



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

December 4, 2018

Sent via e-mail to: [zykofskyu@sacounty.net](mailto:zykofskyu@sacounty.net)

Uma Zykofsky, Deputy Director, AOD Administrator  
Sacramento County Department of Health Services  
7001-A East Parkway, suite 400  
Sacramento, CA 95823-2501

SUBJECT: Annual County Performance Unit Report

Dear Deputy Director Zykofsky:

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 State Plan Drug Medi-Cal (DMC) Contract operated by Sacramento County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) 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 Sacramento County's 2018-19 SABG and State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Sacramento County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 1/4/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Becky Counter  
(916) 713-8567  
[becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov)

Substance Use Disorder  
Program, Policy and Fiscal Division  
County Performance Unit  
P.O. Box 997413, MS 2627  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Deputy Director Zykofsky

CC: Tracie Walker, Performance & Integrity Branch, Chief  
Janet Rudnick, Utilization Review, Section Chief  
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Susan Jones, County Performance Unit, Supervisor  
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Eric Painter, Postservice Postpayment Unit II, Supervisor  
Sue Van Wazer, Office of Women, Perinatal and Youth Services Unit, Interim Supervisor  
Vanessa Machado, Policy and Prevention Branch, Office Technician  
Lori Miller, Sacramento County Divisions Manager

<b>Lead CPU Analyst:</b> Becky Counter	<b>Date of Review:</b> 10/29/2018
<b>Assisting CPU Analyst(s):</b> Jennifer Johnson	
<b>County:</b> Sacramento	<b>County Address:</b> 7001-A East Parkway Suite 400 Sacramento, CA 95823
<b>County Contact Name/Title:</b> Ed Dziuk, Health Program Manager	<b>County Phone Number/Email:</b> 916 875-2057
<b>Report Prepared by:</b> Becky Counter	<b>Report Approved by:</b> Susan Jones

## 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) 2018-19 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 SFY 2016-17*
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 7001-A East Parkway Suite 400 on 10/29/2018. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA  
Jennifer Johnson, AGPA  
Joel Case, AGPA  
Nancy Sardon, AGPA
- Representing Sacramento County:  
Ed Dziuk, Health Program Manager  
Kimberly Grimes, Planner  
Lori Miller, Division Manager  
Monica Castillon, Senior Office Assistant  
Uma Zykofsky, Deputy Director

During the Entrance Conference the following topics were discussed:

- DHCS provided an overview of the monitoring purpose and process
- Reviewed the site review agenda

### Exit Conference:

An exit conference was conducted at 7001-A East Parkway Suite 400 on 10/29/2018. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA  
Jennifer Johnson, AGPA  
Joel Case, AGPA  
Nancy Sardon, AGPA
- Representing Sacramento County:  
Kimberly Grimes, Planner  
Ed Dziuk, Health Program Manager  
Lori Miller, Division Manager

During the Exit Conference the following topics were discussed:

- DHCS reviewed compliance deficiencies
- Discussed recommendations

**SUMMARY OF SFY 2018 19 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 SABG Monitoring</b>	<b>1</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>0</b>
<b>7.0 CalOMS and DATAR</b>	<b>1</b>
<b>8.0 Privacy and Information Security</b>	<b>0</b>
<b>9.0 Drug Medi-Cal (DMC)</b>	<b>5</b>

## PREVIOUS CAPs

During the SFY 2018-19 review, the following CAPs with CDs were discussed and are still outstanding.

### **2014-15:**

#### **CD 4: Open Admissions:**

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

**County response:** Sacramento County will be educating their providers on the steps and timelines to complete annual updates.

### **2015-16:**

#### **CD # 13: Open Admissions:**

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

**County response:** Sacramento County will be educating their providers on the steps and timelines to complete annual updates.

### **2016-17:**

#### **CD 10.57.d: Open Admissions**

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

**County response:** Sacramento County will be educating their providers on the steps and timelines to complete annual updates.

**2017-18:**

**CD 7.41.b: Open Admissions**

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

**County response:** Sacramento County will be educating their providers on the steps and timelines to complete annual updates.



## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) 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.

Please provide the following within the completed 2018-19 CAP.

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

The CPU analyst will monitor progress of the CAP completion.

## 2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.10:**

*SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1 (a-e) Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS 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.*
- 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 Practice Guidelines (Document 1G).*
- 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 shall 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 have all SABG program requirements within their monitoring tool. The following criteria is missing:

- Minimum Quality Drug Treatment Standards 2F(b)

## 7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 7.34.b:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 6

- (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.*
- (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.*
- (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.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

*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 subcontracted providers’ annual updates / client discharges for beneficiaries in treatment over one year were not submitted.

## 9.0 DRUG MEDICAL

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

### COMPLIANCE DEFICIENCIES:

#### **CD 9.43:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, 5 a  
*Contractor shall include instructions on record retention in any subcontract with providers and mandate all providers to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code, Section 14124.1 and 42 CFR Section 433.32, and 22 CCR Section 51341.1.*

#### W&I Code, Section 14124.1

*... Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.*

**Finding:** The County did not provide evidence that records are retained for ten years for each service rendered.

#### **CD 9.48:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, 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 DHCS's Performance and Integrity Branch at...*

**Finding:** The County did not demonstrate compliance with the Minimum Quality Drug Treatment Standards for DMC.

#### **CD 9.49:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 4, c  
*Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:  
Minimum Quality Treatment Standards, Document 2F(a)*

**Finding:** The County did not provide evidence that all the DMC providers are required to comply with the Minimum Quality Drug Treatment Standards for DMC.

**CD 9.56:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a 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.*

**Finding:** The County did not report annual Title 22 training compliance to sudcountyreports@dhcs.ca.gov.

**CD 9.65:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

*It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).*

§ 51341.1 (b) (28) (i) (f) (ii)

*...The substance use disorder medical director's responsibilities shall at a minimum include all of the following:*

- (a) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.*
- (b) Ensure that physicians do not delegate their duties to non-physician personnel.*
- (c) Develop and implement medical policies and standards for the provider.*
- (d) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards...*

**Finding:** The County did not provide evidence that all DMC programs have medical policies and standards developed and approved by the program's medical director.

**10.0 TECHNICAL ASSISTANCE**

The County did not request technical assistance during this fiscal year.