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DIRECTOR

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



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GOVERNOR

January 10, 2018

Sent via e-mail to: blongo@co.lassen.ca.us

Barbara Longo, HSS Director
Lassen County Health and Social Services
1445 Paul Bunyon Rd.
Susanville, CA 96130-4302

SUBJECT: Fiscal Year (FY) 2017-18 – County Monitoring Unit Report

Dear Director Longo:

Enclosed are the results of Lassen County's 2017-18 Substance Abuse (SA) Block Grant (BG)¹, and the State Plan Drug Medi-Cal (DMC) Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the SABG and the terms of the State Plan DMC Contract operated by Lassen County.

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

Lassen County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by 2/9/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CMU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

Eric Painter
(916) 327-2619
eric.painter@dhcs.ca.gov

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



Substance Abuse Block Grant and Drug Medi-Cal
County Monitoring Unit Report
Lassen County

Distribution:

To: Barbara Longo, HHS Director, Lassen County

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
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Tiffany Armstrong, Director of Behavioral Health, Lassen County

Date: January 10, 2018

Report Prepared by: *Eric Painter, County Monitoring Analyst*
Manager Approval: *Susan Jones, County Monitoring Supervisor*

Lead CMU Analyst:
Eric Painter

Review Date: 11/28/17 to 11/30/17

Assisting CMU Analyst(s):
N/A

Review Period: 2017-18

County: Lassen

County Address:
1445 Paul Bunyon Rd.
Susanville, CA 96130-4302

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 (SABG), 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).

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) 2017-18 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)
 - e. Alcohol and Drug Program (ADP) Bulletins
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I, Part I, Section 3, 7, (a-d) each deficiency (CD) and new requirement (NR) 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 include:

- a) A statement of the compliance deficiency (CD) and new requirement (NR).
- b) A list of action steps to be taken to correct the CD/NR.
- c) A date of completion for each CD/NR.
- d) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

NEW REQUIREMENTS (NR)

Due to a delay in the SABG contract finalization, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfil the new requirements must be submitted.

SUMMARY OF FY 2017-18 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	0
2.0 SABG Monitoring	1
3.0 Perinatal	1
4.0 Adolescent/Youth Treatment	1
5.0 Primary Prevention	1
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	0
9.0 Drug Medi-Cal (DMC)	0

PREVIOUS CAPs

During the FY 2017-18 review, the following CAP with CD(s) were discussed and are still outstanding.

FY 2016-17

- CD 7.50:** The County does not report quality data in a timely manner according to the CalOMS Prevention Data Quality Standards.
- CD 11.71:** The County did not provide a copy of the Emergency Mode Operation Plan or similar document.
- CD 11.76:** The County does not meet all the requirements to protect Department PI.
- CD 11.76.a:** The County does not have written policies and procedures implemented, that addresses information privacy and security for PI.
- CD 11.76.b:** The County's information privacy and security, policy and procedure does not include a section regarding security for PI.
- CD 11.76.c:** The County did not provide a copy of the requested policies and procedures which address PI.
- CD 11.78:** The County did not demonstrate a process in place for reporting breached or security incidents that include:
1. Notifying DHCS immediately by telephone, e-mail, or fax
 2. Notifying DHCS within 24 hours of a suspected security incident
 3. Utilizing "Privacy Security Incident Report" form
 4. Submitting "Privacy Incident Report" form within 72 hours
 5. Providing a complete report within 10 working days of breach or disclosure

Please provide the following within the completed 2017-18 CAP.

- a) A list of action steps to be taken to correct the CD.
- b) A date of completion for each CD.
- c) Who will be responsible for correction and ongoing compliance.

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 new requirements were identified:

NEW REQUIREMENTS:

NR 1.10:

State County Contract, Exhibit A, Attachment I, Part III, F

Contractor shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The Contractor shall annually submit this information to DHCS' Program Support and Grants Management Branch by e-mail at DHCSSUDCharitableChoice@dhcs.ca.gov by October. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS.

Finding: The County did not submit the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2017. Moving forward, the County will need to submit annually.

NR 1.14:

State County Contract Exhibit A, Attachment I, Part I, Section 1, C, 5

Contractor and all its subcontractors shall comply with the Minimum Quality Drug treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F (b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfil the new requirements must be submitted. Also, the County will need to ensure monitoring is completed meeting these standards, and is included in the monitoring tool.

2.0 SABG MONITORING

The following deficiencies in the SABG Monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.21:

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, 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 should 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 submit all required SABG fiscal auditing reports for FY 16-17 to DHCS within two weeks of report issuance.

3.0 PERINATAL

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

COMPLIANCE DEFICIENCIES:

CD 3.24.b

State-County Contract Exhibit A, Attachment I, Part II, R

Perinatal Services Network Guidelines FY 2016-17

Contractor must comply with the perinatal program requirements as outlines in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, b

Monitoring criteria shall include, but not limited to:

(b) Whether the Contractor has established and is monitoring appropriate quality standards.

45 CFR § 96.124(e)

State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provisions of the following services to pregnant women and women who are attempting to regain custody of their children.

Finding: The County does not monitor out-of-county perinatal services provider(s) funded through SABG, for compliance with regulations and requirements.

4.0 ADOLESCENT/YOUTH TREATMENT (AYT)

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

COMPLIANCE DEFICIENCIES:

CD 4.33:

State-County Contract, Exhibit A, Attachment I, Part I, Q

Contractor must comply with the guidelines in Document 1 V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No format amendment of this contract is required for new guidelines to be incorporated into this Contract.

Document 1V- Youth Treatment Guidelines Youth Treatment guidelines 2002, Section X Administration, A, Program Rules and Procedures

The program should have written program policies and procedures, client rules and rights, and complaint and/or grievance procedures. All staff should receive training on the program rules, policies, and procedures.

Finding: The County does not have a written program policies and procedures, client rules and rights, and complaint and/or grievance procedures.

5.0 PRIMARY PREVENTION

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

COMPLIANCE DEFICIENCIES:

CD 5.35:

State County Contract, Exhibit A, Attachment I, Part III, C, 1

CalOMS Prevention Data Quality Standards (Document -1T of the State County Contract)

Contractors and/or subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity and evaluation data into the service. When submitting data,

Contractor shall comply with the Prevention Data Quality Standards (Document #1T)

The CalOMS Pv data quality standards require that: 1. Quality data is timely...

Finding: The County's quality data is not timely.

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 7.41.b:

State-County Contract, Exhibit A, Attachment I, Part III, B, 3, 5, 6 and D, 3

B(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.

B(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.

B(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.

D(3) 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 annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

ADVISORY RECCOMENDATIONS:

AR 7.42:

State-County Contract, Exhibit A, Attachment I, Part III, B, 7

Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls. Contractor staff responsible for CalOMS-Tx data entry must have sufficient knowledge of the CalOMS-Tx Data Quality Standards, all new CalOMS-Tx users, whether employed by the Contractor or its subcontractors, shall participate in CalOMS-Tx training prior to inputting data into the system.

Recommendation: The County does not adequately monitor their CalOMS Tx report(s). It is recommended to monitor the following reports monthly:

- Open Admissions Report
- Open Providers Report
- DATAR

8.0 PRIVACY AND INFORMATION SECURITY

ADVISORY RECCOMENDATIONS:

AR 8.46:

State-County Contract, Exhibit F, F-3, Attachment I, I, A

Employee Training:

All workforce members who assist in the performance of functions or activates on behalf of the Department, or access or disclose Department PHI or PI must complete information privacy and security training, at least annually, at contractor's expense.

Recommendation: Add the definition of PI into the training materials.

9.0 DRUG MEDI-CAL

ADVISORY RECCOMENDATIONS:

AR 9.78:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 3, b

During the monthly status check, the Contractor shall monitor for a triggering recertification event (change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' County Monitoring Unit within two business days of notification or discovery.

Recommendation: The County will want ensure to:

- notify DHCS via email of any contract termination with a certified subcontracted provider.
- notifying DHCS within two business days of notification or discovery; complete the Existing Provider Info Form_ADA and submit to the MPF team at: dhcsmpf@dhcs.ca.gov.

10.0 TECHNICAL ASSISTANCE

The County will contact their analyst for any future technical assistance.