



February 4, 2025

THIS LETTER SENT VIA EMAIL TO: Hillary.Kunins@sfdph.org

Hillary Kunins, MD, Behavioral Health Director
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

SUBJECT: ANNUAL DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
FINDINGS REPORT

Dear Dr. Kunins:

The Department of Health Care Services (DHCS) is responsible for determining compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement operated by San Francisco 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 San Francisco County's Fiscal Year (FY) 2024-25 DMC-ODS compliance review. The report identifies compliance review findings and referrals for technical assistance.

San Francisco 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: Dr. Kunins,

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BHOMDMonitoring@dhcs.ca.gov, Behavioral Health County Support and
Operations Branch

Nancy Yu, Regulatory Affairs Manager San Francisco Department of Public
Health

COUNTY REVIEW INFORMATION

County:

San Francisco

County Contact Name/Title:

Nancy Yu, Regulatory Affairs Manager San Francisco Department of Public Health

County Address:

1380 Howard Street, San Francisco, CA 94103

County Phone Number/Email:

628-271-7215, nancy.c.yu@sfdph.org

Date of DMC-ODS Implementation:

7/1/2017

Date of Review:

1/8/2025

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) 2023-24 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 1/8/2025. The following individuals were present:

- Representing DHCS:
Leilani Kwon, County Medi-Cal Compliance and Monitoring Unit 2 (CMCCM2) Unit Chief
Marcia Casado, CMCCM2 Unit Chief
John Wiesner, SUDRS Health Program Specialist I (HPSI)
Elida Boyden, CMCCM2 Associate Governmental Program Analyst (AGPA)
Mary Shanahan, CMCCM2 AGPA
- Representing San Francisco County:
Hillary Kunins, MD, Director of Behavioral Health and Mental Health
Nancy Yu, Regulatory Affairs Manager
Elissa Velez, Contract Compliance Manager
Alecia Martin, Director of Quality Management
Christy Soran, Deputy Medical Director for Substance Use Services
Chet Valentino, Quality Management, Director Data & Analytics
Imo Momoh, Director of Managed Care
Ryan Fuimaono, Substance Use Disorder Residential Program Manager
Laurel Snead-Diaz, Substance Use Disorder Principal Administrative Analyst
Maximilian Rocha, Director of Systems of Care
Linda Wu, Quality Assurance Manager
Michelle Truong, Substance Use Disorder Clinical Specialist
Lenh Tsan, Quality Improvement Coordinator
Jessie Escobar, Substance Use Disorder Outpatient Program Manager
Rebecca Mathew, Director of Youth Substance Use Disorder Prevention and Treatment Services
Kellee Hom, Director of Substance Use Services System of Care
Jessica Brown, Director of the Office of Justice, Equity, Diversity, and Inclusion and the Behavioral Health Services Act
Nelda Dimatulac, Admin Clerk for Substance Use Services System of Care
Thi Luc, Grant Accountant for Substance Use Block Grants
Joe Turner, Compliance Officer
Ashley Vaughn, Communications Manager
David Pating, Substance Use Disorder Addiction Psychiatrist
Andre Pelote, Compliance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- DHCS overview of review process

- County overview of services provided

Exit Conference:

An Exit Conference was conducted via Teams on 1/8/2025. The following individuals were present:

- Representing DHCS:
Leilani Kwon, CMCCM2 Unit Chief
Marcia Casado, CMCCM2 Unit Chief
John Wiesner, SUDRS HPSI
Elida Boyden, CMCCM2 AGPA
Mary Shanahan, CMCCM2 AGPA
- Representing San Francisco County:
Hillary Kunins, MD, Director of Behavioral Health and Mental Health
Nancy Yu, Regulatory Affairs Manager
Elissa Velez, Contract Compliance Manager
Alecia Martin, Director of Quality Management
Christy Soran, Deputy Medical Director for Substance Use Services
Chet Valentino, Quality Management, Director Data & Analytics
Imo Momoh, Director of Managed Care
Ryan Fuimaono, Substance Use Disorder Residential Program Manager
Laurel Snead-Diaz, Substance Use Disorder Principal Administrative Analyst
Maximilian Rocha, Director of Systems of Care
Linda Wu, Quality Assurance Manager
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Thi Luc, Grant Accountant for Substance Use Block Grants
Joe Turner, Compliance Officer
Ashley Vaughn, Communications Manager
David Pating, Substance Use Disorder Addiction Psychiatrist
Andre Pelote, Compliance Manager

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	1
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 finding was identified:

COMPLIANCE FINDING:

4.4.1: 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.

Providers must also document the beneficiary's verbal or written consent to receive covered services via telehealth prior to the initial delivery of the services. The beneficiary's consent must be documented in their medical record and made available to DHCS upon request. A provider may utilize a general consent agreement to meet this documentation requirement if that general consent agreement: 1) specifically mentions the use of telehealth delivery of covered services; 2) includes the information described above; 3) is completed prior to initial delivery of services; and 4) is included in the beneficiary record.

Requirements for Establishing New Patient Relationships

As a general rule, State law prohibits the use of asynchronous store and forward, synchronous audio-only interaction, or remote patient monitoring when providers establish new patient relationships with Medi-Cal beneficiaries. For the SMHS, DMC, and DMC-ODS delivery systems, DHCS defines the establishment of new patient relationships as follows:

- For SMHS, the establishment of care for a new patient refers to the mental health assessment done by a licensed clinician.
- For substance use treatment in DMC and DMC-ODS, the establishment of care for a new patient refers to the American Society of Addiction Medicine Criteria assessment.

However, SMHS, DMC, and DMC-ODS providers may establish a relationship with new patients via synchronous audio-only interaction in the following instances:

- When the visit is related to sensitive services as defined in subsection (n) of Section 56.06 of the Civil Code. This includes all covered SMHS, DMC, and DMC-ODS services.
- When the patient requests that the provider utilizes synchronous audio-only interactions or attests they do not have access to video.
- When the visit is designated by DHCS to meet another exception developed in consultation with stakeholders.

SMHS, DMC, and DMC-ODS providers shall comply with all applicable federal and state laws, regulations, bulletins/information notices, and guidance when establishing a new patient relationship via telehealth.

Drug Medi-Cal Organized Delivery System:

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction.

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the situations identified above in this BHIN.
- Licensed providers and non-licensed staff may deliver services through telehealth, as long as the service is within their scope of practice.
- Covered DMC-ODS services may be delivered through telehealth when those services meet the standard of care. The group size limit still applies for group counseling provided via telehealth.
- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, California's State Plan does not require that all components of these services be provided in-person. (For example, services can be provided via telehealth for a patient quarantined in their room in a residential facility due to illness.)

Findings: The County did not provide evidence demonstrating subcontractor 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(s), specifically:

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

TECHNICAL ASSISTANCE

San Francisco County did not request training or technical assistance during this annual review.