



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

August 10, 2022

Sent via e-mail to: [anavarro@sbcbswell.org](mailto:anavarro@sbcbswell.org)

Antonette Navarro, Behavioral Health Director  
Santa Barbara County Alcohol, Drug & Mental Health Services  
315 Camino Del Remedio, Bldg 3  
Santa Barbara, CA 93110

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Navarro:

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 2021-22 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 10/10/2022. 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 [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 Navarro,

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  
John M. Doyel, Santa Barbara County Alcohol & Drug Programs Division Chief

## COUNTY REVIEW INFORMATION

**County:**

Santa Barbara

**County Contact Name/Title:**

John M. Doyle, Alcohol & Drug Programs Division Chief

**County Address:**

300 North San Antonio Rd. Bldg. 3  
Santa Barbara, CA 93110

**County Phone Number/Email:**

(805) 448-3903  
jdoyle@sbcbswell.org

**Date of DMC-ODS Implementation:**

12/01/2018

**Date of Review:**

06/14/2022

**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. 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 06/14/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Unit (CCU) Associate Governmental Program Analyst (AGPA)  
Jaime Saunders, County/Provider Operations & Monitoring (CPOM) Staff Services Manager I  
Angela Rankin, County/Provider Operations & Monitoring (CPOM) Associate Governmental Program (AGPA)
- Representing Santa Barbara County:  
John M. Doyle, Alcohol & Drug Programs Division Chief  
Joshua Woody, Quality Care Manager  
Melissa Wilkins, Project Manager  
Jaime Huthsing, Division Chief of Quality Care Management  
Leslie Smith, LMFT Programmatic Monitoring  
Amy Lopez, Project Manager  
Anoushka Moseley, LMFT Beneficiary Concerns  
Dipak Neupane, Revenue Manager  
Katarina Zamora, Program Manager, ADP. Certified Prevention Specialist (CPS)  
Marshal Ramsay, Division Chief, IT/MIS

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 06/14/2022. The following individuals were present:

- Representing DHCS:
  - Emanuel Hernandez, CCU AGPA
  - Jaime Saunders, CPOM SSM I
  - Angela Rankin, CPOM AGPA
  
- Representing Santa Barbara County:
  - John M. Doyle, Alcohol & Drug Programs Division Chief
  - Joshua Woody, Quality Care Manager
  - Melissa Wilkins, Project Manager
  - Jaime Huthsing, Division Chief of Quality Care Management
  - Leslie Smith, LMFT Programmatic Monitoring
  - Amy Lopez, Project Manager
  - Anoushka Moseley, LMFT Beneficiary Concerns
  - Dipak Neupane, Revenue Manager
  - Katarina Zamora, Program Manager, ADP. CPS
  - Marshal Ramsay, Division Chief, IT/MIS

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	5
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	0
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 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 deficiencies in availability of DMC-ODS services were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.4.2:**

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

**Findings:** The Plan did not provide evidence demonstrating non-professional staff employed by Santa Barbara County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by Santa Barbara County during FY 2020-21.

#### **CD 1.4.3:**

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

**Findings:** The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- The Salvation Army, Santa Barbara Hospitality House, provider #426122.
- Good Samaritan Shelter, Transitional Center for Woman and Children, provider #426374.

#### **CD 1.4.4:**

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

**Findings:** The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Salvation Army Santa Barbara Hospitality House, provider #426122.
- Good Samaritan Shelter, Transitional Center for Woman and Children, provider #426374.

**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 the Good Samaritan Shelter physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education for calendar year 2020 for Good Samaritan Shelter, provider #424225, physician, Josephine P. Preciado was not provided.

**CD 1.4.9:**

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

v. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

**Findings:** The Plan did not provide evidence demonstrating Sanctuary House of Santa Barbara, Inc., professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing education units submitted for calendar year 2020 for Sanctuary House of Santa Barbara, Inc., provider #424203, professional staff member Clyde Westerhoff totaled three (3) hours.

The Plan did not provide evidence demonstrating the Good Samaritan Shelter professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing education units were not submitted for Good Samaritan, provider #424225, professional Nikole Layton (provider #424225) for calendar year 2019.

## 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, III, HH, 3

3. Suspected Medi-Cal fraud, waste, or abuse must be reported to: DHCS Medi-Cal Fraud: (800) 822-6222 or [Fraud@dhcs.ca.gov](mailto:Fraud@dhcs.ca.gov).

**Findings:** The Plan did not provide evidence demonstrating subcontractor compliance with reporting suspected Medi-Cal fraud to DHCS.

## **TECHNICAL ASSISTANCE**

Santa Barbara County did not request technical support.