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AQIS Compliance Issue Initial Report

March 4, 2022

Robin Weintraub, LCSW
Program Director
Telecare - Be Well Orange
265 S. Anita Street
Orange, CA 92868

AQIS - BHS Compliance Issue Number: 22-BH004
Office of Compliance - Compliance Issue Number: CI-22-05
Date Report of Issue Received: February 3rd, 2022
Report Taken By: Azahar Lopez, PsyD, CHC
Assigned AQIS Lead Reviewer: Annette Tran, LCSW (MCST) / Beatriz Garcia, LMFT (SST)

Source of referral: AQIS SUD Support Team (SST)
Office of Compliance: Hotline Non-hotline N/A
Direct to AQIS: Manager Supervisor Line staff Client Family Other

Summary of issue:

On February 3rd, 2022, it was reported to AQIS that providers at Telecare Be Well have continued deliver Medi-Cal covered services while not credentialed to provide those services. This issue is a continuation of a previously identified problem, described in AQIS BHS Compliance Issue number 21-BH017, dating back to July 12th, 2021.

Through the investigation process of the item listed above, Telecare was provided guidance and direction about the credentialing requirements of staff and the importance of staff maintaining valid certifications, licenses or registrations to enable them to provide services at the Be Well campus. While Telecare failed to meet the initial deadline of June/July, 2021 to complete all staff credentialing actions, the provider received an extension to do so by August 31st, 2021. The provider again failed to meet this deadline and was granted another extension to September 30th, 2021. The AQIS Managed Care Support Team (MCST) continued to offer technical assistance to the provider and to request missing documents necessary to complete the Credentialing process; however, Telecare was non responsive. During the routine clinical records review conducted by the AQIS SUD Support Team (SST) on December 7th and 8th, it was discovered that uncredentialed staff have continued to deliver services at both the Withdrawal Management and Residential treatment programs.

Staff who are not properly credentialed are ineligible to deliver and claim Medi-Cal covered services. As a result, all services delivered by these staff are subject to disallowance. Any Medi-Cal covered service billed in reliance of those services is non-compliant and subject to recoupment. Additionally, the review revealed concerns regarding the clinical practices at the program and inconsistent adherence to documentation guidelines, including failing to meet the minimum hours of clinical services required per week and failing to document services altogether.

As a result of multiple other compliance and quality of care concerns, which are described in the Notice of Corrective Action Plan (CAP) required issued by HCA Contract services and dated 03/04/2022, the AQIS MCST also conducted an internal review to determine Telecare's compliance with Provider Directory, Access Log (AL) entries and issuance of Notices of Adverse Benefit Determination (NOABD) to beneficiaries when needed. This process revealed that Telecare has not been compliant with these requirements, which are a mandatory element of the provider's role as a Drug Medi-Cal Organized Delivery Services (DMC-ODS) network provider, intended to offer protections and required plan information to Medi-Cal beneficiaries.

Allegation(s):

Telecare has continued to allow staff who are not properly credentialed to deliver Medi-Cal covered services and has claimed Medi-Cal reimbursement in reliance of those services. This practice is viewed as fraudulent. As recently as November 1, 2021, Telecare was reminded again through the AQIS Compliance Issue 21-BH017 investigation that only providers who are properly certified, licensed or registered and who have completed the credentialing process are eligible to deliver Medi-Cal covered services. This includes completing all mandatory training, including ASAM A and B (also known as I and II) and the HCA Annual Provider Training. The outcome of that prior investigation was substantiated findings and a recoupment of \$167,617.30.

Telecare's initial credentialing period began in June 2021 – July 2021 after receiving a detailed credentialing training on the expectation and process by MCST staff, Elaine Estrada, LCSW on May 27, 2021. There were additional trainings conducted by the MCST regarding the credentialing requirements and oversight given to all the providers and administrators on July 22 and 28, 2021 (a 3 hour training on each of those days). Despite receiving multiple extensions to fulfill the credentialing requirement and receiving the AQIS 21-BH017 investigation report dated November 2021, Telecare Be Well continued to fail to correct the issues stated above. While some of the staff at Telecare Be Well did complete the credentialing process, most did not. Additionally, some staff who did go through credentialing failed to maintain proper registration

with their Certifying Organizations (CO), which is immediate grounds for suspension of privileges.

The AQIS MCST identified the providers below who did not adhere with meeting some or all of the compliance standards described above, and also identified additional issues of compliance requiring correction.

1. Telecare Be Well allowed for providers’ registrations to lapse, which resulted in suspension of privileges by the AQIS MCST.

Penny Crisostomo; 11/26/21 Registration Expired; 12/30/21 Reactivated IRIS/
 Credentialing (34 days suspension)

Danielle Dawson; 11/25/21 Registration Expired; 12/1/21 Reactivated IRIS/
 Credentialing (6 days suspension)

Vanessa Quinonez; 2/10/22 Registration Expired. Terminated on 2/15/22.

Charles Morgan; 2/25/22 Registration Expired.

2. Telecare Be Well may have allowed providers who are not certified, registered or licensed to provide and render Medi-Cal covered services:

- Mario Marin
- Krystal Kontoes

3. There were at least 10 providers known to the AQIS MCST who failed to comply with completing the pre-credentialing process after weekly notifications sent by Verge, the County’s contracted Credentialing Verification Organization (CVO), to complete their online attestation.

Name	Program	Credentialing Status:	Hire Date
Mona Raya	Telecare Residential BWO	A: Practitioner Review	1/15/21
Marissa Cross	Telecare WM BWO	A: Practitioner Review	3/22/21
David Oliver	Telecare WM BWO	A: Practitioner Review	7/19/21
Gina Gulino	Telecare Residential BWO	A: Practitioner Review	3/8/21
Amy Ko	Telecare Residential BWO	A: Practitioner Review	7/2/21
Shay Thomas	Telecare Residential BWO	A: Practitioner Review	3/22/21
Troy Talbert	Telecare Residential BWO	A: Practitioner Review	2/8/21
Patricia Marie Dauer	Telecare WM BWO	A: Practitioner Review	3/22/21
Danica Lene Wickman	Telecare Residential BWO	A: Practitioner Review	1/15/21
Joshua Perez	Telecare WM	A: Practitioner Review	5/24/21

4. The MCST was required to intervene again on 1/26/22 to emphasize the requirement to be credentialed and to urge Telecare's above staff to immediately complete the online attestation in order to begin the initial credentialing process. Telecare Be Well failed to have all the listed providers above complete their online attestation as of 1/28/22; therefore, 3 of the existing providers became not eligible to provide any Medi-Cal covered services.
 1. Mona Raya
 2. Danica Wickman
 3. Marisa Cross

5. On February 3, 2022, Contract Monitor, Betty Vu reported that Telecare hired several certified, registered or licensed staff and may have not submitted their initial credentialing packets and could have possibly allowed new providers to deliver Medi-Cal covered services. These providers were not reported to the AQIS MCST. On March 1, 2022, AQIS MCST identified the new hires on the Provider Directory who did not submit their credentialing packet immediately upon being hired. Robin Weintraub reported that at least one (1) out of the five (5) providers listed below likely delivered Medi-Cal covered services:
 - Laenger, Preston (Hired in January)
 - Blanco, Michael (Hired in February)
 - Hem, Ethan (Hired in February)
 - Lopez, Yulana (Hired in February)
 - Turrieta, Tina (Hired in February) – Delivered Medi-cal covered services

6. Additionally, Telecare Be Well was trained in July 2021 and required to submit their monthly provider directory effective 7/1/21 and failed to submit it consistently by the 15th of each month deadline. This also includes the failure to submit accurate information that required multiple corrections.
 - July 2021 – Submitted on 7/20/21
 - Aug 2021 – Submitted on 8/19/21
 - Sept 2021 – Submitted on 9/23/21
 - Oct 2021 – 10/4/21
 - Nov 2021 – 11/15/21
 - Dec 2021 - Submitted on 12/16/21
 - Jan 2022 – Submitted on 1/25/22
 - Feb 2022 – 2/15/22

7. As a network provider, Telecare is required to enter all service access requests into the MHRS Access Log (AL), which is a required metric to evaluate the DMC-ODS availability of services and ability to meet Federal Access Standards. Telecare received the MCST full-training that included AL requirements back in July 2021. A Search of the AL revealed the Telecare Be Well did not submit a single entry into the log between August 1st, 2021 and February 28th, 2022.

8. Beneficiary informing, rights and protections is another essential element of the Medi-Cal system. As such, network providers are required to issue NOABD to beneficiaries when actions are taken that impact their right to access covered services, such as service denials, program terminations or delays in accessing care. The table below shows the number or

reported Medi-Cal discharges compared to the number of NOABDs received from the program between August and December of 2021. It is likely that at least some of these discharges were due to terminations of the client’s participation. For at least the instances bolded below, it is questionable if Telecare Be Well generated as many NOABD for terminations as would have been expected or if discharge numbers were reported accurately.

MEDI-CAL	Aug-21		Sep-21		Oct-21		Nov-21		Dec-21	
	Discharges	NOABD Termin	Discharges	NOABD Termin	Discharges	NOABD Termin	Discharges	NOABD Termin	Discharges	NOABD Termin
Telecare Res	8	7	9	2	5	5	6	7	11	4
Telecare WM	29	14	31	2	39	0	32	9	45	1
Telecare SUTS	8	7	8	0	6	0	7	4	10	0

Additionally, several of the instances identified in the Contract Services CAP document dated 03/04/2022 should have triggered the issuance of a NOABD to the affected beneficiaries for timely access to services and denials. The MCST was not able to locate the NOABDs that should have been issued if the recipients were Medi-Cal beneficiaries. Telecare Be Well appears to have failed to consistently comply with the Department of Health Care Services (DHCS) NOABD requirements identified in the Information Notice (IN) #18-010E, which highlights the managed care requirements of 42 CRF, Section 438. Beneficiaries must receive a written NOABD when the program takes any of the following actions listed below:

- The denial or limited authorization of a requested service, including determinations based on the type of level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- The reduction, suspension, or termination of a previously authorized service;
- The failure to provide services in a timely manner

9. On February 28, 2022, a beneficiary called AQIS MCST to file a grievance against Telecare Be Well. He reported that the County grievance form does not appear available in the common area, and he had to ask for the grievance form from staff each time. The form the staff provided to him is the Telecare Grievance form, not the County DMC-ODS grievance form. He said there are no grievance forms in other languages or envelopes readily accessible for clients to obtain without having to ask. He also reported that the County Grievance Poster were not posted. Only the Telecare posting giving him instructions on how to file a grievance by contacting the Telecare Grievance hotline was posted. Failure to post beneficiary grievance information and materials and to have them accessible to the beneficiaries without having to ask is a violation of beneficiary protections under Managed Care rules.
10. Regarding the multiple items described above related to the Managed Care support requirements, it has been difficult to obtain an accurate and exhaustive understanding of the extent of the provider’s compliance issues due to the poor reporting, communication, follow through and cooperation by Telecare Be Well. This has made resolving these concerns a slow and difficult process.

11. In addition to the above stated items, the provider's failure to ensure proper credentialing and qualifications of staff has also resulted in deficient clinical documentation and non-compliant clinical services. Despite technical assistance being offered and provided to Telecare both onsite and remotely and the provider being encouraged multiple times to have all staff complete the SUD documentation training, which is available online and on demand, Telecare has not availed itself of these resources. As early as September of 2021, the provider was reminded that the AQIS SUD Support Team (SST) scheduled clinical records review was approaching in December 2021 and that services being provided during that time period would likely be subject to the review. Technical assistance was offered again, and Telecare management staff indicated that they preferred to conduct internal training but were aware of the resources being offered.

12. Lack of proper documentation practices was subsequently evident during the AQIS SST clinical records review. The initial findings of the clinical records review conducted by the SST on December 7th and 8th, 2021 include intake sessions not being documented, informed consent for services not being signed by beneficiaries, ASAM based assessment missing required elements to substantiate Level of Care (LOC) placements and medical necessity, treatment plans missing required elements, interventions documented in clinical services not tying back to the person's SUD diagnosis and treatment, missing client sign in sheets and the program not consistently delivering the required five (5) hours of clinical services per week. These findings are grounds for service disallowance/recoupment, even when provided by properly credentialed and qualified staff. The complete narrative report and itemized claims findings for this review has also been issued separately to the provider by the AQIS SST. The review resulted in a 91% non-compliance/failure rate of services and connected services reviewed and a total recoupment amount of \$221,588.47.

AQIS Directive(s):

1. Telecare is to provide a plan for tracking and monitoring all expiration dates of staff licenses, certifications and registrations in order to prevent staff from delivering Medi-cal covered services if their qualifications lapse.

2. Telecare is to provide a current and accurate list of all the providers who are licensed, certified, and registered who qualify to deliver DMC-ODS covered services that have not been credentialed. Include their hire date, job title, registration type and number. These providers must cease to provide Medi-Cal covered services effective immediately. Approval to provide DMC-ODS covered services will be granted upon the provider receiving a letter of credentialing approval issued by the AQIS MCST.

3. Telecare is to ensure all new hires who are licensed, certified, and registered providers are credentialed before they provide Drug Medi-Cal Organized Delivery System (DMC-ODS) covered services and must submit their credentialing packet within 7 business days of the hire date effective immediately.

4. Telecare is to submit a plan to ensure an accurate monthly Provider Directory is maintained and submitted by the 15th of the month for all providers who are certified, registered, or licensed via e-mail to AQISManagedCare@ochca.com with Subject Line: PROVIDER DIRECTORY - _____.

5. Telecare is to contact Elaine Estrada, LCSW to schedule a training within 30 days of this letter on the requirements and expectations for the Provider Directory and Credentialing with the program administrator overseeing these responsibilities and is to include the administrator's superiors to be in attendance as well.
6. Telecare is to begin entering access request into the MHRS AL immediately. If technical assistance is needed with the IRIS system you may e-mail the IRIS liaison team at BHSIRISLiaison@ochca.com. For assistance with AL guidelines and requirements you may reach Jennifer Fernandez, MSW for support.
7. Telecare is to contact Jennifer Fernandez, MSW to schedule a training within 30 days of this letter on the requirements and expectation for the Access Log with the program administrator overseeing these responsibilities and is to include the administrator's superiors to be in attendance as well.
8. Telecare is to submit copies of the NOABD that have not yet been issued to the beneficiaries, as well as, any applicable supporting documentation to the MCST upon the notice being issued.
9. Telecare is to contact Jennifer Fernandez, MSW and/or Esmi Carroll, LCSW to schedule a training within 30 days of this letter on the requirements and expectation for the NOABDs and grievances with the program administrator overseeing these responsibilities and is to include the administrator's superiors to be in attendance as well.
10. All staff who deliver Medi-Cal covered services and or who are responsible for proper documentation and billing of services is to complete SUD Documentation training within 30 days of this letter, including the program's Medical Director, Quality Improvement coordinator and all Clinical supervisors.
11. Telecare is to conduct an internal review of services rendered since July 1st, 2021 to now to ensure the minimum five (5) required clinical hours were provided to beneficiaries by properly qualified and credentialed staff and shall identify any weeks when this minimum requirement was not met. Provider is to submit to the lead AQIS SST investigator by 30 days from the date of this letter a list of financial information numbers (FIN) for services rendered during that time period and shall identify the ones that did not meet the minimum requirements. Telecare shall then back out those services from the IRIS billing system and shall re-enter them as non-compliant.

Thank you.

Sincerely,

Kelly K. Sabet, LCSW, CHC

Kelly K. Sabet, LCSW, CHC
Division Manager, Authority & Quality Improvement Services

KS:al

cc:

Leslie Davis, Telecare Corporation

Ed Bienkowski, Telecare Corporation

Jessica Jones, Telecare Corporation

Chi Rajalingam, Ph.D., CHC, Chief Compliance Officer (Office of Compliance)

Linda Molina, LCSW, Director, Mental Health and Recovery Services, Adult and Older Adult (MHRS, AOA)

Vanessa Thomas, LMFT, Interim Division Manager (MHRS, AOA)

April Thornton, LMFT, Program Manager II (MHRS, AOA)

Azahar V. Lopez, PsyD, Administrative Manager II (MHRS, AQIS/SUD Support)

Annette Tran, LCSW, Administrative Manager I (MHRS, AQIS, Managed Care Support Team)

April Jannise, LCSW, Administrative Manager II (MHRS, AQIS, IRIS Support)

Jennifer Henriquez, Administrative Manager (MHRS, AQIS, IRIS Support)

Janinne Boutte, Administrative Manager I, Contract Administrator