

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



GAVIN NEWSOM GOVERNOR

August 2, 2022

Sent via e-mail to: scollard@co.siskiyou.ca.us

Sarah Collard, Ph.D., Director Siskiyou County Health and Human Services Agency 2060 Campus Drive Yreka, CA 96097

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Collard:

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

Siskiyou 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 10/3/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at <u>SABGcompliance@dhcs.ca.gov</u>.

If you have any questions, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer (916) 713-8677

> 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 Collard,
- CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief Avesha 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 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 Toby Reusze, Siskiyou County AOD Administrator Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I

# **COUNTY REVIEW INFORMATION**

## County:

Siskiyou

### **County Contact Name/Title:**

Toby Reusze, Program Manager

## **County Address:**

2060 Campus Drive Yreka, CA 96097

### **County Phone Number/Email:**

530-841-4789 treusze@co.siskiyou.ca.us

#### Date of Review:

6/22/2022

### Lead CCU Analyst:

Susan Volmer

## Assisting CCU Analyst:

Michael Bivians

### **Report Prepared by:**

Susan Volmer

### **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 6/22/2022. The following individuals were present:

- Representing DHCS: Susan Volmer, Associate Governmental Program Analyst (AGPA) Michael Bivians, Michael Bivians, County Compliance Monitoring II (CCM II) Chief Becky Counter, AGPA
- Representing Siskiyou County: Toby Reusze, AOD Administrator Sarah Collard, Director of Health and Human Services Agency Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I

During the Entrance Conference, the following topics were discussed:

- Introductions
- Siskiyou County overview of services
- Overview of monitoring process

#### Exit Conference:

An Exit Conference was conducted via WebEx on 6/22/2022. The following individuals were present:

- Representing DHCS: Susan Volmer, AGPA Michael Bivians, CCM II Chief Becky Counter, AGPA
- Representing Siskiyou County: Toby Reusze, AOD Administrator Sarah Collard, Director of Health and Human Services Agency Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I

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)

## Section

### Number of CD's

| 1.0 | Administration             | 2 |
|-----|----------------------------|---|
| 2.0 | Prevention                 | 0 |
| 3.0 | Perinatal                  | 0 |
| 4.0 | Adolescent/Youth Treatment | 0 |
| 5.0 | Data/CalOMS                | 1 |
| 6.0 | Program Integrity          | 1 |
| 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.</u>

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 1.2.2:

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: 1.5.3:

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

# 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 (<u>https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-</u><u>Treatment.aspx</u>) 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: <u>https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx</u>

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

### COMPLIANCE DEFICIENCY:

#### 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 sentvia a Secure Managed File Transfer system specified by DHCS.

**Findings:** The County did not 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.
- The County did not submit annual monitoring reports secure and encrypted to DHCS and within two weeks of completion.

# **TECHNICAL ASSISTANCE**

Siskiyou County did not request Technical Assistance (TA) during this review.