



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 12, 2019

Sent via e-mail to: ckothari@mariposahsc.org

Chevon Kothari, Director
Mariposa County Human Services
5362 Lemee Lane
Mariposa, CA 95338

SUBJECT: Annual County Performance Unit Report

Dear Director Kothari:

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 Mariposa 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 Mariposa County's 2018-19 SABG and State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Mariposa County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 9/11/2019. 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,

A handwritten signature in black ink that reads 'C. Queen'.

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

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
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Distribution:

To: Director Kothari

CC: Tracie Walker, Performance & Integrity Branch Chief
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Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
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Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Lynn Rumfelt, Mariposa County Human Services, Administrative Analyst I

Lead CPU Analyst: Cassandra Queen	Date of Review: July 2019
Assisting CPU Analyst(s): N/A	
County: Mariposa	County Address: 5362 Lemee Lane Mariposa, CA 95338
County Contact Name/Title: Lynn Rumfelt, Administrative Analyst I	County Phone Number/Email: (202) 742-0821 lrumfelt@mariposahsc.org
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 Grant
 - 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
 - f. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	2
2.0 SABG Monitoring	5
3.0 Perinatal	1
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	0
9.0 Drug Medi-Cal (DMC) (DMC-ODS)	5

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

2016-17:

CD 1.3:

Finding: The County does not include a provision addressing no unlawful use of or no unlawful messaging around drugs or alcohol associated with the program within subcontracted provider contracts.

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

County plan to remediate: Mariposa County is updating all contracts for SUD services to include this provision. Currently Changing Echos, Today is a New Day, Community Social Model Advocates, Aegis and His Way are updated. All future contracts will include this provision.

Original expected date of completion: 7/20/18

Updated/ revised date of completion: 9/30/19

CD 1.7:

Finding: The County does not include a provision that addresses compliance with counselor certification within subcontracted provider contracts.

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

County plan to remediate: Mariposa County is updating all contracts for SUD services to include this provision. Currently Changing Echos, Today is a New Day, Community Social Model Advocates, Aegis and His Way are updated. All future contracts will include this provision.

Original expected date of completion: 7/20/18

Updated/ revised date of completion: 9/30/19

2017-18:

CD 1.8:

Finding: The County did not conduct the 2017-18 annual risk assessment for each subcontractor prior to making an award.

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

County plan to remediate: A risk assessment tool chosen and is to be utilized prior to executing all future contracts.

Original expected date of completion: 4/1/19

Updated/ revised date of completion: 12/31/19

CD 1.9:

Finding: The County did not provide a copy of a risk assessment.

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

County plan to remediate: The County has contracted with Aegis to assist in the process of conducting an internal risk assessment.

Original expected date of completion: 4/1/19

Updated/ revised date of completion: 12/31/19

CD 1.11:

Finding: The County did not provide guidelines for contracted housing providers.

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

County plan to remediate: Contracts were updated to include client participation in treatment, however Mariposa County will be updating the contract templates to include a section on reporting and termination of housing supports if the client is not actively participating in treatment.

Original expected date of completion: 4/1/19

Updated/ revised date of completion: 9/30/19

CD 8.56:

Finding: The County did not provide a policy currently in place to determine employee eligibility to access PHI or PI.

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

County plan to remediate: Mariposa County finalized the Confidentiality and Security of Information P&P on 12/21/18, which outlines staff access to client information by job description.

Original expected date of completion: 1/24/19

Updated/ revised date of completion: 9/30/19

NR 1.14:

Finding: According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfill the new requirements must be submitted.

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

County plan to remediate: Mariposa County has updated the Minimum Quality Drug Treatment Standards Matrix and maintains monitoring on compliance with employee records. The county will complete the draft Policy and Procedure on MQDTS.

Original expected date of completion: 1/24/19

Updated/ revised date of completion: 9/30/19

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) 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 compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU 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 1.6:

SABG State-County Contract, Exhibit A, Attachment I AI, Part III, F

Contractor shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The Contractor shall annually submit this information to DHCS' Program Support and Grants Management Branch by e-mail at CharitableChoice@dhcs.ca.gov by October 1...

Finding: The County did not submit documentation of the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2018.

CD 1.7:

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

Contractor may use SABG discretionary funds to cover the cost of room and board of residents living in temporary, drug and alcohol free, transitional housing if the resident is actively engaged in treatment for a medically necessary SUD provided to the resident off-site. Contractor shall develop guidelines for contracted housing providers and provide monitoring and oversight and fulfill all SABG reporting requirements. Contractors and subcontractors using SABG discretionary funds to cover the cost of room and board for transitional housing shall:

- 1. Facilitate the beneficiary's movement in recovery from a SUD to independent living and integration into post treatment return or re-entry into the community.*
- 2. Require that all individuals in the transitional housing be engaged in SUD treatment, off-site, at all times during the individual's stay.*
- 3. Ensure payment of room and board expenses for a residential stay be limited to short term (up to 24 months).*
- 4. Ensure the transitional housing be secure, safe, and alcohol and drug free.*

Finding: The County did not provide evidence of guidelines for transitional housing providers.

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 five of five County providers for all SABG fiscal requirements.

CD 2.10:

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
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Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not provide evidence that all SABG program requirements are monitored. Verification that the following criteria are monitored could not be found:

- DATAR
- Fiscal Requirements

CD 2.13:

SABG State-County Contract, Exhibit A, Attachment I AI, Part I, Section 2, F
Contractor may use SABG discretionary funds to cover the cost of room and board of residents living in temporary, drug and alcohol free, transitional housing if the resident is actively engaged in treatment for a medically necessary SUD provided to the resident off-site. Contractor shall develop guidelines for contracted housing providers and provide monitoring and oversight and fulfill all SABG reporting requirements. Contractors and subcontractors using SABG discretionary funds to cover the cost of room and board for transitional housing shall:

1. *Facilitate the beneficiary's movement in recovery from a SUD to independent living and integration into post treatment return or re-entry into the community.*
2. *Require that all individuals in the transitional housing be engaged in SUD treatment, off-site, at all times during the individual's stay.*
3. *Ensure payment of room and board expenses for a residential stay be limited to short term (up to 24 months).*
4. *Ensure the transitional housing be secure, safe, and alcohol and drug free.*

Finding: The County did not demonstrate they provide oversight and conduct monitoring of residents in transitional housing and did not provide evidence of guidelines.

CD 2.14:

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 does not monitor its out-of-county sub-contractors providing SABG services.

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 five of five of their SABG fiscal reports for SFY 17-18 to DHCS within two weeks of report issuance.

3.0 PERINATAL

The following deficiencies in Perinatal Services regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 3.19:

45 CFR Section 96.127(a)(3)(i), 45 CFR Section 96.127(a)(3)(i-ii)
Requirements regarding tuberculosis.

(a) States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program -

(3) Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

(i) Screening of patients;

(ii) Identification of those individuals who are at high risk of becoming infected;

Finding: The County did not provide evidence that they ensure subcontractors are screening pregnant and parenting women for TB or identify those at high risk of being infected.

**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.

9.0 DRUG MEDI-CAL

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 9.46:

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 (d) (5) (A-D)

Naltrexone treatment services shall only be provided to a beneficiary who meets all of the following conditions:

- (A) Has a confirmed, documented history of opiate addiction.*
- (B) Is at least (18) years of age.*
- (C) Is opiate free.*
- (D) Is not pregnant.*

Finding: The County does not demonstrate compliance with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

CD 9.56:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a Training

a) Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Finding: The County did not report annual Title 22 training compliance to sudcountyreports@dhcs.ca.gov.

CD 9.59:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 3, b
During the monthly status check, the Contractor shall monitor for a triggering recertification event (change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' Statewide Planning Unit, Master Provider File Team at DHCSMPF@dhcs.ca.gov within two business days of notification or discovery.

Finding: The County does not have a process in place to notify DHCSMPF@dhcs.ca.gov within two business days of notification or discovery of subcontractors' contract termination.

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 they ensure all DMC programs have medical policies and standards developed and approved by the programs' 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 that they ensure subcontracted medical directors receive five hours annually of continuing medical education units in addiction medicine.

10.0 TECHNICAL ASSISTANCE

Mariposa County did not request TA for FY 18-19.