



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

December 27, 2021

Sent via e-mail to: [agleghorn@co.santa-barbara.ca.us](mailto:agleghorn@co.santa-barbara.ca.us)

Alice Gleghorn, Director  
Santa Barbara County Alcohol, Drug & Mental Health Services  
300 North San Antonio Road, Building 3  
Santa Barbara, CA 93110

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Gleghorn,

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 Santa Barbara 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 Santa Barbara 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.

Santa Barbara 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 2/28/2022. 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 [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667

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 Gleghorn,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief  
Sergio Lopez, County Provider Operations Monitoring Section I Chief  
Cynthia Hudgins, County Provider Operations Monitoring Section II Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County Provider Operations and Monitoring Branch  
John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara  
Department of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, County of Santa Barbara Department of Behavioral  
Wellness

## COUNTY REVIEW INFORMATION

**County:**

Santa Barbara

**County Contact Name/Title:**

John Doyel/ MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara  
Department of Behavioral Wellness

**County Address:**

300 North San Antonio Road, Building #3  
Santa Barbara, CA 93110

**County Phone Number/Email:**

805-448-3903  
jdoyel@sbcbswell.org

**Date of DMC-ODS Implementation:**

12/01/2018

**Date of Review:**

10/28/2021

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Emanuel Hernandez

**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 10/28/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Santa Barbara County:  
John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Joshua Woody, Quality Care Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Amy Lopez, Alcohol and Drug Program Project Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Anoushka Moseley, LMFT Beneficiary Concerns, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Leslie Smith, LMFT Programmatic Monitoring, County of Santa Barbara Department (CSBD) of Behavioral Wellness

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Santa Barbara County overview of services

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 10/28/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
- Representing Santa Barbara County:  
John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, CSBD of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, CSBD of Behavioral Wellness  
Joshua Woody, Quality Care Manager, CSBD of Behavioral Wellness  
Amy Lopez, Alcohol and Drug Program Project Manager, CSBD of Behavioral Wellness  
Anoushka Moseley, LMFT Beneficiary Concerns, CSBD of Behavioral Wellness  
Leslie Smith, LMFT Programmatic Monitoring, County of Santa Barbara Department of Behavioral Wellness

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	1

## **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 24 of 30 Plan and sub-contracted 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

## Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiency in program integrity was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 6.2.1**

Intergovernmental Agreement Exhibit A, Attachment I, II, 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.

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

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.