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DIRECTOR

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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 1, 2022

Sent via e-mail to: sgraber@co.slo.ca.us

Starlene Graber, Drug and Alcohol Division Services Manager
San Luis Obispo Behavioral Health Department
2180 Johnson Ave.
San Luis Obispo, CA 93401

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Manager Graber:

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 Luis Obispo 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 Luis Obispo 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 Luis Obispo 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 8/1/2022. 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>

Distribution:

To: Manager Graber,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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MCBHDMonitoring@dhcs.ca.gov, County Provider Operations and Monitoring Branch
Amanda Getten, San Luis Obispo County Quality Support Team Division Manager
Anne Robin, San Luis Obispo County Behavioral Health Director
Julianne Schmidt, San Luis Obispo County Quality Support Team Program Supervisor

COUNTY REVIEW INFORMATION

County:

San Luis Obispo

County Contact Name/Title:

Amanda Getten/Quality Support Team Division Manager

County Address:

2180 Johnson Ave. San Luis Obispo, CA 93401

County Phone Number/Email:

805-781-4733

agetten@co.slo.ca.us

Date of DMC-ODS Implementation:

1/1/2018

Date of Review:

4/11/2022

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

Entrance Conference:

An Entrance Conference was conducted via WebEx on 4/11/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Natalia Krasnodemsky, AGPA
- Representing San Luis Obispo County:
Anne Robin, Behavioral Health Director
Amanda Getten, Quality Support Team Division Manager
Julianne Schmidt, Quality Support Team Program Supervisor
Katrina Feliciano, Quality Support Team Administrative Services Officer
Alexandra Hernandez, Quality Support Team Clinician
Kathy McGuire, Medical Records Supervisor
Dana Adoptante, Health Information Technician
Star Graber, Drug and Alcohol Service Division Manager
Frank Warren, Prevention and Outreach Division Manager

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 4/11/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Natalia Krasnodemsky, AGPA
- Representing San Luis Obispo County:
Anne Robin, Behavioral Health Director
Amanda Getten, Quality Support Team Division Manager
Julianne Schmidt, Quality Support Team Program Supervisor
Katrina Feliciano, Quality Support Team Administrative Services Officer
Alexandra Hernandez, Quality Support Team Clinician
Kathy McGuire, Medical Records Supervisor
Dana Adoptante, Health Information Technician
Star Graber, Drug and Alcohol Service Division Manager
Frank Warren, Prevention and Outreach Division Manager

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	0
4.0 Access and Information Requirements	2
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	1

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 Luis Obispo County's physician, Daisy Ilano, received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 for San Luis Obispo County's physician totaled two (2) hours.

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

- The Plan did not submit evidence of continuing medical education for the Sun Street King City physician for calendar years 2019 or 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 Sun Street Centers Men's Residential Facility professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for two (2) of three (3) subcontractor LPHA staff for calendar year 2020.

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 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: Call 1 completed at 10 am on February 8, 2022. This call is determined to be in compliance. A caller representative picked up almost immediately after the call was placed. Representative asked for client's age and basic details regarding the addiction issue. Representative was able to answer all of caller's questions and provided basic information on services.

Test Call 2: Call 2 completed at approximately 7:35 am on February 9, 2022. This call is determined to be out of compliance. Caller could not reach a live person on this call. After dialing the access line number, the call triaged to a phone tree with multiple options. None of the options mentioned substance abuse services. Caller instead selected the option for mental health services. The call triaged to another voicemail phone tree with the option to leave a voicemail, call the same access number during business hours, visit the physical County locations (addresses were provided), or visit the County website. There was no option to speak to a live representative, so caller disconnected the call.

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.

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 deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, c

- c. Provision for prompt notification to the Department when it receives information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including all of the following:
- i. Changes in the beneficiary's residence.
 - ii. The death of a beneficiary.

Findings: The Plan did not provide evidence demonstrating prompt notification to DHCS regarding changes to a beneficiary's circumstances that may affect eligibility, including:

- Changes in the beneficiary's residence.
- The death of a beneficiary.

TECHNICAL ASSISTANCE

San Luis Obispo did not request technical assistance for this review.