



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

March 24, 2017

Sent via e-mail to: milleras@co.monterey.ca.us

Amie Miller, Director
Monterey County Behavioral Health
1270 Natividad Road
Salinas, CA 93906

SUBJECT: State Fiscal Year (SFY) 2016-17 - County Monitoring Unit Report

Dear Director Miller:

Enclosed are the results of Monterey County's 16-17 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)¹ 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 Monterey 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, and supporting documentation. The enclosed report addresses compliance deficiencies, required corrective actions, advisory recommendations, and any technical assistance requests.

Monterey County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by April 24, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions when completing the CAP. 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,

Kerri Stubblefield

CMU Analyst
(916) 327-2654
Kerri.Stubblefield@dhcs.ca.gov

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



County Monitoring Unit Report
Monterey County

Distribution:

To: Amie Miller, Monterey County Behavioral Health, Director

CC: Victoria King-Watson, DHCS Substance Use Disorders (SUD) Program, Policy and Fiscal Division, Assistant Division Chief
Tracie Walker, Performance Management Branch, Section Chief
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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
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Trudi Romero, Policy and Prevention Branch, Office Technician
Andrew Heald, Monterey County SUD Program Administrator

March 24, 2017

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

Lead CMU Analyst:
Kerri Stubblefield

Review Date: February 1 - 2, 2017

Assisting CMU Analyst:
N/A

Review Period: SFY 2016-17

County: Monterey

County Address:
Monterey County Behavioral Health
1270 Natividad Road
Salinas, CA 93906

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

As deficiencies are corrected, please send training documentation, revised policies/procedures, and/or other documentation to 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

Section 1: 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:

There were no deficiencies identified in Section 1: Administration.

Section 2: SAPT BG MONITORING

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

COMPLIANCE DEFICIENCIES:

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; 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 have all the SAPT BG program requirements within their monitoring tools. The following criteria is missing:

- Trafficking Victims Protection Act (TVPA)
- Charitable Choice
- Primary Prevention
- 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; 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-subcontracted SAPT BG providers in SFY15-16 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; 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 all required SAPT BG monitoring and auditing reports to DHCS for SFY 15-16.

Section 3: DRUG MEDI-CAL (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

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

Finding: The County did not conduct annual onsite utilization reviews of all county-subcontracted DMC providers in SFY 15-16.

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

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

Finding: The County did not have all DMC program requirements within their monitoring tools. The following criteria is missing:

- All California Code of Regulations (CCR) Title 22, Section 51341.1 Drug Medi-Cal Substance Use Disorder services requirements.
- Monitoring to ensure all staff completes annual training in Title 22.

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

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

Finding: The County did not submit all required DMC annual review reports to DHCS for SFY15-16.

CD 3.27:

State County Contract Exhibit A, Attachment I, Part V, Section 2 B-1 (a)

... Contractor shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

Finding: The County does not have policies and procedures in place for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

CD 3.28:

State County Contract Exhibit A, Attachment I, Part V, Section 3, A, 7

If, at any time, a Subcontractor's license, registration, certification, or approval to operate a substance use treatment program or provide a covered service is revoked, suspended, modified, or not renewed outside of DHCS, the Contractor must notify DHCS Fiscal Management & Accountability Branch by e-mail at DHCSMPF@dhcs.ca.gov within two business days of knowledge of Section 3(A(7)) of Exhibit A, Attachment I A1.

Finding: The County does not have a procedure in place for notifying DHCS in the event a subcontractor's license, registration, certification, or approval to operate a substance use treatment program or provide a covered service is revoked, suspended, modified, or not renewed outside of DHCS.

Section 4: PERINATAL

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

COMPLIANCE DEFICIENCIES:

CD 4.38:

45 CFR 96.131 (b)

...will in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.

State County Contract, Exhibit A, Attachment I, Part I, K.

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

Office of Minority Health National Culturally and Linguistically Appropriate Services (CLAS) Standards-Standard 8

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Finding: The County did not provide outreach materials used to publicize the availability of services for and preference in admitting pregnant women to perinatal programs in the County's threshold language, Spanish.

Section 5: ADOLESCENT/YOUTH TREATMENT (AYT)

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

COMPLIANCE DEFICIENCIES:

CD 5.42

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

Q. 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 apply be incorporated into this contract.

Youth Treatment Guidelines 2002, Section V. Service Components, C Initial and Continuing Assessment (1-7).

Assessment is not a single event upon the youth’s admission to the program, but an ongoing process to gain insight into the youth’s unique abilities, strengths, and needs. Assessment should be comprehensive, multi-faceted, and culturally as well as developmentally, appropriate.

Finding: The County did not provide the youth program assessment tool or the youth program health screening tool.

Section 6: FISCAL AUDITING

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

COMPLIANCE DEFICIENCIES:

There were no compliance deficiencies identified in Section 6: Fiscal Auditing.

Section 7: PRIMARY PREVENTION

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

There were no deficiencies identified in Section 7: Primary Prevention.

Section 8: CULTURAL COMPETENCE

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

There were no deficiencies identified in Section 8: Cultural Competence.

ADVISORY RECOMMENDATION:

AR 8.52:

State County Contract, Exhibit A, Attachment I, Part I, K.

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

Recommendation: It is recommended to update the CLAS policies and procedures (*Monterey Behavioral Health Policy and Procedure 451 and 452*) provided during the review. The documents do not reflect current standards and practices in place at the County based on information provided verbally at the site review. Additionally, the documents do not incorporate the *Enhanced National CLAS national standards*, in place since 2013.

Section 9: 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: EHR.

**Section 10: 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.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 county-subcontracted providers did not report monthly CalOMS Tx submission data on beneficiary discharges or annual updates as needed.

Section 11: PRIVACY AND INFORMATION SECURITY

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

COMPLIANCE DEFICIENCIES:

CD 11.63:

State County Contract, Exhibit G-3, Attachment A, 1, C
Confidentiality Statement. All persons that will be working with Department PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to Department PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for Department inspection for a period of six (6) years following termination of this Agreement.

Finding: The County does not require workforce member's confidentiality statements be renewed annually.

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 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 did not provide a copy of the Emergency Mode Operation Plan or similar document.

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.

CD 11.78:

State County Contract, Exhibit G-1,13 (a-c)

Exhibit G-2, 9 (a-c)

Breaches and Security Incidents. During the term of this Agreement, Contractor agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

- a. *Initial Notice to the Department. (1) To notify the Department immediately by telephone call or email or fax upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person. (2) To notify the Department within 24 hours (one hour if SSA data) by email or fax of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit G-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by Contractor as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of Contractor. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing (privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Contractor shall use the most current version of this form, which is posted on the DHCS information Security Officer website (www.dhca.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link [Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Contractor shall take:](#)
 - i) *Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and*
 - ii) *Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.**
- a. *Investigation and Investigation Report. To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Contractor shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.*
- b. *Complete Report. To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an known factors relevant*

to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, Contractor shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, Contractor needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case Contractor shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.assessment of all

Finding: The *Monterey County Behavioral Health Policy and Procedure No. 322* does not demonstrate a process in place for reporting breaches or security incidents that includes:

- Notifying DHCS immediately by telephone call or email or fax upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been accessed or acquired by an unauthorized person.
- Notifying DHCS within 24 hours (one hour if SSA data) by email or fax of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit G-1, or potential loss of confidential data affecting this Agreement.

Section 12: TECHNICAL ASSISTANCE (TA)

There were no requests for TA.