

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



GAVIN NEWSOM GOVERNOR

December 27, 2019

Sent via e-mail to: dsackman@co.calaveras.ca.us

David Sackman, Deputy Director Calaveras Health and Human Services Agency 891 Mountain Ranch Road San Andreas, CA 95249

SUBJECT: Annual County Compliance Unit Report

Dear Deputy Director Sackman:

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 Calaveras 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 Calaveras County's State Fiscal Year 2019-20 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Calaveras County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Community Services Division (CSD), Community Support Branch (CSM), Policy, Monitoring and Financing Section (PMFS) Analyst by 1/27/2020. Please use the enclosed CAP plan form when completing the CAP. CAP and supporting CAP documentation to be e-mailed to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions regarding this report, please contact me.

Sincerely,

Becky Counter (916) 713-8567 becky.counter@dhcs.ca.gov

> 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 Sackman,
- CC: Kelly Molohan, Audit and Investigation, Medical Review Branch Chief Lanette Castleman, Audit and Investigation, Behavioral Health Compliance Section Chief Mayumi Hata, Audit and Investigation, County Compliance Unit Chief Janet Rudnick, Audit and Investigation, Provider Compliance Unit Chief Autumn Boylan, Medi-Cal Behavioral Health Division, Plan and Network Monitoring Branch Chief Tracie Walker, Community Services Division, Community Support Branch Chief Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief Denise Galvez, Community Services Division, Youth Services Section Chief SABGcompliance@dhcs.ca.gov, Policy, Monitoring and Financing Section CountySupport@dhcs.ca.gov, County and Provider Monitoring MHSDcompliance@dhcs.ca.gov, County and Provider Monitoring
 - Robb Fulgham, Calaveras County AOD Supervisor

Lead CCU Analyst: Becky Counter Assisting CCU Analyst(s): N/A	Date of Review: 12/4/2019	
County: Calaveras	County Address: 891 Mountain Ranch Road San Andreas, CA 95249	
County Contact Name/Title: David Sackman, Deputy Director	County Phone Number/Email: 209-754-2809 dsackman@co.calaveras.ca.us	
Report Prepared by: Becky Counter	Report Approved by: Mayumi Hata	

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: Substance Abuse Prevention and Treatment Block
- d. Health and Safety Code, Division 10.5, Section 11750 11970: Alcohol and Drug Programs
- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
 - b. State of California Youth Treatment Guidelines Revised August 2002
 - c. DHCS Perinatal Practice Guidelines FY 2018-19
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 891 Mountain Ranch Road, San Andreas, CA 95249 on 12/4/2019. The following individuals were present:

- Representing DHCS: Becky Counter, Associate Governmental Program Analyst (AGPA) Mayumi Hata, Staff Services Manager II (SSMII)
- Representing Calaveras County: David Sackman, LMFT, Deputy Director Robb Fulgham, Supervisor

During the Entrance Conference the following topics were discussed:

- DHCS provided an overview of the monitoring purpose and process
- Reviewed the site review agenda

Exit Conference:

An exit conference was conducted at 891 Mountain Ranch Road, San Andreas, CA 95249 on 12/4/2019. The following individuals were present:

- Representing DHCS: Becky Counter, Associate Governmental Program Analyst (AGPA) Mayumi Hata, Staff Services Manager II (SSMII)
- Representing Calaveras County: David Sackman, LMFT, Deputy Director Robb Fulgham, Supervisor

During the Exit Conference the following topics were discussed:

- DHCS reviewed compliance deficiencies
- Discussed recommendations

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	2
2.0 SABG Monitoring	1
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	1
9.0 Fiscal	1
10.0 Previous CAP	0

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 5-8 each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report.

Please provide the following within the completed SFY 2019-20 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.

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.4:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, C

C. Sub-recipient Pre-Award Risk Assessment: Contractor shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards. Contractor, grant second-tier sub-recipient (subcontractors) annually prior to making an award. Contractor subcontractor and retain documentation for audit purposes.

Finding: The County did not conduct pre-award risk assessments for SFY 2019-20.

CD 1.8:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, S

S. Byrd Anti-Lobbying Amendment (31 USC 1352) Contractor 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. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

SABG State-County Contract Exhibit A, Attachment I A2, Part II, Y

Y. Subcontract Provisions Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate County and Subcontractor compliance with the Byrd Anti-Lobbying Amendment.

2.0 SABG MONITORING

The following deficiency in the SABG monitoring requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.9:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, X, 1

- X. Information Access for Individuals with Limited English Proficiency
 - 1. Contractor 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 State-County Contract Exhibit A, Attachment I A2, Part II, Y

Y. Subcontract Provisions Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate County and Subcontractor compliance with the Dymally-Alatorre Bilingual Services Act.

7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx) AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)

The following deficiency in CalOMS and DATAR regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 7.34.b:

State-County Contract, Exhibit A, Attachment I A2, Part III, B, 3-6

- 3. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
- 4. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection.
- 5. Contractor 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.
- 6. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

State-County Contract, Exhibit A, Attachment I A2, Part III, E, 3

3. The Contractor shall ensure that all DATAR reports are submitted by either Contractoroperated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County's open admission report is not current.

8.0 PRIVACY AND INFORMATION SECURITY

The following deficiency in Privacy and Information Security regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 8.36:

SABG State-County Contract Exhibit A, Attachment I A2, Part II, H

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996 All work performed under this Contract is subject to HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit F for additional information.

State-County Contract Exhibit F A1, Exhibit F-1, 3, D, 4

4. Security Officer.

Contractor shall designate a Security Officer to oversee its data security program who shall be responsible for carrying out the requirements of this section and for communicating on security matters with the Department.

State-County Contract Exhibit F A1, Exhibit F-2, 3, B, 10

10. Designation of Individual Responsible for Security.

Contractor shall designate an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for carrying out the requirements of this Exhibit F-2 and for communicating on security matters with the Department.

State-County Contract Exhibit F A1, Attachment I, I, A

- I. Personnel Controls.
 - A. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DHCS, or access or disclose DHCS PHI or PI must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following contract termination.

Finding: The County did not provide evidence of compliance with the regulations for information privacy and security training.

9.0 Fiscal

The following deficiency in Privacy and Information Security regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 9.38:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 2, A

A. Restrictions on Salaries

Contractor agrees that no part of any federal funds provided under this Contract shall be used by the Contractor or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. Salary and wages schedules may be found at https://grants.nih.gov/grants/policy/salcap_summary.htm. SABG funds used to pay a salary in excess of the rate of basic pay for Level I of the Executive Schedule shall be subject to disallowance. The amount disallowed shall be determined by subtracting the individual's actual salary from the Level I rate of basic pay and multiplying the result by the percentage of the individual's salary that was paid with SABG funds (Reference: Terms and Conditions of the SABG award).

Finding: The County did not provide evidence the County is monitoring compliance with regulations regarding SABG funds and the requirements on CEO salary caps.

TECHNICAL ASSISTANCE

Calaveras County did not request technical assistance for FY 2019-20.