



August 22, 2023

THIS LETTER SENT VIA EMAIL TO: anavarro@co.santa-barbara.ca.us

Ms. Toni Navarro, LMFT, Director
Santa Barbara County Department of Behavioral Wellness
300 North San Antonio Road, Building 3
Santa Barbara, CA 93110-1316

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS 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) and the terms of the Intergovernmental Agreement operated by Santa Barbara County.

The County Compliance Section (CCS) within Audits and Investigations (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 Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Santa Barbara County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 10/23/2023. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHOMDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at michael.bivians@dhcs.ca.gov.
Sincerely,

Michael Bivians | Unit Chief

Distribution:

To: Director Navarro,

Cc: Mateo Hernandez, Audits and Investigations, Contracts and Enrollment Review
Division Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance
Branch Chief
Ayesha Smith, Audits and Investigations, County Compliance Section Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Section Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
John Doyel, Santa Barbara County Department of Behavioral Wellness AOD
Administrator
Melissa Wilkins, Santa Barbara County Department of Behavioral Health Alcohol
and Drug Programs Branch Chief

COUNTY REVIEW INFORMATION

County:

Santa Barbara County

County Contact Name/Title:

Melissa Wilkins, Alcohol and Drug Programs Branch Chief

County Address:

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

County Phone Number/Email:

(805) 661-5445
mwilkins@sbcbswell.org

Date of DMC-ODS Implementation:

12/1/2018

Date of Review:

6/28/2023

Lead CCM Analyst:

Michael Bivians

Assisting CCM Analyst:

Becky Counter

Report Prepared by:

Michael Bivians

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver
 - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
 - c. California Code of Regulations, Title 9, Division 4: Department of Drug and Alcohol Programs
 - d. California Health and Safety Code, Chapter 3 of Part 1, Division 10.5: Alcohol and Drug Programs
 - e. California Welfare and Institutions Code, Division 9, Part 3, Chapter 7, sections 14000 et seq., in particular but not limited to sections 14100.2, 14021, 14021.5, 14021.6, 14021.51-14021.53, 14124.20-14124.25, 14043, et seq., 14184.100 et seq. and 14045.10 et seq.: Basic Health Care
- II. Program Requirements:
 - a. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2022-23 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 6/28/2023. The following individuals were present:

- Representing DHCS:
Michael Bivians, County Compliance Monitoring II (CCM II) Unit Chief
- Representing Santa Barbara County:
Toni Navarro, Director
Melissa Wilkins, Alcohol and Drugs Programs Branch Chief
Celeste Anderson, Chief of Compliance
Jamie Huthsing, Quality Care Management Branch Chief
Joshua Woody, Quality Care Management Manager
Leslie Smith, Quality Care Management Coordinator
Anoushka Moseley, Quality Care Management Coordinator
Rebecca Buhl, Quality Care Management Coordinator
Rebecca Popke, Quality Care Management Coordinator
Amy Lopez, ADP Project Manager
Katarina Zamora, ADP Project Manager
Shelby Swanson, ADP Project Manager

During the Entrance Conference, the following topics were discussed:

- Introductions.
- Overview of review process.
- County overview of services provided.

Exit Conference:

An Exit Conference was conducted via WebEx on 6/28/2023. The following individuals were present:

- Representing DHCS:
Michael Bivians, CCM II Unit Chief

- Representing Santa Barbara County:
Toni Navarro, Director
Melissa Wilkins, Alcohol and Drugs Programs Branch Chief
Celeste Anderson, Chief of Compliance
Jamie Huthsing, Quality Care Management Branch Chief
Joshua Woody, Quality Care Management Manager
Leslie Smith, Quality Care Management Coordinator
Anoushka Moseley, Quality Care Management Coordinator
Rebecca Buhl, Quality Care Management Coordinator
Rebecca Popke, Quality Care Management Coordinator
Amy Lopez, ADP Project Manager
Katarina Zamora, ADP Project Manager
Shelby Swanson, ADP Project Manager

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence.
- Due date for evidence submission.

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>		<u>Number of CDs</u>
1.0	Availability of DMC-ODS Services	1
2.0	Coordination of Care Requirements	0
3.0	Quality Assurance and Performance Improvement	1
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 QQ 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 2022-23 CAP:

- a) A list of action steps to be taken to correct the CD.
- b) The name of the person who will be responsible for corrections and ongoing compliance.
- c) Provide a specific description on how ongoing compliance is ensured.
- d) 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 1.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c

- c. The Contractor shall ensure that all personnel who provide WM services or who monitor or supervise the provision of such service shall meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

Findings: The Plan did not provide evidence to demonstrate all personnel who provide Withdrawal Management (WM) services or who monitor or supervise the provision of such service meet the additional training set forth in BHIN 21-001, specifically:

- Trained in the use of Naloxone;
- Six (6) hours of orientation training for all personnel providing WM services, monitoring, and supervising the provision of WM services; and
- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment.

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 3.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 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.
 - 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.

Findings: The Plan’s Open Admissions report is not in compliance.

TECHNICAL ASSISTANCE

Santa Barbara County did not request Technical Assistance during this review.