



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

June 30, 2022

Sent via e-mail to: [skuwahara@kernbhhs.org](mailto:skuwahara@kernbhhs.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 2021-22 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 8/30/2022. 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,

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  
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  
Tony Nguyen, County/Provider Operations Monitoring Section II Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Ana Olvera, Kern County SUD Administrator  
Amber Lopez, Kern County, Quality improvement Division (QID), Planning Analyst

## COUNTY REVIEW INFORMATION

**County:**

Kern

**County Contact Name/Title:**

Amber Lopez/QID Planning Analyst

**County Address:**

P.O. Box 1000  
Bakersfield, CA 93302

**County Phone Number/Email:**

(661) 301-6809  
amlopez@kernbhhs.org

**Date of DMC-ODS Implementation:**

3/1/2019

**Date of Review:**

6/7/2022

**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. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
  - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - d. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An Entrance Conference was conducted via WebEx on 6/7/2022. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Kern County:  
Stacy Kuwahara, Director  
Lesleigh Davis, Quality Improvement Division (QID) Administrator  
Ana Olvera, SUD Administrator  
Tony Perez, QID Coordinator of Administrative and Legislative Analysis  
Amber Lopez, QID Planning Analyst  
Rafael Lopez, QID Planning Analyst  
Lorena Boykins, Program Coordinator, SUD Provider Liaison Team  
Candee Del Rio, Finance Manager  
Myeisha Dhillon, QID Coordinator of Administrative and Legislative Analysis  
Heather Williams, QID Coordinator of Administrative and Legislative Analysis  
Donna Robinson, QID Unit Supervisor  
Jessica Armstrong, Contracts Division Administrator  
Karina Leonzo-Castillo, QID Unit Supervisor, Contracts Division  
Gregory Gonzalez, Gateway Team Unit Supervisor  
Melanie McIntyre, EHR Supervisor-CalOMS  
Courtney Isaac, Patients' Rights Unit Supervisor  
Jonathan Monsibais, Patients' Rights Office Services Technician  
Joy Quiton-Buaya, Department Supports Administrator  
Sarah Gutierrez, Corporate Compliance Officer  
Ann Sherwood, prevention Program Coordinator  
Erika Rosales, SUD Administrator, Unit Supervisor  
Kathy Gildez, SUD Administrator, Office Services Specialist

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 6/7/2022. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA
  
- Representing Kern County:  
Stacy Kuwahara, Director  
Lesleigh Davis, Quality Improvement Division (QID) Administrator  
Ana Olvera, SUD Administrator  
Tony Perez, QID Coordinator of Administrative and Legislative Analysis  
Amber Lopez, QID Planning Analyst  
Rafael Lopez, QID Planning Analyst  
Lorena Boykins, Program Coordinator, SUD Provider Liaison Team  
Candee Del Rio, Finance Manager  
Myeisha Dhillon, QID Coordinator of Administrative and Legislative Analysis  
Heather Williams, QID Coordinator of Administrative and Legislative Analysis  
Donna Robinson, QID Unit Supervisor  
Jessica Armstrong, Contracts Division Administrator  
Karina Leonzo-Castillo, QID Unit Supervisor, Contracts Division  
Gregory Gonzalez, Gateway Team Unit Supervisor  
Melanie McIntyre, EHR Supervisor-CalOMS  
Courtney Isaac, Patients' Rights Unit Supervisor  
Jonathan Monsibais, Patients' Rights Office Services Technician  
Joy Quiton-Buaya, Department Supports Administrator  
Sarah Gutierrez, Corporate Compliance Officer  
Ann Sherwood, prevention Program Coordinator  
Erika Rosales, SUD Administrator, Unit Supervisor  
Kathy Gildez, SUD Administrator, Office Services Specialist

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 Availability of DMC-ODS Services	1
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	1
4.0 Access and Information Requirements	2
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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.



## Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiency in availability of DMC-ODS services was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 1.4.8:**

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv

iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

**Findings:** The Plan did not provide evidence demonstrating Kern County's physician received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 for Kern County's physician, Dr. Garth Olango, totaled only four (4) hours.

## 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 deficiency in quality assurance and performance improvement was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 3.2.3:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
  - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
  - b. Ensure that physicians do not delegate their duties to non-physician personnel.
  - c. Develop and implement written medical policies and standards for the provider.
  - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
  - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
  - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
  - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

**Findings:** The Plan did not provide evidence demonstrating the written roles and responsibilities for Bakersfield Recovery Services' Medical Director, Dr. Jasmeet Bains, (provider # 151514) includes all required elements. The following required element is missing, specifically:

- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.

## Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 4.1.2:**

Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 1

1. The Contractor shall report complaints to DHCS by secure, encrypted e-mail to [MCBHDmonitoring@dhcs.ca.gov](mailto:MCBHDmonitoring@dhcs.ca.gov) within two business days of completion.

**Findings:** The Plan did not provide evidence demonstrating the reporting of complaints to DHCS by secure, encrypted email to [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov) within two business days of completion.

#### **CD 4.1.3:**

Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 2

1. Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities, and counselor complaints may be made by using: The Complaint Form which is available and may be submitted online: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

**Findings:** The Plan did not provide evidence demonstrating program complaints received by the County regarding Residential Adult Alcoholism or Drug Abuse Treatment Facilities, and counselor complaints are communicated to DHCS using the online complaint form.

## **TECHNICAL ASSISTANCE**

Kern County did not request Technical Assistance for FY 21-22.