



September 17, 2024

THIS LETTER SENT VIA EMAIL TO: Karen.Tribble@acgov.org

Ms. Karyn Tribble, Director
Alameda County Behavioral Health Care Services Department
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS
REPORT

Dear Director Tribble:

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

The County Compliance Section (CCS) within Audits and Investigations (A&I) of DHCS conducted a review of the County's compliance with Federal and State regulations, program requirements and contractual obligations based on supporting documentation and interviews with County staff. Enclosed are the results of Alameda County's Fiscal Year (FY) 2023-24 DMC-ODS compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Alameda County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to DHCS' Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB). For questions regarding the CAP process and submitting documentation, email your questions to MCBHOMDMonitoring@dhcs.ca.gov. If you have any questions, please contact me at emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez | County Compliance Monitoring II Analyst

Distribution:

To: Director Tribble,

Cc: Mateo Hernandez, Chief
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Clyde Lewis, Alameda County Behavioral Health (ACBH) Substance Use
Continuum of Care Director

COUNTY REVIEW INFORMATION

County:

Alameda

County Contact Name/Title:

Clyde Lewis, ACBH Substance Use Continuum of Care Director

County Address:

2000 Embarcadero Cove
Oakland, CA 94606

County Phone Number/Email:

(510) 567-8123
Clyde.lewis@acgov.org

Date of DMC-ODS Implementation:

06/30/2018

Date of Review:

05/21/2024

Lead CCM Analyst:

Emanuel Hernandez

Assisting CCM Analyst:

N/A

Report Prepared by:

Emanuel Hernandez

Report Approved by:

Ayesha Smith

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 05/21/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
Everado Vega, County/Provider Oversight & Monitoring Branch (CPOMB) Health Program Specialist
Amy Osuna, CPOMB Staff Services Manager I
- Representing Alameda County:
Karen Tribble, Director
Dr. Clyde Lewis, Substance Use Continuum of Care Director
Karen Capece, Interim Plan Administrator/Deputy Director
Melissa Yamamoto, Associate Program Specialist, SU Continuum
Michelle Manor, Supervising Program Specialist, Quality Improvement and Data Analytics
Wendi Vargas, Contracts Director
Fonda Houston, Substance Use Operational Specialist
Lani Pallotta, SUD/HSP Fiscal Team Supervisor
Anna Ramos, Management Analyst
Aaron Chapman, Medical Director Chief Medical Officer
Jenny Bruton, Program Specialist, SU Operations
Emily Classen, Contracts Unit, Program Contract Manager
Vanessa Baker, Older Adult Services Division Director
WenYing Luo, Budget & Fiscal Services Unit
Torfen Rejali, Quality Assurance Administrator
Belinda Davis, Administrative Support/Contract Manager, Contracts Unit

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Alameda overview of services provided

Exit Conference:

An Exit Conference was conducted via Teams on 05/21/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst
Everado Vega, CPOMB Health Program Specialist
Amy Osuna, CPOMB Staff Services Manager I

- Representing Alameda County:
Karen Tribble, Director
Dr. Clyde Lewis, Substance Use Continuum of Care Director
Karen Capece, Interim Plan Administrator/Deputy Director
Melissa Yamamoto, Associate Program Specialist, SU Continuum
Michelle Manor, Supervising Program Specialist, Quality Improvement and Data Analytics
Wendi Vargas, Contracts Director
Fonda Houston, Substance Use Operational Specialist
Lani Pallotta, SUD/HSP Fiscal Team Supervisor
Anna Ramos, Management Analyst
Aaron Chapman, Medical Director Chief Medical Officer
Jenny Bruton, Program Specialist, SU Operations
Emily Classen, Contracts Unit, Program Contract Manager
Vanessa Baker, Older Adult Services Division Director
WenYing Luo, Budget & Fiscal Services Unit
Torfen Rejali, Quality Assurance Administrator
Belinda Davis, Administrative Support/Contract Manager, Contracts Unit

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2023-24 COMPLIANCE DEFICIENCIES (CD)

<u>Category</u>	<u>Number of CDs</u>
1.0 Availability of DMC-ODS Services	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	1
5.0 Coverage and Authorization of Services	2
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 CPOMB liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2023-24 CAP, please email MCBHOMDMonitoring@dhcs.ca.gov.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the County's Quality Assurance and Performance Improvement program was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.7:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, II, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

Findings: The Plan did not provide evidence that its mechanism to monitor the safety and effectiveness of medication practices is under the supervision of a person licensed to prescribe or dispense prescription drugs.

The Plan did not provide evidence it monitors the safety and effectiveness of medication practices on an annual basis.

CD 3.2.9:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, II, 11

11. The Contractor shall have a QM Work Plan covering the current Agreement cycle with documented annual evaluations and documented revisions as needed. The Contractor's QM Work Plan shall evaluate the impact and effectiveness of its quality assessment and performance improvement program. The QM Work Plan shall include:
 - i. Evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, state hearings, expedited state hearings, provider appeals, and clinical records review as required by Article II.F.1 and Article II.G.7 of this Agreement.

- ii. Evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.
- iii. A description of completed and in-process QM activities, including performance improvement projects. The description shall include:
 - a. Monitoring efforts for previously identified issues, including tracking issues over time.
 - b. Objectives, scope, and planned QM activities for each year.
 - c. Targeted areas of improvement or change in service delivery or program design.
- iv. A description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area. This shall include goals for responsiveness for the Contractor's 24-hour toll-free telephone number, timeliness for scheduling of routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

Findings: The Plan did not provide evidence it has a QM Work Plan covering the current Agreement cycle that evaluates the impact and effectiveness of its quality assessment and performance improvement program.

The Plan did not provide evidence its QM Work Plan includes the following:

- Evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, state hearings, expedited state hearings, provider appeals, and clinical records review as required by Article II.F.1 and Article II.G.7 of this Agreement.
- Evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.
- A description of completed and in-process QM activities, including performance improvement projects. The description shall include:
 - Monitoring efforts for previously identified issues, including tracking issues over time.
 - Objectives, scope, and planned QM activities for each year.
 - Targeted areas of improvement or change in service delivery or program design.
- A description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area. This shall include goals for responsiveness for the Contractor's 24-hour toll-free telephone number,

timeliness for scheduling of routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

CD 3.5.1:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, E, 9, i, a-d

- i. The Contractor shall adopt practice guidelines that meet the following requirements:
 - a. Are based on valid and reliable clinical evidence or a consensus of providers in the particular field.
 - b. Consider the needs of the Contractor's beneficiaries.
 - c. Are adopted in consultation with network providers.
 - d. Are reviewed and updated periodically as appropriate.

Findings: The Plan did not provide evidence it has adopted practice guidelines that meet the following requirements:

- Are based on valid and reliable clinical evidence or a consensus of providers in the particular field.
- Consider the needs of the Contractor's beneficiaries.
- Are adopted in consultation with network providers.
- Are reviewed and updated periodically as appropriate.

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 regulations, program requirements, and contractual obligations. The following deficiency was identified:

COMPLIANCE DEFICIENCY:

CD 4.2.2:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specification, RR, 5, v

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - v. Responsiveness of the beneficiary access line.

Findings: The Plan did not provide evidence the monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan at a minimum includes:

- v. Responsiveness of the beneficiary access line.

Category 5: COVERAGE AND AUTHORIZATION OF SERVICES

A review of the County's Coverage and Authorization of Services was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 5.3.1:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g)

Open Admission and Open Provider Reporting

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.

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.

g. Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls.

Findings: The County did not ensure timely submission of beneficiary annual updates to the CalOMS-Tx system.

The County did not ensure timely submission of provider data updates to the CalOMS-Tx system.

CD 5.3.2:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 6, a-d

DATAR Reporting

- a. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom Contractor subcontracts or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
- b. In those instances where the Contractor maintains, either directly or indirectly, a central intake unit or equivalent, which provides intake services including a waiting list, the Contractor shall identify and begin submitting monthly DATAR reports for the central intake unit by a date to be specified by DHCS.
- c. The Contractor shall ensure that all DATAR reports are submitted to DHCS by the 10th of the month following the report activity month.
- d. The Contractor shall ensure that all applicable providers are enrolled in DHCS' web-based DATAR program for submission of data, accessible on the DHCS website when executing the subcontract.

Findings: The County did not ensure timely submission of provider capacity data updates to the DATAR system.

TECHNICAL ASSISTANCE

Alameda County did not request any technical assistance during this review.