



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 21, 2022

Sent via e-mail to: sholt@co.fresno.ca.us

Susan Holt, Interim Behavioral Health Director
Fresno County Department of Behavioral Health
4441 East Kings Canyon Road
Fresno, CA 93702-3604

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Holt:

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 Fresno 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 Fresno County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Fresno 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 9/21/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

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>

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Joseph Rangel, Division Manager, Contracted Services Division, Fresno County Behavioral Health
Marcelia Black, Division Manager, Managed Care, Fresno County Behavioral Health
Jeffrey Elliot, Quality Improvement Coordinator, Fresno County Behavioral Health
Kannika Toonachat, Division Manager, ISD/Medical Records, Fresno County Behavioral Health

COUNTY REVIEW INFORMATION

County:

Fresno

County Contact Name/Title:

Kathy Anderson/Principal Staff Analyst

County Address:

3133 N. Millbrook Avenue, Fresno, CA 93703

County Phone Number/Email:

(559) 600-6060

kathyanderson@co.fresno.ca.us

Date of Review:

6/15/2022

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

N/A

Report Prepared by:

Katrina Beedy

Report Approved by:

Ayesha Smith

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. Fiscal Year (FY) 2020-21 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - b. Fiscal Year (FY) 2021-22 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - c. State of California *Youth Treatment Guidelines Revised August 2002*
 - d. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - 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 6/15/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Marcia Casado, AGPA
Michael Ulibarri, Staff Services Manager I (SSM I)
- Representing Fresno County:
Kathy Anderson, Principal Staff Analyst
Natalie Armistead, Clinical Supervisor
Marcelia Black, Division Manager, Managed Care
Jeffrey Elliot, Quality Improvement Coordinator
Sharon Erwin, Senior Staff Analyst
Lesby Flores, Division Manager, Children's Services
Jolie Gordon-Browar, Division Manager, Adult Services
Luis Iraheta, Staff Analyst
Ryan Moench, Senior Substance Abuse Specialist
Joseph Rangel, Division Manager, Contracted Services Division
Cesar Rodriguez, Senior Staff Analyst
Kannika Toonachat, Division Manager, ISD/Medical Records
Elizabeth Thomas, Senior Staff Analyst
Elizabeth Vasquez, Compliance Officer
Stacy VanBruggen, Division Manager, Adult Services
Mark Winslow, Business Systems Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 6/15/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Marcia Casado, AGPA
Michael Ulibarri, SSM I

- Representing Fresno County:
Kathy Anderson, Principal Staff Analyst
Natalie Armistead, Clinical Supervisor
Marcelia Black, Division Manager, Managed Care
Jeffrey Elliot, Quality Improvement Coordinator
Sharon Erwin, Senior Staff Analyst
Lesby Flores, Division Manager, Children's Services
Jolie Gordon-Browar, Division Manager, Adult Services
Luis Iraheta, Staff Analyst
Ryan Moench, Senior Substance Abuse Specialist
Joseph Rangel, Division Manager, Contracted Services Division
Cesar Rodriguez, Senior Staff Analyst
Kannika Toonachat, Division Manager, ISD/Medical Records
Elizabeth Thomas, Senior Staff Analyst
Elizabeth Vasquez, Compliance Officer
Stacy VanBruggen, Division Manager, Adult Services
Mark Winslow, Business Systems Analyst

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	0
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	2
6.0 Program Integrity	1
7.0 Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 2, Part I, Section 3, B, 5-7 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 2021-22 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.

Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 5.1.1:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County 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. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

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

CD: 5.1.2:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

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- E. County 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. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Findings: The County’s Open Provider report is not in compliance.

Category 6: PROGRAM INTEGRITY

A review of the SABG monitoring, privacy, and program integrity was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 6.1.2:

SABG Application Enclosure 2, I, 3, A, 1, e

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
 - e. Whether the County conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent via a Secure Managed File Transfer system specified by DHCS.

Findings: The County did not provide evidence demonstrating it conducted onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services.

- The County monitored 14 of 17 SABG funded programs and submitted audit reports of these annual reviews to DHCS.
- The County submitted 12 of 14 annual monitoring reports secure and encrypted to DHCS.
- The County submitted 13 of 14 annual monitoring reports within two weeks of completion to DHCS.

TECHNICAL ASSISTANCE

Fresno County did not request technical assistance during this review.