



January 23, 2025

THIS LETTER SENT VIA EMAIL TO: kimiko.vang2@countyofmerced.com

Kimiko Vang, DSW, LCSW, Director  
Merced County Behavioral Health and Recovery Services  
P.O. Box 2087  
Merced, CA 95344

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

Dear Director Vang:

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 Merced 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 Merced County's Fiscal Year (FY) 2024-25 DMC-ODS compliance review. The report identifies compliance review findings and referrals for technical assistance.

Merced 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](mailto:BHOMDMonitoring@dhcs.ca.gov). If you have any questions regarding the review process, please contact me at [jonette.larue@dhcs.ca.gov](mailto:jonette.larue@dhcs.ca.gov).

Sincerely,

Original Signed by

Jonette La Rue | Health Program Specialist I

Distribution:

To: Director Vang

CC: Mateo Hernandez, PhD, Assistant Deputy Director  
Audits and Investigations

Brian Vu, Assistant Division Chief  
Contract and Enrollment Review Division - Audits and Investigations

Catherine Hicks, Chief  
Behavioral Health Review Branch  
Contract and Enrollment Review Division - Audits and Investigations

Ayesha Smith, Chief  
Specialty Mental Health Review Section  
Contract and Enrollment Review Division - Audits and Investigations

Michael Bivians, Chief  
Substance Use Disorder Review Section  
Contract and Enrollment Review Division - Audits and Investigations

Christopher Purcell, Chief  
Substance Use Disorder Review Unit 1  
Contract and Enrollment Review Division - Audits and Investigations

Sergio Lopez, Chief  
County/Provider Compliance and Monitoring Section  
Behavioral Health – Oversight and Monitoring Division

Tony Nguyen, Chief  
County Liaison and Operations Section  
Behavioral Health – Oversight and Monitoring Division

[BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov), Behavioral Health County Support and  
Operations Branch

Matthew Reed, LMFT, Quality Performance Management Division Director  
Merced County Behavioral Health and Recovery Services

## COUNTY REVIEW INFORMATION

**County:**

Merced

**County Contact Name/Title:**

Matthew Reed, LMFT, Quality Performance Management Division Director

**County Address:**

301 East 13th Street  
Merced, CA 95341

**County Phone Number/Email:**

(209) 381-6800 x3647

[Matthew.Reed@countyofmerced.com](mailto:Matthew.Reed@countyofmerced.com)

**Date of DMC-ODS Implementation:**

1/1/2019

**Date of Review:**

12/16/2024

**Lead SUDRS Reviewer:**

Jonette La Rue

**Assisting SUDRS Reviewer:**

N/A

**Report Prepared by:**

Jonette La Rue

**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 12/16/2024. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Chief, SUDRS  
Leilani Kwon, Unit Chief, BH-OMD  
Jonette La Rue, Health Program Specialist (HPSI), SUDRS  
Nikeeta Casado, CAP Liaison, BH-OMD
- Representing Merced County:  
Kimiko Vang, DSW, LCSW, Director  
Matthew Reed, LMFT, Quality Performance Management Division Director  
Carolyn Walters, Program Manager  
Lidia Caza-Burdick, Division Director Substance Use Disorder (SUD)  
Liliana Pulido, Program Manager Quality Improvement  
Julianne Sims, Assistant Director of Clinical Services  
Maria Azevedo, Program Coordinator  
Manjit Kaur, Director of Administrative Services  
Adrian Angel, 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 12/16/2024. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Chief, SUDRS  
Leilani Kwon, Unit Chief, BHOMD  
Jonette La Rue, HPSI, SUDRS  
Nikeeta Casado, CAP Liaison, BHOMD
  
- Representing Merced County:  
Kimiko Vang , DSW, LCSW, Director  
Matthew Reed, LMFT, Quality Performance Management Division Director  
Carolyn Walters, Program Manager  
Lidia Caza-Burdick , Division Director SUD  
Liliana Pulido, Program Manager Quality Improvement  
Julianne Sims, Assistant Director of Clinical Services  
Maria Azevedo, Program Coordinator  
Manjit Kaur, Director of Administrative Services  
Adrian Angel, 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**

<b><u>Category</u></b>	<b><u>Number of Findings</u></b>
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	3
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	1

## **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](mailto: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:

#### **4.1.8:**

##### Exhibit A Attachment I, Section II Federal Requirements, K, 6, iv

- i. The Contractor shall provide appropriate auxiliary aids and services to persons with impaired sensory, manual, or speaking skills, including the provision of qualified interpreters and written materials in alternative formats, free of charge and in a timely manner, when such aids and services are necessary to ensure that individuals with disabilities have an equal opportunity to participate in, or enjoy the benefits of, the Contractor's covered services, programs, and activities.

(Exhibit A Attachment I, Section II Federal Requirements, K, 6, ii)

#### iv. Auxiliary aids and services include:

- a. Qualified interpreters on-site or through VRI services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, captioned telephones, or equally effective telecommunications devices; videotext displays; accessible information and communication technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.
- b. Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials (no less than 20-point font); accessible information and communication technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

**Finding:** The Plan did not provide evidence demonstrating subcontractor Aegis Treatment Centers, LLC complies with providing appropriate auxiliary aids and services to persons with impaired sensory, manual, or speaking skills free of charge and in a timely manner.

**4.1.9:**

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).

**Finding:** 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:**  
**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.)

**Finding:** The County did not provide evidence demonstrating County 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 elements, specifically:

- The member has a right to access covered services in person.
- Non-medical transportation benefits are available for in-person visits.

The County did not provide evidence demonstrating Aegis Treatment Center, LLC 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:

- The member has a right to access covered services in person.

## Category 7: PROGRAM INTEGRITY

A review of the County's Program Integrity 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:

#### **7.3.1:**

Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, c i-ii

- 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 the following:
  - i. Changes in the beneficiary's residence.
  - ii. The death of a beneficiary.

**Finding:** The Plan did not provide evidence demonstrating the County notifies the Department when it receives information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including all the following:

- Changes in the beneficiary's residence.
- The death of a beneficiary.

## **TECHNICAL ASSISTANCE**

Merced County did not request technical assistance during the review.