Attachment

External Monitoring Report

of County Departments, Performed by State, Federal, and Other Outside Agencies
July 1, 2023—June 30, 2024

one COUNTY one FUTURE

County of Santa Barbara
Internal Audit Division
Office of the Auditor-Controller

Auditor-Controller, Betsy M. Schaffer, CPA, CFE, CPFO
Assistant Auditor-Controller, C. Edwin Price, Jr., CPA, CPFO
Internal Audit Division Chief, Joel W. Boyer, CPA

Department External Monitoring

Background

The County organization as a whole, and various County departments, are subject to monitoring by various external entities. The majority of monitoring is performed to ensure State and Federal funds awarded to the County are spent in accordance with certain regulations or other requirements. Instances of non-compliance may result in: 1) requirement of returning funds to the funding agency, 2) reduced funding in future years, 3) enhanced oversight, and/or 4) higher monitoring costs.

Monitoring can occur at different levels, such as an audit, review, or for specific procedures performed on certain processes. Additionally, monitoring periods may vary (i.e. annually, quarterly, or on a one-time basis). County policy requires all monitoring performed over departments to be reported to the Auditor-Controller where they are reviewed by the Internal Audit Division. The monitoring reports received inform the Auditor-Controller's Internal Audit Division of Countywide risks and are considered when drafting each year's Internal Audit Plan.

This report presents information from monitoring reports received by County departments and reported to the Auditor-Controller during fiscal year (FY) 2023-24. Any reports presented to the County Board of Supervisors separately, such as the Annual Comprehensive Financial Report, Single Audit Report, and KPMG Operational Performance Reviews are not included in this report. This report will also differ from the CEO's Compliance and Accountability Report due to a different scope: engagement types and corrective action tracking.

Departments are requested to self-assess a risk rating based upon monitoring results. Internal Audit does not provide assurance for department responses. Risk ratings are as follows:

Low Risk: Potential for low dollar amount of error or loss, other compensating procedures exist, or minimal program impact. *64 reports listed on pages 3-8.*

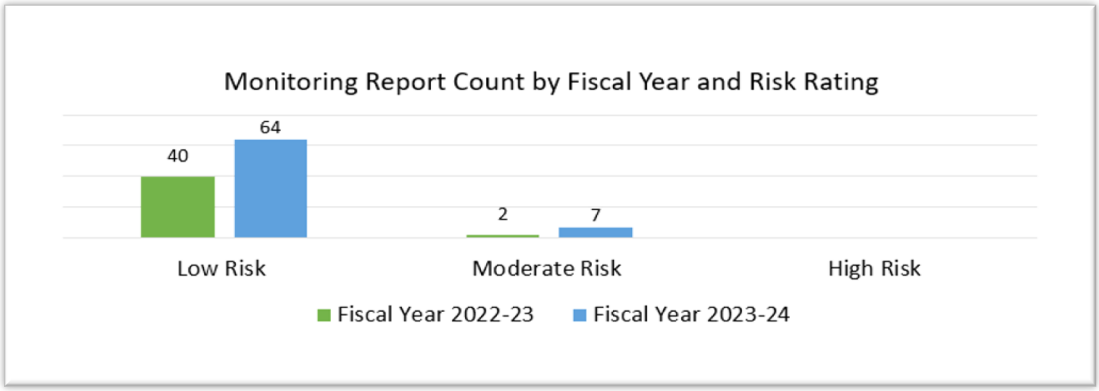
Moderate Risk: Potential for moderate dollar amount of error or loss (relative to the size of the program), some violation of policy, other compensating procedures may exist to correct issue. When an audit report indicates that a breakdown in compliance occurred, the risk will be assessed at a minimum of moderate. Nonadherence to policies and procedures, lack of self-monitoring, and a possible future loss of outside funding due to noncompliance will also be assessed at a minimum of moderate. *Findings and corrective action responses related to seven monitoring reports is presented on pages 9-24.*

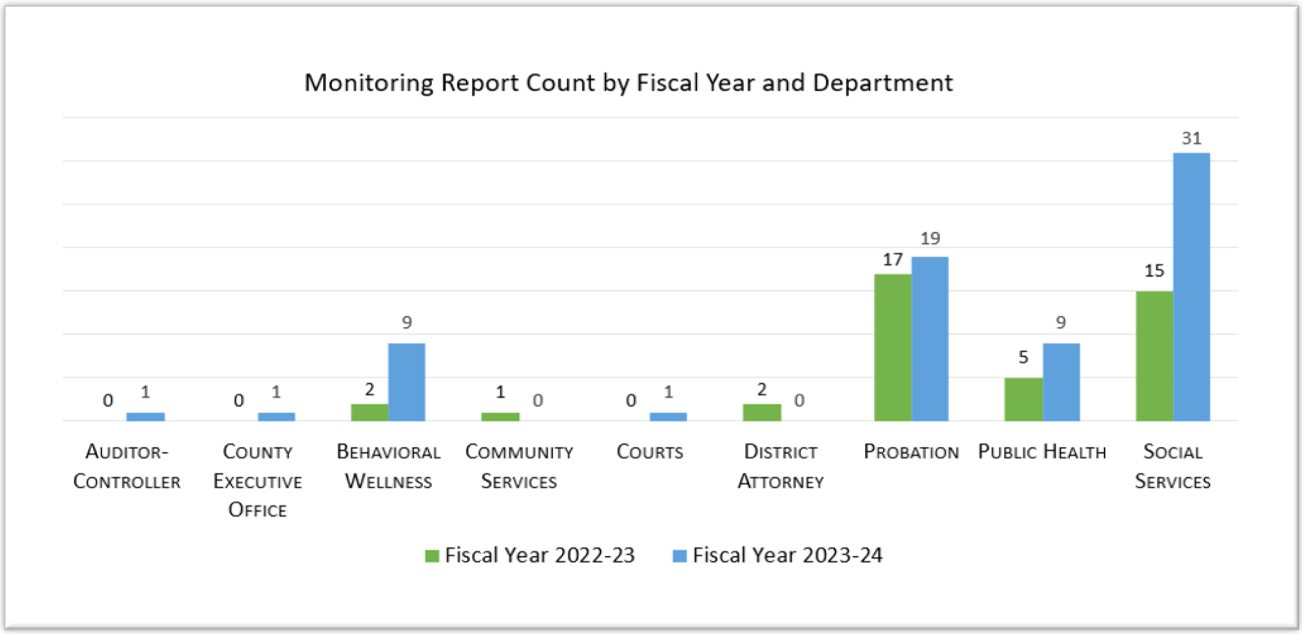
High Risk: Potential for large dollar amount of error or loss, significant lack of monitoring or breakdown in compliance, or widespread violation of law. Insufficient compensating procedures exist. *No reports meet this criteria.*

Department External Monitoring

Background (continued)

A listing of all external monitoring reports assessed as low risk (64) are included. Additionally, this report contains management corrective actions responses for the departments who had external monitoring reports assessed as moderate risk (7). There were no external monitoring reports assessed as high risk.





Additionally, due to timing issues the following departments were unable to confirm data or self-assess risk ratings prior to this reports docketing: Sheriff, and Information Technology. Internal Audit is unable to report for these departments.

Department External Monitoring

List of Low Risk Reports

The chart below lists program monitoring reports that had either no findings or findings with little or no dollar amounts of error or loss, strong existing compensating procedures, or findings with minimal program impact:

DEPARTMENT	PROGRAM	AUDITING AGENCY
Auditor-Controller	Apportionment and Allocation of Property Tax Revenues Audit FY 2021-2022	Office of State Controller
Behavioral Wellness	External Quality Review of Drug Medi-Cal Organized Delivery System FY 2023-2024	Behavioral Health Concepts
Behavioral Wellness	External Quality Review of Mental Health Plan FY 2023-2024	Behavioral Health Concepts
County Executive Office	Cannabis Licensing Review	California State Auditor
Courts	State Court Revenues Audit FY 2017-2021	Office of State Controller Division of Audits Compliance Audits Bureau
Probation	Comprehensive Inspection, Welfare and Institutions Code Sections 209 & 885. FY 2023-2024	Board of State and Community Corrections
Probation	Traffic Safety Grant Audit Federal FY 2022	California Department of Finance, Office of State Audits and Evaluations
Probation	Santa Maria Juvenile Justice Center Title 19 Inspection, Testing, and Maintenance -Sprinkler System FY 2023-2024	State Fire Marshal
Probation	Santa Maria Juvenile Justice Center Title 19 Inspection, Testing, and Maintenance -Service Main FY 2023-2024	State Fire Marshal
Probation	Santa Maria Juvenile Court Holding Environmental Health Inspection FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Court Holding Nutritional Health Evaluation FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Court Holding Medical/Mental Health Evaluation FY 2023-2024	Board of State and Community Corrections

Department External Monitoring

List of Low Risk Reports (Continued)

DEPARTMENT	PROGRAM	AUDITING AGENCY
Probation	Santa Maria Juvenile Justice Center Education Program Review and Evaluation FY 2023-2024	Superintendent of Schools
Probation	Los Prietos Boys Camp Environmental Health Inspection FY 2023-2024	Board of State and Community Corrections
Probation	Los Prietos Boys Camp Nutritional Health Evaluation FY 2023-2024	Board of State and Community Corrections
Probation	Los Prietos Boys Camp Medical/Mental Health Evaluation FY 2023-2024	Board of State and Community Corrections
Probation	Los Prietos Boys Camp Education Program Review and Evaluation FY 2023-2024	Superintendent of Schools
Probation	Santa Maria Juvenile Justice Center Wellpath Inspection June 2024	Wellpath
Probation	Los Prietos Boys Camp Wellpath Inspection November 2023	Wellpath
Probation	Standards and Training for Corrections Program FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Justice Center Environmental Health Inspection FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Justice Center Nutritional Health Evaluation FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Justice Center Medical/Mental Health Evaluation FY 2023-2024	Board of State and Community Corrections
Probation	Santa Maria Juvenile Justice Center Health Services Accreditation Focus Survey FY 2023-2024	National Commission on Correctional Health Care
Public Health	Triennial Audit of Public Health Emergency Preparedness and Hospital Preparedness Program Federal Grants Funds FY 2021-2022	California Department of Public Health

Department External Monitoring

List of Low Risk Reports (Continued)

DEPARTMENT	PROGRAM	AUDITING AGENCY
Public Health	Direct Relief ReplenishRX Pharmacy Audit September 2023	Crowe LLP
Public Health	Local Primacy Agency Santa Barbara County FY 2022-2023	State Water Resources Control Board Division of Drinking Water
Public Health	Medicare Federally Qualified Health Center Cost Reporting FY 2020-2021	Centers for Medicare & Medicaid Services
Public Health	Medicare Federally Qualified Health Center Cost Reporting FY 2021-2022	Centers for Medicare & Medicaid Services
Public Health	Pfizer Patient Assistance Program Audit October 2023	PricewaterhouseCoopers
Public Health	Random State Audit - Carpinteria Clinic December 2023	CenCal
Public Health	Ryan White Part B HIV Care Program FY 2021-2023	California Department of Public Health Office of AIDS
Public Health	Supplemental Nutrition Assistance Program-Education in California Administrative Desk Review Federal FY 2023 Q3	California Department of Public Health
Social Services	CalFresh Active January 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Negative January 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active February 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active February 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active February 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active March 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active May 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active June 2023	California Department of Social Services CalFresh Operations Bureau

Department External Monitoring

List of Low Risk Reports (Continued)

DEPARTMENT	PROGRAM	AUDITING AGENCY
Social Services	CalFresh Active July 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active August 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Negative August 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Negative August 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active September 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active October 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Negative October 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active November 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active November 2023	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Active January 2024	California Department of Social Services CalFresh Operations Bureau
Social Services	CalFresh Employment & Training Management Evaluation Federal FY 2022	California Department of Social Services
Social Services	CalFresh Management Evaluation Federal FY 2024	California Department of Social Services
Social Services	Santa Barbara County Workforce Development Board Review FY 2022-2023	California Department of Social Services
Social Services	Food & Nutrition Services FY 2023-2024 Q1	Brown Armstrong
Social Services	In Home Supportive Services FY 2022-2023	California Department of Social Services
Social Services	In Home Supportive Services FY 2023-2024	California Department of Social Services
Social Services	Income Verification System Review FY 2021-2022	California Department of Social Services
Social Services	Resource Family Approval Review January 2020-July 2024	California Department of Social Services

Department External Monitoring

List of Low Risk Reports (Continued)

DEPARTMENT	PROGRAM	AUDITING AGENCY
Social Services	Special Investigative Unit Compliance Review of CalWORKS and CalFresh Programs October 2023-January 2024	California Department of Social Services
Social Services	Temporary Assistance for Needy Families and Work Incentive Nutritional Supplement Federal FY 2021	California Department of Social Services County Performance Monitoring Unit
Social Services	Workforce Innovation and Opportunity Act Data Validation Participant Individual Record Layout FY 2022-2023	California Department of Social Services
Social Services	Work Incentive Nutritional Supplement Federal FY 2022	California Department of Social Services County Performance Monitoring Unit
Social Services	Pathway Home 2 Grant Review FY 2021-2023	U.S. Department of Labor

Behavioral Wellness (Moderate Risk Report 1 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2020 through June 30, 2023 by the California Department of Health Care Services (DHCS).

Program	Monitoring Agency	Risk Level
Santa Barbara County's Mental Health Services Act	DHCS	Moderate

Purpose of Monitoring

Compliance review of requirements of the Santa Barbara Mental Health Services Act (MHSA).

Findings

The following nine (9) findings were noted by DHCS:

1) Santa Barbara County did not include a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served County residents who qualify for MHSA services in the adopted Fiscal Year (FY) 2020-2023 Three-Year Plan (Plan).

2) Santa Barbara County did not identify the number of children/transition-aged youth/ adult/and older adults by gender, race/ethnicity, and primary language in the adopted FY 2020-2023 Plan.

3) Santa Barbara County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category for each fiscal year of the adopted FY 2020-2023 Plan.

4) Santa Barbara County did not indicate the number of children, transition-aged youths, adults, and older adults to be served in the adopted FY 2020-2023 Plan and FY 2022-2023 Annual Update (Update).

5) Santa Barbara County did not include a description of each Prevention and Early Intervention (PEI) program in the PEI component of the FY 2020-2023 Plan and FY 2022-2023 Update.

6) Santa Barbara County did not specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services for each Stigma and Discrimination Reduction program in the adopted FY 2020-2023 Plan and FY 2022-2023 Update.

Findings (Continued)

7) Santa Barbara County did not explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment for each Access and Linkage to Treatment program in the adopted FY 2020-2023 Plan and FY 2022-2023 Update, and how the program will follow up with the referral to support engagement in treatment.

8) Santa Barbara County did not include any substantive written recommendations for revisions received during the 30-day comment period, and did not summarize, analyze the recommendations, and include a description of any changes made to the adopted FY 2020-2023 Plan.

9) Santa Barbara County included a Workforce, Education, and Training (WET) budget summary for the incorrect fiscal years and should have included FY 2020-2021, FY 2021-2022, and FY 2022-2023.

Management Corrective Action Response

1) The MHSA Manager will include a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served County residents who qualify for MHSA services in the Annual Update FY 2024-2025, by the date of the plan's adoption, June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies will be amended to ensure that this information is included in every subsequent MHSA Plan.

2) The MHSA Manager will identify the number of children, transition-aged youth, adult, and older adult, by gender, race/ethnicity, and primary language in each subsequent adopted plan. These descriptions will be included in the FY 2024-2025 Annual Update to be submitted on June 30, 2024 as well as in each subsequent adopted Plan thereafter. Existing MHSA policies and procedures will be amended to ensure that this information is included in every subsequent adopted MHSA Plan.

3) The MHSA Manager will collaborate as needed to provide the estimate number of clients, in each age group, to be served in the FSP service category for each fiscal year of the Plan. This will be implemented in the Annual Update FY 2024-2025, by the date of the plan's adoption, June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies and procedures will be amended to ensure this information is included in every subsequent adopted MHSA Plan.

4) The MHSA Manager will indicate the number of children, transition-aged youths, adults, and older adults to be served and the cost per person. This will be included in the FY 2024-2025 Annual Update to be submitted on June 30, 2024 as well as in each subsequent adopted Plan thereafter. Existing MHSA policies and procedures will be amended to ensure that this information is included in every subsequent adopted MHSA Plan.

Management Corrective Action Response (Continued)

6) The MHSA Manager and the PEI Health Care Program Coordinator will collaborate in order to ensure the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services are included for each Stigma and Discrimination Reduction program. This will be included in the Annual Update FY 2024-2025 to be submitted on June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies and procedures will be amended to ensure that this information included for each Stigma and Discrimination Reduction program in every subsequent adopted MHSA Plan.

7) The MHSA Manager will collaborate as needed in order to explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment; and how the program will follow up with the referral to support engagement in treatment for each Access and Linkage to Treatment program. The MHSA Manager will work with all Access and Linkages to Treatment Program Leads to describe how clients are referred to services, explain the details of the process, and to describe the follow-up process after referral for all these programs. The process will be included in the Access and Linkages to Treatment program narratives in the Annual Update FY 2024-2025 to be submitted on June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies and procedures will be amended to ensure that this information included for each Access and Linkage to Treatment program be included in every subsequent adopted MHSA Plan.

8) The MHSA Manager will include substantive written recommendations for revisions received during the 30-day comment period, summarize, analyze the recommendations, and include a description of any changes made for each subsequent adopted Plan and Update thereafter. If no substantive changes were made, the MHSA Manager will indicate zero changes made. This will be included in the Annual Update FY 2024-2025 to be submitted on June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies and procedures will be amended to ensure this requirement is met in every subsequent adopted MHSA Plan.

9) The MHSA Manager will work with the Fiscal/Budgeting teams, as well as the Workforce, Education, and Training Manager to include a WET budget summary for each FY of the Plan. The MHSA Manager will include a WET budget summary for each FY of the Plan, including subsequent fiscal years of the three-year Plan. This will be included in the Annual Update FY 2024-2025 to be submitted on June 30, 2024, as well as in each subsequent adopted plan thereafter. Existing MHSA policies and procedures will be amended to ensure that the WET budget requirements are met in every subsequent adopted MHSA Plan.

Behavioral Wellness (Moderate Risk Report 2 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2020 through June 30, 2023 by DHCS.

Program	Monitoring Agency	Risk Level
Santa Barbara County Mental Health Plan	DHCS	Moderate

Purpose of Monitoring

Compliance review of requirements of the Santa Barbara Mental Health Plan (MHP).

Findings

The following eighteen (18) findings were noted by DHCS:

1) The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet beneficiary access criteria for Specialty Mental Health Services (SMHS) as medically necessary. The MHP does not currently have a TFC provider.

2) The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the MHP's 62 providers, one (1) certification was overdue.

3) The MHP must establish practice guidelines that meet the requirements of the MHP contract. MHP does not have practice guidelines that meet MHP contract requirements.

4) The MHP must disseminate practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

5) The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

6) The DHCS review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The toll-free telephone number is required to provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met. This requirement was found to be out of compliance for two of the five calls to which it was applicable.

7) The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request. Four (4) of the five (5) required DHCS test calls were not logged on the MHP's written log of initial request.

Findings (Continued)

8) A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision. It is not evident that the MHP includes the name and direct telephone number of the professional who made the decision or offers the opportunity to consult with them.

9) The MHP must decide whether to grant, modify or deny the hospital or Psychiatric Health Facility's (PHF) initial treatment authorization request and communicate the decision to the requesting hospital or PHF per managed care requirements for expedited authorizations following receipt of all information. The MHP must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and not later than 72 hours after receipt of the request for services. It is not evident that the MHP makes an expedited authorization decision and provides notice expeditiously as required.

10) When medically necessary for the beneficiary, before the end of the initial authorization period, or a subsequent authorization period, the hospital or PHF shall submit a continued stay authorization request for a specified number of days to the responsible county MHP. The responsible county MHP shall issue a decision on a hospital or PHF's continued stay authorization request within 24-hours of receipt of the request and all information reasonably necessary to make a determination. It is not evident the MHP issues the decision based on the guidelines above within 24 hours.

11) MHP and a hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented. It is not evident that the MHP's policy or process meets this requirement.

12) The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. Of the five (5) Service Authorization Requests (SAR) reviewed by DHCS, one (1) was not authorized within the timeframe.

13) The MHP referral or prior authorization shall specify the amount, scope, and duration of treatment that the MHP has authorized. It is not evident that the MHP's policy or process meets this requirement.

Findings (Continued)

14) In cases where the review is retrospective, the MHP's authorization decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination, and shall be communicated to the provider in a manner that is consistent with state requirements. It is not evident that the MHP's policy or process meets this requirement.

15) The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. MHP does not have a Discrimination Grievance process or procedure in place.

16) The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. MHP does not have a Discrimination Grievance process or procedure in place.

17) The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights. It is not evident that the MHP's policy or process meets this requirement. MHP does not have a Discrimination Grievance process or procedure in place.

18) Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the required information regarding the complaint to the DHCS Office of Civil Rights. MHP does not have a Discrimination Grievance process or procedure in place.

Management Corrective Action Response

1) MHP will complete a new Request for Proposal (RFP) for TFC services. MHP will add TFC as a service to be reviewed in Inter-Agency Placement Committee meetings as something to be considered for all youth. MHP will work with Child Welfare Services to identify available TFC's throughout the state that can potentially do a Single Case Agreement with the MHP if a need for TFC is identified.

2) MHP holds a Smartsheet that notifies the Quality Care Management (QCM) Coordinator 90 days prior to site expiration. For out of county sites, this notification will be increased to 120 days to allow more time to gather information from other counties.

3) MHP will convene a workgroup comprised of QCM staff, clinical staff, training department, and office of equity management to determine scope and proactive guidelines of practice guidelines and how they will be implemented by the MHP. Practice Guidelines will be developed by aforementioned workgroup and used to orient staff and clients to MHP services and modalities of evidence-based practices. Treatment modalities offered will be tied to a comprehensive training plan.

Management Corrective Action Response (Continued)

4) MHP will conduct an agency wide training of practice guidelines, both initially upon rollout and with annual refreshers in conjunction with our annual documentation refreshers. MHP will have easy to access area on MHP website and internal training platforms where staff and clients can access on a regular basis.

5) MHP will develop a plan to ensure consistent application of practice guidelines including, but not limited to, documentation review, peer review, programmatic monitoring and clinic supervision.

6) MHP will be contracting with a new provider that will be able to document access calls directly. QCM will increase after hours and weekend test calls to the Access Line and share results in Access Team staff meetings on a quarterly basis. Access team will continue to receive training both at on-boarding and when areas of improvement are identified. This includes increased training with the mobile crisis benefit that will go into effect 1/1/24. MHP will provide increase support and training for after hours call center.

7) MHP will be contracting with a new provider that will be able to document access calls directly. QCM to continue to give direct feedback regarding the QCM test calls and if any logging did not occur.

8) MHP will train the contracted provider, Kepro, to add the name and direct telephone number of the professional who made the authorization decision to the authorization decision documentation. In addition, the MHP will direct Kepro to add language to their authorization decision documentation offering the opportunity to consult with the professional who made the authorization decision.

9) MHP will update policy and procedure 4.019 “Auth and Utilization Management of Psychiatric Inpatient Services” for County policy to clearly outline that an expedited authorization decision and notice will be made as expeditiously as the member’s health condition allows and not later than 72 hours after receipt of request. MHP will review contractor policy and procedure 22-017 “Kepro Concurrent Review Policy and Procedure” and request an update as needed to ensure that the policy clearly outlines that an expedited authorization decision and notice will be made as expeditiously as the member’s health condition allows and not later than 72 hours after receipt of request.

10) MHP will update policy and procedure 4.019 “Auth and Utilization Management of Psychiatric Inpatient Services” for County policy to clearly outline that the MHP will issue a decision for a continued stay authorization within 24-hours of receipt of request and all information reasonably necessary to make a determination. MHP will review contractor policy and procedure 22-017 “Kepro Concurrent Review Policy and Procedure” and request an update as needed to ensure that the contractor will issue a decision for a continued stay authorization within 24-hours of receipt of request and all information reasonably necessary to make a determination.

Management Corrective Action Response (Continued)

11) MHP will update policy and procedure 4.019 "Auth and Utilization Management of Psychiatric Inpatient Services" for County policy to clearly outline that the MHP will review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized. MHP will review contractor policy and procedure 22-017 "Kepro Concurrent Review Policy and Procedure" and request an update as needed that the contractor will review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.

12) MHP to update procedures to include language that we will approve all SARs within 5 days once all necessary documentation is received. If a request comes in missing documentation, QCM Coordinator will contact submitting agency with request for missing documentation and give a due date. If documentation is not received by due date then MHP will deny SAR and send Notice of Adverse Benefit Determination.

13) MHP will update policy and procedure 4.000 "Authorization of Outpatient Specialty Mental Health Services" to clearly outline that the MHP's prior authorization process specifies the amount, scope, and duration of treatment that the MHP has authorized.

14) MHP will update policy and procedure 4.000 "Authorization of Outpatient Specialty Mental Health Services" to clearly outline where the review is retrospective, the MHP's authorization decision is communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information and is communicated to the provider in a manner that is consistent with state requirements.

15) MHP will update Beneficiary Handbook to include information on how to file a Discrimination Grievance. MHP will update policy and procedures 4.020 "Beneficiary Problems Resolution Process" with information on how to file a Discrimination Grievance. MHP will review current beneficiary forms and make updates as needed.

Management Corrective Action Response (Continued)

16) MHP will update Beneficiary Handbook to include information about the designated Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. MHP will update policy and procedures 4.020 "Beneficiary Problems Resolution Process" to include the identification of the designated Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. MHP will review current beneficiary forms and make updates as needed.

17) MHP will update policy and procedures 4.020 "Beneficiary Problems Resolution Process" to include the procedure to ensure the prompt and equitable resolution of discrimination-related complaints. MHP will review current beneficiary forms and make updates as needed.

18) MHP will update policy and procedures 4.020 "Beneficiary Problems Resolution Process" to information about sending the required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary.

Behavioral Wellness (Moderate Risk Report 3 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2023 through June 30, 2024 by the DHCS.

Program	Monitoring Agency	Risk Level
Substance Abuse Block Grant	DHCS	Moderate

Purpose of Monitoring

Compliance review of requirements of the Substance Abuse Block Grant (SABG).

Findings

The following nine (9) findings were noted by DHCS:

1) The County did not provide evidence demonstrating County compliance with ensuring staff sign a Code of Conduct, that includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically: Providing services beyond scope.
2) The County did not provide evidence demonstrating compliance with ensuring the subcontractor's Medical Director for Good Samaritan and Sanctuary Centers signed and dated a Code of Conduct that includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically: Is signed and dated by a program representative.
3) The County did not provide evidence demonstrating County and subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.
4) The County did not provide evidence demonstrating County and subcontractor compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.
5) The County did not provide evidence demonstrating County and subcontractor compliance with ensuring grant funds are not used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana as stated in the Marijuana Restriction provision.
6) The County did not provide evidence demonstrating all the foregoing SABG application, Enclosure 2, Section II general provisions are included verbatim in all executed subcontracts, specifically: Debarment and Suspension, Marijuana Restriction, Byrd Anti-Lobbying Amendment, Additional Contract Restrictions (Federal and State Government), Adolescent Best Practices Guidelines.
7) The County's Open Admissions report and Open Provider report are not in compliance.

Findings (Continued)

8) The County provided evidence of a process and tool used to monitor County and subcontracted providers for compliance with the SABG program requirements. However, the monitoring tool provided did not include the following SABG program element: Fiscal.

9) The County did not provide evidence demonstrating it conducted onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services. The County monitored 24 of 27 SABG funded programs. The County submitted 22 secure and encrypted annual monitoring reports to DHCS within two weeks of issuance.

Management Corrective Action Response

1) Management's corrective action plan is currently in progress to address the findings. The department does not anticipate any fiscal impact with recoupment or contract impacts due to the findings above.

Behavioral Wellness (Moderate Risk Report 4 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2023 through June 30, 2024 by the DCHS.

Program	Monitoring Agency	Risk Level
Drug Medi-Cal Organized Delivery System	DHCS	Moderate

Purpose of Monitoring

Compliance review of requirements of the Drug Medi-Cal Organized Delivery System Intergovernmental Agreement operated by Santa Barbara County.

Findings

No findings were noted by DCHS. This report is included and was assessed by the department as moderate due to the risk associated with this program.

Behavioral Wellness (Moderate Risk Report 5 of 7)

The Behavioral Wellness Department received the following monitoring report with results self -assessed by the department as moderate risk for the review period of July 1, 2023 through June 30, 2024 by the DCHS.

Program	Monitoring Agency	Risk Level
Psychiatric Health Facility Review	DHCS	Moderate

Purpose of Monitoring

Compliance review of the requirements of California Psychiatric Health Facility (PHF) regulations.

Findings

The following four (4) findings were noted by DHCS:

1) The licensee is in violation because during the Medication Room Inspection, it was noted that there was one (1) Tuberculin PPD vial, uncapped and unlabeled, in the Medication Refrigerator.
2) The licensee is in violation because a review of the Refrigerator and Medication Room Temperature Logs revealed multiple instances of missing temperature entries over a 12-month period, therefore making it impossible for the nurse reviewer to validate that drugs were stored at the appropriate temperatures.
3) The licensee is in violation due to multiple missing signatures of Licensed Nursing Staff in the PHF Controlled Count Sheet Logs.
4) The licensee is in violation because a review of the facility's Pyxis Controlled Substance Waste Monthly logs did not contain evidence that during three instances .5 mg of Lorazepam was destroyed in the presence of a pharmacist and a registered nurse.

Management Corrective Action Response

1) To comply with regulation, the Medication Labelling and Storage Policy & Procedure was reviewed and revisions are drafted to address the deficiency and is being submitted for review by the Medical Practice Committee and PHF Governing Board. When approved by above said committees, training will be provided to staff on the revisions to prevent future recurrences. (This is the corrective action for findings one and two).
2) To comply with regulation, the Controlled Substance Management Policy & Procedure and Controlled Count Sheet Form is being revised to address the deficiency and is being submitted for review by the Medical Practice Committee and PHF Governing Board. When approved by above said committees, training will be provided to staff on the revisions to prevent future recurrences.

Management Corrective Action Response (Continued)

3) To comply with regulation, the Medication Wasting and Destruction Policy & Procedure was reviewed and revisions were drafted to address the deficiency. The draft is being submitted for review by the Medical Practice Committee and PHF Governing Board. When approved by above said committees, training will be provided to staff on the revisions to prevent future recurrences.

Behavioral Wellness (Moderate Risk Report 6 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2014 through June 30, 2015 by the DHCS.

Program	Monitoring Agency	Risk Level
Short-Doyle Medi-Cal Cost Report Review	DHCS	Moderate

Purpose of Monitoring

Review of Short-Doyle Medi-Cal Cost Report.

Findings

$267,179 of program costs are due to the State as they were found unallowable.

Management Response

Adjustments primarily relate to an aid code change by the State after the services were adjudicated.

Behavioral Wellness (Moderate Risk Report 7 of 7)

The Behavioral Wellness Department received the following monitoring report with results self-assessed by the department as moderate risk for the review period of July 1, 2014 through June 30, 2015 by the DHCS.

Program	Monitoring Agency	Risk Level
Mental Health Services Act Revenue and Expenditure Report Review	DHCS	Moderate

Purpose of Monitoring

Review of MHSA Revenue and Expenditure Report (RER).

Findings

The following three (3) findings were noted by DHCS:

1) Santa Barbara County used MHSA funds to supplant funding of existing mental health services.
2) Santa Barbara County has not correctly reported only authorized, allowable, and approved MHSA expenditures on the RER.
3) Santa Barbara County did not meet the required submission and certification due date of January 31, 2016.

Management Corrective Action Response

1) The County adopted a policy to ensure that MHSA funds are expended in accordance with non-supplant requirements.
2) The County will ensure that MHSA funds are used exclusively for MHSA programs and associated costs as outlined in the three-year plan or update. The County will allocate local funds to cover the lobbying portion of membership dues.
3) The RER submission for this fiscal period was delayed due to issues with the State issued RER template. The County has filed the RER timely in all years that were not impacted by the template error.

Published by the Office of the Auditor-Controller, Betsy M. Schaffer, CPA

Phone: 805-568-2100, Email: InternalAudit@countyofsb.org