



December 7, 2023

THIS LETTER SENT VIA EMAIL TO: [jafrica@smcgov.org](mailto:jafrica@smcgov.org)

Mr. Jei Africa, Director  
San Mateo County Behavioral Health and Recovery Services  
2000 Alameda de las Pulgas, Suite 235  
San Mateo, CA 94403

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS  
REPORT

Dear Director Africa:

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

San Mateo County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to DHCS' Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 2/7/2024. 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 [becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov).

Sincerely,

Becky Counter | County Compliance Monitoring II Analyst

Distribution:

To: Director Africa,

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review  
Division Chief  
Catherine Hicks, Audits and Investigations, Behavioral Health Review Branch  
Chief  
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[MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov), County/Provider Operations and  
Monitoring Branch  
Clara Boyden, San Mateo County Deputy Director

## COUNTY REVIEW INFORMATION

**County:**

San Mateo

**County Contact Name/Title:**

Clara Boyden, Deputy Director

**County Address:**

310 Harbor Blvd., Building E  
Belmont, CA 94002

**County Phone Number/Email:**

(650) 995-3880  
cboyden@smcgov.org

**Date of DMC-ODS Implementation:**

2/1/2017

**Date of Review:**

9/27/2023

**Lead CCM Analyst:**

Becky Counter

**Assisting CCM Analyst:**

N/A

**Report Prepared by:**

Becky Counter

**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 WebEx on 9/27/2023. The following individuals were present:

- Representing DHCS:  
Becky Counter, County Compliance Monitoring II (CCM II) Analyst
- Representing San Mateo County:  
Alberto Ramos, Behavioral Health and Recovery Services (BHRS) Analyst II  
Ashley Gomez, Behavioral Health and Recovery Services Analyst II  
Betty Ortiz-Gallardo, Quality Assurance Manager  
Christine O'Kelly, Behavioral Health and Recovery Services Supervisor  
Clara Boyden, Deputy Director of Behavioral Health and Recovery Services  
Colleen Buggs, Clinical Services Manager II  
Denise Mosely, Behavioral Health and Recovery Services Analyst II  
Desire Miller, Behavioral Health and Recovery Services Supervisor  
Diana Gomez, Behavioral Health and Recovery Services Analyst II  
Eliseo Amezcua, BHRS Supervisor, Residential Treatment team  
Edith Cabuslay, Program Services Manager I  
Janet Gard, Deputy Director of Behavioral Health and Recovery Services  
Jei Africa, Director of Behavioral Health and Recovery Services  
Maria Lorente Foresti, Clinical Services Manager II  
Mary Fullerton, Clinical Services Manager II  
Matthew Boyle, Behavioral Health and Recovery Services Analyst II  
Melina Cortez, Behavioral Health and Recovery Services Analyst II  
Michelle Sudyka, Behavioral Health and Recovery Services Analyst II  
Scott Gruendl, Assistant Director of Behavioral Health and Recovery Services  
Sheryl Uyan, Health Services Manager II- Alcohol and Drug Services  
Stella Chau, Behavioral Health and Recovery Services Analyst II  
Tasha Souter, Medical Director Behavioral Health and Recovery Services  
Yadhira Christensen, Behavioral Health and Recovery Services Analyst II

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- San Mateo County's overview of services provided.

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 9/27/2023. The following individuals were present:

- Representing DHCS:  
Becky Counter, CCM II Analyst
  
- Representing San Mateo County:  
Alberto Ramos, Behavioral Health and Recovery Services (BHRS) Analyst II  
Ashley Gomez, Behavioral Health and Recovery Services Analyst II  
Betty Ortiz-Gallardo, Quality Assurance Manager  
Christine O'Kelly, Behavioral Health and Recovery Services Supervisor  
Clara Boyden, Deputy Director of Behavioral Health and Recovery Services  
Colleen Buggs, Clinical Services Manager II  
Denise Mosely, Behavioral Health and Recovery Services Analyst II  
Desire Miller, Behavioral Health and Recovery Services Supervisor  
Diana Gomez, Behavioral Health and Recovery Services Analyst II  
Eliseo Amezcua, BHRS Supervisor, Residential Treatment team  
Edith Cabuslay, Program Services Manager I  
Janet Gard, Deputy Director of Behavioral Health and Recovery Services  
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Mary Fullerton, Clinical Services Manager II  
Matthew Boyle, Behavioral Health and Recovery Services Analyst II  
Melina Cortez, Behavioral Health and Recovery Services Analyst II  
Michelle Sudyka, Behavioral Health and Recovery Services Analyst II  
Scott Gruendl, Assistant Director of Behavioral Health and Recovery Services  
Sheryl Uyan, Health Services Manager II- Alcohol and Drug Services  
Stella Chau, Behavioral Health and Recovery Services Analyst II  
Tasha Souter, Medical Director Behavioral Health and Recovery Services  
Yadhira Christensen, Behavioral Health and Recovery Services Analyst 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	1
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	1
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	2
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	4

## **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 2023-24 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 County's records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiency was identified:

### **COMPLIANCE DEFICIENCY:**

#### **CD 1.1.1:**

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, C, 3, i-ix

1. The mandatory and optional DMC-ODS services can be found under Article III.C.4 of this Agreement. The Contractor shall provide all mandatory DMC-ODS services identified, and may provide all optional DMC-ODS services identified under Article V, in accordance with the applicable requirements set forth in this Agreement.
2. The following are the mandatory and optional DMC-ODS Covered Services:
  - i. Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for beneficiaries under age 21) (mandatory).
  - ii. Withdrawal Management Services (a minimum of one level is mandatory).
  - iii. Intensive Outpatient Treatment Services (mandatory).
  - iv. Outpatient Treatment Services (mandatory).
  - v. Narcotic Treatment Programs (mandatory).
  - vi. Recovery Services (mandatory).
  - vii. Care Coordination (mandatory).
  - viii. Clinician Consultation (mandatory).
  - ix. Medications for Addiction Treatment (also known as Medication Assisted Treatment or MAT). This is defined as facilitating access to MAT off-site for beneficiaries while they are receiving DMC-ODS treatment services if not provided on-site. Providing a beneficiary the contact information for a treatment program is insufficient.
  - x. Residential Treatment Services (ASAM Levels 3.1, 3.3, and 3.5 shall be made available within the timeframes outlined in Article III, Section S.7.v).
  - xi. Partial Hospitalization (Optional).
  - xii. Peer Support Services (Optional).
  - xiii. Inpatient Services ASAM Levels 3.7 and 4.0 (Optional for Contractor to cover as DMC-ODS services; care coordination for ASAM Levels 3.7 and 4.0 delivered through Medi-Cal Fee for Service and Managed Care Plans is required).

**Findings:** The Plan did not provide evidence demonstrating how it arranges, provides, or subcontracts for the following DMC-ODS service:

- Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for beneficiaries under age 21) (mandatory).

### **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 deficiency was identified:

#### **COMPLIANCE DEFICIENCY:**

##### **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 it has implemented mechanisms to monitor the safety and effectiveness of medication practices.

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.

## **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 Plan's Open Admissions report and Open Provider report are not in compliance.

#### **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 10<sup>th</sup> 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 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 7.2.3:**

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

- g. Provision for the prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, NN, 3

- 3. Suspected Medi-Cal fraud, waste, or abuse shall be reported to DHCS Medi-Cal Fraud: (800) 822-6222 or [Fraud@dhcs.ca.gov](mailto:Fraud@dhcs.ca.gov).

**Findings:** The Plan did not provide evidence it provides for the prompt referral of any potential fraud, waste, or abuse that it identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

The Plan did not provide evidence it reports suspected Medi-Cal fraud, waste, or abuse to DHCS Medi-Cal Fraud at (800) 822-6222 or [Fraud@dhcs.ca.gov](mailto:Fraud@dhcs.ca.gov).

#### **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 it has established a method to verify, by sampling or other methods, whether DMC-ODS Alcohol and Drug services 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.

The Plan did not provide evidence that it has established a mechanism to verify whether DMC-ODS Alcohol and Drug services were actually furnished to beneficiaries.

**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 that it specifies the following in accordance with this Exhibit A, Attachment I and Exhibit B of this Agreement:

- The process, timeframes, and documentation required for reporting the recovery of all overpayments.
- 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.

- This provision does not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.

The Plan did not provide evidence that it has established 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.

**CD 7.6.7:**

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

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code section 14124.1 and 42 CFR 438.3(h) and 438.3(u).

**Findings:** The Plan did not provide evidence that it includes instructions on record retention and includes in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code section 14124.1 and 42 CFR 438.3(h) and 438.3(u). The 42 CFR 438.3 (h) provision was not included in the HR360 contract provided.



## **TECHNICAL ASSISTANCE**

San Mateo County did not request Technical Assistance during this review.