



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 13, 2022

Sent via e-mail to: tvartan@sjcbhs.org

Anthony Vartan, MSW, LCSW, Behavioral Health Director
San Joaquin County Behavioral Health Services
1212 N. California Street
Stockton, CA 95202

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Vartan:

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 Joaquin 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 Joaquin 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.

San Joaquin 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 7/13/2022. 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, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer
(916) 713-8677

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: Director Vartan

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County Provider Operations Monitoring Section I Chief
MCBHDMonitoring@dhcs.ca.gov, County Provider Operations and Monitoring Branch
Donna Bickham, San Joaquin County QAPI Deputy Director

COUNTY REVIEW INFORMATION

County:

San Joaquin

County Contact Name/Title:

Donna Bickham, QAPI Deputy Director

County Address:

1212 N. California Street
Stockton, CA 95202

County Phone Number/Email:

(209) 468-8482
dbickham@sjcbhs.org

Date of DMC-ODS Implementation:

7/1/18

Date of Review:

3/8/2022

Lead CCU Analyst:

Susan Volmer

Assisting CCU Analyst:

N/A

Report Prepared by:

Susan Volmer

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 3/8/22. The following individuals were present:

- Representing DHCS:
Susan Volmer, Associate Governmental Program Analyst, (AGPA)
Natalia Krasnodemsky, AGPA
- Representing San Joaquin County:
Tony Vartan, BHS Director
Betsey Rose, SUD Deputy Director
Donna Bickham, QAPI Deputy Director
Deanna Herrera, Finance Deputy
Fay Vieira, Children & Youth Services Deputy Director
Chelsea Rambo, Chief Mental Health Clinician
Kim Englent, Accounting Manager
Kelly Mraz, Contracts Manager
Paul Pelletier, SUD Program Manager
Eric Shingu, SUD Program Manager
Joaquin Vivero, SUD Quality & Access Manager
Annalisa Potter, SUD Program Manager
Olivia Roccucci, Accountant I
Shahloh Jones-Mitchell, Management Analyst III
Janelle Fredriksen, Management Analyst II
Margarita Garcia, QAPI Supervisor
Katherine Hedrick, QAPI Staff Nurse IV
Soma Azizi, QAPI Staff Nurse III

During the Entrance Conference, the following topics were discussed:

- Introductions
- County overview of services provided
- DHCS overview of review process

Exit Conference:

An Exit Conference was conducted via WebEx on 3/8/2022. The following individuals were present:

- Representing DHCS:
Susan Volmer, AGPA
Natalia Krasnodemsky, AGPA

- Representing San Joaquin County:
Tony Vartan, BHS Director
Betsey Rose, SUD Deputy Director
Donna Bickham, QAPI Deputy Director
Deanna Herrera, Finance Deputy
Fay Vieira, Children & Youth Services Deputy Director
Chelsea Rambo, Chief Mental Health Clinician
Kim Englent, Accounting Manager
Kelly Mraz, Contracts Manager
Paul Pelletier, SUD Program Manager
Eric Shingu, SUD Program Manager
Joaquin Vivero, SUD Quality & Access Manager
Annalisa Potter, SUD Program Manager
Olivia Roccucci, Accountant I
Shahloh Jones-Mitchell, Management Analyst III
Janelle Fredriksen, Management Analyst II
Margarita Garcia, QAPI Supervisor
Katherine Hedrick, QAPI Staff Nurse IV
Soma Azizi, QAPI Staff Nurse III

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	0
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	2
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 1.4.8:

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 San Joaquin County's physician received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2020 for the County's physician, Dr. Hart, totaled only 2.5 hours.

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 San Joaquin County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine. Specifically:

- The Plan submitted continuing education units for only two (2) of three (3) requested County LPHA staff for calendar year 2019.

The Plan did not provide evidence demonstrating Aegis Treatment Centers professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit verified continuing education units for subcontractor LPHA staff for calendar year 2019.
- The Plan did not submit verified continuing education units for subcontractor LPHA staff for calendar year 2020.

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 3.2.3:

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 MedMark's Medical Director, Dr. Greene, includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

CD 3.2.4:

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

- iii. 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 San Joaquin County's Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by a provider representative;
- Providing services beyond scope.

The Plan did not provide evidence demonstrating the Code of Conduct for MedMark's Medical Director, Dr. Greene, includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

CD 3.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i-ix

1. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - i. Timeliness of first initial contact to face-to-face appointment.
 - ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
 - iii. Timeliness of services of the first dose of OTP/NTP services.
 - iv. Access to after-hours care.
 - v. Responsiveness of the beneficiary access line.
 - vi. Strategies to reduce avoidable hospitalizations.
 - vii. Coordination of physical and mental health services with waiver services at the provider level.
 - viii. Assessment of the beneficiaries' experiences.
 - ix. Telephone access line and services in the prevalent non-English languages.

Findings: The Plan did not provide evidence demonstrating how County and subcontractor staff are monitored for the accessibility of services outlined in the Quality Improvement (QI) Plan including:

- Strategies to reduce avoidable hospitalizations.

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 deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 5, i

5. No Unlawful Use or Unlawful Use Messages Regarding Drugs

- i. Contractor agrees that information produced through these funds, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

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 County and subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.

CD 4.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 7, i

7. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

- i. None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

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 make available evidence demonstrating County and subcontractor compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

TECHNICAL ASSISTANCE

San Joaquin County did not request Technical Assistance during this review.