



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

February 9, 2018

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

Dean True, R.N., M.P.A., AOD Administrator  
Shasta County Health and Human Services Agency  
2640 Breslauer Way  
Redding, CA 96001

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

Dear Administrator True:

Enclosed are the results of Shasta County's 2017-18 Substance Abuse (SA) Block Grant (BG)<sup>1</sup>, 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 Shasta County.

The County Performance Unit (CPU) within the Performance & Integrity Branch (PIB) 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, and referral for technical assistance.

Shasta County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 3/9/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU 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 CPU analyst.

Sincerely,

Trang Huynh  
(916) 650-0529  
[trang.huynh@dhcs.ca.gov](mailto:trang.huynh@dhcs.ca.gov)

---

<sup>1</sup> 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 Performance Unit Report**  
Shasta County

Distribution:

To: Administrator True, Shasta County Health and Human Services Agency

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief  
Denise Galvez, Policy and Prevention Branch, Section Chief  
Janet Rudnick, Utilization Review Section, Section Chief  
Susan Jones, County Performance Unit, Unit Supervisor  
Cynthia Hudgins, Drug Medi-Cal Monitoring Unit I, Unit Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Unit Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Unit Supervisor  
Eric Painter, Postservice Postpayment Unit II, Unit Supervisor  
Danielle Stumpf, Office of Women, Perinatal and Youth Services Unit, Unit Supervisor  
Vanessa Machado, Policy and Prevention Branch, Office Technician  
Katie Cassidy, M.S., Program Manager, Shasta County Health and Human Services Agency

Date: February 9, 2018

Report Prepared by: *Trang Huynh, County Performance Analyst*  
Manager Approval: *Susan Jones, County Performance Supervisor*

---

**Lead CPU Analyst:**  
Trang Huynh

**Review Date:** 1/30/18 to 1/31/18

**Assisting CPU Analyst(s):**  
Rotna Simmons

**Review Period:** 2017-18

**County:** Shasta

**County Address:**  
2640 Breslauer Way  
Redding, CA 96001

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 Performance Unit (CPU).

## 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 compliance 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 CPU 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 DEFFICIENCIES (CD)

Section:	Number of CD's:
<b>1.0 Administration</b>	<b>3</b>
<b>2.0 SABG Monitoring</b>	<b>2</b>
<b>3.0 Perinatal</b>	<b>0</b>
<b>4.0 Adolescent/Youth Treatment</b>	<b>0</b>
<b>5.0 Primary Prevention</b>	<b>0</b>
<b>6.0 Cultural Competence</b>	<b>1</b>
<b>7.0 CalOMS and DATAR</b>	<b>2</b>
<b>8.0 Privacy and Information Security</b>	<b>2</b>
<b>9.0 Drug Medi-Cal (DMC)</b>	<b>5</b>

### PREVIOUS CAPs

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

**2015-16:**

CD 7: Open Admissions

**2016-17:**

CD 10.57.d: Open Admissions

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 deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.3:**

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

*Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.*

State County Contract Exhibit A, Attachment I, Part II, Y  
Subcontract Provisions

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

**Finding:** The County did not provide the SABG treatment provider contract that addresses compliance with Debarment and Suspension.

#### **CD 1.4:**

State County Contract, Exhibit A, Attachment I, Part II, E

*None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).*

State County Contract Exhibit A, Attachment I, Part II, Y  
Subcontract Provisions

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

**Finding:** The County did not provide the SABG treatment provider contract that addresses compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

#### **CD 1.8:**

State County Contract, Exhibit A, Attachment I, Part I, Section 3, C

*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 the 2017-18 annual risk assessment for each subcontractor prior to making an award.



## 2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.18:**

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, a-e  
*Monitoring*

*Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the terms of this Contract. Monitoring criteria shall include, but not 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) 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 e-mail to: [sudcountyreports@dhcs.ca.gov](mailto: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 have all the SABG program requirements within their monitoring tool. The following criteria are missing:

- Charitable Choice
- Minimum Quality Drug Treatment Standards 2F(b) (New Requirement)

#### **CD 2.20:**

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](mailto: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 all subcontracted providers for required SABG program requirements.

## 6.0 CULTURAL COMPETENCE

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

### COMPLIANCE DEFICIENCIES:

#### **CD 6.38:**

State County Contract, Exhibit A, Attachment I, Part II, Section O

*Contractor shall regularly access (e.g. review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, survey Tribal representatives for insight in potential barriers) the substance use services needs of the American Indian/Alaskan Native(AI/AN) population within the County geographic area, and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purposes of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the County.*

List of Federally Recognized Tribes

<http://www.bia.gov/WhoWeAre/RegionalOffices/Pacific/index.htm>

**Finding:** The County does not engage in regular and meaningful consultation and collaboration with Federally Recognized Tribe, Pit River Tribe, identified within the County.

## 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.a:**

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 provider did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

#### **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 and its providers annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

## 8.0 PRIVACY AND INFORMATION SECURITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 8.46:**

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.*

**Finding:** County does not require sub-contracted staff to complete information privacy and security training annually.

#### **CD 8.59:**

State-County Contract, Exhibit F, Attachment I, III, B

*Log Reviews. All systems processing and/or storing Department PHI or PI must have a routine procedure in place to review system logs for unauthorized access.*

**Finding:** The County did not demonstrate a routine procedure to review system logs to deter unauthorized access to systems and networks containing PHI or PI.

## 9.0 DRUG MEDI-CAL

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

### COMPLIANCE DEFICIENCIES:

#### **CD 9.62:**

State Plan DMC Contract, Exhibit A, Attachment I, Part II, N

*Information Access for Individuals with Limited English Proficiency*

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to:

- a) Materials explaining services available to the public
- b) Language assistance
- c) Language interpreter and translation services
- d) Video remote language interpreting services

Exhibit A, Attachment I, Part II, O

*O. Subcontract Provisions*

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

**Finding:** The County did not provide the DMC provider contract that addresses compliance with Information Access for Individuals with Limited English.

#### **CD 9.66:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, b

*Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider.*

*Reports of the annual review shall be provided to DHCS's Performance Management Branch at: Substance Use Disorders Program, Policy and Fiscal 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 DHCS within 2 weeks of completion by the Contractor.*

**Finding:** The County did not submit DMC monitoring reports to DHCS within two weeks of completion.

**CD 9.69:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, A, 3, a-b  
*Training*

- a) *Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.*
- b) *Contractor may request additional technical assistance or training from SUD PPF on an ad hoc basis.*

**Finding:** The County has not provided Title 22 training annually to subcontractors.

**CD 9.77:**

State Plan DMC Contract, Exhibit A, Attach I, Part I, Section 3, A, 5  
*Contractor shall notify Provider Enrollment Division (PED) of an addition or change of information in a provider's pending DMC certification application within 35 days of receiving notification from the provider. The Contractor must ensure that a new DMC certification application is submitted to PED reflecting the change.*

**Finding:** The County did not meet the following requirements:

- Notify the Provider Enrollment Division (PED) of an addition or change of information in a provider's pending DMC certification application.
- Notification must be made within 35-days of receiving notification from the provider.
- A new DMC certification application is submitted to PED reflecting the change.

**CD 9.84:**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 2, B, 1, b  
*Contractor shall authorize residential services in accordance with the medical necessity criteria specified in Title 22, Section 51303 and the coverage provisions of the approved state Medi-Cal Plan. Room and board are not reimbursable DMC services. If services are denied, the provider shall inform the beneficiary in accordance with Title 22, Section 51341.1 (p).*

**Finding:** The County did not demonstrate compliance with the following requirements:

- No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification.

## 10.0 TECHNICAL ASSISTANCE

Shasta County did not request any TA for FY 17-18.