



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

June 16, 2022

Sent via e-mail to: vkelly@ochca.com

Veronica Kelley, Behavioral Health Director
Orange County Health Care Agency
405 West 5th Street, Suite 726
Santa Ana, CA 92701

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Kelley:

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 Orange 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 Orange 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.

Orange 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 8/16/2022. 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.

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

Sincerely,

Katrina Beedy
(916) 713-8811

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>

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Ian Kemmer, Orange County Authority & Quality Improvement Services Director

COUNTY REVIEW INFORMATION

County:

Orange

County Contact Name/Title:

Ian Kemmer/Orange County Authority & Quality Improvement Services Director

County Address:

405 West 5th Street Suite 400
Santa Ana, CA 92701

County Phone Number/Email:

(714) 834-2160
ikemmer@ochca.com

Date of DMC-ODS Implementation:

7/1/2018

Date of Review:

4/19/2022

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

N/A

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. 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

An Entrance Conference was conducted via WebEx on 4/19/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Natalia Krasnodemsky, AGPA
- Representing Orange County:
Ian Kemmer, Director, Authority and Quality Improvement Services
Kelly Sabet, Division Manager, Authority and Quality Improvement Services
April Jannise, Program Manager, Authority and Quality Improvement Services
Annette Tran, Administrative Manager I, Authority and Quality Improvement Services
Elizabeth Bausman, Administrative Manager I, Authority and Quality Improvement Services
Chiyo Matsubayashi, Service Chief II, Authority and Quality Improvement Services
Yvonne Brack, Service Chief II, Authority and Quality Improvement Services
Joey Pham, Program Supervisor, Authority and Quality Improvement Services
Joe Harrison, Systems Technician II, Authority and Quality Improvement Services
Wendy Ito, Health Program Specialist, Authority and Quality Improvement Services
Dawn Smith, Director, Children, Youth, and Prevention
Alicia Lemire, Program Manager, Children, Youth, and Prevention
Heather Balcom, Service Chief II, Children, Youth, and Prevention
Carolyn Secrist, Program Supervisor, Children, Youth, and Prevention
Linda Molina, Director, Adult and Older Adult Services
Diane Holley, Division Manager, Adult and Older Adult Services
Glenda Aguilar, Program Manager, Adult and Older Adult Services
April Thornton, Program Manager, Adult and Older Adult Services
Wendy Elliot, Service Chief II, Adult and Older Adult Services
Christy Read-Gomez, Service Chief II, Adult and Older Adult Services
Michelle Glinski, Health Program Specialist, Adult and Older Adult Services
Anthony Le, Fiscal Manager, Financial Services
Gina Hoang, Program Support Analyst, Program Support Analyst
Juan Corral, Contract Services Manager, Contract Services Manager
Brittany Davis, Contract Administrator

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 4/19/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Natalia Krasnodemsky, AGPA

- Representing Orange County:
Ian Kemmer, Director, Authority and Quality Improvement Services
Kelly Sabet, Division Manager, Authority and Quality Improvement Services
April Jannise, Program Manager, Authority and Quality Improvement Services
Annette Tran, Administrative Manager I, Authority and Quality Improvement Services
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Wendy Elliot, Service Chief II, Adult and Older Adult Services
Christy Read-Gomez, Service Chief II, Adult and Older Adult Services
Michelle Glinski, Health Program Specialist, Adult and Older Adult Services
Anthony Le, Fiscal Manager, Financial Services
Gina Hoang, Program Support Analyst, Program Support Analyst
Juan Corral, Contract Services Manager, Contract Services Manager
Brittany Davis, Contract Administrator

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	2
2.0 Coordination of Care	1
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	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 inabilities 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 of two (2) completed credentialing attestations for licensed providers employed by Orange County.

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 of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Twin Town Corporation Treatment Centers – Paseo De Valencia (308044)
- PES – EBS Inc. Santa Ana (308048)

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 deficiency in the coordination of care requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 2

1. In addition to specifying how beneficiaries will transition across levels of acute and short-term SUD care without gaps in treatment, the Contractor shall ensure that beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment.

BHIN 21-020

POLICY:

As part of CalAIM, DHCS is clarifying (1) the allowable components of recovery services, described below; (2) when and how beneficiaries, including justice-involved individuals, may access recovery services; and (3) the availability of recovery services to individuals receiving Medication-Assisted Treatment (MAT). Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time. The service components of recovery services are:

- Individual and/or group outpatient counseling services;
- Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
- Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
- Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
- Support Groups: Linkages to self-help and support services, spiritual and faith-based support;
- Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.

Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.

Findings: The Plan did not provide evidence demonstrating beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay.

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 3.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- i. Written provider 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 beneficiaries 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 beneficiaries or staff
 - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
 - h. Protection of beneficiary confidentiality
 - i. Cooperate with complaint investigations

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 Code of Conduct for Roque Center's Medical Director, Dr. O'Neill, includes all required elements. The following required elements are missing, specifically:

- Signed and dated by a provider representative;
- Conflict of interest; and
- Cooperate with complaint investigations.

The Plan did not provide evidence demonstrating the Code of Conduct for G&C Swan's Medical Director, Dr. Guillory, includes all required elements. The following required elements are missing, specifically:

- Signed and dated by a provider representative;
- Providing services beyond scope; and
- Cooperate with complaint investigations.

The Plan did not provide evidence demonstrating the Code of Conduct for Clean Path's Medical Director, Dr. Thankachen, 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.

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 4.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 4, i

4. Hatch Act

- i. Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 18, i

18. Subcontract Provisions

- i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

Findings: The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically the Hatch Act.

TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals to the DHCS CPOMB County Liaison for the training and/or technical assistance areas identified below:

Availability of DMC-ODS Services: The County has specific requests with regards to the CalOMS submission process.