



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 2, 2022

Sent via e-mail to: ecowan@solanocounty.com

Emery Cowan, Interim Behavioral Health Director
Behavioral Health Division
Solano County Department of Health & Social Services
275 Beck Ave.
Fairfield, CA 94533

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Cowan:

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

Solano 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 SABGcompliance@dhcs.ca.gov.

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
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Sacramento, CA 95814
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Distribution:

To: Director Cowan,

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Rob George, Solano County SUD Quality Assurance Manager
Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program,
Program Manager I

COUNTY REVIEW INFORMATION

County:

Solano

County Contact Name/Title:

Rob George, SUD Quality Assurance Manager

County Address:

275 Beck Ave.
Fairfield, CA 94533

County Phone Number/Email:

707-784-8320
RGeorge@solanocounty.com

Date of Review:

6/24/2022

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 6/24/2022. 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
- Representing Solano County:
Rob George, SUD Quality Assurance Manager
Kate Grammy, SUD Administrator
Judeth Greco-Gregory, Mental Health Clinical Supervisor
Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I
Nicole Talley, Partnership HealthPlan of California, Behavioral Health Senior Program Manager

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 6/24/2022. The following individuals were present:

- Representing DHCS:
Susan Volmer, AGPA
Michael Bivians, CCM II Chief
- Representing Solano County:
Rob George, SUD Quality Assurance Manager
Kate Grammy, SUD Administrator
Judeth Greco-Gregory, Mental Health Clinical Supervisor
Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I
Nicole Talley, Partnership HealthPlan of California, Behavioral Health Senior Program 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	1
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	3
6.0 Program Integrity	2
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 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 of the June 2021 Master Provider File (MPF) and Out of County Referral (OOCR) Log.

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 not provide evidence of the email submission to DHCS indicating the total number of referrals necessitated by a beneficiary's religious objection for FY 2020-21.

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 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.

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

COMPLIANCE DEFICIENCY:

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.

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 to an available provider if the capacity becomes a barrier at the first placement choice.

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; and
- Referral for prenatal care.

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. 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 theDHCS 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 a current blank monitoring tools used to monitor subcontracted providers for compliance with the SABG program requirements. However, the monitoring tools provided did not include the following elements:

- Charitable Choice
- IVDU Services
- Interim Services
- CalOMS/DATAR
- CLAS Standards
- Trafficking Victims Protection Act 2000 (TVPA)

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 County managed and subcontracted program providing SABG funded services.

- The County monitored two (2) of 19 SABG funded programs.
- None of the two (2) annual monitoring reports were submitted to DHCS secure and encrypted.

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 7.1.1:

SABG Application, Enclosure 2, I, 2, A

A. Restrictions on Salaries

County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: http://grants.nih.gov/grants/policy/salcap_summary.htm

Findings: The County did not provide evidence demonstrating verification that SABG funds are not used to pay an individual's salary in excess of Level II of the Executive Schedule.

TECHNICAL ASSISTANCE

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