



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

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Sent via e-mail to: [bruce.copley@hhs.sccgov.org](mailto:bruce.copley@hhs.sccgov.org)

Bruce Copley  
County of Santa Clara Behavioral Health Substance Use Treatment Services  
976 Lenzen Ave. 3<sup>rd</sup> Floor  
San Jose, CA 95126

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Copley:

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 Santa Clara 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 Santa Clara 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.

Santa Clara 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 10/04/2021. 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](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [katrina.beedy@dhcs.ca.gov](mailto: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  
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Distribution:

To: Director Bruce Copley,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Tammy Ramsey, Senior Health Care Program Analyst, Santa Clara County  
Esther Zamora, Executive Assistant Confidential, Santa Clara County

## COUNTY REVIEW INFORMATION

**County:**

Santa Clara

**County Contact Name/Title:**

Tammy Ramsey/Senior Health Care Program Analyst

**County Address:**

976 Lenzen Ave., 3rd floor, San Jose, CA 95126

**County Phone Number/Email:**

408-792-5691

bruce.copley@hhs.sccgov.org

**Date of Review:**

6/15/2021

**Lead CCU Analyst:**

Katrina Beedy

**Assisting CCU Analyst(s):**

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. 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 6/15/2021. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, Associate Governmental Program Analyst (AGPA)  
Michael Bivians, Staff Services Manager I (SSM I)
- Representing Santa Clara County:  
Bruce Copley, Director, Access and Unplanned Services  
Domingo Acevedo, Compliance Manager  
Lara Alkoraishi, Program Manager II  
Peter Antons, Sr. Mental Health Program Manager  
Kakoli Banerjee, Director, Research & Outcome Measurement  
Maria Bernardez, Sr. Health Care Program Analyst  
Zelia Faria Costa, Director, Children, Youth, and Family System of Care  
Mego Lien, Prevention Services Division Manager  
Margaret Obilor, Director, AOA System of Care  
Mira Parwiz, Behavioral Health Division Director  
Tammy Ramsey, Sr. Health Care Program Analyst  
Shideh Shahvarian, Compliance Manager  
Tova Sweet, Acting Division Director, Utilization Management  
Rachel J Talamantez, Division Director, Cross-Systems Initiatives  
Alejandro Villalobos, Prevention Program Analyst II  
Leilani Villanueva, Administrative Services Manager II  
Dinh Chu, Sr. Mental Health Program Specialist  
Michelle Ho, Division Director, Behavioral Health Services Division

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 6/15/2021. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, AGPA  
Michael Bivians, SSM I
  
- Representing Santa Clara County:  
Bruce Copley, Director, Access and Unplanned Services  
Domingo Acevedo, Compliance Manager  
Lara Alkoraishi, Program Manager II  
Peter Antons, Sr. Mental Health Program Manager  
Kakoli Banerjee, Director, Research & Outcome Measurement  
Maria Bernardez, Sr. Health Care Program Analyst  
Zelia Faria Costa, Director, Children, Youth, and Family System of Care  
Mego Lien, Prevention Services Division Manager  
Margaret Obilor, Director, AOA System of Care  
Mira Parwiz, Behavioral Health Division Director  
Tammy Ramsey, Sr. Health Care Program Analyst  
Shideh Shahvarian, Compliance Manager  
Tova Sweet, Acting Division Director, Utilization Management  
Rachel J Talamantez, Division Director, Cross-Systems Initiatives  
Alejandro Villalobos, Prevention Program Analyst II  
Leilani Villanueva, Administrative Services Manager II  
Dinh Chu, Sr. Mental Health Program Specialist  
Michelle Ho, Division Director

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	4
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	1
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 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 deficiencies in availability of DMC-ODS services were identified:

### COMPLIANCE DEFICIENCIES:

#### **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 not provide evidence that two (2) LPHAs from any three (3) of the DMC-ODS subcontractors completed the required CEUs in addiction medicine during FY 2019-20.

#### **CD 1.3.3:**

##### 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 written roles and responsibilities provided for the Plan's Medical Director is missing the following criteria:

- Ensure that physicians do not delegate their duties to non-physician personnel.
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- 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.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

The written roles and responsibilities provided for the Momentum Medical Director is missing the following criteria:

- 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.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

The written roles and responsibilities provided for the Pathway Medical Director is missing the following criteria:

- Written roles and responsibilities for the Medical Director shall be clearly documented, signed, and dated by the physician.

**CD 1.3.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i, c

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
  - c. Develop and implement written medical policies and standards for the provider.

**Findings:** The Plan does not ensure SUD Medical Directors develop and implement written policies and standards for the provider. Specifically:

- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director developed a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director implemented a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence ensuring three (3) subcontracted Medical Directors developed and implemented a written medical policy and standard. The Plan provided evidence that the Medical Directors of Pathway Society and HealthRIGHT 360 developed and implemented a written medical policy and standard, but did not provide evidence that a third subcontracted Medical Director developed and implemented a medical policy and standard.

**CD 1.3.5:**

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 Code of Conduct provided for the Plan's Medical Director is missing the following elements:

- Use of drugs and/or alcohol.

The Code of Conduct provided for the Momentum Medical Director is missing the following elements:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain.
- Prohibition of sexual contact with beneficiaries.
- Conflict of interest.
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff.
- Protection of beneficiary confidentiality.
- Cooperate with complaint investigations.

## 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 deficiency in quality assurance and performance improvement was identified:

### COMPLIANCE DEFICIENCY:

#### **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(s) are non-compliant:

- Open Admissions Report.

## 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 4.1.1**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

###### JJ. Subcontract Termination

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two (2) business days. The Contractor shall submit the notification by secure, encrypted email to: [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov).

**Findings:** The Plan did not notify DHCS via a secure, encrypted email to [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov) regarding the basis for termination of any subcontract with a certified provider.

#### **CD 4.3.1**

##### 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, A, 1, ii

- i. 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.

##### Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1

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.

**Findings:** The Plan did not provide evidence that non-professional staff received appropriate onsite orientation and training prior to performing assigned duties.

## **TECHNICAL ASSISTANCE**

Santa Clara County did not request technical assistance during this review.