



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 26, 2017

Sent via e-mail to: [arobin@co.slo.ca.us](mailto:arobin@co.slo.ca.us)

Ann Robin, LMFT  
Behavioral Health Administrator  
San Luis Obispo County  
Behavioral Health Department  
2180 Johnson Avenue  
San Luis Obispo, CA 93401

SUBJECT: 16-17 County Monitoring Unit Report

Dear Administrator Robin:

Enclosed are the results of San Luis Obispo County's 16-17 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)<sup>1</sup>, and the State County Contract compliance review. The Department of Health Care Services (DHCS), Substance Use Disorders (SUD) Division is responsible for monitoring requirements of the SAPT BG and the terms of the State County Contract operated by San Luis Obispo County.

The County Monitoring Unit (CMU) within the Performance Management Branch (PMB) of DHCS SUD Division performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses compliance deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Luis Obispo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by February 27, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions. Please email the CAP and supporting CAP documentation to the CMU analyst, or mail to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

CMU Analyst  
(916) 327-2654  
[Kerri.Stubblefield@dhcs.ca.gov](mailto:Kerri.Stubblefield@dhcs.ca.gov)

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<sup>1</sup> Title 45 Code of Federal Regulations, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant requirements



**County Monitoring Unit Report**  
San Luis Obispo

Distribution:

To: Anne Robin, LMFT, Behavioral Health Administrator, San Luis Obispo County Health Agency  
Star Graber, PhD, LMFT, Division Manager, San Luis Obispo County Health Agency

CC: Victoria King-Watson, DHCS Substance Use Disorders (SUD) Program, Policy and Fiscal Division, Assistant Division Chief  
Tracie Walker, Performance Management Branch, Section Chief  
Patrick Daglia, Fiscal Management and Accountability Branch, Section Chief  
Denise Galvez, Policy and Prevention Branch, Section Chief  
Sandy Yien, Program Support and Grants Management Branch, Section Chief  
Susan Jones, County Monitoring Unit, Supervisor  
Cynthia Hudgins, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Danielle Stumpf, Office of Women, Perinatal and Youth Services, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Janet Rudnick, Postservice Postpayment Unit II, Supervisor  
Trudi Romero, Policy and Prevention Branch, Office Technician

January 26, 2017

Report Prepared by: *Kerri Stubblefield, County Monitoring Analyst*  
Manager Approval: *Susan Jones, County Monitoring Supervisor*

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<b>Lead CMU Analyst:</b> Kerri Stubblefield	<b>Review Dates:</b> December 14 -15, 2017
<b>County:</b> San Luis Obispo	<b>Review Period:</b> FY 2016-17
<b>County Address:</b> San Luis Obispo Drug and Alcohol Services 2180 Johnson Avenue San Luis Obispo, CA 93401	

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the statewide Substance Abuse Prevention and Treatment Block Grant (SAPT BG), the State County Contract, and Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Monitoring Unit (CMU).

## CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I, Part V, Section 4, 7, (a-b) each compliance deficiency 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.

The CAP shall:

1. Address each programmatic deficiency;
2. Provide a specific description of how the deficiency will be corrected;
3. Identify the staff person responsible for correcting the deficiency and ensuring future compliance;
4. Specify the target date for complete implementation of each deficiency; and

As deficiencies are corrected, include training documentation, revised policies/procedures, and other materials, which demonstrate the correction of a deficiency, if applicable.

The CMU analyst will monitor progress of CAP implementation until complete.

## REVIEW SCOPE

- I. Regulations:
  - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. 9 CCR, Division 4, Chapter 4, Subchapter 1 – 6: Narcotic Treatment Programs
  - c. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - d. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block Grant
  - e. HSC, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 14/15 - 16/17 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 FY 2016-17*
  - d. National *Culturally and Linguistically Appropriate Services (CLAS) Standards*
  - e. Alcohol and Drug Program (ADP) Bulletins
  - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## 1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures were reviewed to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.3:**

State County Contract, Exhibit A, Attachment I, Part I, D

*Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol - related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its Subcontractors to enforce, these requirements.*

Exhibit A, Attachment I, Provision X

*Contractor shall include all of the foregoing provisions in all of its subcontracts.*

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

#### **CD 1.5:**

State County Contract, Exhibit A, Attachment I, Part I, G

*No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless the State chooses to implement a demonstration syringe services program for injecting drug users.*

Exhibit A, Attachment I, Part I, X

*Contractor shall include all of the foregoing provisions in all of its subcontracts.*

**Finding:** The County does not have a provision within subcontracted provider contracts addressing the prohibition on distribution of sterile needles or syringes.

## 2.0 SAPT BG MONITORING

The following deficiencies in the SAPT BG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.15:**

State County Contract Exhibit A, Attachment I A2, Part IV, Section 2, B, 1, (a-j)  
*Performance under the terms of this Exhibit A, Attachment I A1, Part IV, is subject to all applicable federal and state laws, regulations, and standards. In accepting the State drug and alcohol combined program 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 following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by the State against the Contractor and its Subcontractors for any failure to comply with these requirements:*

- (a) HSC, Division 10.5, commencing with Section 11760;*
- (b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;*
- (c) Government Code Section 16367.8;*
- (d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;*
- (e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x- 34, 300x-53, 300x-57, and 330x-65 and 66;*
- (f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501- 7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.*
- (g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;*
- (h) Title 42, CFR, Sections 8.1 through 8.634;*
- (i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and*
- (j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures). Contractor shall be familiar with the above laws, regulations, and guidelines and shall assure that its Subcontractors are also familiar with such requirements.*

**Finding:** The County did not submit a formalized monitoring system for county-run SAPT BG programs.

#### **CD 2.16:**

State County Contract Exhibit A, Attachment I A2, Part IV, Section 2, B, 1, (a-j)  
*Performance under the terms of this Exhibit A, Attachment I A1, Part IV, is subject to all applicable federal and state laws, regulations, and standards. In accepting the State drug and alcohol combined program 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 following requirements; (ii) monitor for compliance*

*with the written procedures; and (iii) be held accountable for audit exceptions taken by the State against the Contractor and its Subcontractors for any failure to comply with these requirements:*

- (a) HSC, Division 10.5, commencing with Section 11760;*
  - (b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;*
  - (c) Government Code Section 16367.8;*
  - (d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;*
  - (e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x- 34, 300x-53, 300x-57, and 330x-65 and 66;*
  - (f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501- 7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.*
  - (g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;*
  - (h) Title 42, CFR, Sections 8.1 through 8.634;*
  - (i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and*
  - (j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).*
- Contractor shall be familiar with the above laws, regulations, and guidelines and shall assure that its Subcontractors are also familiar with such requirements.*

**Finding:** The County did not submit a formalized monitoring system for county-subcontracted SAPT BG providers.

## **CD 2.18**

State County Contract Exhibit A, Attachment I, Part IV, Section 3, A, 1, (a-e)

*Contractor's performance under this Exhibit A, Attachment I A2, Part IV, shall be monitored by the State 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 A2;*
- (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 Guidelines (Document 1G); and*
- (e) 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](mailto:sudcountyreports@dhcs.ca.gov); or*

*Substance Use Disorder - Prevention, Treatment and Recovery Services  
Division, Performance Management Branch, Department of Health Care Services,  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*



**Finding:** The County did not submit final versions of SAPT BG monitoring tools containing the following required criteria:

- DHCS *16/17 Perinatal Services Network Guidelines* adherence for County-run Perinatal Intensive Outpatient (POEG) program
- DHCS *Youth Treatment Guidelines*
- Tuberculosis Services
- Charitable Choice
- Intravenous Drug User Services
- Interim Services
- California Outcomes Measurement System (CalOMS) Treatment (Tx)
- CalOMS Prevention (Pv)
- Drug and Alcohol Treatment Access Report (DATAR)
- Primary Prevention
- Cultural Competence
- National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Americans with Disabilities Act
- Nondiscrimination in Services and Employment
- Trafficking Victims Protection Act of 2000
- Fiscal Requirements

**CD 2.20:**

State County Contract Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)  
*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](mailto:SUDCountyReports@dhcs.ca.gov); or  
*Substance Use Disorder - Prevention, Treatment and Recovery Services  
Division, Performance Management Branch, Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not conduct annual onsite monitoring reviews of all county-run and county-subcontracted SAPT BG providers for programmatic and fiscal requirements.

**CD 2.21:**

State County Contract Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)  
*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](mailto:SUDCountyReports@dhcs.ca.gov); or  
*Substance Use Disorder - Prevention, Treatment and Recovery Services*

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

**Finding:** The County did not submit required SAPT BG monitoring and auditing reports for FY 2015-16 to DHCS within two weeks of report issuance.

### 3.0 DRUG MEDICAL (DMC)

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

#### COMPLIANCE DEFICIENCIES:

##### **CD 3.25**

State County Contract Exhibit A, Attachment I, Part V, Section 4, B, 1 (b)

*Contractor shall conduct, at least annually, a utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review must include an on-site visit of the service provider. Reports of the annual review shall be provided to the Department's Performance Management Branch at:*

*Substance Use Disorder - Prevention, Treatment and Recovery Services Division, Performance Management 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](mailto:SUDCountyReports@dhcs.ca.gov)*

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

**Finding:** The County did not conduct required annual onsite DMC utilization reviews of all county-run and county-subcontracted providers in FY 2015-16.

##### **CD 3.25.a:**

State County Contract Exhibit A, Attachment I, Part V, Section 4, B, 1 (b)

*Contractor shall conduct, at least annually, a utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review must include an on-site visit of the service provider. Reports of the annual review shall be provided to the Department's Performance Management Branch at:*

*Substance Use Disorder - Prevention, Treatment and Recovery Services Division, Performance Management 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](mailto:SUDCountyReports@dhcs.ca.gov)*

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

**Finding:** The County did not submit finalized versions of DMC monitoring tools containing all Title 22 requirements for county-run and county-subcontracted providers.

##### **CD 3.25.d:**

State County Contract Exhibit A, Attachment I, Part V, Section 4, B, 1 (b)

*Contractor shall conduct, at least annually, a utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review must include an on-site*

*visit of the service provider. Reports of the annual review shall be provided to the Department's Performance Management Branch at:  
Substance Use Disorder - Prevention, Treatment and Recovery Services Division, Performance Management 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](mailto:SUDCountyReports@dhcs.ca.gov)*

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

**Finding:** The County did not submit reports of annual utilization reviews of county-run and county-subcontracted DMC providers to DHCS within two weeks of report issuance in FY 2015-16.

## 4.0 PERINATAL

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

There were no deficiencies identified in Section 4.0 Perinatal Services.

## 5.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiencies in Adolescent/Youth Treatment regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 5.43**

State County Contract, Exhibit A, Attachment I, Part I, Q, Document 1V –Youth Treatment Guidelines

*Contractor will follow the guidelines in Document 1V, incorporated by this reference, “Youth Treatment Guidelines,” in developing and implementing youth treatment programs funded under this Exhibit, until such time a new Youth Treatment Guideline are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this contract.*

Youth Treatment Guidelines 2002

Section VI, Service Coordination and Collaboration, A, Case Management and Complementary Services (1-4)

*Case Management and Complementary Services: Except for early intervention programs, programs should provide or arrange for case management services for every youth in treatment.*

**Finding:** The County does not provide or arrange for case management services for every youth in treatment.

## 6.0 FISCAL AUDITING

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

### COMPLIANCE DEFICIENCIES:

#### **CD 6.47:**

State County Contract, Exhibit B, A3, Part I, Section 1, H, 3

*Pursuant to 45 CFR 96.124 C 1-3 the Contractor shall expend a specified percentage of SAPT Block Grant funds for perinatal services, pregnant women, and women with dependent children each state fiscal year (SFY). The Contractor shall expend that percentage of SAPT Block Grant funds by, either establishing new programs or expanding the capacity of existing programs. In accordance with 45 CFR 96.124 (c)(1-3), the Contractor shall calculate the percentage of funds to be expended for perinatal services, pregnant women, and women with dependent children in the manner described in Exhibit G: County Share of SAPT Block Grant Women Services Expenditure Requirement.*

**Finding:** The County's "Policies and Procedures on Perinatal Fund Expenditures" document provided does not adequately describe the requirements, as indicated above, for expending and reporting perinatal funds.

## 7.0 PRIMARY PREVENTION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 7.49a:**

State County Contract, Exhibit A, Attachment I Part IV, Section 1, B, 2, (c)

*Contractor is required to have a current and DHCS approved County Strategic Prevention Plan (SPP). The SPP must demonstrate that the County utilized the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) in developing the plan as described at <http://captus.samhsa.gov/access-resources/about-strategic-prevention-frameworkspf>. DHCS will only approve SPP's that demonstrate that the Contractor utilized the SPF. Contractor must: c) Submit a timeline to DHCS for completion of the SPP that includes proposed dates for submitting each section of the SPP. The sections are outlined in the Strategic Prevention Framework Plan Resource Document.*

**Finding:** The County did not submit a timeline for completion of the Strategic Prevention Plan (SPP) to the DHCS Prevention Analyst.

#### **CD 7.49b:**

State County Contract, Exhibit A, Attachment I Part IV, Section 1, B, 2, (b)

*Contractor is required to have a current and DHCS approved County Strategic Prevention Plan (SPP). The SPP must demonstrate that the County utilized the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) in developing the plan as described at <http://captus.samhsa.gov/access-resources/about-strategic-prevention-frameworkspf>. DHCS will only approve SPP's that demonstrate that the Contractor utilized the SPF. Contractor must: b) Begin preparing a new SPP at least 9-months prior to the expiration date of the current SPP.*

**Finding:** The County did not begin preparing the new SPP at least 9-months prior to the expiration date of the current SPP.

#### **CD 7.49c:**

State County Contract, Exhibit A, Attachment I Part IV, Section 1, B, 2, (d)

*Contractor is required to have a current and DHCS approved County Strategic Prevention Plan (SPP). The SPP must demonstrate that the County utilized the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) in developing the plan as described at <http://captus.samhsa.gov/access-resources/about-strategic-prevention-frameworkspf>. DHCS will only approve SPP's that demonstrate that the Contractor utilized the SPF. Contractor must: d) Submit a draft to DHCS, based on the timeline, for each section of the SPP for review and approval.*

**Finding:** The County did not submit a draft of each section of the SPP to the DHCS Prevention Analyst for review and approval.



## 8.0 CULTURAL COMPETENCE

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

There were no deficiencies identified in Section 8.0 Cultural Competence.

## 9.0 ELECTRONIC HEALTH RECORDS (EHR)

The following deficiencies in Electronic Health Records regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 9.0 Electronic Health Records.

## 10.0 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 10.57.a:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (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.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: Total late submissions or re-submissions shall not exceed five percent (5%) for any report month.*

**Finding:** The County's CalOMS Tx late submissions or re-submissions exceed five percent (5%).

#### **CD 10.57.b:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (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.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: All providers must submit CalOMS Tx data each month. If a provider has no reportable CalOMS Tx activity, the provider must report "No Activity" as defined in the CalOMS Tx Input Data File Instructions and the CalOMS Tx Data Dictionary.*

**Finding:** The County, 404022, and its provider, 404047, did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

**CD 10.57.d:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (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.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: Counties shall account for all one hundred percent (100%) of their county contracted treatment providers in their monthly submission(s) of CalOMS Tx data. DHCS will review the completeness of the CalOMS Tx monthly submissions reported by the counties (counties are responsible for their county contracted providers) and direct providers. Counties are responsible for their county contracted providers and shall report for all (100 percent) of their treatment providers in their monthly submission that includes data for all of their providers: admissions, discharges, or annual updates.*

**Finding:** The County and its provider(s) did not report monthly submission data on discharges or annual updates as needed.

ADVISORY RECOMMENDATION:

**AR 10.58:**

State County Contract, Exhibit A, Attachment I, Part III, D (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.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: Counties shall account for all one hundred percent (100%) of their county contracted treatment providers in their monthly submission(s) of CalOMS Tx data. DHCS will review the completeness of the CalOMS Tx monthly submissions reported by the counties (counties are responsible for their county contracted providers) and direct providers. Counties are responsible for their county contracted providers and shall report for all (100 percent) of their treatment providers in their monthly submission that includes data for all of their providers: admissions, discharges, or annual updates.*

**Recommendation:** It is recommended the County monitor the CalOMS Tx submission data on discharges or annual updates on a monthly, rather than quarterly, basis.

## 11.0 PRIVACY AND INFORMATION SECURITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 11.66a:**

State County Contract, Exhibit G-3, Attachment A, 2, E

**Antivirus software.** All workstations, laptops and other systems that process and/or store Department PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.

**Finding:** The anti-virus software used by the County and county-subcontracted providers does not have automatic updates scheduled at least daily.

#### **CD 11.71:**

State County Contract, Exhibit G-3, Attachment A, 4, A

**Emergency Mode Operation Plan.** Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of Department PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.

**Finding:** The County's "Continuity of Operations Plan" needs to be finalized and updated. The Plan provided during the review was a "Final Draft" version from July 2013.

#### **CD 11.72:**

State County Contract, Exhibit G-3, Attachment A, 4, B

**Data Backup Plan.** Contractor must have established documented procedures to backup Department PHI to maintain retrievable exact copies of Department PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore Department PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of Department data.

**Finding:** The County did not provide written procedures of a data backup plan that include all of the following:

- A regular schedule for making backups
- Storing backups offsite
- An inventory of backup media
- An estimate of the amount of time needed to restore Department PHI or PI should it be lost

## 12.0 TECHNICAL ASSISTANCE

DHCS's County Monitoring Analyst will make referrals for the training and/or technical assistance identified below.

There were no requests for Technical Assistance.