



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

November 9, 2021

Sent via e-mail to: SKuwahara@kernbhcs.org

Stacy Kuwahara, Director  
Kern Behavioral Health & Recovery Services  
P.O. Box 1000  
Bakersfield, CA 93302

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Kuwahara:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement 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 2020-21 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Kern County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 1/10/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov).

Sincerely,  
*BL Counter*  
Becky Counter  
(916) 713-8567

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 Kuwahara,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Melanie Olcott, Kern County Unit Supervisor, Quality Improvement Division, Substance Use  
Disorder

## COUNTY REVIEW INFORMATION

**County:**

Kern

**County Contact Name/Title:**

Melanie Olcott / Unit Supervisor Quality Improvement Division Substance Use Disorder

**County Address:**

P.O. Box 1000  
Bakersfield, CA 93302

**County Phone Number/Email:**

(661) 868-7848  
MOlcott@kernbhrs.org

**Date of DMC-ODS Implementation:**

3/1/2019

**Date of Review:**

10/20/2021

**Lead CCU Analyst:**

Becky Counter

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Becky Counter

**Report Approved by:**

Ayesha Smith

## **REVIEW SCOPE**

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An Entrance Conference was conducted via WebEx on 10/20/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Kern County:  
Stacy Kuwahara, Director  
Alison Burrowes, Deputy Director  
Robin Taylor, Deputy Director  
Lesleigh Davis, Administrator, Quality Improvement Division  
Ana Olvera, Administrator, Substance Use Disorder  
Melanie Olcott, Unit Supervisor, Quality Improvement Division, Substance Use Disorder  
Amber Lopez, Quality Improvement Division Planning Analyst  
Rafael Lopez, Quality Improvement Division Planning Analyst  
Lorena Boykins, Program Coordinator, Substance Use Disorder Provider Liaison Team  
Candee Del Rio, Finance Manager  
Myeisha Dhillon, Coordinator of Administrative & Legislative Analysis, Quality Improvement Division  
Heather Williams, Coordinator of Administrative & Legislative Analysis, Quality Improvement Division  
Jessica Armstrong, Administrator, Contracts Division  
Karina Leonzo-Castillo, Unit Supervisor, Quality Improvement Division, Documentation Compliance  
Allissa Lopez, Administrator, Medical Services  
Gregory Gonzalez, Unit Supervisor, Gateway Team  
Rachelle Hunt, Technology Services Manager  
Melanie McIntyre, Electronic Health Records Supervisor, CalOMS  
Jamie Whitlock, Electronic Health Records (EHR) Supervisor, EHR Support  
Dissary Chairez, Program Technician, Patients' Rights  
Jonathan Monsibais, Office Services Technician, Patients' Rights  
Selma Gonzalez, Administrative Coordinator, Quality Improvement Division  
Ivan Carrasco, Unit Supervisor, Quality Improvement Division  
Joy Quinton- Buaya, Administrator, Department Supports  
Cynthia Strange, Planning Analyst, Substance Use Disorder Provider Liaison Team  
David Jenkins, Department Analyst, Substance Use Disorder Provider Liaison Team  
Sarah Gutierrez, Corporate Compliance Officer  
Ann Sherwood, Program Coordinator, Prevention  
Amy Schultz, Program Coordinator, Human Resources  
Pamela Coleman, Unit Supervisor, Substance Use Disorder Outpatient Treatment  
Ashley Jones, Unit Supervisor, Authorizations  
Kathy Gildez, Office Services Specialist, Substance Use Disorder Administrator

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Kern County overview of services

**Exit Conference:**

An Exit Conference was conducted via Webex on 10/20/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA
  
- Representing Kern County:  
Stacy Kuwahara, Director  
Alison Burrowes, Deputy Director  
Robin Taylor, Deputy Director  
Lesleigh Davis, Administrator, Quality Improvement Division  
Ana Olvera, Administrator, Substance Use Disorder  
Melanie Olcott, Unit Supervisor, Quality Improvement Division Substance Use Disorder  
Amber Lopez, Quality Improvement Division Planning Analyst  
Rafael Lopez, Quality Improvement Division Planning Analyst  
Lorena Boykins, Program Coordinator, Substance Use Disorder Provider Liaison Team  
Candee Del Rio, Finance Manager  
Myeisha Dhillon, Coordinator of Administrative & Legislative Analysis, Quality Improvement Division  
Heather Williams, Coordinator of Administrative & Legislative Analysis, Quality Improvement Division  
Jessica Armstrong, Administrator, Contracts Division  
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Allissa Lopez, Administrator, Medical Services  
Gregory Gonzalez, Unit Supervisor, Gateway Team  
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Melanie McIntyre, Electronic Health Records Supervisor, CalOMS  
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Selma Gonzalez, Administrative Coordinator, Quality Improvement Division  
Ivan Carrasco, Unit Supervisor, Quality Improvement Division  
Joy Quinton- Buaya, Administrator, Department Supports  
Cynthia Strange, Planning Analyst, Substance Use Disorder Provider Liaison Team  
David Jenkins, Department Analyst, Substance Use Disorder Provider Liaison Team  
Sarah Gutierrez, Corporate Compliance Officer  
Ann Sherwood, Program Coordinator, Prevention  
Amy Schultz, Program Coordinator, Human Resources  
Pamela Coleman, Unit Supervisor, Substance Use Disorder Outpatient Treatment  
Ashley Jones, Unit Supervisor, Authorizations  
Kathy Gildez, Office Services Specialist, Substance Use Disorder Administrator

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

## SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	0
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	0
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 KK, 2, i 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 2020-21 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 CPOMB liaison will monitor progress of the CAP completion.

## 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 3.2.1**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

#### 1. Monitoring

- i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this Agreement. Monitoring criteria shall include, but not be limited to:
  - d. Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov

Alternatively, mail to:

Department of Health Care Services  
Medi-Cal Behavioral Health Division  
1500 Capitol Avenue, MS-2623  
Sacramento, CA 95814

##### Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
  - iv. Ensure the Contractor monitors the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

**Findings:** The Plan did not monitor all county and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For FY 2019-20, the Plan monitored 23 of 28 Plan and subcontracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

**CD 3.2.2**

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 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; and
  - 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.

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
  - iv. Ensure the Contractor monitors the subcontractor’s performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

**Findings:** The following CalOMS-Tx report is non-compliant:

- Open Admissions Report

## **TECHNICAL ASSISTANCE**

Kern County did not request Technical Assistance in FY 20/21.