

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



April 6, 2022

Sent via e-mail to: mcranfill@amadorgov.org

Melisa Cranfill, Director Amador County Behavioral Health 10877 Conductor Blvd., Suite 300 Sutter Creek, CA 95685

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Cranfill:

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 Amador 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 Amador County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Amador 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 6/06/2022. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez (916) 713-8667

> 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 Cranfill,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief Tracie Walker, Community Services Division, Community Support Branch Chief Denise Galvez, Community Services Division, Operations Branch Chief Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief Angelina Azevedo, Community Services Division, Family Services Unit Chief Ashley Love, Community Services Division, Family Services Unit Chief SABGcompliance@dhcs.ca.gov, Policy, Monitoring and Financing Section MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch Amy Hixson, Amador County Behavioral Health Care Program Manager

COUNTY REVIEW INFORMATION

County:

Amador

County Contact Name/Title:

Amy Hixson/Health Care Program Manager

County Address:

10877 Conductor Blvd., Suite 300, Sutter Creek, CA 95685

County Phone Number/Email:

(209) 223-6548 ahixson@amadorgov.org

Date of Review:

1/12/2022

Lead CCU Analyst:

Emanuel Hernandez

Assisting CCU Analyst:

N/A

Report Prepared by:

Emanuel Hernandez

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. Fiscal Year (FY) 2021-22 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
- c. State of California Youth Treatment Guidelines Revised August 2002
- d. DHCS Perinatal Practice Guidelines FY 2018-19
- e. National Culturally and Linguistically Appropriate Services (CLAS)
- f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
- g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 1/12/2022. The following individuals were present:

- Representing DHCS:
 Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Amador County:
 Melissa Cranfill, Amador County Health Care Program Director
 Amy Hixson, Amador County Health Care Program Manager
 Stephanie Hess, Amador County MHSA Coordinator
 Angie Grau, Amador County Compliance Officer
 Karen Vaughn, Amador County Fiscal & Administration Supervisor

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process Amador County Overview of Services

Exit Conference:

An Exit Conference was conducted via WebEx on 01/12/2022. The following individuals were present:

- Representing DHCS: Emanuel Hernandez, AGPA
- Representing Amador County:
 Melissa Cranfill, Amador County Health Care Program Director
 Amy Hixson, Amador County Health Care Program Manager
 Stephanie Hess, Amador County MHSA Coordinator
 Angie Grau, Amador County Compliance Officer
 Karen Vaughn, Amador County Fiscal & Administration Supervisor

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

	<u>Section</u>	Number of CD's
1.0	Administration	1
2.0	Prevention	0
3.0	Perinatal	0
4.0	Adolescent/Youth Treatment	3
5.0	Data/CalOMS	1
6.0	Program Integrity	2
7.0	Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the <u>SABG County Application</u>, <u>Enclosure 2</u>, <u>Part I</u>, <u>Section 3</u>, <u>B</u>, <u>5-7</u> 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 2021-22 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 deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.2.1:

SABG Application, Enclosure 2, III, 7

7. Master Provider File (MPF) Documentation Requirements

The Department shall generate a County MPF Report for the County on the last day of each month and shall send the report to the County. The County 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, County 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 County 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 County 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 County 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 County'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

Findings: The County did not provide evidence demonstrating the MPF and Out of County Referral (OOCR) Log were accurate.

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 4.2.1:

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/provgovpart/Pages/Youth-Services.aspx.

Youth Treatment Guidelines Section VIII, D, 1-2

D. Detoxification Services

Youth in need of detoxification services should be placed in the most appropriate site for the provision of services.

- 1. When indicated, appropriately trained personnel under the direction of a physician or other health care professional should monitor medical detoxification with specific expertise in management of alcohol and drug detoxification and withdrawal.
- 2. Written protocols should be developed and staff trained to ensure that all programs have the capacity to adequately manage and/or make referral arrangements for youth that appear at the program site under the influence.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers arrange detoxification services for youth in need.

CD 4.2.2:

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/provgovpart/Pages/Youth-Services.aspx.

Youth Treatment Guidelines Section V, K

K. Structured Recovery-Related Activities

Intensive outpatient and residential programs should provide or arrange for both therapeutic and diversionary recreation. Therapeutic activities include art therapy, journal writing, and self-help groups. Diversionary recreation activities include sports, games, and supervised outings.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers of intensive outpatient and residential programs arrange for both therapeutic and diversionary recreation for youth in treatment.

CD 4.2.3:

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/provgovpart/Pages/Youth-Services.aspx.

Youth Treatment Guidelines Section VIII, E, 1-2

- E. Buildings/Grounds
 - 1. All residential facilities must be licensed in accordance with applicable state licensing statutes and regulations and remain in compliance with such requirements.
 - 2. All facilities should be clean, sanitary, and in good repair at all times for the safety and well-being of youth, staff, and visitors.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers ensure facilities are in compliance with licensing and regulations.

Category 5: DATA/CALOMS

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

COMPLIANCE DEFICIENCY:

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, A-D

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

- A. The County shall be responsible for ensuring that the County-operated treatment services and all treatment providers, with whom County makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
- B. The County shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity, report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity.
- 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.
- D. The County shall ensure that all applicable providers are enrolled in DHCS'web-based DATARWeb program for submission of data, accessible on the DHCS website when executing the subcontract.

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 6.1.2:

SABG Application Enclosure 2, I, 3, A, 1, 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:
 - 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 via a Secure Managed File Transfer system specified by DHCS.

Findings: The County did provide evidence demonstrating it conducted onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services.

- The County monitored two (2) of two (2) SABG funded programs and submitted audit reports of these annual reviews to DHCS.
- None of the two (2) annual monitoring reports were submitted to DHCS secure and encrypted.
- None of the two (2) annual monitoring reports were submitted to DHCS within two weeks of completion.

CD 6.2.1:

SABG Application Enclosure 2, II, 19, L

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 provide evidence demonstrating compliance with Confidentiality of Substance Use Disorder Patient Records under 42 CFR Part 2, Subparts A-E.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.