



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 16, 2019

Sent via e-mail to: mmann@inyocounty.us

Marilyn Mann, HHS Assistant Director-SUD Administrator
Inyo County Health and Human Services
163 May Street
Bishop, CA 93514

SUBJECT: Annual County Performance Unit Report

Dear Assistant Director Mann:

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 State Plan Drug Medi-Cal (DMC) Contract operated by Inyo County.

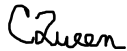
The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Inyo County's 2018-19 SABG and State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, new requirements, and referrals for technical assistance.

Inyo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/15/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

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

Sincerely,


Cassandra Queen
(916) 713-8568
cassandra.queen@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
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Distribution:

To: Assistant Director Mann

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Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
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Jessica Fielding, Office of Women, Perinatal and Youth Services Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Gail Zwier, Inyo County, HHS Deputy Director

Lead CPU Analyst: Cassandra Queen	Date of Review: March 2019
Assisting CPU Analyst(s): N/A	
County: Inyo	County Address: 163 May Street Bishop, CA 93514
County Contact Name/Title: Gail Zwier, HHS Deputy Director	County Phone Number/Email: (760) 873-5888 gzwier@inyocounty.us
Report Prepared by: Cassandra Queen	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAP with CDs were discussed and are still outstanding.

2017-18:

2.21:

Finding: The County did not submit all required SABG monitoring and auditing reports for FY 16-17 to DHCS within two weeks of report issuance.

Reason for non-clearance of CD: The County did not provide a reason for non-clearance. [HC(1)]

Original expected date of completion: 2/28/19

Updated/revised date of completion: 8/1/19

2.23:

Finding: The County did not identify how the following barriers to services are considered and addressed:

- Failure to survey or otherwise identify the barriers to service accessibility.
- Needs of persons with a disability.

Reason for non-clearance of CD: The County did not provide a reason for non-clearance. [HC(2)]

Original

Original expected date of completion: 2/28/19

Expected date of completion: 1/31/19

Updated/revised date of completion: 8/1/19

9.65:

Finding: The County did not meet the annual onsite review requirement for all DMC providers.

Reason for non-clearance of CD: The County did not provide a reason for non-clearance. [HC(3)]

Original expected date of completion: 2/28/19

Updated/revised date of completion: 8/1/19

9.66:

Finding: The County did not submit DMC monitoring reports.

Reason for non-clearance of CD: The County did not provide a reason for non-clearance.

Original expected date of completion: 2/28/19

Updated/revised date of completion: 8/1/19

9.73:

Finding: The County did not have a process for reporting complaints to DHCS regarding a DMC facility.

Reason for non-clearance of CD: The County did not provide a reason for non-clearance.

Original expected date of completion: 2/28/19

Updated/revised date of completion: 8/1/19

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) and new requirement (NR) 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. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP.

- a) A statement of the CD/NR.
- b) A list of action steps to be taken to correct the CD/NR.
- c) A date of completion for each CD/NR.
- d) Individual responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

SUMMARY OF FY 2018-19 COMPLIANCE DEFICIENCIES / NEW REQUIREMENTS

Section:	Number of CD's/NR's:
1.0 Administration	1
2.0 SABG Monitoring	2
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 Drug Medi-Cal (DMC)	10

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 AI, Part I, Section 3, 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 in SFY 2018-19.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1, (e)
Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:

- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:
SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not monitor two of two County providers for SABG program and fiscal requirements.

CD 2.15:

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1 (a-e)
Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to: a)
Whether the quantity of work or services being performed conforms to Exhibit B.

- b) Whether the Contractor has established and is monitoring appropriate quality standards.*
- c) Whether the Contractor is abiding by all the terms and requirements of this Contract.*
- d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Practice Guidelines (Document 1G).*
- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:*

*SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not submit two of two SABG monitoring reports for SFY 17-18 to DHCS within two weeks of report issuance.

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

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.34.b:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 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.*
- (5) Contractor shall submit CalOMS-Tx admissions, 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 CalOMsTx 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.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

Contractor shall comply with the treatment and prevention data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding SABG funds.

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

8.0 PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 8.37:

45 CFR Section 164.526

SABG State-County Contract, Exhibit F, F-1, 3, D, 10

Amendment of Department PHI. To make any amendment(s) to Department PHI that were requested by a patient and that the Department directs or agrees should be made to assure compliance with 45 CFR Section 164.526, in the time and manner designated by the Department, with the Contractor being given a minimum of twenty days within which to make the amendment.

Finding: The County does not have a process in place for addressing beneficiary PHI amendment requests in compliance with 45 CFR Section 164.526.

9.0 DRUG MEDI-CAL

The following requirements for DMC regulations, standards, and protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 9.43:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, 5 a

Contractor shall include instructions on record retention in any subcontract with providers and mandate all providers to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code, Section 14124.1 and 42 CFR Section 433.32, and 22 CCR Section 51341.1.

W&I Code, Section 14124.1

... Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Finding: The County did not provide evidence that records are retained for ten years from the final date of the contract period between the plan and the provider from the date of completion of any auditor or from the date the service was rendered, whichever is later.

CD 9.45:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) Outpatient drug-free treatment*
- b) Narcotic replacement therapy*
- c) Naltrexone treatment*
- d) Intensive Outpatient Treatment*
- e) Perinatal Residential Substance Abuse Services (excluding room and board)*

Finding: The County does not have assessment and referral procedures for *Outpatient Drug-Free Treatment, Narcotic Replacement Therapy, Naltrexone Treatment, Intensive Outpatient Treatment, and Perinatal Residential Treatment (excluding room and board)*. Additionally, the County does not arrange for these services to be provided to DMC beneficiaries leaving them without access to:

- a) Outpatient drug-free treatment*
- b) Narcotic replacement therapy*
- c) Naltrexone treatment*
- d) Intensive Outpatient Treatment*
- e) Perinatal Residential Substance Abuse Services (excluding room and board)*

CD 9.48:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 4, c
Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:
Minimum Quality Treatment Standards, Document 2F(a)

Finding: The County did not demonstrate compliance with the Minimum Quality Drug Treatment Standards for DMC.

CD 9.60:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR 51341.1(h)(7)

Drug Medi-Cal Substance Use Disorder Services.

Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered.

Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal Treatment slot.

§ 50090.

Share of Cost.

Share of cost means a person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cards.

Finding: The County did not provide evidence that the County accepts proof of DMC eligibility as payment in full for drug treatment services.

CD 9.61:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 2

Covered services, whether provided directly by the Contractor or through subcontractors with DMC certified and enrolled programs, shall be provided to beneficiaries without regard to the beneficiaries' county of residence.

Finding: The County did not provide evidence they allow out of county residents to be treated under DMC funding. does not provide services to beneficiaries who reside out of county.

CD 9.65:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

§ 51341.1 (b) (28) (i) (f) (ii)

...The substance use disorder medical director's responsibilities shall at a minimum include all of the following:

(a) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.

(b) Ensure that physicians do not delegate their duties to non-physician personnel.

- (c) Develop and implement medical policies and standards for the provider.*
- (d) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards...*

Finding: The County did not provide evidence that all DMC programs have medical policies and standards developed and approved by the program medical director.

CD 9.66:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

It is further agreed this Contract is controlled by applicable provisions of:

- (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq.,*
- (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and*
- (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).*

§ 51341.1 (b) (28) (i) (f) (iii)

... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

Finding: The County did not provide evidence ensuring DMC program medical directors receive five hours annually of continuing medical education units in addiction medicine.

10.0 TECHNICAL ASSISTANCE

Although Inyo County did not request TA for FY 18-19, DHCS recommends Inyo County request technical assistance on the provision of DMC services to come into compliance with the State/County Contract.