



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



GAVIN NEWSOM
GOVERNOR

August 11, 2020

Sent via e-mail to: tarmstrong@co.lassen.ca.us

Tiffany Armstrong, Director of Behavioral Health
Lassen County Health and Social Services
555 Hospital Lane
Susanville, CA 96130-4302

SUBJECT: Annual County Compliance Unit Report

Dear Director Armstrong:

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

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Lassen County's State Fiscal Year 2019-20 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Lassen County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Community Services Division (CSD), Community Support Branch (CSB), Policy, Monitoring and Financing Section (PMFS) Analyst by 9/11/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

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

Sincerely,

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Armstrong,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Mayumi Hata, Audits and Investigations, County Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Janet Rudnick, Audits and Investigations, Provider Compliance Unit Chief
Tracie Walker, Community Services Division, Community Support Branch Chief
Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief
Katrina Cox, Community Services Division, Prevention Services Section Chief
Jessica Fielding, Community Services Division, Family Services Unit Chief
Angelina Azevedo, Community Services Division, Prevention Services Unit Chief
Denise Galvez, Community Services Division, Youth Services Section Chief
SABGcompliance@dhcs.ca.gov, Policy, Monitoring and Financing Section
MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit

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|--|---|
| Lead CCU Analyst: Michael Bivians Assisting CCU Analyst(s): N/A | Date of Review: June 2020 |
| County: Lassen | County Address: 555 Hospital Lane Susanville, CA 96130-4302 |
| County Contact Name/Title: Tiffany Armstrong / Director of Behavioral Health | County Phone Number/Email: 530-251-8108 tarmstrong@co.lassen.ca.us |
| Report Prepared by: Michael Bivians | Report Approved by: Mayumi Hata |

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. Code of Federal Regulations; Title 45, Part 96; Subpart L; section 96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. United States Code, Title 42, Section 300x-21 through 300x-66: Block Grants regarding Mental Health and Substance Use
 - d. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

| Section: | Number of CD's: |
|---|------------------------|
| 1.0 Administration | 2 |
| 2.0 SABG Monitoring | 2 |
| 3.0 Perinatal | 0 |
| 4.0 Adolescent/Youth Treatment | 1 |
| 5.0 Primary Prevention | 1 |
| 6.0 Cultural Competence | 0 |
| 7.0 CalOMS and DATAR | 0 |
| 8.0 Privacy and Information Security | 1 |
| 9.0 Fiscal | 0 |
| 10.0 Previous CAP | 0 |

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 5-8 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.

Please provide the following within the completed SFY 2019-20 CAP.

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The PMFS 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 1.4:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, C

C. Sub-recipient Pre-Award Risk Assessment: Contractor shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards. Contractor, grant second-tier sub-recipient (subcontractors) annually prior to making an award. Contractor subcontractor and retain documentation for audit purposes.

Finding: The County did not conduct pre-award risk assessments for SFY 2019-20.

CD 1.8:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, S

S. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

SABG State-County Contract Exhibit A, Attachment I A2, Part II, Y

Y. Subcontract Provisions

Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not provide evidence the County and Subcontractors demonstrate compliance with the Byrd Anti-Lobbying Amendment. The County did not demonstrate all of the foregoing SABG State-County Contract Exhibit A, Attachment I A2, Part II general provisions are included in all executed subcontracts, including the Byrd Anti-Lobbying Amendment.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, X, 1

X. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

SABG State-County Contract Exhibit A, Attachment I A2, Part II, Y

Y. Subcontract Provisions

Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did demonstrate County compliance with the Dymally-Alatorre Bilingual Services Act. The County did not demonstrate all of the foregoing SABG State-County Contract Exhibit A, Attachment I A2, Part II general provisions are included in all executed subcontracts, including the Dymally-Alatorre Bilingual Services Act.

CD 2.12:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 3, A, 1, e

1. Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract.
 - e. Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:

SUDCountyReports@dhcs.ca.gov or

Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Finding: The County indicated a total of one (1) SABG monitoring report was sent to DHCS for SFY 2018-19. The County did not provide evidence of monitoring for any County and sub-contracted provider for SABG programmatic and fiscal requirements.

4.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiency in Adolescent/Youth Treatment regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.23:

State County Contract, Exhibit A, Attachment I A2, Part II, Q

Q. Youth Treatment Guidelines

Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.

Youth Treatment Guidelines Section VI, A, 1, a-e

A. Case Management and Complementary Services

Except for early intervention programs, programs should provide or arrange for case management services for every youth in treatment. If the case manager function is provided directly by the treatment program, the case manager should:

1. Have training and skills in the following areas:
 - a. AOD treatment, an understanding of addiction, and the intergenerational nature of AOD abuse;
 - b. familiarity with community resources and other youth service systems (education, child welfare, juvenile justice, mental health, etc.);
 - c. physical and sexual abuse;
 - d. family dynamics; and,
 - e. legal issues (informed consent for minors, disclosure of confidential information, child abuse/neglect reporting requirements, and duty-to-warn issues).

Finding: The County did not demonstrate Case Managers completed the required training and possess the skills to provide youth treatment.

5.0 PRIMARY PREVENTION

The following deficiency in Primary Prevention regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.29:

SABG State-County Contract Exhibit A, Attachment I A2, Part III, C, 1

1. Contractors and/or subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity and evaluation data into the service. When submitting data, Contractor shall comply with the PPSDS Data Quality Standards

Primary Prevention Substance Use Disorder Data Service (PPSDS) Data Quality Standards

The PPSDS data quality standards require that:

1. Quality data is timely;
2. Quality data is logical;
3. Quality data is accurate;
4. Quality data is complete; and,
5. Quality data is valid.

Finding: An internal review of data compliance standards finds the Primary Prevention SUD Data Service (PPSDS) data submitted during recent submissions to DHCS meets the PPSDS data quality standards. However, the County did not provide evidence describing the process to ensure the PPSDS data meet data quality standards of logical, accurate, complete, and valid.

8.0 PRIVACY AND INFORMATION SECURITY

The following deficiency in Privacy and Information Security regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 8.36:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, H

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996

All work performed under this Contract is subject to HIPAA. Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit F for additional information.

State-County Contract Exhibit F A1, Exhibit F-1, 3, D, 4

4. Security Officer.

Contractor shall designate a Security Officer to oversee its data security program who shall be responsible for carrying out the requirements of this section and for communicating on security matters with the Department.

State-County Contract Exhibit F A1, Exhibit F-2, 3, B, 10

10. Designation of Individual Responsible for Security.

Contractor shall designate an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for carrying out the requirements of this Exhibit F-2 and for communicating on security matters with the Department.

State-County Contract Exhibit F A1, Attachment I, I, A

I. Personnel Controls.

A. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DHCS, or access or disclose DHCS PHI or PI must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following contract termination.

Finding: The County did not provide evidence of compliance with the regulations for information privacy and security training.

TECHNICAL ASSISTANCE

Lassen County did not request Technical Assistance during this review.