



June 12, 2023

THIS LETTER SENT VIA EMAIL TO: [nlozano@sjcbhs.org](mailto:nlozano@sjcbhs.org)

Ms. Nia Lozano  
San Joaquin County Behavioral Health Services  
1212 N. California Street  
Stockton, CA 95202

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Lozano:

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) and the terms of the Intergovernmental Agreement operated by San Joaquin County.

The County Compliance Section (CCS) 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 Joaquin County's Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Joaquin County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 8/11/2023. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email [MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov). If you have any questions, please contact me at [katrina.beedy@dhcs.ca.gov](mailto:katrina.beedy@dhcs.ca.gov).

Sincerely,

Katrina Beedy | County Compliance Monitoring Analyst

Distribution:

To: Director Lozano:

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review  
Division Chief  
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance  
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[MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov), County/Provider Operations and  
Monitoring Branch  
Donna Bickham, San Joaquin County Deputy Director of Quality Assessment and  
Performance Improvement (QAPI)/Access Managed Care

## COUNTY REVIEW INFORMATION

**County:**

San Joaquin

**County Contact Name/Title:**

Donna Bickham/Deputy Director of Quality Assessment and Performance Improvement (QAPI)/Access Managed Care

**County Address:**

1212 N. California Street  
Stockton, CA 95202

**County Phone Number/Email:**

(209) 468-8482  
dbickham@sjcbhs.org

**Date of DMC-ODS Implementation:**

6/29/2018

**Date of Review:**

4/14/2023

**Lead CCM Analyst:**

Katrina Beedy

**Assisting CCM Analyst:**

N/A

**Report Prepared by:**

Katrina Beedy

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  - c. California Code of Regulations, Title 9, Division 4: Department of Drug and Alcohol Programs
  - d. California Health and Safety Code, Chapter 3 of Part 1, Division 10.5: Alcohol and Drug Programs
  - e. California Welfare and Institutions Code, Division 9, Part 3, Chapter 7, sections 14000 et seq., in particular but not limited to sections 14100.2, 14021, 14021.5, 14021.6, 14021.51-14021.53, 14124.20-14124.25, 14043, et seq., 14184.100 et seq. and 14045.10 et seq.: Basic Health Care
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
  - b. Fiscal Year (FY) 2022-23 Intergovernmental Agreement (IA)
  - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - d. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 4/14/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst  
Natalia Krasnodemsky, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing San Joaquin County:  
Cara Dunn, Assistant Director  
Terrance Massey, Administrative Deputy Director  
Janelle Frederiksen, Management Analyst II  
Deanna Herrera, Deputy Finance Director  
Kim Englent, Accounting Manager  
Shahloh Jones-Mitchell, MA III  
Hope Jimenez, Accountant III  
Olivia Roccucci, Accountant II  
Donna Bickham, Deputy Director of Quality Assessment and Performance Improvement (QAPI)/Access Managed Care  
Cynthia Poulos, Staff Nurse IV, QAPI  
Stefenee Clinton, Chief Mental Health Clinician, QAPI  
Soma Azizi, Staff Nurse III, QAPI  
Fay Vieira, Deputy Director, Children and Youth Services  
Amanda Yocham, Chief Mental Health Clinician, Juvenile Justice  
Betsey Pettis, Deputy Director  
Chelsea Rambo, Chief Mental Health Clinician  
Eric Schingu, Program Manager  
Paul Pelletier, Program Manager  
Michelle Berdahl, Program Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- DHCS overview of review process
- County review of services provided

**Exit Conference:**

An Exit Conference was conducted via WebEx on 4/14/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, CCM II Analyst  
Natalia Krasnodemsky, CPOMB Analyst
  
- Representing San Joaquin County:  
Cara Dunn, Assistant Director  
Terrance Massey, Administrative Deputy Director  
Janelle Frederiksen, Management Analyst II  
Deanna Herrera, Deputy Finance Director  
Kim Englent, Accounting Manager  
Shahloh Jones-Mitchell, MA III  
Hope Jimenez, Accountant III  
Olivia Roccucci, Accountant II  
Donna Bickham, Deputy Director of Quality Assessment and Performance Improvement (QAPI)/Access Managed Care  
Cynthia Poulos, Staff Nurse IV, QAPI  
Stefenee Clinton, Chief Mental Health Clinician, QAPI  
Soma Azizi, Staff Nurse III, QAPI  
Fay Vieira, Deputy Director, Children and Youth Services  
Amanda Yocham, Chief Mental Health Clinician, Juvenile Justice  
Betsey Pettis, Deputy Director  
Chelsea Rambo, Chief Mental Health Clinician  
Eric Schingu, Program Manager  
Paul Pelletier, Program Manager  
Michelle Berdahl, Program Manager

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CDs</u>
1.0 Availability of DMC-ODS Services	4
2.0 Coordination of Care Requirements	0
3.0 Quality Assurance and Performance Improvement	1
4.0 Access and Information Requirements	1
5.0 Beneficiary Rights and Protections	2
6.0 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. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2022-23 CAP:

- a) A list of action steps to be taken to correct the CD.
- b) The name of the person who will be responsible for corrections and ongoing compliance.
- c) Provide a specific description on how ongoing compliance is ensured.
- d) A date of completion for each CD.

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 1.2.1:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v

- i. The Contractor and its subcontractors shall not knowingly have a relationship of the type described in paragraph (iii) of this subsection with the following:
  - a. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
  - b. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in paragraph (a)(1) of this section.
- ii. The Contractor and its subcontractors shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program under section 1128 or 1128A of the Act.
- iii. The relationships described in paragraph (i) of this section, are as follows:
  - a. A director, officer, or partner of the Contractor.
  - b. A subcontractor of the Contractor, as governed by 42 CFR §438.230.
  - c. A person with beneficial ownership of five percent or more of the Contractor's equity.
  - d. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Agreement.
- iv. If the Department finds that the Contractor is not in compliance, the Department:
  - a. Shall notify the Secretary of the noncompliance.
  - b. May continue an existing Agreement with the Contractor unless the Secretary directs otherwise.
  - c. May not renew or otherwise extend the duration of an existing Agreement with the Contractor unless the Secretary provides to the state and to Congress a written statement describing compelling reasons that exist for renewing or extending the Agreement despite the prohibited affiliations.
  - d. Nothing in this section shall be construed to limit or otherwise affect any remedies available to the U.S. under sections 1128, 1128A or 1128B of the Act.
- v. The Contractor shall provide the Department with written disclosure of any prohibited affiliation under this section by the Contractor or any of its subcontractors.

**Findings:** The Plan did not provide evidence to demonstrate it identifies whether subcontracted network providers knowingly have prohibited relationships with:

- An individual or entity debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- An individual or entity defined as an affiliate of an individual or entity debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- An individual or entity excluded from participation in Federal Health Care Program under section 1128 or 1128A of the Act.

**CD 1.2.2:**

Intergovernmental Agreement Exhibit A, Attachment I, III, J, 3

3. The Contractor shall only select providers that have a Medical Director who, prior to the delivery of services under this Agreement, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk within a year prior to serving as a Medical Director under this Agreement, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.

**Findings:** The Plan did not provide evidence to demonstrate Plan and subcontracted network providers only select providers that have a Medical Director who:

- Enrolled with DHCS under applicable state regulations.
- Was screened as a “limited” categorical risk within a year prior to serving as a Medical Director.
- Signed a Medicaid provider agreement with DHCS.

**CD 1.3.2:**

Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi

vi. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

**Findings:** The Plan did not provide the requested evidence to demonstrate two (2) San Joaquin County non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine for calendar year 2021. Specifically:

- The Plan submitted evidence of 12 CEU hours for Ashley Baker and Jessica Wulsin. However, these credits were for calendar year 2022, not calendar year 2021 as requested.

- The Plan submitted follow up credit evidence from 2021 for County staff members Michelle Berdahl and Michelle Morales. However, the Plan confirmed that these staff are not LPHAs.

The Plan only provided evidence to demonstrate that two (2) of the requested six (6) subcontractor non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine in calendar year 2021. Specifically:

- The Plan provided evidence that Curly Johnson from Aegis completed 5 CEUs in calendar year 2021.
- The Plan provided evidence that Brenda Holiday of MedMark completed at least 5 CEUs for calendar year 2021.
- The Plan did not provide CEU evidence for two LPHAs at a third network provider, or for one additional staff member at both Aegis and MedMark.

**CD 1.3.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c

c. The Contractor shall ensure that all personnel who provide WM services or who monitor or supervise the provision of such service shall meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

**Findings:** The Plan did not provide evidence to demonstrate all personnel who provide Withdrawal Management (WM) services or who monitor or supervise the provision of such service meet the additional training set forth in BHIN 21-001, specifically;

- Certified in cardiopulmonary resuscitation;
- Certified in first aid;
- Trained in the use of Naloxone;
- Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services;
- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment;
- Eight (8) hours of training annually that covers the needs of residents who receive WM services;
- Training documentation must be maintained in personnel records; and
- Personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).

## **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 3.1.5:**

##### **Exhibit A, Attachment I, III, G, 3, viii**

- viii. Track the number, percentage of denied, and timeliness of requests for authorization for all DMC-ODS services that are submitted, processed, approved, and denied.

**Findings:** The Plan did not provide evidence to demonstrate the Plan and subcontracted network providers have a mechanism to track the number, percentage of denied requests, and timeliness of requests for authorizations for all DMC-ODS services submitted, processed, approved, and denied.

## 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 deficiency in access and information requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.2.2:**

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, xi

- xi. 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.

**Findings:** DHCS CCM II analyst conducted two test calls of the Plan's 24/7 access line on 3/2/23 at 7:05 am and 2:10 pm, respectively. The responses to both test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling. The test calls are summarized below:

Test Call 1: On the 7 am call, analyst dialed the first access line number listed on the SJBHS's website (1-888-468-9370). Analyst waited for four rings, and then an automated message stated, "Enter your ID, followed by pound." Analyst waited a few seconds, and then the automated message stated, "I did not hear your entry. Enter your ID, followed by pound." Analyst stated, "No ID." The automated message again repeated request to enter ID. Analyst ended the call. Analyst tried the second access line listed on the Plan's website (1-209-468-9370) and the same process repeated. Analyst ended the call. This ID entry requirement is a barrier to access for beneficiaries, prospective beneficiaries, and other callers seeking information about behavioral health services.

Test Call 2: On the 2 pm call, analyst dialed the access line number at 1-888-468-9370. The call rang 12 times, then automatically disconnected. Analyst could not reach a live operator at this number during business hours, and this call was therefore out of compliance.

## Category 5: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the grievance and appeals was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in beneficiary rights and protections for regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 5.2.1:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, L, 1-3, i-iii

1. The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
2. The Contractor shall adopt Discrimination Grievance procedures that ensure the prompt and equitable resolution of discrimination-related complaints. The Contractor shall not require a beneficiary to file a Discrimination Grievance with the Contractor before filing the grievance directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.
3. The Discrimination Grievance Coordinator shall be available to:
  - i. Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.
  - ii. Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.
  - iii. Investigate and process any Americans with Disabilities Act, Section 504 of the Rehabilitation Act, section 1557 of the Affordable Care Act, and/or Gov. Code section 11135 grievances received by the Contractor.

**Findings:** The Plan did not provide evidence to demonstrate the investigation of grievances related to any action prohibited by or out of compliance with federal or state nondiscrimination law based on the following characteristics, specifically:

- Ancestry
- Ethnic Group Identification
- Age
- Medical Condition
- Genetic Information
- Marital Status
- Gender
- Gender Identity
- Sexual Orientation

**CD 5.2.2:**

Intergovernmental Agreement Exhibit A, Attachment I, II, L, 4, j, a-f

4. The Contractor shall comply with the following discrimination grievances reporting requirements.
  - i. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the Contractor shall submit detailed information regarding the grievance to DHCS Office of Civil Rights' designated Discrimination Grievance email box. The Contractor shall submit the following detailed information in a secure format to [DHCS.DiscriminationGrievances@dhcs.ca.gov](mailto:DHCS.DiscriminationGrievances@dhcs.ca.gov):
    - a. The original complaint.
    - b. The provider's or other accused party's response to the grievance.
    - c. Contact information for the Contractor's personnel responsible for the Contractor's investigation and response to the grievance.
    - d. Contact information for the beneficiary filing the grievance and for the provider or other accused party that is the subject of the grievance.
    - e. All correspondence with the beneficiary regarding the grievance, including, but not limited to, the Discrimination Grievance acknowledgment and resolution letter(s) sent to the beneficiary.
    - f. The results of the Contractor's investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

**Findings:** The Plan did not provide evidence to demonstrate compliance with reporting requirements regarding Discrimination Grievance, specifically:

- Discrimination Grievance information is submitted in a secure format to the DHCS Office of Civil Rights at [DHCS.DiscriminationGrievances@dhcs.ca.gov](mailto:DHCS.DiscriminationGrievances@dhcs.ca.gov) within ten (10) calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary and includes the following information:
  - The original complaint.
  - The provider's or other accused party's response to the grievance.
  - Contact information for the Contractor's personnel responsible for investigating and responding to the complaint.
  - Contact information for the beneficiary filing the complaint.
  - Contact information for the provider or other accused party that is the subject of the complaint.
  - All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgement and resolution letter(s) sent to the beneficiary.
  - Results of the Contractor's investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

## **TECHNICAL ASSISTANCE**

San Joaquin County did not request technical assistance during this review.