



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

April 16, 2019

Sent via e-mail to: BWalker@kernbhhs.org

Bill Walker, LMFT, Director
Kern Behavioral Health & Recovery Services
P.O. Box 1000
Bakersfield, CA 93302

SUBJECT: Annual County Performance Unit Report

Dear Director Walker:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) Contract operated by Kern County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) 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 2018-19 SABG Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Kern County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 5/16/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Becky Counter
(916) 713-8567
becky.counter@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Walker

CC: Tracie Walker, Performance & Integrity Branch, Chief
Sandi Snelgrove, Policy and Prevention, Chief
Janet Rudnick, Utilization Review, Section Chief
Cynthia Hudgins, Quality Monitoring, Section Chief
Susan Jones, County Performance, Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor
Tiffany Stover, Postservice Postpayment Unit I, Supervisor
Eric Painter, Postservice Postpayment Unit II, Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Ana Olvera, LMFT, Kern County Behavioral Health System Administrator
Alison Burrows, ASW, Kern County Deputy Director

Lead CPU Analyst: Becky Counter	Date of Review: 2/5/2019 - 2/6/2019
Assisting CPU Analyst(s): N/A	
County: Kern	County Address: 2001 28 th Street Bakersfield, CA 93301
County Contact Name/Title: Lesleigh Davis, Quality Improvement Administrator	County Phone Number/Email: (661) 868-7824 LDavis@kernbhrs.org
Report Prepared by: Becky Counter	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 2001 28th St., Bakersfield on 2/5/2019. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Jessica Jenkins, AGPA
Austin Trujillo, AGPA

- Representing Kern County:
Catrina Gonzalez, OST
Robert Farmer, ISS
Ana Olvera, BH Administrator
Melanie Olcott, QID SUD Supervisor
Stacy Kuwahara, Deputy Director
Joy Quiton-Buaya, Administrator
Crystal Barboza, Planning Analyst
Jessica Armstrong, Contract Administrator
Alison Burrowes, Deputy Director
Bill Walker, Director
Lesleigh Davis, QI Manager
Candee Del Rio, Business Manager
Dawn Mitten, Privacy/Compliance Officer
Misty Maytubby, Sr. OSS
Jennifer Arnold, Unit Supervisor
Jonathon Monsibais, OST, PRA
Dissary Chaira, Program Tech, PRA

During the Entrance Conference the following topics were discussed:

- DHCS provided an overview of the monitoring purpose and process
- Reviewed the site review agenda and previous fiscal year corrective action plan

Exit Conference:

An exit conference was conducted at 2001 28th St., Bakersfield on 2/6/2019. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Jessica Jenkins, AGPA
Austin Trujillo, AGPA

- Representing Kern County:
Robert Farmer, ISS
Joy Quinton-Buaya, Administrator

Lesleigh Davis, QI Manager
Melanie Olcott, QID SUD Supervisor
Lorena Diaz, Program Coordinator
Ana Olvera, SUD Manager
Jessica Armstrong, Contract Administrator

During the Exit Conference the following topics were discussed:

- DHCS reviewed compliance deficiencies
- Discussed recommendations

SUMMARY OF SFY 2018 19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	0
8.0 Privacy and Information Security	0
9.0 Drug Medi-Cal (DMC)	0

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP.

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.6:

SABG State-County Contract, Exhibit A, Attachment I AI, Part III, F

Contractor shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The Contractor shall annually submit this information to DHCS' Program Support and Grants Management Branch by e-mail at CharitableChoice@dhcs.ca.gov by October 1...

Finding: The County did not submit the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2018.

10.0 TECHNICAL ASSISTANCE

Kern County did not request Technical Assistance during this fiscal year.



JENNIFER KENT
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Sent via e-mail to: BWalker@kernbhhs.org

Bill Walker, LMFT, Director
Kern Behavioral Health & Recovery Services
P.O. Box 1000
Bakersfield, CA 93302-1000

SUBJECT: Annual County Performance Unit Report

Dear Director Walker:

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 Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) 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 2018-19 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 deficiency noted to the CPU Analyst by May 16, 2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Jessica Jenkins
(916) 713-8577
jessica.jenkins@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Walker

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Policy and Prevention Branch Chief
Cynthia Hudgins, Quality Monitoring Section Chief
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Vanessa Machado, Policy and Prevention Branch Office Technician
Ana Olvera, LMFT, Behavioral Health System Administrator
Alison Burrowes, ASW, Deputy Director

Lead CPU Analyst: Austin Trujillo	Date of Review: 2/5/2019 - 2/6/2019
Assisting CPU Analyst(s): Becky Counter Jessica Jenkins	Date of DMC-ODS Implementation: 3/1/2019
County: Kern	County Address: 2001 28 TH Street Bakersfield, CA 93301
County Contact Name/Title: Lesleigh Davis, Quality Improvement Administrator	County Phone Number/Email: 661-868-7824 LDavis@kernbhrs.org
Report Prepared by: Jessica Jenkins	Report Approved by: Susan Jones

Purpose of Review

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Performance Unit (CPU).

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. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 2001 28th Street Bakersfield, CA 93301 on 2/5/2019. The following individuals were present:

- Representing DHCS:
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Becky Counter, AGPA
Jessica Jenkins, AGPA
- Representing Kern County:
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Dawn Mitten, Privacy/Compliance Officer
Misty Maytubby, Sr. OSS
Jennifer Arnold, Unit Supervisor
Jonathon Monsibais, Office Services Technician, PRA
Dissary Chaira, Program Tech, PRA

During the Entrance Conference the following topics were discussed:

- Overview of the monitoring purpose and process
- Site review agenda

Exit Conference:

An exit conference was conducted at 2001 28th Street Bakersfield, CA 93301 on 2/6/2019. The following individuals were present:

- Representing DHCS:
Austin Trujillo, AGPA
Becky Counter, AGPA
Jessica Jenkins, AGPA
- Representing Kern County:
Robert Farmer, ISS
Joy Quinton-Buaya, Administrator
Lesleigh Davis, QI Manager
Melanie Olcott, QID SUD Supervisor

Lorena Diaz, Program Coordinator
Ana Olvera, SUD Manager
Jessica Armstrong, Contract Administrator

During the Exit Conference the following topics were discussed:

- Compliance deficiencies
- Recommendations

SUMMARY OF SFY 2018 19 NEW REQUIREMENTS (NR)

Section:	Number of NR's:
1.0 Administration	0
2.0 Member Services	1
3.0 Service Provisions	0
4.0 Access	1
5.0 Continuity and Coordination of Care	0
6.0 Grievance, Appeal, and Fair Hearing Process	0
7.0 Quality	0
8.0 Program Integrity	2

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP:

- a) A statement of the compliance deficiency (CD) and new requirement (NR).
- b) A list of action steps to be taken to correct the CD/NR.
- c) A date of completion for each CD/NR.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

NEW REQUIREMENTS (NR)

Due to a delay in Kern County's implementation date of the DMC-ODS, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a CAP to fulfill the new requirements must be submitted.

2.0 MEMBER SERVICES

The following new requirements in the Member Services requirements were identified:

NEW REQUIREMENTS:

NR 2.13:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xv, d.

- d. Provider directories shall be made available on the Contractor's website in a machine-readable file and format as specified by the Secretary of Health and Human Services.

Finding: The Plan's provider directory must be posted on the Plan's website by 3/1/19.

4.0 ACCESS

The following new requirements in Access regulations, standards, or protocol requirements were identified:

NEW REQUIREMENTS:

NR 4.26:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5. a. i – ii.

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and that those policies and procedures, at a minimum, meet the following requirements:
 - a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019

Effective immediately, Plans must implement and maintain written policies and procedures for the initial credentialing and re-credentialing of their providers in accordance with the policy outlined in this IN.

Credentialing Policy

For all licensed, waived, registered and/or certified providers, the Plan must verify and document the following items through a primary source as applicable. The listed requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;

8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness the beneficiary receives from community and social support providers.

Finding: The Plan must have written policies and procedures in place to address credentialing and re-credentialing of network providers.

8.0 PROGRAM INTEGRITY

The following program integrity new requirements in regulations, standards, or protocol requirements were identified:

NEW REQUIREMENTS:

NR 8.52:

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

- 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
SUD PPF - Performance Management Branch
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Finding: The Plan must review providers annually for programmatic and fiscal compliance with DMC-ODS requirements.

NR 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i – ii.

- i. The substance use disorder 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 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, 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 substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed..

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, 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.

Finding: The written roles and responsibilities, and code of conduct for program medical directors did not include the following elements:

- Signed and dated by the physician
- Signed and dated by a provider representative
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
- Ensure that physicians do not delegate their duties to non-physician personnel
- Develop and implement medical policies and standards for the provider
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
- Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
- Ensure that provider's physicians are adequately trained to perform other physician duties