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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 13, 2020

Sent via e-mail to: <judith.martin@sfdph.org>

Dr. Judith Martin, AOD Administrator, Medical Director
San Francisco Department of Public Health-Behavioral Health Services
1380 Howard Street
San Francisco, CA94103

SUBJECT: Annual County Compliance Report

Dear Administrator Martin:

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 San Francisco 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 San Francisco County's State Fiscal Year 2019-20 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

San Francisco 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 Monitoring Unit (CMU) Analyst by 4/13/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at MCBHDMonitoring@dhcs.ca.gov.

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

Sincerely,

Mayumi Hata

Mayumi Hata
(916) 713-8797
mayumi.hata@dhcs.ca.gov

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

To: Administrator, Judith Martin, MD

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Elissa Velez, San Francisco Department of Public Health-Behavioral Health Services

Lead CCU Analyst: Jessica Jenkins, AGPA Mayumi Hata, SSM II	Date of Review: 2/27/2020 - 2/28/2020 Date of DMC-ODS Implementation: 7/1/2017
County: San Francisco	County Address: 1380 Howard Street, San Francisco, CA 94103
County Contact Name/Title: Elissa Velez, SUD Coordinator	County Phone Number/Email: (415) 255-3644 Elissa.velez@sfdph.org
Report Prepared by: Mayumi Hata, SSM II	Report Approved by: Mayumi Hata, SSM II

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. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 1380 Howard Street, San Francisco, CA 94103 on 2/27/2020. The following individuals were present:

- Representing DHCS:
Mayumi Hata, Staff Services Manager II (SSM II)

- Representing San Francisco County:
Marlo Simmons, Acting Behavioral Services Director
Judith Martin, AOD Administrator, Medical Director, SUD
Elissa Velez, SUD Coordinator
Furu Ouyang, Senior Clerk
Laurel Snead, Analyst
Rita Perez, Children, Youth, Families SUD Program Manager
Erik Dubon, SUD Project Manager
Joe Gorndt, Assistant Auditor
Andre Pelote, Compliance Manager
Garrett Chatfield, Interim Compliance Officer
James Stillwell, Analyst
Jose Guzman, SUD Program Manager
Kellee Hom, Health Informaticist
Tom Mesa, Business Office
David Pating, Addiction Psychiatrist
Michael McGinty, Clinical Coordinator
Giovanni Herrera, Clinical Coordinator
Kimberly Voelker, AMB Apps Manager
Lucy Arellano, Grievance and Appeal Officer
Maria Barteaux, Billing Manager
Liliana DeLaRosa, Quality Improvement Coordinator

During the Entrance Conference the following topics were discussed:

- Introduction
- DHCS Re-Organization
- Medi-Cal Healthier California for All Proposal
- Overview of the Monitoring Process
- County of San Francisco Overview of Services

Exit Conference:

An exit conference was conducted at 1380 Howard Street, San Francisco, CA 94103 on 2/28/2020. The following individuals were present:

- Representing DHCS:
Mayumi Hata, SSM II

- Representing San Francisco County:

Marlo Simmons, Acting Behavioral Health Services Director
Judith Martin, AOD Administrator, Medical Director, SUD
Elissa Velez, SUD Coordinator
Erik Dubon, SUD Project Manager
Tom Mesa, Director of contract compliance and business office
James Stillwell, Program Admin Analyst
Garrett Chatfield, Interim Compliance Office
Andre Pelote, Compliance Manager
Furu Ouyang, Senior Clerk
Craig Murdock, TAP Director
Joseph Gorndt, Asst. Auditor
Jose Guzman, SUD Program Manager
Kellee Hom, Health Informaticist
Laurel Snead, Analyst

During the Exit Conference the following topics were discussed:

- Summary of the annual review

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 Member Services	0
3.0 Service Provisions	0
4.0 Access	1
5.0 Coordination of Care	0
6.0 Monitoring	1
7.0 Program Integrity	3
8.0 Compliance	2

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each CD identified must be addressed via a CAP. The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory Recommendations (AR) 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) The name of the person who will be responsible for corrections and ongoing compliance.

The CMU liaison will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in administration requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.6:

Intergovernmental Agreement Exhibit A, Attachment I, 5, i, a, i-ii

- 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

Finding: The Plan did not provide signed copies of credentialing attestations from three (3) of the Plan's network providers.

4.0 ACCESS

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

COMPLIANCE DEFICIENCY:

CD 4.17:

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.

Finding: The Plan does not have a procedure to send a secure, encrypted email to sudcountyreports@dhcs.ca.gov and it does not notify DHCS within 2 business days when a provider's subcontract is terminated.

6.0 MONITORING

The following deficiencies in monitoring were identified:

COMPLIANCE DEFICIENCIES:

CD 6.23:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

- iv. Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
 - a. The format is readily accessible;
 - b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible.

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xviii, a

- a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
 - i. The provider's name as well as any group affiliation;
 - ii. Street address(es);
 - iii. Telephone number(s);
 - iv. Website URL, as appropriate;
 - v. Specialty, as appropriate;
 - vi. Whether the provider will accept new beneficiaries;
 - vii. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
 - viii. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

MHSUDS Information Notice 18-020

- ...the provider directory must also include the following information for each rendering provider:
- Type of practitioner, as appropriate;
 - National Provider Identifier number;
 - California license number and type of license; and,
 - An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain

this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

Finding: The Plan does not provide a provider directory containing the required elements:

- The provider's cultural capabilities
- ADA compliant

7.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 7.41:

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

- ii. The arrangements or procedures shall include the following:
 - a. 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.

Finding: The Plan does not ensure prompt reporting of all overpayments to DHCS. Policy and procedure is in draft status.

CD 7.43:

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:

- Annual report of overpayment recoveries;

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.

Finding: The Plan does not ensure overpayments are properly communicated to DHCS. Policy and procedure is in draft status.

CD 7.46:

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.

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.

Finding: The following CalOMS Tx report(s) are non-compliant:

- Open Admissions Report

8.0 COMPLIANCE

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

COMPLIANCE DEFICIENCIES:

CD 8.50

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

Finding: The Plan has not resolved previous deficiencies identified by DHCS in SFY 17-18, 7.35 and SFY 18-19, 7.50: Open Admission Report

CD 8.51

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

Finding: The Plan has not resolved previous deficiencies identified by DHCS in SFY 18-19, 8.64: Overpayment recovery and reporting procedure.

TECHNICAL ASSISTANCE

San Francisco County did not request Technical Assistance for SFY19-20.