:**

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

iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

**Findings:** The Plan did not provide evidence demonstrating the Life Long Medical Care, Inc., physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The Plan did not provide evidence that Life Long Medical Care's physician, Susan Ferguson, completed the required continuing medical education units for calendar year 2019.

The Plan did not provide evidence demonstrating the Magnolia physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The plan did not provide evidence that Magnolia Woman's Recovery Program's physician, Dr. John Turns, completed the required continuing medical education units for calendar year 2020.

**CD 1.4.9:**

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

v. 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 professional staff (LPHAs) at Life Long Medical Care One, provider (#010106) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for two (1) of three (3) subcontractor LPHA staff for calendar year 2019.
- The continuing education units submitted for calendar year 2019 for Life Long Medical One's, LPHA, Heidi Sohrabi, only totaled three (3) hours.

The Plan did not provide evidence demonstrating the professional staff (LPHAs) at South Alameda County Committee for Raza Mental Health, (provider #010043), received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for three (2) of three (3) subcontractor LPHA staff for calendar year 2019.
- The continuing education units submitted for calendar year 2019 for South Alameda County Committee for Raza Mental Health's, LPHA, Chris Esguerra only totaled three (3) hours.
- The continuing education units submitted for calendar year 2019 for South Alameda County Committee for Raza Mental Health's LPHA, Jason Zeltser only totaled two (2) hours.

The Plan did not provide evidence demonstrating professional staff LPHA's at HealthRight 360, received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for zero (0) of three (3) subcontractor LPHA staff for calendar year 2019.

- The Plan submitted continuing education units for three (2) of three (3) subcontractor LPHA staff for calendar year 2020.

## 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 deficiencies in the coordination of care requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.1.2:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii, c

- c. Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.

**Findings:** The Plan did not provide evidence demonstrating that initial screenings are conducted within 90 calendar days of the effective date of enrollment for all new beneficiaries.

**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:

- Developed with beneficiary participation, and in consultation with any providers caring for the beneficiary.
- Approved by the Contractor in a timely manner, if this approval is required by the Contractor.
- In accordance with any applicable Department quality assurance and utilization review standards.
- 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 3.2.1:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii, a-e

- iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:
- a. Motivational Interviewing;
  - b. Cognitive-Behavioral Therapy;
  - c. Relapse Prevention;
  - d. Trauma-Informed Treatment; and
  - e. Psycho-Education.

**Findings:** The Plan did not provide evidence demonstrating providers have implemented and are utilizing at least two of the required Evidence Based Practices.

The Plan did not provide evidence demonstrating providers are monitored for implementation and utilization of at least two of the required Evidence Based Practices during provider reviews.



**CD 3.2.3:**

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 Plan did not provide evidence demonstrating the written roles and responsibilities for Alameda County's Medical Director includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

**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.

## **TECHNICAL ASSISTANCE**

Alameda County did not request technical assistance.