



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



GAVIN NEWSOM
GOVERNOR

June 21, 2021

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

Director Martin
San Francisco Department of Public Health-Behavioral Health
1380 Howard Street
San Francisco, CA 94103

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director 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 2020-21 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/Provider Operation and Monitoring Branch (CPOMB) Analyst by 8/21/2021. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez
(916) 713-8667
emanuel.hernandez@dhcs.ca.gov

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

To: Director Martin,

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Elissa Velez, San Francisco BHS Coordinator Quality Manager

COUNTY REVIEW INFORMATION

County:

San Francisco

County Contact Name/Title:

Elissa Velez/ San Francisco BHS Coordinator Quality Manager

County Address:

1380 Howard Street
San Francisco, CA 94103

County Phone Number/Email:

(415) 305-9792
elissa.velez@sfdph.org

Date of DMC-ODS Implementation:

07/01/2017

Date of Review:

3/12/2021

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. 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 03/12/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
Alexandra Clark, AGPA
- Representing San Francisco County:
Judith Martin, Medical Director and AOD Administrator
Elissa Velez, Managed Care Policy & Planning Coordinator Quality Management
David Pating, Addiction Psychiatrist
David Smith, Pharmacy Services
Joseph Gorndt, Assistant SUD Auditor
Farahnaz Farahmand, Director CYF
Lisa Inman, MD Interim co-CMO Behavioral Health Services
Liliane Dela Rosa, Quality Improvement Coordinator, BHS Quality Management
Laurel Snead, Principal Administrative Analyst of Substance Use Disorder Services
Kimberly Voelker, Ambulatory Care Applications Manager
Kellee Hom, PhD – Clinical Informaticist
Yoonjung Kim, Assistant Director at AOA SOC/Interim Program Manager at TAP
Angelica Almeida, PhD – Director of Street Based and Justice Involved BHS
Karen Strickland, Prevention Coordinator, CYF
Marlo Simmons, Acting Director Behavioral Health Services
Kitty Ha, Quality Improvement Coordinator
Jose Luis Guzman, SUD System of Care Program Manager
Furu Ouyang, Substance Use Disorder Senior Clerk
Erik Dubon, SUD Project Manager
Edwin Batongbacal, Director, Adult & Older Adult Systems of Care
James Stillwell, Administrative Analyst SUDS
Diane Prentiss, Interim Director of Quality Management BHS

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- San Francisco County overview of services

Exit Conference:

An Exit Conference was conducted via WebEx on 03/12/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
Alexandra Clark, AGPA
- Representing San Francisco County:
Judith Martin, Medical Director and AOD Administrator
Elissa Velez, Managed Care Policy & Planning Coordinator Quality Management
David Pating, Addiction Psychiatrist
David Smith, Pharmacy Services
Joseph Gorndt, Assistant SUD Auditor
Farahnaz Farahmand, Director CYF
Lisa Inman, MD Interim co-CMO Behavioral Health Services
Liliane Dela Rosa, Quality Improvement Coordinator, BHS Quality Management
Laurel Snead, Principal Administrative Analyst of Substance Use Disorder Services
Kimberly Voelker, Ambulatory Care Applications Manager
Kellee Hom, PhD – Clinical Informaticist
Yoonjung Kim, Assistant Director at AOA SOC/Interim Program Manager at TAP
Angelica Almeida, PhD – Director of Street Based and Justice Involved BHS
Karen Strickland, Prevention Coordinator, CYF
Marlo Simmons, Acting Director Behavioral Health Services
Kitty Ha, Quality Improvement Coordinator
Jose Luis Guzman, SUD System of Care Program Manager
Furu Ouyang, Substance Use Disorder Senior Clerk
Erik Dubon, SUD Project Manager
Edwin Batongbacal, Director, Adult & Older Adult Systems of Care
James Stillwell, Administrative Analyst SUDS
Diane Prentiss, Interim Director of Quality Management BHS

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow – up deadlines

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	3
4.0 Access and Information Requirements	0
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	3

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 1.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i-ii, a

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.
- ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.
 - a. The Contractor shall ensure that, at minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care”. A third module entitled, “Introduction to The ASAM Criteria” is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Findings: The Plan does not ensure SUD program professional staff receive training on DMC-ODS requirements annually. The Plan did not require subcontractors to be trained in the ASAM criteria prior to providing services.

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 zero (0) of twenty-nine (29) Plan and sub-contracted providers for DMC-ODS programmatic, fiscal requirements, and did not submit audit reports of these monitoring reviews to DHCS.

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 report are non-compliant:

- Open Providers Report

CD 3.2.3

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, f

- i. The CalOMS-Tx business rules and requirements are:
 - 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, 2, iv-v

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; and
 - v. Ensure the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

Findings: The Plan did not demonstrate how they take corrective action if there is a failure to comply with the Plan's standards of data accuracy and data content.

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 deficiencies in program integrity were identified:

COMPLIANCE DEFICIENCIES:

CD 6.1.4

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, vi

- a. A compliance program that includes, at a minimum, all of the following elements:
 - vi. Enforcement of standards through well-publicized disciplinary guidelines.

Findings: The Plan did not provide evidence of enforcement of standards through well-publicized disciplinary guidelines.

CD 6.1.5

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, v

- a. A compliance program that includes, at a minimum, all of the following elements:
 - v. Effective lines of communication between the compliance officer and the organization's employees.

Findings: The Plan did not provide evidence of effective lines of communication between the compliance officer and the organization's employees.

CD 6.3.1

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

- 1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence of a mechanism used to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.