



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 29, 2022

Sent via e-mail to: cboyden@smcgov.org

Clara Boyden, Deputy Director, Alcohol and Other Drug Services
San Mateo County Behavioral Health and Recovery Services
310 Harbor Blvd., Building E
Belmont, CA 94002

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Deputy Director Boyden:

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

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

Enclosed are the results of San Mateo County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Mateo 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 5/31/2022. 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 katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

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: Deputy Director Boyden,

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
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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
Jessica Fielding, Community Services Division, Family Services Section Chief
Angelina Azevedo, Community Services Division, Prevention 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
Diana Hill, Health Services Manager, San Mateo Behavioral Health and Recovery Services

COUNTY REVIEW INFORMATION

County:

San Mateo County

County Contact Name/Title:

Diana Hill/Health Services Manager

County Address:

310 Harbor Blvd., Building E, Belmont, CA 94002

County Phone Number/Email:

(650) 802-7695

dhill@smcgov.org

Date of Review:

1/25/2022

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

N/A

Report Prepared by:

Katrina Beedy

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 1/25/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
- Representing San Mateo County:
Clara Boyden, Deputy Director
Diana Hill, Health Services Manager
Edith Cabuslay, Program Services Manager
Christine O'Kelly, BHRS Supervisor
Desirae Miller, BHRS Supervisor
Betty Ortiz-Gallardo, Interim Quality Manager

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 1/25/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
- Representing San Mateo County:
Clara Boyden, Deputy Director
Diana Hill, Health Services Manager
Edith Cabuslay, Program Services Manager
Christine O'Kelly, BHRS Supervisor
Desirae Miller, BHRS Supervisor
Betty Ortiz-Gallardo, Interim Quality 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	6
2.0 Prevention	0
3.0 Perinatal	2
4.0 Adolescent/Youth Treatment	2
5.0 Data/CalOMS	3
6.0 Program Integrity	2
7.0 Fiscal	0

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 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 Out of County Referral (OOCR) Log was accurate.

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 1.3.1:

SABG Application, Enclosure 2, III, 6

6. Charitable Choice

County shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The County shall annually submit this information to DHCS by e-mail at CharitableChoice@dhcs.ca.gov by October 1st. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS.

Findings: The County did provide the email submission to DHCS indicating the total number of referrals necessitated by a beneficiary's religious objection for FY 2020-21. However, the email submission was submitted to DHCS after the October 1, 2021 deadline.

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.

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 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 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.

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 County and/or subcontractor providers obtain medical documentation that substantiates the woman's pregnancy.

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.

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:

- Physician reevaluation of pregnant beneficiary no later than 60 days postpartum.

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 4.1.3:

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 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 4.2.1:

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 the County and subcontracted providers arrange detoxification services for youth in need.

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, 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: 5.1.2:

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. 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 Provider report is not in compliance.

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: 6.1.1:

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 provide current blank monitoring tools used to monitor County and subcontracted providers for compliance with the SABG program requirements. However, the monitoring tools provided did not include the following element:

- Charitable Choice

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 onsite monitoring reviews of each subcontracted program providing SABG funded services.

- The County monitored 11 of 27 SABG funded programs and submitted audit reports of these annual reviews to DHCS.
- The County submitted eight (8) of 11 annual monitoring reports secure and encrypted within two weeks of completion to DHCS.

TECHNICAL ASSISTANCE

The County Compliance Unit (CCU) Analyst made a referral for the County to receive assistance in the following area:

CalOMS-Tx and DATAR: The County would like suggestions on how best to catch up on its Open Admissions and further clarifying instruction on the Provider No Activity Reports.

The County would also like to learn how to remove programs that no longer provide treatment services from CalOMS DATAR.