

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



GAVIN NEWSOM
GOVERNOR

JENNIFER KENT
DIRECTOR

March 19, 2019

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

Amy R. Ellis, Adult System of Care Division Director
Placer County Health and Human Services
Adult System of Care
11512 B Avenue
Auburn, CA 95603

SUBJECT: Annual County Performance Unit Report

Dear Director Ellis,

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Placer 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 Placer County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Placer County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 4/19/2019 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.

Original Signed by Michael
Ulibarri

michael.ulibarri@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: Amy Ellis, Adult System of Care Division Director

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Policy and Prevention Branch Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Janet Rudnick, Utilization Review Section Chief
Susan Jones, County Performance Unit Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Vanessa Machado, Policy and Prevention Branch Office Technician
Chris Pawlak, SOC QI Manager, Placer County

Lead CPU Analyst: Cassandra Queen	Date of Review: 2/14/2019 - 2/14/2019
Assisting CPU Analyst(s): Michael Ulibarri	Date of Implementation: 11/1/2018
County: Placer	County Address: 11512 B Avenue Auburn, CA 95603
County Contact Name/Title: Amy Ellis, ASOC Director Chris Pawlak / QM	County Phone Number/Email: (530) 889-7256 / arellis@placer.ca.gov (530) 886-2925 / cpawlak@placer.ca.gov
Report Prepared by: Michael Ulibarri	Report Approved by: Susan Jones Cynthia Hudgins

REVIEW SCOPE

- I. Regulations:
 - a. 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
 - b. 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 Intergovernmental Agreement (IA)
 - b. 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 2/14/2019.

The following individuals were present:

- Representing DHCS:
Cynthia Hudgins, Staff Services Manager II
Susan Jones, Staff Services Manager I
Cassandra Queen, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
Kaitlin Maye, Staff Services Analyst
- Representing Placer County:
Chris Pawlak, Quality Management Program Manager
Susan Stephens, Administrative Technician
Paula Nannizzi, Client Services Program Supervisor
Nicole Ebrahimi-Nuyken, Client Services Program Manager
Marie Osbourne, Adult System of Care Assistant Director

During the Entrance Conference the following topics were discussed:

- Introductions
- County provided an overview of the County and the services available
- DHCS provided an overview of the review

Exit Conference:

An exit conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 2/14/2019. The following individuals were present:

- Representing DHCS:
Cynthia Hudgins, SSM II
Susan Jones, SSM I
Cassandra Queen, AGPA
Michael Ulibarri, AGPA
Kaitlin Maye, SSA
- Representing Placer County:
Chris Pawlak, QM
Susan Stephens, Admin Tech
Paula Nannizzi, Prog Sup.
Nicole Ebrahimi-Nuyken, CSPM
Marie Osbourne, Asst. Director

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018 19 COMPLIANCE DEFICIENCIES (CD) AND NEW REQUIREMENTS (NR)

Section:	Number of CD's and NR's:
1.0 Administration	1
2.0 Member Services	1
3.0 Service Provisions	1
4.0 Access	1
5.0 Continuity and Coordination of Care	0
6.0 Grievance, Appeal, and Fair Hearing Process	0
7.0 Quality	1
8.0 Program Integrity	1

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 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) The person 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 administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in administration requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.8:

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii.

- iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:
 - a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
 - b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
 - c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.
 - d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.
 - e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

Finding: Evidence was not found that the Plan ensures providers are implementing Evidence Based Practices appropriately.

2.0 MEMBER SERVICES

The following deficiencies in the Member Services requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.14

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xv, a-c.

- a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
 - i. The provider's name as well as any group affiliation;
 - ii. Street address(es);
 - iii. Telephone number(s);
 - iv. Website URL, as appropriate;
 - v. Specialty, as appropriate;
 - vi. Whether the provider will accept new beneficiaries;
 - vii. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
 - viii. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
- b. The Contractor shall include the following provider types covered under this Agreement in the provider directory:
 - i. Physicians, including specialists
 - ii. Hospitals
 - iii. Pharmacies
 - iv. Behavioral health providers
- c. Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the Contractor receives updated provider information.

MHSUDS Information Notice: 18-020

Each Plan's provider directory must make available in electronic form, and paper form upon request, the following information for all network providers, including each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by the Plan, each provider organization or individual practitioner contracting with the Plan, and each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by a provider organization to deliver Medi-Cal services:

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);

- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
- Whether the provider accepts new beneficiaries;
- The provider’s cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- The provider’s linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider’s office; and,
- Whether the provider’s office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.
 - In addition to the information listed above, the provider directory must also include the following information for each rendering provider:
 - Type of practitioner, as appropriate;
 - National Provider Identifier number;
 - California license number and type of license; and,
 - An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); “Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan’s provider directory.”

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan’s website must link to the provider organization’s website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider’s compliance with these requirements.

Finding: The provider directory did not include the following required element:

- The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office, and whether the provider has completed cultural competence training

3.0 SERVICE PROVISION

The following deficiencies in Service Provision requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 3.17:

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2.

2. The Contractor shall deliver the DMC-ODS Covered Services within a continuum of care as defined in the ASAM criteria.

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 3,i-ix.

3. Mandatory DMC-ODS Covered Services include:
 - i. Withdrawal Management (minimum one level);
 - ii. Intensive Outpatient;
 - iii. Outpatient;
 - iv. Opioid (Narcotic) Treatment Programs;
 - v. Recovery Services;
 - vi. Case Management;
 - vii. Physician Consultation;
 - viii. Perinatal Residential Substance Abuse Services (excluding room and board);
 - ix. Non-perinatal Residential Substance Abuse Services (excluding room and board);

Finding: The Plan does not provide Physician Consultation.

ADVISORY RECOMMENDATIONS:

AR 3.19

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, i.

- i. The Contractor shall adopt practice guidelines that meet the following requirements:
 - a. Are based on valid and reliable clinical evidence or a consensus of providers in the particular field;
 - b. Consider the needs of the Contractor's beneficiaries;
 - c. Are adopted in consultation with contracting health care professionals; and
 - d. Are reviewed and updated periodically as appropriate.

Based on the requirements above, it is advised that Placer County create a review process of the Plan's practice guidelines that includes how often they will be reviewed and who is be responsible.

4.0 ACCESS

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

COMPLIANCE DEFICIENCIES:

CD 4.24:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, a-d.

5. The Contractor shall implement written policies and procedures for selection and retention of network providers and that those policies and procedures, at a minimum, meet the following requirements:
 - a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.
 - b. Nondiscrimination.
 - i. The Contractor's network provider selection policies and procedures, consistent with 42 CFR §438.12, shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
 - c. Excluded providers.
 - i. The Contractor shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.
 - d. Additional Department requirements.
 - i. The Contractor shall comply with any additional requirements established by the Department.

Finding: The submitted excerpt from Placer County's Purchasing Policy Manual (Question 24_Placer Co Purchasing Policy – Section 4) does not address the retention of network providers.

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

CD 7.50:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 3, i, c-f.

- i. The CalOMS-Tx business rules and requirements are:
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.
 - a. 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 and reporting requirements.
 - b. 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.
 - d. 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.

Finding: The following CalOMS Tx report(s) are non-compliant:

- Open Admissions Report.
- Open Providers Report.

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i – ii.

- i. 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.
 - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed..

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, v.

- v. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a provider representative and the physician.

Finding: The written roles and responsibilities, and code of conduct submitted for the Medical Director of Community Recovery Resources did not include the following requirement(s):

- Signed and dated by the physician
- Signed and dated by a provider representative
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
- Ensure that physicians do not delegate their duties to non-physician personnel
- Develop and implement medical policies and standards for the provider
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations

- Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
- Ensure that provider's physicians are adequately trained to perform other physician duties



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 19, 2019

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

Amy R. Ellis, Adult System of Care Division Director
Placer County Health and Human Services
11512 B Avenue
Auburn, CA 95603-7275

SUBJECT: Annual County Performance Unit Report

Dear Administrator Ellis:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) Contract operated by Placer 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 Placer 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.

Placer County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 4/19/2019. 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
<http://www.dhcs.ca.gov>

Distribution:

To: Amy Ellis, Adult System of Care Division Director

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Policy and Prevention Branch Chief
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Vanessa Machado, Policy and Prevention Branch Office Technician
Chris Pawlak, SOC QI Manager, Placer County

Lead CPU Analyst: Cassandra Queen	Date of Review: 2/14/2019
Assisting CPU Analyst(s): N/A	
County: Placer	County Address: 11512 B Avenue Auburn, CA 95603-7275
County Contact Name/Title: Chris Pawlak/QM	County Phone Number/Email: (530) 886-2925/cpawlak@placer.ca.gov
Report Prepared by: Cassandra Queen	Report Approved by: Susan Jones Cindi Hudgins

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

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 2/14/2019. The following individuals were present:

- Representing DHCS:
Cynthia Hudgins, Staff Services Manager II
Susan Jones, Staff Services Manager I
Cassandra Queen, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
Kaitlin Maye, Staff Services Analyst
- Representing Placer County:
Chris Pawlak, Quality Management Program Manager
Susan Stephens, Administrative Technician
Paula Nannizzi, Client Services Program Supervisor
Nicole Ebrahimi-Nuyken, Client Services Program Manager
Marie Osbourne, Adult System of Care Assistant Director

During the Entrance Conference the following topics were discussed:

- Introductions
- County provided an overview of the County and the services available
- DHCS provided an overview of the review

Exit Conference:

An exit conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 2/14/2019. The following individuals were present:

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- Representing Placer County:
Chris Pawlak, QM
Susan Stephens, Admin Tech
Paula Nannizzi, Prog Sup
Nicole Ebrahimi-Nuyken, CSPM
Marie Osbourne, Asst. Director

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018 19 COMPLIANCE DEFICIENCIES (CD)

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

PREVIOUS CAPs

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

2016-17:

CD 2.21: The County did not conduct all required fiscal SAPT BG monitoring and auditing for SFY 15/16.

County's response: The County QM team will work with HHS Fiscal to ensure that all FY 18/19 SAPT BG Fiscal reviews are completed by June 30, 2019

CD 3.25: The County did not conduct all required fiscal DMC monitoring and auditing for SFY 15/16.

County's response: The County QM team will work with HHS Fiscal to ensure that all FY 18/19 DMC Fiscal reviews are completed by June 30, 2019.

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.

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 7 of 7 County providers for all SABG fiscal requirements.

**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:

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 provider report is not current.

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.

CD 7.34.c:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, E, (1) & (3)

- (1) The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers, with whom Contractor makes a contract or otherwise pays for these services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.*
- (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.

8.0 PRIVACY AND INFORMATION SECURITY

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

COMPLIANCE DEFICIENCIES:

CD 8.36:

SABG State-County Contract, Exhibit F, F-1, 3, D, 13 (d)

Responsibility for Reporting of Breaches. If the cause of a breach of Department PHI is attributable to Contractor or its agents, subcontractors or vendors, Contractor is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, Contractor shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents, or vendors may report the breach or incident to the Department in addition to Contractor, Contractor shall notify the Department, and the Department and Contractor may take appropriate action to prevent duplicate reporting.

SABG State-County Contract, Exhibit F, F-1, 3, D, 7, b (i-ii)

In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Contractor and the subcontractor, Contractor shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or*
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.*

Finding: The County does not have a process in place to ensure subcontractors notify the County of any material breach or violation.

10.0 TECHNICAL ASSISTANCE

The County did not request technical assistance during this fiscal year.