



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 10, 2019

Sent via e-mail to: <rdegette@stanbhhs.org>

Rick DeGette, MA, MFT, Director
Stanislaus County Behavioral Health & Recovery Services
800 Scenic Drive
Modesto, CA. 95350

SUBJECT: Annual County Performance Unit Report

Dear Director DeGette:

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 Stanislaus 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 Stanislaus 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.

Stanislaus County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/10/2019. 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,

Michael Bivians

Michael Bivians
(916) 713-8966
michael.bivians@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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Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Supervisor
Dawn Vercelli, Stanislaus County Chief SUD Services

Lead CPU Analyst: Mike Bivians	Date of Review: April 2019
Assisting CPU Analyst(s): Jamari Robinson	Date of DMC-ODS Implementation: 4/1/2017
County: Stanislaus County	County Address: 800 Scenic Drive Modesto, CA 95350
County Contact Name/Title: Dawn Vercelli, Chief SUD Services	County Phone Number/Email: 209-525-6225 dvercelli@stanbhrs.org
Report Prepared by: Mike Bivians	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
 - e. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - f. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed 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	2
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	1
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	0
9.0 Drug Medi-Cal (DMC) (DMS-ODS)	3

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 1.4:

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.

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 reporting any referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2018.

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 County providers for SFY 17/18 for all 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 submitted 1 of their SABG monitoring reports (dated 9-29-16) for SFY 16-17 on 4-18-18. This submission was sent to DHCS 17 months after it was due.

5.0 PRIMARY PREVENTION

The following deficiency in Primary Prevention regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.25:

SABG State-County Contract Exhibit A, Attachment I A1, Part III, C, 1 – 3

1. *Contractors and/or subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity and evaluation data into the service. When submitting data, Contractor shall comply with the PPSDS Data Quality Standards.*
2. *Contractor shall report services/activities by the date of occurrence on an ongoing basis throughout each month. Contractor shall submit all data for each month no later than the 10th day of the following month.*
3. *Contractor shall review all data input into the prevention data collection service on a quarterly basis. Contractor shall verify that the data meets the Data Quality Standards. Certification is due by the last day of the month following the end of the quarter.*

Primary Prevention Substance Use Disorder Data Service (PPSDS) Data Quality Standards

The PPSDS data quality standards require that: 1. Quality data is timely; 2. Quality data is logical; 3. Quality data is accurate; 4. Quality data is complete; and, 5. Quality data is valid.

Finding: The County's monthly quality data was not submitted by the 10th day of the following month during a period of more than 7 months.

**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:

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 State-County contract was monitored to the Drug Medi-Cal State Plan requirements which were in effect prior to the County's transition to the DMC-ODS waiver contract during FY18/19. Corrective actions for these deficiencies must utilize the DMC-ODS Intergovernmental Agreement requirements.

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

COMPLIANCE DEFICIENCIES:

CD 9.49:

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 provide evidence that all DMC providers are required to comply with the Minimum Quality Drug Treatment Standards for DMC. The County entered into DMC-ODS Waiver on 4-1-19. The requirements for the MQTS have been embedded in the Intergovernmental Agreement for DMC-ODS Counties. Please refer to the IA sections listed below.

DMC-ODS:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, Section 6, 7, 8, 9, 10

CD 9.50:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, b
Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider.
Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

*Substance Use Disorders Program, Policy and Fiscal Division,
Performance and Integrity Branch
Department of Health Care Services
PO Box 997413, MS-2621
Sacramento, CA 95899-7413:*

Or by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov

Review reports shall be provided to DHCS within 2 weeks of completion by the Contractor.

Finding: The County did not monitor County and subcontracted providers for required DMC program requirements. County entered into DMC-ODS Waiver on 4-1-19.

DMC-ODS:

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d.

Note DMC-ODS: Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to: SUDCountyReports@dhcs.ca.gov

CD 9.57:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part V, Section 4, B, 4, (a-b)

a) *All complaints received by Contractor regarding a DMC certified facility shall be forwarded to the SUD Compliance Division, Complaints Unit within two business days of receipt as follows.*

DMC Complaints are to be submitted to:

Department of Health Care Services
Substance Use Disorder Services
P.O. Box 997413
MS# 2601

Sacramento, CA 95899-7413

Fax form to: (916) 440-5094

Call the Hotline Phone Toll-Free: (800) 822-6222

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may also be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can be submitted online at:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>.

b) *Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS's e-mail address by secure, encrypted e-mail to: SUDCountyReports@dhcs.ca.gov within two business days of completion.*

Finding: The County did not submit DMC complaints and results of the investigations to DHCS within two business days of completion for SFY 17/18. County entered into DMC-ODS Waiver on 4-1-19.

DMC-ODS

Intergovernmental Agreement Exhibit A, Attachment I,
Sections II. B, C, E, G
Sections III. Z, 1-4 and HH, 1-2

Note DMC-ODS: Requires grievances/complaints regarding DMC certified facilities be sent to Drug Medi-Cal Complaints and grievances/complaints regarding Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities sent to SUD Compliance Division. The County will submit results of investigations to the SUDCountyReports mailbox within two (2) business days.

10.0 TECHNICAL ASSISTANCE

The County did not request Technical Assistance this fiscal year.