

Attachment C



External Monitoring Report

of County Departments, Performed by State, Federal, and Other Outside Agencies

July 1, 2021—June 30, 2022



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

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Department External Monitoring

The County organization as a whole and specific 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, and/or 3) higher monitoring costs.

Monitoring can occur at different levels, such as an audit, review, or 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. This report presents information from monitoring reports received by County departments and reported to the Auditor-Controller during fiscal year (FY) 2021-22. Any reports presented to the County Board of Supervisors separately, such as the Annual Comprehensive Financial Report and the Single Audit Report, are not included in this report. For your consideration, Internal Audit has not performed procedures on department's corrective action responses for moderate and high risk monitoring.

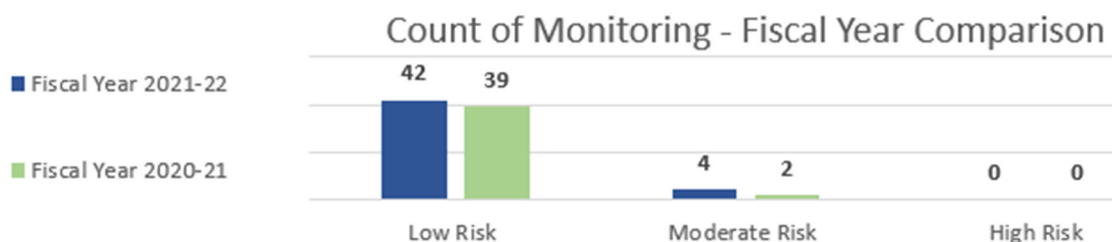
A risk rating is assigned to each of the programs by the department based upon monitoring results. The risk ratings are as follows:

Low Risk: Potential for low dollar amount of error or loss, other compensating procedures exist, or minimal program impact.

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.

High Risk: Potential for large dollar amount of error or loss, significant lack of monitoring or breakdown in compliance, or wide-spread violation of law. Insufficient compensating procedures exist.

A listing of all external monitoring reports assessed as low risk (42) are included. Additionally, the report contains management corrective actions responses for the departments who assessed moderate risk monitoring (4). There were no high risk monitoring reported.



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	Programs Monitored	Monitoring Agency
Behavioral Wellness	Short-Doyle/Medi-Cal Cost Reporting and Data Collection FY 2012-2013	CA Dept of Health and Human Services (HHS)
Behavioral Wellness	Short-Doyle/Medi-Cal Cost Reporting and Data Collection FY 2013-2014	HSS
Behavioral Wellness	Medi-Cal Specialty Behavioral Health External Quality Review-DMC-ODS	Behavioral Health Concepts
Behavioral Wellness	Medi-Cal Specialty Behavioral Health External Quality Review-MHP	Behavioral Health Concepts
Clerk-Recorder-Assessor	Board of Equalization Survey	State Board of Equalization (BOE)
District Attorney	Audit of the Insurance Fraud Grant Programs	California Department of Insurance
Probation	Standards and Training for Corrections (STC)	Board of State and Community Corrections (BSCC)
Probation	Los Prieto's Boys Camp (LPBC)	BSCC
Probation	LPBC	BSCC
Probation	LPBC	WellPath
Probation	Santa Maria Juvenile Hall (SMJH)	WellPath
Probation	SMJH	BSCC
Probation	SMJH	BSCC
Probation	SMJH & LPBC	BSCC
Probation	SMJH & LPBC	Juvenile Justice Delinquency Prevention Commission
Probation	Santa Maria Juvenile Hall (SMJH)	State Fire Marshal
Probation	Youth Reinvention Grant (YRG)	BSCC
Probation	TRG	BSCC
Probation	Santa Maria Juvenile Court	BSCC
Probation	YRG	BSCC
Public Health	Santa Barbara CUPA 2020 Evaluation	CalEPA
Public Health	HIV Aids Care Program Site Visit	CA Dept of Public Health
Public Health	DHCS FQHC Medi-Cal	CA Dept of Health Care Services (DHCS)
Public Health	HRSA PHS 330 Community Health Center Program	Health Resources and Services Administration

Department External Monitoring

List of Low-Risk Reports (Continued)

Department	Programs Monitored	Monitoring Agency
Public Health	Targeted Case Management	DHCS
Public Health	Targeted Case Management	DHCS
Public Health	Medicare FQHC Cost Reporting	Centers for Medicare & Medicaid Services through Medicare Administrative Contractors
Public Health	Epidemiology and Laboratory Capacity Grants (for COVID-19 response)	Federal - OMB requirements - through Eide Bailly LLP
Public Works	PW Transportation	CalTrans
Sheriff	Peace Officer Standards and Training Program	CA State Controller
Social Services	CalFresh	California Department of Social Services (CDSS)
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalWORKs	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	CalFresh	CDSS
Social Services	WIOA	State of California Employment Development Department

Behavioral Wellness (Moderate monitoring 1 of 3)

The Behavioral Wellness Department received one moderate monitoring during FY 2021-22 for the review period of 7/01/2020 through 6/30/2022 by California Department of Health Services (DHCS).

Program	Monitoring Agency	Risk Level
DMC-ODS County Compliance	DHCS	Moderate Risk

Purpose of Monitoring

A compliance review of requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Behavioral Wellness.

Finding(s)

Six (6) findings were noted by DHCS.

- 1) Department did not provide evidence demonstrating non-professional staff employed by Santa Barbara County receive appropriate onsite orientation and training prior to performing assigned duties.
- 2) Department did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors during FY 2020-21.
- 3) Department did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21.
- 4) Department did not provide evidence demonstrating the Good Samaritan Shelter physician received the annual five (5) hours of continuing medical education in addiction medicine.
- 5) Department did not provide evidence demonstrating a subcontractor received the annual five (5) hours of continuing education in medicine.
- 6) Department did not provide evidence demonstrating subcontractor compliance with reporting suspected Medi-Cal fraud to DHCS.

Management Corrective Action Response

- 1) County staff will develop a checklist which will include onsite orientation and training that is required by non-professional staff prior to performing their assigned duties. For Santa Barbara County employees, the checklist will be maintained by the County's Quality Care Management (QCM) division as part of the credentialing process and will be available to show the general training received by staff upon hire.
- 2) County staff will develop a checklist which will include onsite orientation and training that is required by professional/licensed staff prior to performing their assigned duties. The checklist will be shared with subcontractors as part of the credentialing process and will be available to show the general training received by staff upon hire. The checklist shall be completed by the subcontractor and kept in the staff personnel files so that it is available

Behavioral Wellness (Moderate monitoring 1 of 3—Continued)

- 2) (continued) for audit review by County and/or DHCS staff as needed. The County shall continue to review subcontractor personnel records as a part of Administrative Monitoring and will be documented in annual Administrative Monitoring reports.
- 3) As stated above, County staff will develop a checklist which will include onsite orientation and training that is required by professional/licensed staff prior to performing their assigned duties. The checklist will be shared with subcontractors as part of the credentialing process and will be available to show the general training received by staff upon hire. The checklist shall be completed by the subcontractor and kept in the staff personnel files so that it is available for audit review by County and/or DHCS staff as needed. A copy of the checklist may also be maintained by the County's Quality Care Management (QCM) department as a component of provider credentialing and re-credentialing.
- 4) The County was monitoring subcontractor physicians for continuing medical education in addiction medicine based on the fiscal year. This process will be re-evaluated and adjusted to align with the expectation that continuing education occurs based on the calendar year. County staff will provide technical assistance and formal written guidance to subcontractors to ensure compliance with continuing education requirements moving forward.
- 5) The County was monitoring subcontractor LPHAs for continuing education in addiction medicine based on the fiscal year. This process will be re-evaluated and adjusted to align with the expectation that continuing education occurs based on the calendar year. County staff will provide technical assistance and formal written guidance to subcontractors to ensure compliance with continuing education requirements moving forward.
- 6) The County informs subcontractors regarding the requirement to report suspected Medi-Cal fraud as follows: subcontractor contract; Code of Conduct; and annual training. The Code of Conduct and HIPAA and Privacy training are required annually of all subcontractors. These align with the County policy and procedure regarding reporting of suspected Medi-Cal fraud to DHCS.

Behavioral Wellness (Moderate monitoring 2 of 3)

The Behavioral Wellness Department received one moderate monitoring during FY 2021-22 for the period of 07/01/2021 through 6/30/2022 by California Department of Health Services (DHCS).

Program	Monitoring Agency	Risk Level
SABG County Compliance Review	DHCS	Moderate Risk

Purpose of Monitoring

A compliance review of requirements of the Substance Abuse Block Grant (SABG) and the terms of the Contract operated by Santa Barbara County.

Finding(s)

Four (4) findings were noted by DHCS.

- 1) The Department did not provide evidence demonstrating that in planning for the provision of services, the needs of persons with a disability are considered and addressed.
- 2) The Department did not provide evidence demonstrating how County and subcontracted providers of intensive outpatient and residential programs arrange for both therapeutic and diversionary recreation for youth in treatment.
- 3) The Department's DATAR report is not in compliance
- 4) The Department did not provide evidence demonstrating it conducted onsite monitoring reviews of each County and subcontracted managed programs providing SABG funded services.

Management Corrective Action Response

- 1) County staff will continue to monitor each subcontractor through onsite visits, to ensure that all subcontractors have ADA compliant treatment facilities. Compliance with the ADA requirements are reviewed as part of annual Administrative Monitoring. Additionally, subcontractors are monitored by County staff to ensure that hearing aids, sign language interpreters, and written information in other formats (including large print and audio) is accessible free of charge to individuals with disabilities. Monitoring reports will be submitted for FY 2022-23 to show evidence demonstrating that in planning for the provision of services, the needs of persons with a disability are considered and addressed.
- 2) The County will provide technical assistance to subcontracted providers to ensure the provision of therapeutic and diversionary recreational activities for youth in treatment as outlined in the Youth Treatment Guidelines. The County will follow-up with providing written guidance and will collect evidence of therapeutic and recreational activities provided by adolescent subcontractors in the form of promotional materials and sign-in sheets.

Behavioral Wellness (Moderate monitoring 2 of 3—Continued)

- 3) County staff have notified subcontractors of all outstanding DATAR reporting. Subcontractors have been directed by County staff to enter all DATAR reporting by October 10th, 2022 including any outstanding DATAR reports. County staff will follow-up with subcontractors as needed to ensure all DATAR reporting is entered.
- 4) The County has included SABG monitoring on all monitoring tracking sheets for all County and subcontracted providers who are providing SABG funded services. Assigned County staff will ensure that all required monitoring was submitted to DHCS for FY 2021-22 and will ensure that monitoring and reporting is completed for FY 2022-23.

Behavioral Wellness (Moderate monitoring 3 of 3)

The Behavioral Wellness Department received one moderate monitoring during FY 2021-22 for the period of 10/01/2020 through 12/31/2020 California Department of Health Services (DHCS).

Program	Monitoring Agency	Risk Level
Triennial Short-Doyle/Medi-Cal	DHCS	Moderate Risk

Purpose of Monitoring

A compliance review of requirements of the Santa Barbara County's Behavioral Wellness Psychiatric Health facility.

Finding(s)

One (1) finding was noted by DHCS. Documentation did not provide the appropriate number of contacts made on behalf of the beneficiary to a non-acute residential treatment facility during this seven-day Administrative Day Services period.

Management Corrective Action Response

To ensure that documentation for administrative day services includes evidence of contact with a minimum of five (5) appropriate, non-acute treatment facilities per week, unless the MHP waives the contacts, in which there is no case where less than one contact shall be made per week, the Department will:

1. Provide training on documentation procedures for Administrative Status claimed to Medi-Cal to Social Work staff (see attached)
2. Provide ongoing technical assistance on documentation procedures for Administrative Status claimed to Medi-Cal to Social Work staff.
3. Conduct a weekly chart review by PHF Director of Social Services.

The Department's Quality Care Management (QCM) staff has updated training material on Administrative Status Documentation requirements and all social work staff have signed attestations that this information has been reviewed. QCM provides technical assistance and support as needed to SW staff regarding documentation of AS days claimed to Medi-Cal.

Social Work documentation will be reviewed daily via concurrent review to ensure compliance with regulations regarding administrative status documentation. In addition, the PHF Director of Social Services will randomly select 5-6 charts per week to review and will provide necessary feedback to Social Work staff regarding proper documentation.

Public Works (Moderate monitoring 1 of 1)

The Public Works Department received one moderate monitoring during FY 2021-22 for the review period of 11/01/17 through 6/09/18 by the California Governor's Office of Emergency Services, also known as CalOES.

Program	Monitoring Agency	Risk Level
PW Transportation	CalOES	Moderate Risk

Purpose of Monitoring

A review of documentation submitted by Public Works to support expenditure funding in addition to performing other procedures to determine compliance with the Code of Federal Regulations (CFR) and other program guidelines.

Finding(s)

One (1) finding was noted by CalOES. A contracted subrecipient of funding did not follow proper procurement guidelines.

Management Corrective Action Response

We agree with the finding that the local procurement procedures were not followed. The purchase requisition was completed by staff at road yard, who submitted the requisition as regular non-federal work. Staff have been reminded about proper procurement during a federally declared disaster.

Corrective Action #1: Disaster Recovery Fiscal Staffing and Consultant

- Since 2017, the Public Works Department has hired a disaster recovery manager to coordinate and manage the disaster recovery process. Disaster Project files are now completed in box.com with a section for all procurement documents. County also has procured a contract with Ernst & Young as a disaster consultant, who helps collect procurement documents (quotes, analysis, bid selection materials) both during and after an event.

Corrective Action #2: Purchasing Division Procedures - Checklist

- This finding has been communicated to the County Purchasing Division. They have reinforced their procedures to collect quote summary forms for federally declared disaster purchases that meet the threshold. This has been added to the checklist necessary before a contract is established. During a disaster event, purchasing team members will staff the logistics section of the emergency operation center. They will ensure proper procurement procedures are followed during the disaster when possible. Additionally, the Transportation Accounting Division will be performing preliminary quality control before requisitions are submitted to Purchasing for review/processing.



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