



BRADLEY P. GILBERT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 13, 2020

Sent via e-mail to: <judith.martin@sfdph.org>

Dr. Judith Martin, AOD Administrator, Medical Director
San Francisco Department of Public Health-Behavioral Health Services
1380 Howard Street
San Francisco, CA94103

SUBJECT: Annual County Compliance Unit Report

Dear Administrator Martin:

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 San Francisco 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 San Francisco County's State Fiscal Year 2019-20 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Francisco 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 4/13/2020. 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,

Mayumi Hata

Mayumi Hata
(916) 713-8797
mayumi.hata@dhcs.ca.gov

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Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

To: Administrator, Judith Martin, MD

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Elissa Velez, San Francisco Department of Public Health-Behavioral Health Services

Lead CCU Analyst: Jessica Jenkins, AGPA Mayumi Hata, SSM II	Date of Review: 2/27/2020 - 2/28/2020
County: San Francisco	County Address: 1380 Howard Street, San Francisco, CA 94103
County Contact Name/Title: Elissa Velez, SUD Coordinator	County Phone Number/Email: (415) 255-3644 Elissa.velez@sfdph.org
Report Prepared by: Mayumi Hata, SSM II	Report Approved by: Mayumi Hata, SSM II

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

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 1380 Howard Street, San Francisco, CA 94103 on 2/27/2020. The following individuals were present:

- Representing DHCS:
Mayumi Hata, Staff Services Manager II (SSM II)
- Representing San Francisco County:
Marlo Simmons, Acting Behavioral Services Director
Judith Martin, AOD Administrator, Medical Director, SUD
Elissa Velez, SUD Coordinator
Furu Ouyang, Senior Clerk
Laurel Snead, Analyst
Rita Perez, Children, Youth, Families SUD Program Manager
Erik Dubon, SUD Project Manager
Joe Gorndt, Assistant Auditor
Andre Pelote, Compliance Manager
Garrett Chatfield, Interim Compliance Officer
James Stillwell, Analyst
Jose Guzman, SUD Program Manager
Kellee Hom, Health Informaticist
Tom Mesa, Business Office
David Pating, Addiction Psychiatrist
Michael McGinty, Clinical Coordinator
Giovanni Herrera, Clinical Coordinator
Kimberly Voelker, AMB Apps Manager
Lucy Arellano, Grievance and Appeal Officer
Maria Barteaux, Billing Manager
Liliana DeLaRosa, Quality Improvement Coordinator

During the Entrance Conference the following topics were discussed:

- Introduction
- DHCS Re-Organization
- Medi-Cal Healthier California for All Proposal
- Overview of the Monitoring Process
- County of San Francisco Overview of Services

Exit Conference:

An exit conference was conducted at 1380 Howard Street, San Francisco, CA 94103 on 2/28/2020. The following individuals were present:

- Representing DHCS:
Mayumi Hata, SSM II
- Representing San Francisco County:

County Compliance Report
San Francisco

Marlo Simmons, Acting Behavioral Health Services Director
Judith Martin, AOD Administrator, Medical Director, SUD
Elissa Velez, SUD Coordinator
Erik Dubon, SUD Project Manager
Tom Mesa, Director of contract compliance and business office
James Stillwell, Program Admin Analyst
Garrett Chatfield, Interim Compliance Office
Andre Pelote, Compliance Manager
Furu Ouyang, Senior Clerk
Craig Murdock, TAP Director
Joseph Gorndt, Asst. Auditor
Jose Guzman, SUD Program Manager
Kellee Hom, Health Informaticist
Laurel Snead, Analyst

During the Exit Conference the following topics were discussed:

- Summary of the annual review

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	1
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	2
8.0 Privacy and Information Security	0
9.0 Fiscal	0
10.0 Previous CAP	4

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 deficiency in regulations, standards, or protocol requirement was identified:

COMPLIANCE DEFICIENCY:

CD 1.2:

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

G. Master Provider File (MPF) Documentation Requirements

The Department shall generate a County MPF Report for the Contractor on the last day of each month and shall send the report to the Contractor. The Contractor shall review the County MPF Report and confirm whether the information, including the contract status and identification information for each provider listed in the County MPF Report, is accurate and up to date.

If any information contained in the County MPF Report is inaccurate or has changed, Contractor shall send a written notification to the MPF mailbox at:

DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report. If a Non-DMC provider's information is not accurate or has changed, the Contractor shall submit the "Existing Provider Information Update/Change Form" to the MPF mailbox at: DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report. If the contract status has changed for either a DMC or Non-DMC provider, the Contractor shall submit the "Existing Provider Information Update/Change Form" to the MPF mailbox at: DHCSMPF@dhcs.ca.gov within five business days of the Department's issuance of the County MPF report.

Specific types of changes and/or inaccuracies include, but are not limited to, a change in an existing provider's contract status with the County, a change in scope of services, remodeling of the provider's facility, relocation or facility expansion, or closing of a facility site.

When establishing a new subcontractor relationship, the Contractor shall submit the "New Provider Information Form (Non-DMC) Form" to request a new record be created in the MPF database to identify the new subcontractor. A new CalOMS Data Reporting Number (DRN) will be assigned to the facility. The Contractor's obligation to review the accuracy of the records of their sub-contracted provider(s) extends to all county and out-of-county SUD providers, regardless of the funding source or DHCS licensing and/or certification status.

All SUD Provider Information forms can be requested from the MPF Team through the electronic mail address: DHCSMPF@dhcs.ca.gov

Finding: The County did not provide evidence the County's MPF is accurate.

2.0 SABG MONITORING

The following deficiency in the SABG monitoring requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.11:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, B, 3, c-d

3. As a subrecipient, the Contractor shall:
 - c. Evaluate and monitor its activities and the activities of all subcontractors for compliance with applicable statutes, regulations, and terms and conditions of the subaward.
 - d. Address any instances of noncompliance promptly, including noncompliance identified in audit findings.

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, C, 5

5. Contractor and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F(b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: The County did not have all SABG program requirements within their monitoring tool. The following criteria are missing:

- DHCS Youth Treatment Guidelines
- Tuberculosis Services
- Charitable Choice
- Intravenous Drug User Services
- Interim Services
- Trafficking Victims Protection Act
- Minimum Quality Drug Treatment Standards 2F(b)

7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx) AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.34.b:

State-County Contract, Exhibit A, Attachment I A2, Part III, B, 3-6

3. 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.
4. 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.
5. 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.
6. 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.

State-County Contract, Exhibit A, Attachment I A2, Part III, E, 3

3. The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County’s Open Admission report is not current.

CD 7.34.c:

State-County Contract, Exhibit A, Attachment I A2, Part III, B, 3-6

3. 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.
4. 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.
5. 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.
6. 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.

State-County Contract, Exhibit A, Attachment I A2, Part III, E, 3

3. The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County's DATAR report is not current.

10.0 PREVIOUS CAP(s)

During the SFY 2019-20 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

CD 10.39:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:
 - b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

- (e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner. Open Admission Report: SFY15-16 #8, SFY16-17, 10.57d, SFY17-18, 7.14b, SFY18-19, 7.34b.

CD 10.40:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:
 - b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

- (e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the

status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner. DATAR requirement: SFY17-18, 7.41c, SFY18-19, 7.34c.

CD 10.41:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

9. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

4. As a subrecipient, the Contractor shall:

c. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

(f) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner. Provider Monitoring Activity: SFY18-19, 2.9.

CD 10.42:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

10. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

5. As a subrecipient, the Contractor shall:

d. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

(g) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the

status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner. Provider Monitoring Submission: SFY18-19, 2.15.

TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals to the DHCS County Liaison for the training and/or technical assistance areas identified below.

Adolescent Youth Treatment: Question on Friday Night Live communication when provider lose member in good standing status.

CalOMS and DATAR: Request for additional new DATAR system training for providers

Other Topic: SABG CAP follow up request for FY18-19, 2.9 and 2.15