



November 8, 2024

THIS LETTER SENT VIA EMAIL TO: lkemmer@ochca.com

Ian Kemmer, LMFT, Behavioral Health Director
Orange County Behavioral Health Services
405 W. 5th Street, Ste. 726
Santa Ana, CA 92701

SUBJECT: ANNUAL SUBSTANCE USE DISORDER REVIEW SECTION DMC-ODS
FINDINGS REPORT

Dear Director Kemmer:

The Department of Health Care Services (DHCS) is responsible for determining compliance to requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement operated by Orange County.

The Substance Use Disorder Review Section (SUDRS) within DHCS' Audits and Investigations' Contract and Enrollment Review Division (CERD) conducted a review of the County's compliance with Federal and State laws, Medi-Cal regulations, program requirements and the State's DMC-ODS contract. The review included an inspection of the County's policies for providing services, procedures to implement these policies, and the process to determine whether these policies were effective. Documents were reviewed and interviews were conducted with County staff. Enclosed are the results of Orange County's Fiscal Year (FY) 2024-25 DMC-ODS compliance review. The report identifies compliance review findings and referrals for technical assistance.

Orange County is required to submit a Corrective Action Plan (CAP) addressing each review finding noted to DHCS' Behavioral Health – Oversight and Monitoring Division (BH-OMD), County Compliance and Monitoring Section (CCMS). For questions regarding the CAP process and submitting documentation, email your questions to BHOMDMonitoring@dhcs.ca.gov.

If you have any questions regarding the review process, please contact me at john.wiesner@dhcs.ca.gov.

Sincerely,

Original Signed by

John Wiesner | Health Program Specialist I

Distribution:

To: Director Kemmer,

Cc: Mateo Hernandez, PhD, Assistant Deputy Director
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Contract and Enrollment Review Division - Audits and Investigations

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BHOMDMonitoring@dhcs.ca.gov, Behavioral Health Compliance and Monitoring
Branch

Chiyo Matsubayashi, MFT Health Service Manager, Orange County Behavioral
Health Services

COUNTY REVIEW INFORMATION

County:

Orange

County Contact Name/Title:

Chiyo Matsubayashi, Health Service Manager

County Address:

405 W. 5th Street, Ste. 726
Santa Ana, CA 92701

County Phone Number/Email:

714-796-0537

Date of DMC-ODS Implementation:

7/1/2018

Date of Review:

10/16/2024

Lead SUDRS Reviewer:

John Wiesner

Assisting SUDRS Reviewer:

N/A

Report Prepared by:

John Wiesner

Report Approved by:

Michael Bivians

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
 - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program
- II. Program Requirements:
 - a. Fiscal Year (FY) 2022-23 DMC-ODS Intergovernmental Agreement (IA)
 - b. State of California *Adolescent Best Practices Guidelines October 2020*
 - c. DHCS' *Perinatal Practice Guidelines FY 2018-19*
 - d. DHCS' *Minimum Quality Drug Treatment Standards (Document 2F(a))*
 - e. National Culturally and Linguistically Appropriate Services (CLAS)
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via Teams on 10/16/2024. The following individuals were present:

- Representing DHCS:
Michael Bivians, Substance Use Disorder Review Section Chief
Nguyen, Lisa, Contract and Enrollment Review Division Associate Governmental Program Analyst
Wiesner, John, Substance Use Disorder Review Section Health Program Specialist I
- Representing Orange County:
Aguilar, Glenda, Health Services Manager
Amick, Jan, Service Chief II
Brack, Yvonne, Service Chief II
Carroll, Esmeralda, Clinical Social Worker II
Choi, Susie S, Health Program Specialist
Corral, Juan, Administrative Manager III
Cortez, Ashley, Behavioral Health Clinician I
Davis, Brittany, Administrative Manager II
Duplesse, Nichole, Health Program Specialist
Ernt, Tracy, Health Services Manager
Estrada, Elaine, Behavioral Health Clinician II
Fernandez, Jennifer, Behavioral Health Clinician I
Gonzalez, Claudia, Behavioral Health Clinician II
Helmy, Deana, Health Services Manager
Hoang, Gina, Admin Manager I
Huffman, Charles, Assistant Medical Director
Karp, Claire, Senior Health Services Manager
Kemmer, Ian, Behavioral Health Services Director
Lawrenz, Mark, Assistant Deputy Director, SUD
Lopez, Azahar, Assistant Deputy Director, QMS
Matsubayashi, Chiyo, Health Services Manager
Nguyen, Sarah, Behavioral Health Clinician I
Peralta, Hilary, Service Chief II
Read-Gomez, Christy, Service Chief II
Rosas, Andrea, Office Supervisor
Sabet, Kelly, Chief Compliance Officer
Shreenan, Catherine, Service Chief II
Stauder, Pauline, Program Supervisor I
Swart, Crystal, Behavioral Health Clinician II
Tafolla, Eunice, Intern

Thornton, April, Health Services Manager
Tran, Annette, Health Services Administrator
Weisz, Ashlee, Behavioral Health Clinician II

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 Teams on 10/16/2024. The following individuals were present:

- Representing DHCS:
Michael Bivians, Substance Use Disorder Review Section Chief
Nguyen, Lisa, Contract and Enrollment Review Division Associate Governmental Program Analyst
Wiesner, John, Substance Use Disorder Review Section Health Program Specialist I
- Representing Orange County:
Aguilar, Glenda, Health Services Manager
Amick, Jan, Service Chief II
Brack, Yvonne, Service Chief II
Carroll, Esmeralda, Clinical Social Worker II
Choi, Susie S, Health Program Specialist
Corral, Juan, Administrative Manager III
Cortez, Ashley, Behavioral Health Clinician I
Davis, Brittany, Administrative Manager II
Duplesse, Nichole, Health Program Specialist
Ernt, Tracy, Health Services Manager
Estrada, Elaine, Behavioral Health Clinician II
Fernandez, Jennifer, Behavioral Health Clinician I
Gonzalez, Claudia, Behavioral Health Clinician II
Helmy, Deana, Health Services Manager
Hoang, Gina, Admin Manager I
Huffman, Charles, Assistant Medical Director
Karp, Claire, Senior Health Services Manager
Kemmer, Ian, Behavioral Health Services Director
Lawrenz, Mark, Assistant Deputy Director, SUD
Lopez, Azahar, Assistant Deputy Director, QMS
Matsubayashi, Chiyo, Health Services Manager
Nguyen, Sarah, Behavioral Health Clinician I
Peralta, Hilary, Service Chief II
Read-Gomez, Christy, Service Chief II
Rosas, Andrea, Office Supervisor
Sabet, Kelly, Chief Compliance Officer
Shreenan, Catherine, Service Chief II
Stauder, Pauline, Program Supervisor I
Swart, Crystal, Behavioral Health Clinician II
Tafolla, Eunice, Intern
Thornton, April, Health Services Manager
Tran, Annette, Health Services Administrator

Weisz, Ashlee, Behavioral Health Clinician II

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2024-25 COMPLIANCE FINDINGS

<u>Category</u>	<u>Number of Findings</u>
1.0 Availability of DMC-ODS Services	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	0
4.0 Access and Information Requirements	2
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section QQ each CD identified must be addressed via a CAP.

Your CCMS liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2024-25 CAP, please email BHOMDMonitoring@dhcs.ca.gov.

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the County's Access and Information Requirements was conducted to ensure compliance with applicable federal and state laws, Medi-Cal regulations, program requirements and the State's DMC-ODS contract. The following findings were identified:

COMPLIANCE FINDINGS:

4.1.9:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii)

- iii. The Contractor shall provide interpretive services and make member information available in the following alternative formats: Braille, audio format, large print (no less than 20-point font), and accessible electronic format (such as a data CD). In determining what types of auxiliary aids and services are necessary, the Contractor shall give "primary consideration" to the individual's request of a particular auxiliary aid or service.

Exhibit A Attachment I, Section II Federal Requirements, K, 6, v

- v. When providing interpretive services, the Contractor shall use qualified interpreters to interpret for an individual with a disability, whether through a remote interpreting service or an on-site appearance. A qualified interpreter for an individual with a disability is an interpreter who: 1) adheres to generally accepted interpreter ethics principals, including client confidentiality; and 2) is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology. For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes).

Findings: The County did not provide evidence demonstrating the County and subcontractors comply with the timely provision of appropriate auxiliary aids and services, free of charge, to persons with impaired sensory, manual, or speaking skills including at a minimum, all the following:

- Braille documentation.

4.4.1:

(Behavioral Health Information Notice (BHIN) 23-018)

Provider Requirements

Providers that offer telehealth services to Medi-Cal beneficiaries must meet all applicable Medi-Cal licensure and program enrollment requirements. If the provider is not located in California, they must be licensed in California, enrolled as a Medi-Cal rendering provider, and affiliated with a Medi-Cal enrolled provider group in California or a border community, as outlined in DHCS' Telehealth Policy Paper and the Medi-Cal Provider Manual.

As a general rule, DHCS requires that every provider offering covered services to a beneficiary via telehealth must also meet the requirements of Business and Professions Code Section 2290.5(a)(3), or otherwise be designated by DHCS as able to render Medi-Cal services via telehealth. All providers that are listed in the California Medicaid State Plan as qualified providers of SMHS, DMC, or DMC-ODS services are designated by DHCS as able to render covered services, within their scopes of practice, via telehealth.

Effective no sooner than January 1, 2024, all providers furnishing applicable covered services via synchronous audio-only interaction must also offer those same services via synchronous video interaction to preserve beneficiary choice.

Also, effective no sooner than January 1, 2024, to preserve a beneficiary's right to access covered services in person, a provider furnishing services through telehealth must do one of the following:

1. Offer those same services via in-person, face-to-face contact; or
2. Arrange for a referral to, and a facilitation of, in-person care that does not require a beneficiary to independently contact a different provider to arrange for that care.

Beneficiary Consent

Prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to beneficiaries:

- The beneficiary has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Findings: The County did not provide evidence demonstrating compliance with the provision via telehealth or telephone for all DMC services, including initial assessments and medical necessity determinations, were provided in accordance

with the telehealth requirements set forth in BHIN 23-018, and any subsequently issued BHINs that supersede BHIN 23-018. The member consent did not include the following required element, specifically:

- Non-medical transportation benefits are available for in-person visits.

TECHNICAL ASSISTANCE

Orange County did not request technical assistance during this review.