



RICHARD FIGUEROA
ACTING DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

March 19, 2020

Sent via e-mail to: bwalker@kernbhhs.org

Bill Walker, Director
Kern Behavioral Health & Recovery Services
P.O. Box 1000
Bakersfield, CA 93302-1000

SUBJECT: Annual County Compliance Unit Report

Dear Director Walker:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and the terms of the Contract operated by Kern County.

The County Compliance Unit (CCU) 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 instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Kern County's State Fiscal Year 2019-20 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Kern County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Community Services Division (CSD), Community Support Branch (CSB), Policy, Monitoring and Financing Section (PMFS) Analyst by 4/20/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions regarding this report, please contact me.

Sincerely,

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Walker,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Mayumi Hata, Audits and Investigations, County Compliance Unit Chief
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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Ana Olvera, Kern Behavioral Health & Recovery Services, SUD Administrator
Melanie Olcott, Kern Behavioral Health & Recovery Services, Behavioral Health Unit Supervisor

Lead CCU Analyst: Michael Bivians Assisting CCU Analyst(s): Emanuel Hernandez	Date of Review: 2/11/2020 - 2/12/2020
County: Kern	County Address: 2001 28 th Street Bakersfield, CA 93301
County Contact Name/Title: Melanie Olcott, Behavioral Health Unit Supervisor	County Phone Number/Email: 661-868-7848 molcott@kernbhhs.org
Report Prepared by: Michael Bivians	Report Approved by: Mayumi Hata

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. Code of Federal Regulations; Title 45, Part 96; Subpart L; section 96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. United States Code, Title 42, Section 300x-21 through 300x-66: Block Grants regarding Mental Health and Substance Use
 - d. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 2001 28th Street Bakersfield, CA 93301 on 2/11/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Kern County:
Bill Walker, Director, Kern Behavioral Health & Recovery Services
Melanie Olcott, Behavioral Health Supervisor QID SUD
Ana Olvera, Substance Use Disorder Division Administrator
Alison Burrowes, Deputy Director, Adult Clinical Services
Stacy Kuwahara, Deputy Director, Administrative Services
Liz Brown, Human Resources Manager
Candee Del Rio, Finance Manager
Jessica Armstrong, Contracts Division Administrator
Robert Farmer, Information Technology Manager
Lesliegh Davis, Quality Improvement Division Administrator
Amber Lopez, Quality Improvement Division Analyst
Jamie Alexander, EHR Supervisor
Karina Leonzo, Quality Improvement Division Supervisor
Joy Quinton-Buaya, Department Supports Administrator
Sylvia Petitt, Behavioral Health Unit Supervisor
Gregory Gonzalez, Behavioral Health Unit Supervisor
Liz Bailey, Interim Medical Services Administrator
Rafael Lopez, Behavioral Health Analyst
Lorena Boykins, Program Coordinator
Kendall McClanahan, Human Resources Specialist
Jennifer Arnold, PRA Unit Supervisor
Selma Gonzalez, Quality Improvement Division Administrative Coordinator
Shandy Henry, Quality Improvement Division Support
Cynthia Jackson, Quality Improvement Division Support
Cindy Childs, Quality Improvement Division Support
Dissary Chairez, PRA Program Tech
Jonathan Monsibais, OST-PRA

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- DHCS Re-Organization
- Medi-Cal Healthier California for All (CalAIM)
- Kern County Overview of Services

Exit Conference:

An exit conference was conducted at 2001 28th Street Bakersfield, CA 93301 on 2/12/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Emanuel Hernandez, AGPA

- Representing Kern County:
Bill Walker, Director, Kern Behavioral Health & Recovery Services
Melanie Olcott, Behavioral Health Supervisor QID SUD
Ana Olvera, Substance Use Disorder Division Administrator
Alison Burrowes, Deputy Director, Adult Clinical Services
Jessica Armstrong, Contracts Division Administrator
Robert Farmer, Information Technology Manager
Lesliegh Davis, Quality Improvement Division Administrator
Amber Lopez, Quality Improvement Division Analyst
Rafael Lopez, Behavioral Health Analyst
Lorena Boykins, Program Coordinator

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow Up Deadlines
- CAP Distribution to DHCS

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	2
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	2
8.0 Privacy and Information Security	0
9.0 Fiscal	0
10.0 Previous CAP	0

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 5-8 each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report.

Please provide the following within the completed SFY 2019-20 CAP.

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The PMFS analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.2:

SABG State-County Contract, Exhibit A, Attachment I A2, Part III, G

G. Master Provider File (MPF) Documentation Requirements

The Department shall generate a County MPF Report for the Contractor on the last day of each month and shall send the report to the Contractor. The Contractor shall review the County MPF Report and confirm whether the information, including the contract status and identification information for each provider listed in the County MPF Report, is accurate and up to date.

If any information contained in the County MPF Report is inaccurate or has changed, Contractor shall send a written notification to the MPF mailbox at: DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report. If a Non-DMC provider's information is not accurate or has changed, the Contractor shall submit the "Existing Provider Information Update/Change Form" to the MPF mailbox at: DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report. If the contract status has changed for either a DMC or Non-DMC provider, the Contractor shall submit the "Existing Provider Information Update/Change Form" to the MPF mailbox at: DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report. Specific types of changes and/or inaccuracies include, but are not limited to, a change in an existing provider's contract status with the County, a change in scope of services, remodeling of the provider's facility, relocation or facility expansion, or closing of a facility site.

When establishing a new subcontractor relationship, the Contractor shall submit the "New Provider Information Form (Non-DMC) Form" to request a new record be created in the MPF database to identify the new subcontractor. A new CalOMS Data Reporting Number (DRN) will be assigned to the facility. The Contractor's obligation to review the accuracy of the records of their sub-contracted provider(s) extends to all county and out-of-county SUD providers, regardless of the funding source or DHCS licensing and/or certification status.

All SUD Provider Information forms can be requested from the MPF Team through the electronic mail address: DHCSMPF@dhcs.ca.gov

Finding: The County did not provide evidence the County's MPF is accurate.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.11:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, B, 3, c-d

3. As a subrecipient, the Contractor shall:
 - c. Evaluate and monitor its activities and the activities of all subcontractors for compliance with applicable statutes, regulations, and terms and conditions of the subaward.
 - d. Address any instances of noncompliance promptly, including noncompliance identified in audit findings.

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, C, 5

5. Contractor and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F(b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: The County did not have all SABG program requirements within their monitoring tool. The following criteria is missing:

- Primary Prevention

CD 2.12:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 3, A, 1, e

1. Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract.
 - e. Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:

SUDCountyReports@dhcs.ca.gov or

Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Finding: The County indicated a total of 15 SABG monitoring reports were sent to DHCS for SFY 2018-19. The County did not monitor all providers for SABG programmatic and fiscal requirements. The County did monitor 14 of 15 County and sub-contracted providers for SABG programmatic and fiscal requirements. The County did submit 6 of 14 SABG programmatic and fiscal monitoring reports secure and encrypted. The County did submit 14 SABG programmatic and fiscal monitoring reports to DHCS within two weeks of report issuance.

**7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.34.a:

State-County Contract, Exhibit A, Attachment I A2, Part III, B, 3-6

3. 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.
4. 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.
5. 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.
6. 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.

State-County Contract, Exhibit A, Attachment I A2, Part III, E, 3

3. The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County’s Open Provider report is not current.

CD 7.34.b:

State-County Contract, Exhibit A, Attachment I A2, Part III, B, 3-6

3. 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.
4. 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.
5. 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.
6. 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.

State-County Contract, Exhibit A, Attachment I A2, Part III, E, 3

3. The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County's Open Admission report is not current.

TECHNICAL ASSISTANCE

Kern County did not request Technical Assistance during this review.