



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 29, 2022

Sent via e-mail to: cboyden@smcgov.org

Clara Boyden, Deputy Director, Alcohol and Other Drug Services
San Mateo County Behavioral Health and Recovery Services
310 Harbor Blvd., Building E
Belmont, CA 94002

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Deputy Director Boyden:

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 Mateo 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 Mateo 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 Mateo 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 5/31/2022. 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: Deputy Director Boyden,

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
Diana Hill, Health Services Manager, San Mateo Behavioral Health and Recovery Services

COUNTY REVIEW INFORMATION

County:

San Mateo County

County Contact Name/Title:

Diana Hill/Health Services Manager

County Address:

310 Harbor Blvd., Building E, Belmont, CA 94002

County Phone Number/Email:

(650) 802-7695

dhill@smcgov.org

Date of DMC-ODS Implementation:

2/1/2017

Date of Review:

1/25/2022

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 1/25/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
- Representing San Mateo County:
Clara Boyden, Deputy Director
Diana Hill, Health Services Manager
Edith Cabuslay, Program Services Manager
Christine O'Kelly, BHRS Supervisor
Desirae Miller, BHRS Supervisor
Betty Ortiz-Gallardo, Interim Quality Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of services provided
- Overview of review process

Exit Conference:

An Exit Conference was conducted via WebEx on 1/25/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
- Representing San Mateo County:
Clara Boyden, Deputy Director
Diana Hill, Health Services Manager
Edith Cabuslay, Program Services Manager
Christine O'Kelly, BHRS Supervisor
Desirae Miller, BHRS Supervisor
Betty Ortiz-Gallardo, Interim Quality 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	10
2.0 Coordination of Care	3
3.0 Quality Assurance and Performance Improvement	8
4.0 Access and Information Requirements	3
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 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 1.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, a-d

- iii. The Contractor shall comply with the following timely access requirements:
- a. Meet and require its network providers to meet Department standards for timely access to care and services, taking into account the urgency of the need for services.
 - b. Ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid FFS, if the provider serves only Medicaid beneficiaries.
 - c. Make services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.
 - d. Establish mechanisms to ensure compliance by network providers.

Findings: The Plan did not provide evidence demonstrating all network provider's compliance with all timely access requirements. The Plan did not provide evidence of the following timely access requirement:

- Meet and require network providers to meet DHCS standards for timely access to care and services;
- Ensure network providers offer hours of operation that are no less than offered to commercial beneficiaries or Medicaid FFS if the provider serves only Medicaid beneficiaries;
- Make services available 24 hours a day, 7 days a week when medically necessary; and
- Establish mechanism to ensure compliance by network providers.

CD 1.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, e-f

- iii. The Contractor shall comply with the following timely access requirements:
- e. Monitor network providers regularly to determine compliance.
 - f. Take corrective action if there is a failure to comply by a network provider.

Findings: The Plan did not provide evidence demonstrating all network provider's compliance with timely access requirements. The Plan did not provide evidence of the following timely access requirements:

- Monitor network providers to determine compliance; and
- Take corrective action if there is a failure to comply by a network provider.

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 subcontractors. The completed credentialing attestations were not submitted for the following providers:

- HealthRIGHT 360 (WRA, The Elms)
- Fort Help Mission

CD 1.4.1:

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by San Mateo County have appropriate experience and necessary training at the time of hiring. The Plan did not provide evidence for:

- Two (2) professional/licensed staff hired by San Mateo County during FY 2020-21.
- Two (2) non-professional staff hired by San Mateo County during FY 2020-21.

CD 1.4.2:

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 demonstrating non-professional staff employed by San Mateo County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by San Mateo County during FY 2020-21 and FY 2019-20.

CD 1.4.3:

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network provider:

- HealthRIGHT 360 (Pioneer Court Outpatient Services)

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:

- Our Common Ground
- HealthRIGHT 360 (WRA, Hillside House)

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

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.

Findings: The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

CD 1.4.7:

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

3. Training to DMC Subcontractors

- 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 did not provide evidence demonstrating all subcontractor staff conducting assessments complete two ASAM Criteria e-Training modules prior to providing services.

CD 1.4.9:

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

- iv. 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 HealthRight 360 (AARS, ODASA) professional staff (LPHA) received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing education units submitted for calendar year 2020 for Megan Jones only totaled 3.25 hours.
- The continuing education units submitted for calendar year 2019 for Megan Jones totaled only 1.5 hours.

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 deficiencies in the coordination of care requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iv-v, a-e

- iv. The Contractor shall implement mechanisms to comprehensively assess each Medicaid beneficiary identified by the Department as having special health care needs to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. The assessment mechanisms shall use appropriate providers.
- v. The Contractor shall produce a treatment or service plan meeting the criteria below for beneficiaries with special health care needs that are determined through assessment to need a course of treatment or regular care monitoring. The treatment or service plan shall be:
 - a. Developed with beneficiary participation, and in consultation with any providers caring for the beneficiary.
 - b. Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).
 - c. Approved by the Contractor in a timely manner, if this approval is required by the Contractor.
 - d. In accordance with any applicable Department quality assurance and utilization review standards.
 - e. Reviewed and revised upon reassessment of functional need, at least every 12 months, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR §441.301(c)(3).

Findings: The Plan did not provide evidence demonstrating County and subcontractor compliance with meeting the criteria for beneficiaries with special health care needs. The treatment or service plan was not:

- Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).

CD 2.2.1:

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

1. In addition to meeting the coordination and continuity of care requirements set forth in Article II.E.3, the Contractor shall develop a care coordination plan that provides for seamless transitions of care for beneficiaries with the DMC-ODS system of care. Contractor is responsible for developing a structured approach to care coordination to ensure that beneficiaries successfully transition between levels of SUD care (i.e. withdrawal management, residential, outpatient) without disruptions to services.

Findings: The Plan did not provide evidence demonstrating a developed care coordination plan that provides for seamless transitions of care for beneficiaries within the DMC-ODS system of care.

CD 2.2.2:

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

2. 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 3.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, ii

a. The Contractor shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

Findings: The Plan did not provide evidence demonstrating the Practice Guidelines are disseminated to the following:

- All affected providers;
- To beneficiaries, upon request; and
- To potential beneficiaries, upon request.

CD 3.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, iii

iii. The Contractor shall ensure that all decisions for utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

Findings: The Plan did not provide evidence demonstrating all decisions for beneficiary education are consistent with the Practice Guidelines.

CD 3.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii, a-e

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:

- a. Motivational Interviewing;
- b. Cognitive-Behavioral Therapy;
- c. Relapse Prevention;
- d. Trauma-Informed Treatment; and
- e. Psycho-Education.

Findings: The Plan did not provide evidence demonstrating providers are monitored for implementation and utilization of at least two of the required Evidence Based Practices during provider reviews.

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 that Dr. O'Neil, the SUD program Medical Director for Free at Last, El Centro de Libertad, and Latino Commission, has written roles and responsibilities.

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 County did not provide evidence demonstrating that Dr. O’Neil, the SUD program Medical Director for Star Vista and Sitike Counseling Center, has a Code of Conduct.

The Plan did not provide evidence demonstrating the Code of Conduct for HealthRIGHT 360’s Medical Director Dr. Ako 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:

- Timeliness of first initial contact to face-to-face appointment;
- Frequency of follow-up appointments in accordance with individualized treatment plans;
- Timeliness of services of the first dose of OTP/NTP services;
- Access to after-hours care;
- Responsiveness of the beneficiary access line;
- Strategies to reduce avoidable hospitalizations;
- Coordination of physical and mental health services with waiver services at the provider level;
- Assessment of the beneficiaries’ experiences; and
- Telephone access line and services in the prevalent non-English languages.

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.

CD 3.4.2:

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.
 - 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 Provider 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 deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.3:

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

1. Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities, and counselor complaints may be made by using: The Complaint Form which is available and may be submitted online: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Findings: The Plan did not provide evidence demonstrating program complaints received by the County regarding Residential Adult Alcoholism or Drug Abuse Treatment Facilities, and counselor complaints are communicated to DHCS using the online complaint form.

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 made at 3 pm on Dec. 8, 2021. This call was determined to be out of compliance. Caller dialed toll-free access line number at 1-800-686-0101, went through automated phone tree, and selected option for mental health and alcohol services. A representative answered the call after three rings. Representative first asked if caller was in an emergency situation, and caller responded no. Representative asked what caller was calling about and inquired about Medi-Cal eligibility. Caller responded that the client was Medi-Cal eligible and inquired about available addiction services for the client. Representative could not answer the questions, but provided the number 650-802-6400 for additional information. The representative noted that someone may not pick up at the provided number, but caller could leave a detailed voicemail message and someone would return a call within 48 hours. Caller asked for an address where the client could walk in, and representative stated they were unsure, but caller could obtain that information at the number provided. Caller then dialed 650-

802-6400 as recommended by the access line representative. The number leads to an automated message for San Mateo Alcohol and Other Drug Services. The automated message recommends that callers dial the 24-hour helpline 650-573-3950. The phone number is spoken quickly and not repeated. The automated message repeats in Spanish, then requires caller to leave a voicemail. Caller disconnected the call and did not leave a message. Caller then dialed 650-573-3950 as recommended. An automated message stated that call was being connected to a counselor, then stated the counselor's mailbox was full, and the call disconnected automatically.

Test Call 2: Call made at 7:30 am on Dec. 9, 2021. This call was determined to be out of compliance. Caller dialed the 24-hour access line number at 1-800-686-0101. Caller had to call twice for the call to go through. A live representative answered the phone on the second call, but the call had poor reception on the representative's end. Caller asked for an overview of addiction services for the client in need, but the representative stated they were very limited in the information they could provide. The representative instead recommended calling San Mateo County Alcohol and Drug Services at 650-573-3950. Caller then called 650-573-3950 as recommended. A live representative named Emily picked up, asked a few basic questions about the client, then recommended the caller reach out to the 1-800 access line number again for additional information. Caller noted they had already tried the access line, and asked a few more questions about available services. The representative was not forthcoming with information, but noted that an available provider would have more information if caller reached out during business hours after 9 am.

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 County and subcontractor compliance with the Hatch Act.

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 6.1.1:

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.

CD 6.1.2:

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

- e. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

Findings: The Plan did not provide evidence demonstrating the application of a verification process where services represented to have been delivered by network providers are verified as being received by beneficiaries.

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 demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

The County Compliance Unit (CCU) Analyst made a referral for the County to receive assistance in the following areas:

Coordination of Care: The County would like TA on how to comply with recovery services requirements specified in BHIN 21-020 (Q2.2.2).

Quality Assurance and Performance Improvement: The County would like TA on ways to monitor for evidence based practices (EBPs), specifically how to review treatment plans and progress notes to know that EBPs were applied in practice (Q3.2.1). The County would also like TA on how to interpret and ensure compliance with the Open Providers report.

Beneficiary Rights and Protections: The County would like TA on current expectations of counties regarding the Trafficking Victims' Protection Act (TVPA). The County states that it requires contracted providers to screen clients as potential victims, but would like clarification on what should be done if a client screens positive for this (Q4.3.4).

Program Integrity: The County would like clarification on the purpose of reporting to DHCS when an individual client's Medi-Cal status changes (Q6.1.1).