

April 14, 2023

THIS LETTER SENT VIA EMAIL TO: Maximilian.Rocha@sfdph.org

Maximilian Rocha, Director
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS
FINDINGS REPORT

Dear Director Rocha:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) and the terms of the Intergovernmental Agreement operated by San Francisco 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 protocol, discussion with county staff, and supporting documentation provided by the County. Enclosed are the results of San Francisco County's Fiscal Year (FY) 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Francisco 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 6/13/23. Please use the enclosed CAP form and 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.

If you have any questions related to this report, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer | Compliance Monitoring II Analyst

Distribution:

To: Director Rocha,

Cc: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Elissa Velez, San Francisco County Regulatory Affairs Manager

COUNTY REVIEW INFORMATION

County:

San Francisco

County Contact Name/Title:

Elissa Velez/Regulatory Affairs Manager

County Address:

1380 Howard Street
San Francisco, CA 94103

County Phone Number/Email:

(415) 255-3644
elissa.velez@sfpdh.com

Date of DMC-ODS Implementation:

7/1/2017

Date of Review:

2/21/2023

Lead CCM Analyst:

Susan Volmer

Assisting CCM Analyst:

N/A

Report Prepared by:

Susan Volmer

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 2/21/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II Analyst (CCM II)
Marcia Casado, Staff Services Manager I (SSMI)
Mary Shanahan, Associate Governmental Program Analyst (AGPA)
- Representing San Francisco County:
Alecia Martin, Director of Quality Management and Regulatory Affairs
Andre Pelote, SUD Compliance Manager, OCPA
Chris Lovouy, Assistant Director of the CYF System
David Pating MD, Interim Deputy Medical Director
Elissa Velez, Contract Compliance Manager
Erik Dubon, SUD Project Manager
Imo Momoh, Director of Managed Care
Jose Guzman, SUD Program Manager AOA SUD System of Care
Joseph Turner PhD, CHC BHS Compliance Officer
Karen Strickland, Prevention Coordinator Golden Bear Associates
Kellee Horn, DPH Clinical Health Informaticist
Kim Okk, Privacy Officer
Kimberly Voelker, Ambulatory Care Applications Manager
Kitty Ha, MHP QI Coordinator
Laurel Snead, SUD Administrative Analyst
Lenh Tsan, SUD QI Coordinator
Liliana De La Rosa, Substance Use Services Program Coordinator
Maria Renelda-Dimatulde, SUD System of Care Clerk
Mauricio Torres, DPH IT Business Analyst
Maximilian Rocha, Director Systems of Care
Melissa Bloom, Risk Manager
Michael Barac SUD Training Officer
Michelle O'Neal, BOCC Compliance Manager
Michelle Truong, Psych NP, TAP Authorization Unit
Nelda Dimatulac, Senior Clerk SFDPH Substance Use Disorder Services
Rebecca Mathew, CYF Youth SUD Program Manager
Sherry Lam, Epidemiologist
William Gramlich, Grievance and Appeal Officer

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 2/21/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, CCM II Analyst
Marcia Casado, SSM I
Mary Shanahan, AGPA
- Representing San Francisco County:
Alecia Martin, Director of Quality Management and Regulatory Affairs
Andre Pelote, SUD Compliance Manager, OCPA
Chris Lovouy, Assistant Director of the CYF System
David Pating MD, Interim Deputy Medical Director
Elissa Velez, Contract Compliance Manager
Erik Dubon, SUD Project Manager
Imo Momoh, Director of Managed Care
Jose Guzman, SUD Program Manager AOA SUD System of Care
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Karen Strickland, Prevention Coordinator Golden Bear Associates
Kellee Horn, DPH Clinical Health Informaticist
Kim Okk, Privacy Officer
Kimberly Voelker, Ambulatory Care Applications Manager
Kitty Ha, MHP QI Coordinator
Laurel Snead, SUD Administrative Analyst
Lenh Tsan, SUD QI Coordinator
Liliana De La Rosa, Substance Use Services Program Coordinator
Maria Renelda-Dimatulde, SUD System of Care Clerk
Mauricio Torres, DPH IT Business Analyst
Maximilian Rocha, Director Systems of Care
Melissa Bloom, Risk Manager
Michael Barac SUD Training Officer
Michelle O'Neal, BOCC Compliance Manager
Michelle Truong, Psych NP, TAP Authorization Unit
Nelda Dimatulac, Senior Clerk SFDPH Substance Use Disorder Services
Rebecca Mathew, CYF Youth SUD Program Manager

Sherry Lam, Epidemiologist
William Gramlich, Grievance and Appeal Officer

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission
- Technical Assistance referrals

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>		<u>Number of CDs</u>
1.0	Availability of DMC-ODS Services	3
2.0	Coordination of Care Requirements	1
3.0	Quality Assurance and Performance Improvement	2
4.0	Access and Information Requirements	1
5.0	Beneficiary Rights and Protections	0
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 1.2.2:

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 demonstrating subcontracted network providers only select providers that have a Medical Director who:

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

CD 1.3.3:

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

- b. The Contractor shall ensure that all residential service providers meet the established ASAM criteria for each level of residential care they provide, receive either a DHCS Level of Care Designation or an ASAM Level of Care Certification for every Level of Care that they offer prior to providing DMC-ODS services, and adhere to all applicable requirements in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

Findings: The Plan did not provide evidence to demonstrate residential service providers receive either a DHCS Level of Care Designation or an ASAM Level of Care Certification for each level of residential care provided.

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;

- 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.

Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiency in the coordination of care requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i

13. Youth Treatment Guidelines

- i. Contractor shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Adolescent Best Practices Guide

3.1.6 Case Management and Care Coordination

Adolescents are often involved in multiple systems while in or on their path to treatment and throughout their recovery (see Systems Collaboration section for additional information). Effective adolescent services coordinate with the adolescent's family and with professionals from the various systems with which he or she interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice). Involvement of these professionals, as identified by the team, assists in developing and executing a comprehensive treatment plan. Case managers (e.g., care coordinators) provide continuous support for the adolescents, ensuring there are linkages

Findings: The Plan did not provide evidence to demonstrate subcontracted network provider case managers and care coordinators provide continuous support for adolescent clients entering treatment.

The Plan did not provide evidence it ensures case managers and care coordinators provide continuous support for adolescent clients entering treatment with a system that includes interaction with following services:

- Criminal Justice services.
- Social services.

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 deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - 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.

Findings: The Plan’s Open Admissions report is not in compliance.

CD 3.3.3:

Intergovernmental Agreement Exhibit A, Attachment, III, MM, 6, i, a-d

- i. The DATAR business rules and requirements:
 - 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 Plan's DATAR report is not in compliance

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: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: This call was conducted at 10 am on 2/17/23 to phone # 415-255-3737, as listed on the San Francisco County Department of Public Health website. Stephanie from San Francisco County answered the call and was asked how to access substance abuse services. She stated this was not the correct number to call and referenced the TAP line: 415-503-4730. She transferred caller to Victoria; who listened to the problem presented and responded with information about services available in the city. She asked about Medi-Cal eligibility and gave information on a provider site which could be contacted directly, and also gave walk in hours. This call was in compliance.

Test Call 2: This call was conducted at 10:05 pm on 2/20/23 to the TAP line at 415-503-4733. A recorded greeting referenced phone number 888-246-3333 for after hours. After calling the second number, an operator answered informally. Caller questioned if this was the number to get immediate help and assistance with detox services in the City. Stacey stated that services are provided at 1380 Howard Street during normal business hours. Caller stated the need for services was urgent and wanted to know who could help them right away. Stacy referenced Soma Rise but could not locate a phone number, just an address. She stated that this center should be 24 hours, but maybe not on a holiday. She also advised the caller to contact 211 for more information. This would be a third call to obtain urgently needed services or information on service accessibility. This call represented a barrier to access and therefore is out of compliance.

TECHNICAL ASSISTANCE

The County Compliance Monitoring II Analyst will submit a referral to the DHCS CPOMB County Liaison for training and technical assistance in the area identified below:

Availability of DMC-ODS Services – The County requested assistance and has questions on screening for limited risk, question 1.2.2