



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 15, 2022

Sent via e-mail to: <judith.martin@sfdph.org>

Judith Martin, Medical Director, Substance Use Services
San Francisco Department of Health Services
1380 Howard Street
San Francisco, CA 94103

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Martin:

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 San Francisco 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 San Francisco County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Francisco 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 5/16/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Sacramento, CA 95814
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Elissa Velez, San Francisco Behavioral Health Services Regulatory Affairs Manager

COUNTY REVIEW INFORMATION

County:

San Francisco

County Contact Name/Title:

Elissa Velez, Regulatory Affairs Manager

County Address:

1380 Howard Street,
San Francisco, CA 94103

County Phone Number/Email:

415-255-3644
elissa.velez@sfdph.org

Date of Review:

12/01/2021

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

N/A

Report Prepared by:

Katrina Beedy

Report Approved by:

Ayesha Smith

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. Fiscal Year (FY) 2020-21 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - b. Fiscal Year (FY) 2021-22 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - c. State of California *Youth Treatment Guidelines Revised August 2002*
 - d. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - e. National Culturally and Linguistically Appropriate Services (CLAS)
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 12/1/2021. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Michael Bivians, Staff Services Manager (SSM I)
- Representing San Francisco County:
Elissa Velez, Regulatory Affairs Manager
Andre Pelote, Compliance Manager
Carla Love, Credentialing Specialist
Chris Lovoy, CYF Assistant Director
David Pating, Addiction Psychiatry-Substance Use Services
Diane Prentiss, QM Interim Director
Ei Ei Oliva, Credentialing Specialist
Felicia Davis, Credentialing Specialist
Emily Raganold, SUD Program Coordinator
Erik Dubon, DMC Project Manager
Joseph Gorndt, Compliance Assistant Auditor
Joe Turner, BHS Compliance Officer
Judith Martin, County Alcohol and Drug Administrator
Kellee Hom, IS Project Director
Kim Oka, Certified Healthcare Privacy Compliance
Melissa Bloom, BHS Risk Manager
Michael Barack, SUD Training Officer
Michael Rojas, Administrative Analyst
Michelle Pollard, Contract Compliance Manager
Michelle Truong, BHAC Nurse Practitioner
Tom Mesa, BOCC Manager II
William Gramlich, Grievance/Appeal Officer

During the Entrance Conference, the following topics were discussed:

- Introductions
- County overview of services
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 12/1/2021. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Michael Bivians, SSM I
- Representing San Francisco County:
Elissa Velez, Regulatory Affairs Manager
Andre Pelote, Compliance Manager
Carla Love, Credentialing Specialist
Chris Lovoy, CYF Assistant Director
David Pating, Addiction Psychiatry-Substance Use Services
Diane Prentiss, QM Interim Director
Ei Ei Oliva, Credentialing Specialist
Felicia Davis, Credentialing Specialist
Emily Raganold, SUD Program Coordinator
Erik Dubon, DMC Project Manager
Joseph Gorndt, Compliance Assistant Auditor
Joe Turner, BHS Compliance Officer
Judith Martin, County Alcohol and Drug Administrator
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Kim Oka, Certified Healthcare Privacy Compliance
Melissa Bloom, BHS Risk Manager
Michael Barack, SUD Training Officer
Michael Rojas, Administrative Analyst
Michelle Pollard, Contract Compliance Manager
Michelle Truong, BHAC Nurse Practitioner
Tom Mesa, BOCC Manager II
William Gramlich, Grievance/Appeal Officer

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	1
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	3
6.0 Program Integrity	1
7.0 Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 2, Part I, Section 3, B, 5-7 each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2021-22 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.

Category 1: ADMINISTRATION

A review of the County's Maintenance of Records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.2.2:

SABG Application, Enclosure 2, I, 3, C

C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 75.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

Findings: The County did not provide evidence of two (2) completed pre-award risk assessments for current SABG subcontracted providers as requested.

Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 5.1.1:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County 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.
- F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at: <https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Findings: The County’s Open Admissions report is not in compliance.

CD: 5.1.2:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County 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.
- F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at: <https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Findings: The County's Open Provider report is not in compliance.

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, A-D

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

- A. The County shall be responsible for ensuring that the County-operated treatment services and all treatment providers, with whom County makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
- B. The County shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity, report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity.
- C. The County shall ensure that all DATAR reports are submitted by either County-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.
- D. The County shall ensure that all applicable providers are enrolled in DHCS'web-based DATARWeb program for submission of data, accessible on theDHCS website when executing the subcontract.

Findings: The County's DATAR report is not in compliance.

Category 6: PROGRAM INTEGRITY

A review of the SABG monitoring, privacy, and program integrity was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 6.1.2:

SABG Application Enclosure 2, I, 3, A, 1, e

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
 - e. Whether the County conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent via a Secure Managed File Transfer system specified by DHCS.

Findings: The County did not provide evidence demonstrating it conducted onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services.

- The County monitored zero (0) of sixteen (16) SABG funded programs.

TECHNICAL ASSISTANCE

The County did not request technical assistance during this review.