



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 10, 2021

Sent via e-mail to: thobson@countyofplumas.com

Tony Hobson, Ph.D., Director
Plumas County Behavioral Health Department
270 County Hospital Road, Suite 109
Quincy, CA 95971

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Hobson:

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 Plumas 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 Plumas County's Fiscal Year 2020-21 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Plumas 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 1/10/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

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

Sincerely,

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

Audits and Investigations Division
Medical Review Branch
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To: Director Hobson,

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Jessica McGill, Plumas County Quality Assurance and Compliance Manager

COUNTY REVIEW INFORMATION

County:

Plumas

County Contact Name/Title:

Tori Brown, Substance Use Disorder Counselor

County Address:

270 County Hospital Road Suite109
Quincy, CA 95971

County Phone Number/Email:

530-927-9316
tbrown@pcbh.services

Date of Review:

10/6/2021

Lead CCU Analyst:

Michael Bivians

Assisting CCU Analyst:

N/A

Report Prepared by:

Michael Bivians

Report Approved by:

Ayesha Smith

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. Fiscal Year (FY) 2020-21 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - 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
 - f. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 10/6/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, Staff Services Manager I (SSM I)
Michael Ulibarri, SSM I
Jamari Robinson, Associate Governmental Program Analyst (AGPA)
- Representing Plumas County:
Tony Hobson, Behavioral Health Director
Jessica McGill, Quality Assurance and Compliance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 10/6/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, SSM I
Michael Ulibarri, SSM I
Jamari Robinson, AGPA
- Representing Plumas County:
Tony Hobson, Behavioral Health Director
Jessica McGill, Quality Assurance and Compliance Manager

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	10
2.0 Prevention	1
3.0 Perinatal	5
4.0 Adolescent/Youth Treatment	4
5.0 Data/CalOMS	3
6.0 Program Integrity	9
7.0 Fiscal	2

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 1, Part I, Section 3, B, 5-8 each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2020-21 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.

Category 1: ADMINISTRATION

A review of the County's Maintenance of Records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2.3:

SABG Application, Enclosure 2, I, 1, A, 1, f-g

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

- f. Code of Federal Regulations (CFR), Title 45, Part 75, Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- g. CFR, Title 45, Part 96, Block Grants.

45 CFR 75.329(f) (1-4)

(f) Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:

- (1) The item is available only from a single source;
- (2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
- (3) The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
- (4) After solicitation of a number of sources, competition is determined inadequate.

45 CFR 75.333(b)(1)

(b) The non-Federal entity must make available upon request, for the HHS awarding agency or pass-through entity pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates, when:

- 1) The non-Federal entity's procurement procedures or operation fails to comply with the procurement standards in this part;

Findings: The County did not make available a copy of the procurement proposal along with the justification for each noncompetitive SABG provider.

CD 1.2.4:

SABG Application, Enclosure 2, I, 3, C

C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 75.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

Findings: The County did not provide evidence the County completes sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award.

CD: 1.4.2:

SABG Application, Enclosure 2, I, 1, A, 1, g

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:
 - g. CFR, Title 45, Part 96, Block Grants.

45 CFR § 96.126(e)(1-5)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (1) Selecting, training and supervising outreach workers;
- (2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- (3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- (4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- (5) Encouraging entry into treatment.

Findings: The County did not make available evidence of fliers or advertisements to demonstrate Outreach events for the current fiscal year.

CD: 1.5.2:

SABG Application Enclosure 2, II, 2

2. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating subcontractor compliance with the Hatch Act.

CD: 1.5.3:

SABG Application Enclosure 2, II, 3

3. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol - related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its Subcontractors to enforce, these requirements.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.

CD: 1.5.4:

SABG Application, Enclosure 2, II, 4

4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating County and subcontractor compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

CD: 1.5.5:

SABG Application Enclosure 2, II, 9

9. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in CCR, Title 9, Division 4, Chapter 8.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Counselor Certification.

CD: 1.5.7:

SABG Application Enclosure 2, II, 6

6. Restriction on Distribution of Sterile Needles

No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating subcontractor compliance with the Restriction on Distribution of Sterile Needles.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically the Restriction on Distribution of Sterile Needles.

CD: 1.5.8:

SABG Application, Enclosure 2, II, 10

10. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined online at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating County and subcontractor compliance with Cultural and Linguistic Proficiency, specifically:

- Standard 5
- Standard 8
- Standard 11
- Standard 12

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Cultural and Linguistic Proficiency.

CD: 1.5.9:

SABG Application, Enclosure 2, II, 14

14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating County and subcontractor compliance with Tribal Communities and Organizations.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tribal Communities and Organizations.

Category 2: PREVENTION

A review of the SABG Strategic Prevention Plan was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD: 2.1.2:

SABG Application, Enclosure 2, III, 3 A-E

2. Primary Prevention Substance Use Disorder Data Service

The Primary Prevention Substance Use Disorder Data Service (PPSDS) business rules and requirements are:

- A. 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, County shall comply with the PPSDS Data Quality Standards.
http://www.dhcs.ca.gov/progovpart/ Documents/Substance%20Use%20Disorder-PPFD/PPSDS_Data_Quality_Standards.pdf.
- B. County shall report services/activities by the date of occurrence on an ongoing basis throughout each month. County shall submit all data for each month no later than the 10th day of the following month.
- C. County shall review all data input into the prevention data collection service on a quarterly basis. County shall verify that the data meets the PPSDS Data Quality Standards. Certification is due by the last day of the month following the end of the quarter.
- D. If County cannot meet the established due dates, a written request for an extension shall be submitted to DHCS Prevention Analyst 10 calendar days prior to the due date and must identify the proposed new due date. Note that extensions will only be granted due to system or service failure or other extraordinary circumstances.
- E. In order to ensure that all persons responsible for prevention data entry have sufficient knowledge of the PPSDS Data Quality Standards, all new users of the service, whether employed by the County or its subcontractors, shall participate in PPSDS training prior to inputting any data.

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.

Findings: 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 make available evidence describing the process to ensure the PPSDS data are timely, logical, accurate, complete, and valid.

Category 3: PERINATAL

A review of the SABG Perinatal services, outreach and Tuberculosis (TB) monitoring was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1.4:

SABG, Enclosure 2, 3, A, 1, d

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.

5. CHILD CARE

For women in SUD treatment, access to child care is a critical factor that may serve as a barrier to a woman's participation in treatment. Children born to mothers with SUDs are at a greater risk of in-utero exposure to substances. As a result, many of these children struggle to achieve basic developmental milestones and they often require child care that extends beyond basic supervision.

SUD treatment providers are encouraged to provide on-site, licensed child care in accordance with child care licensing requirements. Conducting child care within close proximity of the SUD treatment provider may serve as a motivation for the mothers to stay in treatment.

When a SUD treatment provider is unable to provide licensed on-site child care services, the SUD treatment provider should partner with local, licensed child care facilities. Providers can also offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children.

All of the following conditions must be met in the event of a cooperative arrangement:

- A. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement;
- B. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement;
- C. No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care; and
- D. No more than 12 children can receive care in the same place at the same time.

When possible, it is recommended that women offering child care in the cooperative arrangement be directed under the supervision of an experienced staff member with expertise in child development. This staff member can teach the women how to respond appropriately to a child's needs and help women address child-specific issues. NOTE: This staff member should have passed a background check before working in the program's child care.

In addition, it is recommended that child care services include therapeutic and developmentally appropriate services to help identify a child's developmental delays, including emotional and

behavioral health issues. When appropriate, child care services should be tailored to each child and support the child's individual developmental needs. This includes considering a child's culture and language to incorporate culturally responsive practices and deliver culturally appropriate services.

Furthermore, if other clinical treatment services for the child are deemed medically necessary, services should be comprehensive and, at a minimum, include the following;

- A. Intake;
- B. Screening and assessment of the full range of medical, developmental, emotional related-factors;
- C. Care planning;
- D. Residential care;
- E. Case management;
- F. Therapeutic child care;
- G. Substance abuse education and prevention;
- H. Medical care and services;
- I. Developmental services; and
- J. Mental health and trauma services.

45 CFR § 96-124(e)(1), (3)

(e) With respect to paragraph (c) of this section, the amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services as provided in § 96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- (1) primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
- (3) gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;

Findings: The County did not make available evidence demonstrating treatment programs receiving SABG funding provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody:

- Primary medical care for women;
- Referrals for prenatal care; and
- Child care while the women are receiving these services.

CD 3.2.1:

SABG Application, Enclosure 2, I, 2, D

D Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: <https://www.dhcs.ca.gov/individuals/Pages/Perinatal-Services.aspx>.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

45 C.F.R. § 96.126(e)(3)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

(3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;

Findings: The County did not make available evidence demonstrating Perinatal Outreach strategies for targeted populations include the following required element:

- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.

CD 3.3.1:

SABG Application, Enclosure 2, II, 12

12. Tuberculosis Treatment

County shall ensure the following related to Tuberculosis (TB):

- A. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
- B. Reduce barriers to patients' accepting TB treatment.
- C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts

45 CFR § 96.127(a)(3)(i-ii)

Requirements regarding tuberculosis.

(a) States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program -

(3) Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- (i) Screening of patients;
- (ii) Identification of those individuals who are at high risk of becoming infected;

Findings: The County did not make available evidence demonstrating the all requirements for Tuberculosis Treatment including:

- Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
- Reduce barriers to patients' accepting TB treatment.
- Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tuberculosis Treatment.

CD 3.3.2:

SABG, Enclosure 2, 3, A, 1, d

- a. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
- d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.

Perinatal Practice Guidelines, Section B, 10

10. INTERIM SERVICES

SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment. The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.

If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the provider must:

- iii. At a minimum, interim services include the following:
- a. Counseling and education about the risks and prevention of transmission of HIV and TB;
- d. Referral for HIV or TB services.

Findings: The County did not make available evidence demonstrating interim services provided to pregnant and parenting women using drugs intravenously include the following required elements:

- Counseling and education about the risks and prevention of transmission of HIV and TB; and
- Referral for HIV or TB services.

CD 3.4.1:

SABG Application, Enclosure 2, I, 2, D

D Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: <https://www.dhcs.ca.gov/individuals/Pages/Perinatal-Services.aspx>.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

45 C.F.R. § 96.126(c)

(c) In carrying out subsection (b), the State shall establish a waiting list management program which provides systematic reporting of treatment demand. The State shall require that any program receiving funding from the grant, for the purposes of treating injecting drug abusers, establish a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment including those receiving interim services, while awaiting admission to such treatment.

For individuals who cannot be placed in comprehensive treatment within 14 days, the State shall ensure that the program provide such individuals interim services as defined in § 96.121 and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The States shall also ensure that the programs consult the capacity management system as provided in paragraph (a) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.

Findings: The County did not make available evidence demonstrating a wait list is established that includes a unique identifier for each injecting drug abuser seeking treatment.

Category 4: ADOLESCENT/YOUTH TREATMENT

A review of the SABG Adolescent/Youth Treatment program and services was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.1:

SABG Application, Enclosure 2, II. General, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at:

<https://www.dhcs.ca.gov/individuals/Pages/youthservices.aspx>

Youth Treatment Guidelines Section V, A, 1-4

A. Outreach

1. Counties should provide or arrange for outreach services that identify AOD-abusing youth and encourage them to take advantage of treatment services.
2. Outreach efforts should target youth in at-risk environments.
3. High priority should be placed on linking with public systems already serving youth with AOD problems, such as schools, child welfare, public health, mental health, and juvenile justice.
4. Outreach activities should also include educating professionals and policymakers in these systems so that they become referral sources for potential clients.

45 CFR §96.126(e)(1)-(5)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (a). Selecting, training and supervising outreach workers;
- (b). Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- (c). Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- (d). Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- (e). Encouraging entry into treatment.

Findings: The County did not make available evidence of fliers or advertisements to demonstrate youth Outreach events for the current fiscal year.

CD 4.1.3:

SABG Application, Enclosure 2, II, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at:

<https://www.dhcs.ca.gov/individuals/Pages/youthservices.aspx>

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).

Findings: The County did not make available evidence demonstrating youth treatment programs where the case manager function is provided; the case manager has the training and skills in the following areas:

- AOD treatment, an understanding of addiction, and the intergenerational nature of AOD abuse;
- Familiarity with community resources and other youth service systems (education, child welfare, juvenile justice, mental health, etc.);
- Physical and sexual abuse;
- Family dynamics; and,
- Legal issues (informed consent for minors, disclosure of confidential information, child abuse/neglect reporting requirements, and duty-to-warn issues).

CD 4.2.1:

SABG Application, Enclosure 2, II, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at:

<https://www.dhcs.ca.gov/individuals/Pages/youthsudservices.aspx>

Youth Treatment Guidelines Section V, C, 1-7

C. Initial and Continuing Assessment

Assessment is not a single event upon the youth's admission to the program, but an ongoing process to gain insight into the youth's unique abilities, strengths, and needs. Assessment should be comprehensive, multi-faceted, and culturally as well as developmentally, appropriate. Assessment should be used in the treatment planning of each individual admitted to treatment, and incorporate contextual factors contributed by family/caregiver circumstances.

1. Except for early intervention programs, the program should complete a comprehensive assessment on all youth with indications of possible AOD related problems (as a result of a brief screening), including those being admitted to treatment.
2. After screening indicates a probable need for treatment, the assessment should provide the information necessary to determine and document the level of severity of the youth's AOD-related problems and specifically address the level of care he/she should receive, as described in "E" of this section.
3. The assessment tool should be designed specifically for the developing adolescent, have established reliability and validity, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the youth's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.
4. The assessment should include a health screening (including a medical health history, disease screening, dental, and mental health). (Programs assessing a youth should seek advice from public health professionals whenever appropriate.) If the health screening identifies an issue that warrants further evaluation, the program should provide or arrange for a physical examination and/or referral to the public health department or other appropriate care site, and take reasonable steps to assist the minor in accessing and receiving necessary care. Programs should develop and keep current lists of adolescent health provider referrals and provide appropriate assistance in accessing necessary health care services based on health assessment findings.
5. The assessment should include an evaluation of the youth's developmental and cognitive levels; and social, emotional, communication and self-help/independent living skills.
6. As soon as possible, the program should assess and identify safety issues, such as risk of suicide; current, or history of, physical and/or sexual abuse; or perpetration of physical or sexual abuse on others. The assessment should include an evaluation of risk to self and others. If the assessment indicates high risk of danger to the youth or others, an appropriate referral should be made immediately and the family/guardian should be notified. The assessment should be conducted with appropriate consent as provided by law.

7. The initial assessment should be completed as soon as possible, with the initial assessment occurring no later than 30 days after admission. Programs should attempt to gather as much information as soon as possible, and keep updating as more information is obtained (it may take some time to build trust and rapport with the youth before he/she will reveal more detailed and honest information).

Findings: The County did not make available evidence demonstrating the County's compliance with Initial and Continuing Assessments, including the assessment tools and health screening tools.

CD 4.2.4:

SABG Application, Enclosure 2, II, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at:

<https://www.dhcs.ca.gov/individuals/Pages/youthsudservices.aspx>

Youth Treatment Guidelines Section V, N

N. Continuing Care

Programs should provide or arrange for continuing care services to youth after the completion of formal treatment, and whenever professional intervention is needed, to prevent relapse and support the youth's transition into recovery. Continuing care services may include, but are not limited to, coordination of goals, identification of signs of relapse and a plan to respond to such signs, family involvement, linkages to other services as necessary, aftercare sessions, transition and emancipation options, and, self-help and peer support groups.

Findings: The County did not make available evidence demonstrating the County's compliance with Continuing Care Services for Youth, Specifically:

- Coordination of goals,
- Identification of signs of relapse and a plan to respond to such signs,
- Family involvement,
- Linkages to other services as necessary,
- Aftercare sessions,
- Transition and emancipation options, and
- Self-help and peer support groups.

Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 5.1.1:

SABG Application, Enclosure 2, III, 2, G

- G. County shall participate in CalOMS-Tx informational meetings, trainings, and conference calls. County staff responsible for CalOMS-Tx data entry must have sufficient knowledge of the CalOMS-Tx Data Quality Standards. All new CalOMS-Tx users, whether employed by the County or its subcontractors, shall participate in CalOMS-Tx trainings prior to inputting data into the system.

Findings: The County did not make available evidence demonstrating staff responsible for CalOMS-Tx data entry participated in CalOMS-Tx trainings prior to inputting data into the system.

CD: 5.1.2:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.
- F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Findings: The County's Open Admissions Report is not in compliance.

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, C

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

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

Findings: The County's DATAR Report is not in compliance.

Category 6: PROGRAM INTEGRITY

A review of the SABG monitoring, privacy, and program integrity was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 6.1.1:

SABG Application, Enclosure 2, I, 1. A, 1

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

SABG Application Enclosure 2, I, 1, A, 3-4

3. County shall adhere to the applicable provisions of Title 45, CFR, Part 75 and Part 96 in the expenditure of SABG funds.
4. County 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 in Enclosure 4.

Findings: The County's current blank monitoring tools used to monitor County and subcontracted providers for compliance with SABG program requirements does not include the following elements:

- Perinatal Practice Guidelines
- Youth Treatment Guidelines (YTG)
- Tuberculosis Treatment (TB)
- IVDU Services
- Interim Services
- Americans with Disabilities Act (ADA)
- Trafficking Victims Protection Act 2000 (TVPA)

CD 6.1.3:

SABG Application Enclosure 2, I, 3, A, 1, a-e

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
 - a. Whether the quantity of work or services being performed conforms to Enclosure 3.
 - b. Whether the County has established and is monitoring appropriate quality standards.
 - c. Whether the County is abiding by all the terms and requirements of this Contract.
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.
 - e. Whether the County conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov or

Audits and Investigations Division
Medical Review Branch
Department of Health Care Services
PO Box 997413, MS-2703
Sacramento, CA 95899-7413

Findings: The County did not make available evidence it conducts an onsite monitoring review of each County managed and subcontracted program providing SABG funded services.

CD 6.1.4:

SABG Application Enclosure 2, I, 3, B, 1-2, a-g

1. County shall provide services based on funding set forth in Enclosure 3, and under the terms of this agreement.
2. County shall provide services to all eligible persons in accordance with state and federal statutes and regulations. County shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:
 - a. Lack of educational materials or other resources for the provision of services.
 - b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.
 - c. Institutional, cultural, and/or ethnicity barriers.
 - d. Language differences.
 - e. Lack of service advocates.
 - f. Failure to survey or otherwise identify the barriers to service accessibility.
 - g. Needs of persons with a disability.

Findings: The County did not make available evidence demonstrating the County's compliance with assuring that in planning for the provision of services the following barriers to service are considered and addressed:

- Lack of Educational Materials or other resources for the provision of services.

CD 6.2.1:

SABG Application, Enclosure 2, I, A, 1, h

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:
 - h. Code of Federal Regulations (CFR), Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records.

SABG Application, Enclosure 2, II, 19, L

19. Federal Law Requirements:

- L. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating the County's compliance with ensuring the Confidentiality of Substance Use Disorder Patient Records under 42 CFR Part 2, Subparts A-E.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically the Confidentiality of Substance Use Disorder Patient Records under 42 CFR Part 2, Subparts A-E.

CD 6.2.2:

2. County Performance Contract. Exhibit E-1, 3, D, 2

Compliance with the HIPAA Security Rule. To implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Department PHI, including electronic PHI, that it creates, receives, maintains, uses or transmits on behalf of the Department, in compliance with 45 CFR Sections 164.308, 164.310 and 164.312, and to prevent use or disclosure of Department PHI other than as provided for by this Agreement. Contractor shall implement reasonable and appropriate policies and procedures to comply with the standards, implementation specifications and other requirements of 45 CFR Section 164, subpart C, in compliance with 45 CFR Section 164.316. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities, and which incorporates the requirements of section 3, Security, below. Contractor will provide the Department with its current and updated policies upon request.

Findings: The County did not make available evidence demonstrating the County's compliance with ensuring compliance with the HIPAA Security Rule.

CD 6.2.3:

County Performance Contract, Exhibit E-1, 3, D, 9

9. Amendment of Department PHI. To make any amendment(s) to Department PHI that were requested by a patient and that the Department directs or agrees should be made to assure compliance with 45 CFR Section 164.526, in the time and manner designated by the Department, with the Contractor being given a minimum of twenty days within which to make the amendment.

45 CFR § 164.526

(a) *Standard: Right to amend.*

(1) *Right to amend.* An individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the protected health information is maintained in the designated record set.

(2) *Denial of amendment.* A covered entity may deny an individual's request for amendment, if it determines that the protected health information or record that is the subject of the request:

- (i) Was not created by the covered entity, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
- (ii) Is not part of the designated record set;
- (iii) Would not be available for inspection under § 164.524; or
- (iv) Is accurate and complete.

(b) *Implementation specifications: Requests for amendment and timely action -*

(1) *Individual's request for amendment.* The covered entity must permit an individual to request that the covered entity amend the protected health information maintained in the designated record set. The covered entity may require individuals to make requests for amendment in writing and to provide a reason to support a requested amendment, provided that it informs individuals in advance of such requirements.

(2) *Timely action by the covered entity.*

(i) The covered entity must act on the individual's request for an amendment no later than 60 days after receipt of such a request, as follows.

(A) If the covered entity grants the requested amendment, in whole or in part, it must take the actions required by paragraphs (c)(1) and (2) of this section.

(B) If the covered entity denies the requested amendment, in whole or in part, it must provide the individual with a written denial, in accordance with paragraph (d)(1) of this section.

(ii) If the covered entity is unable to act on the amendment within the time required by paragraph (b)(2)(i) of this section, the covered entity may extend the time for such action by no more than 30 days, provided that:

(A) The covered entity, within the time limit set by paragraph (b)(2)(i) of this section, provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will complete its action on the request; and

(B) The covered entity may have only one such extension of time for action on a request for an amendment.

(c) *Implementation specifications: Accepting the amendment.* If the covered entity accepts the requested amendment, in whole or in part, the covered entity must comply with the following requirements.

(1) *Making the amendment.* The covered entity must make the appropriate amendment to the protected health information or record that is the subject of the request for amendment by, at a

minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

(2) *Informing the individual.* In accordance with paragraph (b) of this section, the covered entity must timely inform the individual that the amendment is accepted and obtain the individual's identification of and agreement to have the covered entity notify the relevant persons with which the amendment needs to be shared in accordance with paragraph (c)(3) of this section.

(3) *Informing others.* The covered entity must make reasonable efforts to inform and provide the amendment within a reasonable time to:

- (i) Persons identified by the individual as having received protected health information about the individual and needing the amendment; and
- (ii) Persons, including business associates, that the covered entity knows have the protected health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

(d) *Implementation specifications: Denying the amendment.* If the covered entity denies the requested amendment, in whole or in part, the covered entity must comply with the following requirements.

(1) *Denial.* The covered entity must provide the individual with a timely, written denial, in accordance with paragraph (b)(2) of this section. The denial must use plain language and contain:

- (i) The basis for the denial, in accordance with paragraph (a)(2) of this section;
- (ii) The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
- (iii) A statement that, if the individual does not submit a statement of disagreement, the individual may request that the covered entity provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and
- (iv) A description of how the individual may complain to the covered entity pursuant to the complaint procedures established in § 164.530(d) or to the Secretary pursuant to the procedures established in § 160.306. The description must include the name, or title, and telephone number of the contact person or office designated in § 164.530(a)(1)(ii).

(2) *Statement of disagreement.* The covered entity must permit the individual to submit to the covered entity a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The covered entity may reasonably limit the length of a statement of disagreement.

(3) *Rebuttal statement.* The covered entity may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, the covered entity must provide a copy to the individual who submitted the statement of disagreement.

(4) *Recordkeeping.* The covered entity must, as appropriate, identify the record or protected health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the covered entity's denial of the request, the individual's statement of disagreement, if any, and the covered entity's rebuttal, if any, to the designated record set.

(5) *Future disclosures.*

- (i) If a statement of disagreement has been submitted by the individual, the covered entity must include the material appended in accordance with paragraph (d)(4) of this section, or, at the election of the covered entity, an accurate summary of any such information, with any subsequent disclosure of the protected health information to which the disagreement relates.
- (ii) If the individual has not submitted a written statement of disagreement, the covered entity must include the individual's request for amendment and its denial, or an accurate

summary of such information, with any subsequent disclosure of the protected health information only if the individual has requested such action in accordance with paragraph (d)(1)(iii) of this section.

(iii) When a subsequent disclosure described in paragraph (d)(5)(i) or (ii) of this section is made using a standard transaction under part 162 of this subchapter that does not permit the additional material to be included with the disclosure, the covered entity may separately transmit the material required by paragraph (d)(5)(i) or (ii) of this section, as applicable, to the recipient of the standard transaction.

(e) *Implementation specification: Actions on notices of amendment.* A covered entity that is informed by another covered entity of an amendment to an individual's protected health information, in accordance with paragraph (c)(3) of this section, must amend the protected health information in designated record sets as provided by paragraph (c)(1) of this section.

(f) *Implementation specification: Documentation.* A covered entity must document the titles of the persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation as required by § 164.530(j).

Findings: The County did not make available evidence demonstrating the County's compliance with the Amendment of Department PHI.

CD 6.2.4:

County Performance Contract, Attachment A, 1, A
Employee Training.

All workforce members who assist in the performance of functions or activities on behalf of the Department, or access or disclose Department PHI or PI must complete information privacy and security training, at least annually, at Contractor'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 termination of this Agreement.

Findings: The County did not make available evidence demonstrating the County's compliance with the completion of annual employee training regarding Information Privacy and Security training.

CD 6.2.5:

County Performance Contract, Attachment A, 1, C
Confidentiality Statement.

All persons that will be working with Department PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to Department PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for Department inspection for a period of six (6) years following termination of this Agreement.

Findings: The County did not make available evidence demonstrating the County's compliance with the annual requirement for all persons working with Department PHI or PI to sign a Confidentiality Statement.

CD 6.2.6:

County Performance Contract, Attachment A, 1, D
Background Check.

Before a member of the workforce may access Department PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.

Findings: The evidence demonstrating compliance with background screening for workforce members with access to Department PHI or PI did not include the following element:

- Background check documentation is retained for a period of three years.

Category 7: FISCAL

A review of the SABG fiscal services was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.1.1:

SABG Application, Enclosure 2, I, 2, F

F. Room and Board for Transitional Housing, Recovery Residences, and Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment

County may use SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), to cover the cost of room and board of residents in short term (up to 24 months) transitional housing and recovery residences. SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), may also be used to cover the cost of room and board of residents in DMC-ODS residential treatment facilities. For specific guidelines on the use of SABG funds for room and board, please refer to the SABG Policy Manual.

Findings: The County did not make available evidence regarding the allowability or appropriateness of using SABG discretionary funds to pay for room and board of residents in short term transitional housing and recovery residences.

CD 7.1.2:

SABG Application, Enclosure 3, I, 1, D, 3

D. Expense Allowability / Fiscal Documentation

3. If the allowability or appropriateness of an expense cannot be determined by DHCS because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles, and generally accepted governmental audit standards, all questionable costs may be disallowed and payment may be withheld by DHCS. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

Findings: The County did not make available evidence to demonstrate the County's knowledge of SABG expense allowability and appropriate fiscal documentation to satisfy compliance with this requirement.

TECHNICAL ASSISTANCE

Plumas County did not request Technical Assistance during this review.