



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

May 16, 2022

Sent via e-mail to: thobson@pcbh.services

Tony Hobson, Ph.D., Director  
Plumas County Behavioral Health Department  
270 County Hospital Road Ste. 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 2021-22 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 7/15/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at [SABGcompliance@dhcs.ca.gov](mailto:SABGcompliance@dhcs.ca.gov).

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

Sincerely,

Michael Bivians  
(916) 713-8966

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
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Distribution:

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:**

Jessica McGill/Quality Assurance and Compliance Manager

**County Address:**

270 County Hospital Road Ste. 109  
Quincy, CA 95971

**County Phone Number/Email:**

(530) 283-6307  
jmcgill@pcbh.services

**Date of Review:**

4/07/2022

**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. 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 4/7/2022. The following individuals were present:

- Representing DHCS:  
Michael Bivians, County Compliance Monitoring II (CCM II) Chief  
Michael Ulibarri, County/Provider Operations and Monitoring Branch Unit 3 (CPOMB) Chief
- Representing Plumas County:  
Tony Hobson, Plumas County Behavioral Health Director  
Jessica McGill, Plumas County Quality Assurance and Compliance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 4/7/2022. The following individuals were present:

- Representing DHCS:  
Michael Bivians, CCM II Chief
- Representing Plumas County:  
Tony Hobson, Plumas County Behavioral Health Director  
Jessica McGill, Plumas County Quality Assurance and Compliance Manager

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>	<u>Number of CD's</u>
1.0 Administration	8
2.0 Prevention	2
3.0 Perinatal	5
4.0 Adolescent/Youth Treatment	5
5.0 Data/CalOMS	1
6.0 Program Integrity	3
7.0 Fiscal	1

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the SABG County Application, Enclosure 2, Part I, Section 3, B, 5-7 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 deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **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](mailto: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](mailto: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](mailto: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](mailto:DHCSMPF@dhcs.ca.gov)



**Findings:** The County did not provide the requested evidence including the current FY 2021-22 Master Provider File (MPF) and Out of County Referral (OOCR) Log.

The County did not provide the requested evidence including the June 2021 Master Provider File (MPF) and Out of County Referral (OOCR) Log.

**CD 1.2.2:**

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 demonstrating the completion of sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award.

**CD: 1.4.1:**

SABG Application, Enclosure 2, I, 2, B, 2, d

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:

d. Language differences.

**Findings:** The County did not provide evidence of monitoring demonstrating that in planning for the provision of services, language differences are considered and addressed.

**CD: 1.4.2:**

SABG Application, Enclosure 2, I, 2, B, 2, g

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:

g. Needs of persons with a disability

**Findings:** The County did not provide evidence of monitoring demonstrating that in planning for the provision of services, the needs of persons with a disability are considered and addressed.

**CD: 1.5.1:**

SABG Application Enclosure 2, II, 17

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

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

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 County and subcontractor compliance with the Byrd Anti-Lobbying Amendment (31 USC 1352) provision.

The County did not provide evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, including the Byrd Anti-Lobbying Amendment (31 USC 1352) provision.

**CD: 1.5.2:**

SABG Application Enclosure 2, II, 22, A

22. Information Access for Individuals with Limited English Proficiency

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

SABG 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 subcontractor compliance with the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) provision.

**CD: 1.5.3:**

SABG Application Enclosure 2, II, 8

8. Nondiscrimination and Institutional Safeguards for Religious Providers

County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

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 County and subcontractor compliance with the Nondiscrimination and Institutional Safeguards for Religious Providers (USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54) provision.

The County did not provide evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Nondiscrimination and Institutional Safeguards for Religious Providers (USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54) provision.

**CD: 1.5.4:**

SABG Application, Enclosure 2, II, 13

13. Trafficking Victims Protection Act of 2000

County and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239.

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 Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239 provision.

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 Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239 provision.

## Category 2: PREVENTION

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

### COMPLIANCE DEFICIENCIES:

#### **CD: 2.1.1:**

##### SABG Application, Enclosure 2, I, 2, B, 2

2. County is required to have a current and DHCS approved County Strategic Prevention Plan (SPP). The SPP must demonstrate that the County utilized the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) in developing the plan as described online at: <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

DHCS will only approve SPP's that demonstrate that the County utilized the SPF.

**Findings:** The County did not provide evidence demonstrating the implementation of the current DHCS approved Strategic Prevention Plan with subcontractors.

**CD: 2.1.2:**

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

3. 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%20PPSDS Data Quality Standards.pdf](http://www.dhcs.ca.gov/progovpart/Documents/Substance%20Use%20Disorder-PPFD%20PPSDS%20Data%20Quality%20Standards.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. Prevention data is valid;
- 2. Prevention data is complete;
- 3. Prevention data is unique;
- 4. Prevention data is timely;
- 5. Prevention data is orderly;
- 6. Prevention data is accurate;
- 7. Prevention data is auditable; and
- 8. Prevention data is consistent.

**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 provide evidence describing the process to ensure the PPSDS data are Unique, Auditable and Consistent, in accordance with data quality standards.

## 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: 3.1.1:**

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/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

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.

Perinatal Practice Guidelines, Section B, 7

#### 7. ASSESSMENT AND PLACEMENT

It is essential for SUD providers to perform initial and ongoing assessments to ensure pregnant and parenting women are placed in the level of care that meets their needs.

SUD providers delivering perinatal residential services should attempt to obtain physical examinations for beneficiaries prior to or during admission. In addition, providers must obtain medical documentation that substantiates the woman's pregnancy.

Physical examination requirements are as follows:

- i. The physician shall review the beneficiary's most recent physical examination within 30 days of admission to treatment. The physical examination should be within a 12-month period prior to admission date.
- ii. Alternatively, the physician, a registered nurse, or a physician's assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.
- iii. If neither requirements stated in (i) or (ii) are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's initial or updated treatment plan, until the goal has been met.

**Findings:** The County did not provide evidence demonstrating how subcontractor providers delivering perinatal residential services attempt to obtain physical examinations for beneficiaries within the specified timelines prior to or during admission.

**CD 3.1.2:**

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/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

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.

Perinatal Practice Guidelines, Section B, 7

7. ASSESSMENT AND PLACEMENT

All SUD providers shall document treatment services, activities, sessions, and assessments.

In addition, the provider shall complete a personal, medical, and substance use history within 30 calendar days of admission to treatment.

Pregnant women who are dependent on opioids and have a documented history of addiction to opioids, may be admitted to maintenance treatment without documentation of a 2-year addiction history or two prior treatment failures.

Physicians shall reevaluate the pregnant woman no later than 60 days postpartum to determine whether continued maintenance treatment is appropriate.

**Findings:** The County did not provide evidence demonstrating how subcontracted providers document treatment services, activities, sessions, and assessments for pregnant women, specifically:

- Personal History completed within 30 days of admission to treatment.
- Medical History completed within 30 days of admission to treatment.
- Substance Use History completed within 30 days of admission to treatment.
- Physician reevaluation of pregnant beneficiary no later than 60 days postpartum.



**CD 3.1.3:**

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/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_/Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_/Perinatal-Practice-Guidelines.pdf).

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.

Perinatal Practice Guidelines, Section B, 9

9. REFERRALS

It is important to consistently provide pregnant and parenting women with the necessary and appropriate SUD treatment services. In the instance that a SUD treatment provider does not have the capacity or availability to provide the essential treatment services, arrangements should be made to ensure a woman receives the necessary treatment services.

When a SUD treatment provider has insufficient capacity to provide treatment services to a pregnant and/or parenting woman, the provider must provide a referral.

Providers shall establish, maintain, and update individual patient records for pregnant and parenting women, which shall include referrals.

If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

**Findings:** The County did not provide evidence demonstrating how subcontracted providers ensure perinatal clients receive a referral for Interim Services within 48 hours when capacity becomes a barrier at provider treatment facilities. The required Interim Services are as follows:

- Admit the woman no later than 14 days of the request; or
- Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request;
- Counseling and education about the risks and prevention of transmission of HIV and TB;
- Counseling and education about the risks of needle-sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling on the effects of alcohol and drug use on the fetus; and
- Referral for prenatal care.

**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/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

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.

Perinatal Practice Guidelines, Section B, 13

13. CASE MANAGEMENT

Case management allows for efficient use of resources, skills, and services across systems. Case management services are provided by a single point of contact who arranges, coordinates, and monitors the services to meet the needs of pregnant and parenting women and their families. Furthermore, case management offers cultural sensitivity and advocacy for each client.

SUD treatment providers must provide or arrange for case management to ensure that pregnant and parenting women, and their children, have access to the following services:

- i. Primary medical care, including prenatal care;
- ii. Primary pediatric care, including immunizations;
- iii. Gender-specific treatment; and
- iv. Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.

**Findings:** The County did not provide evidence demonstrating how subcontractors arrange, coordinate, and monitor services for pregnant and parenting women, and their children, through a single point of contact.

The County did not provide evidence demonstrating how subcontracted providers arrange case management to ensure pregnant and parenting women, and their children, have access to services, specifically:

- Primary medical care, including prenatal care;
- Primary pediatric care, including immunizations;
- Gender-specific treatment; and
- Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.

**CD 3.3.1:**

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/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

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.

Perinatal Practice Guidelines, Section B, 8

8. TREATMENT PLANNING

It is important to develop an individual treatment plan for each pregnant and parenting woman with a SUD. This helps to ensure that pregnant and parenting women are receiving the most effective care for their SUD.

Individual treatment planning shall be provided to pregnant and parenting women. The provider shall prepare an individualized treatment plan based on the information obtained at intake and assessment. SUD treatment providers shall make an effort to engage all beneficiaries, including pregnant and parenting women, to meaningfully participate in the preparation of the initial and updated treatment plans.

In addition, providers offering perinatal services shall address treatment issues specific to the pregnant and parenting women. Perinatal-specific services shall include the following:

- i. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- ii. Access to services, such as arrangement for transportation;
- iii. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- iv. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

**Findings:** The County did not provide evidence demonstrating how subcontracted providers prepare individualized treatment plans for pregnant and parenting women.

The County did not provide evidence demonstrating how subcontracted perinatal providers ensure treatment for pregnant and parenting women includes perinatal-specific services, specifically:

- Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- Access to services, such as arrangement for transportation;
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination of ancillary services, such as medical/dental, education, social services, and community services.

## 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/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section V, F, 6-7

#### F. Treatment Planning

6. The treatment plan should include goals with realistic objectives and timeframes for completing. These should be mutually agreed upon by the program, the youth, and, whenever possible, his or her family/caregiver.
  
7. The initial treatment plan should be completed at least within 30 days of admission. Progress in treatment should be regularly monitored and treatment plans modified as needs arise or change during treatment, at various stages of the youth's development and recovery, or at least every six months.

**Findings:** The County did not provide evidence demonstrating how subcontracted providers comply with treatment planning for adolescent/youth clients.

**CD 4.1.2:**

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, H, 1

H. Youth Development Approaches to Treatment

1. Programs should integrate a youth development philosophy as the foundation of treatment for youth. Youth development approaches include the following:
  - a. assessment and treatment planning processes that are strength-based rather than deficit-based;
  - b. uncovering what is unique about the youth and building on his/her individual abilities and strengths;
  - c. frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth; and,
  - d. encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

**Findings:** The County did not provide evidence demonstrating how subcontracted providers integrate a youth development philosophy as the foundation of treatment for youth, including:

- assessment and treatment planning processes that are strength-based rather than deficit-based;
- uncovering what is unique about the youth and building on his/her individual abilities and strengths;
- frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth; and
- encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

**CD 4.1.3:**

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 V, H, 2

H. Youth Development Approaches to Treatment

2. Programs should provide or arrange for opportunities for youth to:

- a. advise and made decisions related to program policies and procedures that impact them;
- b. plan, organize, and lead program activities and projects;
- c. develop social skills and decision-making abilities;
- d. learn values and marketable skills for adulthood; and,
- e. contribute to their community and serve others.

**Findings:** The County did not provide evidence demonstrating how County and subcontracted providers arrange opportunities for youth, specifically:

- advise and made decisions related to program policies and procedures that impact them;
- plan, organize, and lead program activities and projects;
- develop social skills and decision-making abilities;
- learn values and marketable skills for adulthood; and
- contribute to their community and serve others.

**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 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 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: 5.1.1:**

#### 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.



## 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, a-b

1. County's performance under the Performance Contract and the SABG County Application, shall be monitored by DHCS during the term of the Performance Contract. Monitoring criteria shall include, but not be limited to:
  - a. Whether the quantity of work or services being performed conforms to Enclosures 2, 3, 4, and 5.
  - b. Whether the County has established and is monitoring appropriate quality standards.

**Findings:** The County did not provide current blank monitoring tools used to monitor County and subcontracted providers for compliance with SABG program requirements.

#### **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 not provide evidence demonstrating it conducted any onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services.

#### **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 subcontractor compliance with Confidentiality of Substance Use Disorder Patient Records under 42 CFR Part 2, Subparts A-E.

## Category 7: FISCAL

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

### COMPLIANCE DEFICIENCY:

#### **CD 7.1.2:**

#### SABG Application, Enclosure 2, I, 2, I, 1-3

- I. Restrictions on Use of SABG Funds to Pay for Services Reimbursable by Medi-Cal
  1. County shall not utilize SABG funds to pay for a service that is reimbursable by Medi-Cal.
  2. The County may utilize SABG funds to pay for a service included in the California State Plan or the Drug Medi-Cal Organized Delivery System (DMC-ODS), but which is not reimbursable by Medi-Cal.
  3. If the County utilizes SABG funds to pay for a service that is included in the California State Plan or the DMC-ODS, the County shall maintain documentation sufficient to demonstrate that Medi-Cal reimbursement was not available.

**Findings:** The County did not provide evidence demonstrating verification that SABG funds used to pay for services reimbursable by Medi-Cal are consistent with restrictions, specifically:

- County shall not utilize SABG funds to pay for a service that is reimbursable by Medi-Cal;
- The County may utilize SABG funds to pay for a service included in the California State Plan or the Drug Medi-Cal Organized Delivery System (DMC-ODS), but which is not reimbursable by Medi-Cal; and
- If the County utilizes SABG funds to pay for a service that is included in the California State Plan or the DMC-ODS, the County shall maintain documentation sufficient to demonstrate that Medi-Cal reimbursement was not available.

## **TECHNICAL ASSISTANCE**

Plumas County did not request Technical Assistance during this review.