



July 26, 2024

THIS LETTER SENT VIA EMAIL TO: dedgull@sbcmh.org

Dana Edgull, Behavioral Health Director
San Benito County Behavioral Health
1131 Community Parkway
Hollister, CA 95023

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS
REPORT

Dear Director Edgull:

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 San Benito 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 San Benito County's Fiscal Year (FY) 2023-24 DMC-ODS compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

San Benito 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. 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 john.wiesner@dhcs.ca.gov.

Sincerely,

John Wiesner | Health Program Specialist I

Distribution:

To: Director Edgull,

Cc: Mateo Hernandez, Chief
Contract and Enrollment Review Division - Audits and Investigations

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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Marcus Padilla, San Benito County, Quality Improvement Supervisor II

COUNTY REVIEW INFORMATION

County:
San Benito

County Contact Name/Title:
Marcus Padilla, Quality Improvement Supervisor II

County Address:
1131 Community Parkway
Hollister, CA 95023

County Phone Number/Email:
831-636-4020
mpadilla@sbcmh.org

Date of DMC-ODS Implementation:
7/1/2019

Date of Review:
6/19/2024

Lead CCM Analyst:
John Wiesner

Assisting CCM Analyst:
N/A

Report Prepared by:
John Wiesner

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 6/19/2024. The following individuals were present:

- Representing DHCS:
John Wiesner, County Compliance Monitoring 2 (CCM2), Health Program Specialist I
Alessandra Rocha, County Provider Operations and Monitoring Branch (CPOMB), Associate Governmental Program Analyst
Elsie Campos, CPOMB, Associate Governmental Program Analyst
Leilani Kwon, CPOMB, Staff Services Manager I
- Representing San Benito County:
Noelle Magner-Figueroa, Staff Analyst
Maxe Cendana, Quality Improvement Supervisor I
Rachel White, Assistant Director
Marcus Padilla, Quality Improvement Supervisor II
Dana Edgull, Director
Elizabeth Lopez, Clinical Supervisor
Rumi Saikia, Quality Improvement Supervisor II

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 6/19/2024. The following individuals were present:

- Representing DHCS:
John Wiesner, CCM2, Health Program Specialist I
Alessandra Rocha, CPOMB, Associate Governmental Program Analyst
Elsie Campos, CPOMB, Associate Governmental Program Analyst
Leilani Kwon, CPOMB, Staff Services Manager I
- Representing San Benito County:
Noelle Magner-Figueroa, Staff Analyst
Maxe Cendana, Quality Improvement Supervisor I
Rachel White, Assistant Director
Marcus Padilla, Quality Improvement Supervisor II
Dana Edgull, Director
Elizabeth Lopez, Clinical Supervisor
Rumi Saikia, Quality Improvement Supervisor II

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	0
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	2

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 7: PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 7.3.4:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, e

- e. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, HH, 1

- 1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence that it utilized a mechanism to verify whether services were actually furnished to beneficiaries during FY 22-23.

CD 7.6.2:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, v, a-c

- v. Treatment of recoveries made by the Contractor of overpayments to providers.
 - a. The Contractor shall specify in accordance with this Exhibit A, Attachment I and Exhibit B of this Agreement:
 - 1. The retention policies for the treatment of recoveries of all overpayments from the Contractor to a provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.
 - 2. The process, timeframes, and documentation required for reporting the recovery of all overpayments.
 - 3. The process, timeframes, and documentation required for payment of recoveries of overpayments to the state in situations where the Contractor is not permitted to retain some or all the recoveries of overpayments.

4. This provision does not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.
- b. The Contractor shall have a mechanism for a network provider to report to the Contractor when it has received an overpayment, to return the overpayment to the Contractor within 60 calendar days after the date on which the overpayment was identified, and to notify the Contractor in writing of the reason for the overpayment.
- c. The Contractor shall annually report to the Department on their recoveries of overpayments.

Findings: The Plan did not provide evidence of reporting annually to the Department on recovery of overpayments.

TECHNICAL ASSISTANCE

DHCS' CCM II Analyst will make referrals to the CPOMB County Liaison for training and/or technical assistance in the areas identified below:

Coverage and Authorization of Services: The county requests access to both CalOMS and DATAR systems. County would like TA on how to view providers information in DATAR.