



ERIN WHITSELL
ACTING DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 24, 2020

Sent via e-mail to: RMiller@ruhealth.org

Rhyan Miller, Deputy Director
Riverside County Department of Mental Health
4095 County Circle Drive
P.O. Box 7549
Riverside, CA 92513-7549

SUBJECT: Annual County Compliance Report

Dear Deputy Director Miller:

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

Riverside 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 3/24/2020. 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,

Jessica Jenkins
(916) 713-8577
jessica.jenkins@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 Miller,

CC: Mateo Hernandez, Audit and Investigation, Acting Medical Review Branch Chief
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Tracie Walker, Community Services Division, Community Support Branch Chief
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April Marier, Riverside County SUD Administrator
Mary Stetkebich, Riverside County Compliance Officer
Maureen Dopson, Riverside County Quality Improvement Administrator

Lead CCU Analyst: Jessica Jenkins	Date of Review: 1/8/2020 - 1/9/2020 Date of DMC-ODS Implementation: 2/1/2017
County: Riverside	County Address: 3525 Presley Ave. Riverside, CA 92507
County Contact Name/Title: Maureen Dopson/Quality Improvement Administrator	County Phone Number/Email: 951-955-2310 Mdopson@ruhealth.org
Report Prepared by: Jessica Jenkins	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 Use
 - 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 3525 Presley Ave. Riverside, CA 92507 on 1/8/2020. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, Associate Governmental Program Analyst, AGPA
- Representing Riverside County:
Rhyan Miller, Deputy Director
Maureen Dopson, Quality Improvement Administrator
Sarah Stewart, Administrative Analyst
William Harris, Assistant Regional Manager
April Marier, Administrator
Jamie Moore, Deputy Director
Raven Liddell, Supervisor
Ashley Trevino-Kwong, Administrative Services Supervisor
Andrea Webb, BPA
Jacob Ruiz, Administrative Service Manager
Nicole Shavedi, Administrative Supervisor
Beth Anderson, Quality Improvement Supervisor
Lupe Madrigal, Supervisor
Richard Bolter, Supervisor
Brandon Jacobs, Research & Technology Program Manager
Stephanie Johnson-Creswell, Administrative Services Officer
Jethina Roca Luna, Accountant II

During the Entrance Conference the following topics were discussed:

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

Exit Conference:

An exit conference was conducted at 3525 Presley Ave. Riverside, CA 92507 on 1/9/2020. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, AGPA
- Representing Riverside County:
Rhyan Miller, Deputy Director
Maureen Dopson, Quality Improvement Administrator
Sarah Stewart, Administrative Analyst
William Harris, Assistant Regional Manager
April Marier, Administrator

- Jamie Moore, Deputy Director
- Raven Liddell, Supervisor
- Ashley Trevino-Kwong, Administrative Services Supervisor
- Andrea Webb, BPA
- Jacob Ruiz, Administrative Service Manager
- Nicole Shavedi, Administrative Supervisor
- Beth Anderson, Quality Improvement Supervisor
- Lupe Madrigal, Supervisor
- Richard Bolter, Supervisor
- Brandon Jacobs, Research & Technology Program Manager
- Stephanie Johnson-Creswell, Administrative Services Officer
- Jethina Roca Luna, Accountant II

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	0
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	3
8.0 Privacy and Information Security	0
9.0 Fiscal	0
10.0 Previous CAP	4

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 5-8 each CD identified must be addressed via a 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 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.

**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.a:

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 Contractor-operated 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 Provider report is not current.

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 Contractor-operated 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.

CD 7.34.c:

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 Contractor-operated 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 DATAR report is not current.

10.0 PREVIOUS CAPs

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

CD 10.39:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:
 - b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

- (e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner SFY 2016-17 CD#10.57d.

CD 10.41:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:
 - b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

- (e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures

regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner SFY 2017-18 CD#7.41b.

CD 10.42:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:

b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

(e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner SFY 2018-19 CD#7.34b.

CD 10.43:

SABG State-County Contract, Exhibit A, Attachment I A2, Part I, Section 3, B, 8

8. If the Contractor does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the Contractor is in compliance. DHCS shall inform the Contractor when funds will be withheld.

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

3. As a subrecipient, the Contractor shall:

b. Comply with federal statutes, regulations, including 45 CFR Part 75, and terms and conditions of the SABG grant.

45 CFR 75.514(e)

Audit follow-up.

(e) The auditor must follow-up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with § 75.511(b), and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding. The auditor must perform audit follow-up procedures regardless of whether a prior audit finding relates to a major program in the current year.

Finding: The County did not demonstrate compliance with requirements to implement the approved CAP deficiency provision in a timely manner SFY 2018-19 CD#7.34c.

TECHNICAL ASSISTANCE

DHCS's County Compliance Analyst will make referrals to the DHCS County Liaison for the training and technical assistance areas identified below:

DATAR: The County would like assistance in regards to getting log on information for the DATAR website. They are having issues logging on.