



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 7, 2021

Sent via e-mail to: luke.bergmann@sdcounty.ca.gov

Luke Bergmann, PhD, Director
San Diego County Health & Human Services
3255 Camino Del Rio South
San Diego, CA 92108

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Bergman:

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 Diego 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 Diego 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 Diego 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 7/07/2021. Please use the enclosed CAP form and submit the completed the 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 michael.bivians@dhcs.ca.gov.

Sincerely,

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
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Distribution:

To: Director Bergmann,

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Michael Blanchard, San Diego County Behavioral Health Services Utilization Review Quality
Improvement Supervisor

COUNTY REVIEW INFORMATION

County:

San Diego

County Contact Name/Title:

Michael Blanchard, LMFT / Quality Management Supervisor

County Address:

3255 Camino Del Rio South
San Diego, CA 92108

County Phone Number/Email:

(619) 606-6535
michael.blanchard@sdcountry.ca.gov

Date of DMC-ODS Implementation:

7/1/2018

Date of Review:

2/25/2021

Lead CCU Analyst:

Michael Bivians

Assisting CCU Analysts:

Susan Volmer
Katrina Beedy

Report Prepared by:

Michael Bivians

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 2/25/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, Staff Services Manager I (SSMI)
Susan Volmer, Associate Governmental Program Analyst (AGPA)
Katrina Beedy, AGPA
Kathryn Sears, SSMI
Andrew Ulibarri, AGPA
- Representing San Diego County:
Tabatha Lang, Assistant Medical Services Administrator
Piedad Garcia, Deputy Director Departmental Operations
Yael Koenig, Deputy Director Departmental Operations
Raul Loyo-Rodriguez, Departmental Budget Manager
Alfie Gonzaga, Program Coordinator
Danyte Mockus-Valenzuela, Program Coordinator
Linda Bridgeman-Smith, Alcohol & Drug Program Supervisor
Erin Shapira, Administrative Analyst III
Michael Blanchard, Utilization Review Quality Improvement Supervisor

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Review Process

Exit Conference:

An Exit Conference was conducted via WebEx on 2/25/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, SSMI
Susan Volmer, AGPA
Katrina Beedy, AGPA
Kathryn Sears, SSMI
Andrew Ulibarri, AGPA
- Representing San Diego County:
Tabatha Lang, Assistant Medical Services Administrator
Piedad Garcia, Deputy Director Departmental Operations
Yael Koenig, Deputy Director Departmental Operations
Raul Loyo-Rodriguez, Departmental Budget Manager
Alfie Gonzaga, Program Coordinator
Danyte Mockus-Valenzuela, Program Coordinator
Linda Bridgeman-Smith, Alcohol & Drug Program Supervisor
Erin Shapira, Administrative Analyst III
Michael Blanchard, Utilization Review Quality Improvement Supervisor

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF SFY 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	2
4.0 Access and Information Requirements	0
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, j 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 1.3.2:

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

- iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
- v. Professional staff (LPHAs) shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year.

Findings: The Plan did provide evidence of two (2) LPHAs from two (2) DMC-ODS subcontractors demonstrating the LPHAs completion of required CEUs in addiction medicine during FY 2019-20. The Plan did not provide the requested evidence of two (2) LPHAs from a third DMC-ODS subcontractor, Vista Hill Bridges, demonstrating the LPHAs completion of required CEUs in addiction medicine during FY 2019-20.

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 64 of 90 Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

- The Plan submitted 63 of 64 DMC-ODS audit reports to DHCS within two weeks of report issuance.

CD 3.2.5

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 does not ensure all subcontractors receive training on DMC-ODS requirements at least annually.

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 6.3.1

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 an implemented mechanism used to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

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