



RICHARD FIGUEROA
ACTING DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 3, 2020

Sent via e-mail to: arellis@placer.ca.gov

Amy Ellis, Director
Placer County Health and Human Services
11512 B Avenue
Auburn, CA 95603-2703

SUBJECT: Annual County Compliance Unit Report

Dear Director Ellis:

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

Placer 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 3/3/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting 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,

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

To: Director Ellis,

CC: Kelly Molohan, Audit and Investigation, Medical Review Branch Chief
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Chris Pawlak, Placer County Quality Management Program Manager
Julia Soto, Placer County Quality Assurance Substance Use Services Supervisor

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| Lead CCU Analyst: Michael Bivians | Date of Review: 12/16/2019 - 12/17/2019 |
| Assisting CCU Analyst(s): Mayumi Hata Joel Case | |
| County: Placer | County Address: 11512 B Avenue Auburn, CA 95603-2703 |
| County Contact Name/Title: Chris Pawlak, Placer County QM Program Manager | County Phone Number/Email: 530-886-2925 cpawlak@placer.ca.gov |
| Report Prepared by: Michael Bivians | 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: Block Grants regarding Mental Health and Substance Abuse
 - 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 101 Cirby Hills Drive, Roseville, CA 95678 on 12/16/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Mayumi Hata, Staff Services Manager II (SSMII)
Joel Case, Associate Governmental Program Analyst (AGPA)

- Representing Placer County:
Amy Ellis, Adult System of Care (ASOC) Director
Twylla Abraham, Children's System of Care (CSOC) Director
Marie Osborne, Adult System of Care (ASOC) Assistant Director
Chris Pawlak, System of Care (SOC) Quality Management (QM) Program Manager
Julia Soto, Quality Assurance (QA) Substance Use Services (SUS) Supervisor
Paula Nannizzi, Client Services Substance Use Disorders (SUDS) Supervisor
Susan Stephens, System of Care (SOC) Quality Management (QM) Analyst
Nicole Ebrahimi-Nuyken, Adult System of Care (ASOC) Substance Use (SUDS) & Mental Health (MH) Services Program Manager
Deborah Curtis, HIPAA Security Officer/Information Security Officer (ISO)
Nancy Baggett, HIPAA Privacy Officer

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS Re-Organization
- CalAIM Proposal
- Overview of the Monitoring Process
- Placer County Overview of Services

Exit Conference:

An exit conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 12/17/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Mayumi Hata, SSMII
- Representing Placer County:
Amy Ellis, ASOC Director
Twylla Abraham, CSOC Director
Marie Osborne, ASOC Assistant Director
Chris Pawlak, SOC QM Program Manager
Julia Soto, QA SUS Supervisor
Paula Nannizzi, Client Services SUDS Supervisor
Susan Stephens, SOC QM Analyst
Nicole Ebrahimi-Nuyken, ASOC SUDS & MH Services Program Manager

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

| Section: | Number of CD's: |
|---|------------------------|
| 1.0 Administration | 1 |
| 2.0 SABG Monitoring | 2 |
| 3.0 Perinatal | 2 |
| 4.0 Adolescent/Youth Treatment | 1 |
| 5.0 Primary Prevention | 0 |
| 6.0 Cultural Competence | 0 |
| 7.0 CalOMS and DATAR | 0 |
| 8.0 Privacy and Information Security | 0 |
| 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 deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.2:

SABG State-County Contract, Exhibit A, Attachment I A2, Part III, G

G. Master Provider File (MPF) Documentation Requirements

The Department shall generate a County MPF Report for the Contractor on the last day of each month and shall send the report to the Contractor. The Contractor 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, Contractor 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 Contractor 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 Contractor 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 Contractor 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 Contractor'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

Finding: The County did not provide evidence the County's MPF is accurate.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.11:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, B, 3, c-d

3. As a subrecipient, the Contractor shall:
 - c. Evaluate and monitor its activities and the activities of all subcontractors for compliance with applicable statutes, regulations, and terms and conditions of the subaward.
 - d. Address any instances of noncompliance promptly, including noncompliance identified in audit findings.

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 1, C, 5

5. Contractor and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F(b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: The County did not have all SABG program requirements within their monitoring tool. The following criteria is missing:

- Charitable Choice

CD 2.12:

SABG State-County Contract Exhibit A, Attachment I A2, Part I, Section 3, A, 1, e

1. Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract.
 - 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 all providers for SABG programmatic and fiscal requirements for SFY 2018-19. The County did monitor 7 of 12 County and sub-contracted providers for SABG programmatic and fiscal requirements.

The County did submit 7 of 7 SABG programmatic and fiscal monitoring reports secure and encrypted.

The County did submit 7 of 7 SABG programmatic and fiscal monitoring reports within two weeks of report issuance.

The County did submit 3 SABG fiscal only monitoring reports to DHCS more than two weeks after report issuance. The County did submit 2 fiscal only monitoring reports seven weeks after report issuance and 1 fiscal only monitoring report 10 weeks after report issuance.

3.0 PERINATAL

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

COMPLIANCE DEFICIENCIES:

CD 3.19:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 1, C, 1, g

1. Performance under the terms of this Exhibit A, Attachment I, Part I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the Contractor and its subcontractors for any failure to comply with these requirements:
 - g. Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.

45 C.F.R. § 96.126(e) (1-5)

- (e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:
- (1) Selecting, training and supervising outreach workers;
 - (2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
 - (3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
 - (4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
 - (5) Encouraging entry into treatment.

Finding: The County did not demonstrate all required Outreach strategies for targeted populations. The following required elements were missing;

- Recommend steps that can be taken to ensure that HIV transmission does not occur.

CD 3.22:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 1, C, 1, g

1. Performance under the terms of this Exhibit A, Attachment I, Part I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i)

establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the Contractor and its subcontractors for any failure to comply with these requirements:

- g. Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.

45 C.F.R. § 96.126 (a)

- (a) In order to obtain Block Grant funds, the State must require programs that receive funding under the grant and that treat individuals for intravenous substance abuse to provide to the State, upon reaching 90 percent of its capacity to admit individuals to the program, a notification of that fact within seven days. In carrying out this section, the State shall establish a capacity management program which reasonably implements this section - that is, which enables any such program to readily report to the State when it reaches 90 percent of its capacity - and which ensures the maintenance of a continually updated record of all such reports and which makes excess capacity information available to such programs.

Perinatal Practice Guidelines FY 18-19

- i. When a SUD treatment provider serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the provider must report this information to the Drug and Alcohol Treatment Access Report (DATAR) on a monthly basis. The DATAR system is DHCS's capacity management program used to collect data on SUD treatment capacity and waiting lists.
- ii. A provider and/or county must also notify DHCS upon reaching or exceeding 90 percent of its treatment capacity within seven days.
 - a. Providers and/or counties must notify DHCS by emailing the PYSU email inbox at DHCSOWPS@dhcs.ca.gov.
 - b. The subject line in the email must read "Capacity Management."

Finding: The County did not provide evidence of compliance with regulations regarding notification to DHCS when 90% capacity has been reached.

4.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiency in Adolescent/Youth Treatment regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.23:

State County Contract, Exhibit A, Attachment I A2, Part II, Q

Q. Youth Treatment Guidelines

Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.

Youth Treatment Guidelines Section VI, A, 1, a-e

A. Case Management and Complementary Services

Except for early intervention programs, programs should provide or arrange for case management services for every youth in treatment. If the case manager function is provided directly by the treatment program, the case manager should:

1. Have training and skills in the following areas:
 - a. AOD treatment, an understanding of addiction, and the intergenerational nature of AOD abuse;
 - b. familiarity with community resources and other youth service systems (education, child welfare, juvenile justice, mental health, etc.);
 - c. physical and sexual abuse;
 - d. family dynamics; and,
 - e. legal issues (informed consent for minors, disclosure of confidential information, child abuse/neglect reporting requirements, and duty-to-warn issues).

Finding: The County did not demonstrate Case Managers possess the required training and skills to provide youth treatment.

9.0 FISCAL

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

COMPLIANCE DEFICIENCIES:

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

DHCS's County Compliance Unit Analyst made the referral to the DHCS County Liaison for Placer County's request for technical assistance in the area identified below.

CalOMS and DATAR: The County requested access to the following DATAR reports:

- Accessing Services, Type of Services/Modality
- Service Utilization, Completion Rates
- Treatment Admissions, Substance Use