



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

January 25, 2019

Sent via e-mail to: dtrue@co.shasta.ca.us

Dean True, R.N., M.P.A., AOD Administrator
Shasta County HHSA
2640 Breslauer Way
Redding, CA 96001

SUBJECT: Annual County Performance Unit Report

Dear Administrator True:

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 Shasta 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 Shasta 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.

Shasta County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 2/25/2019. 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

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: Administrator True

CC: Tracie Walker, Performance & Integrity Branch, Chief
Sandi Snelgrove, Policy and Prevention, Chief
Janet Rudnick, Utilization Review, Section Chief
Cynthia Hudgins, Quality Monitoring, Section Chief
Susan Jones, County Performance, 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
Vanessa Machado, Policy and Prevention Branch, Office Technician
Katie Cassidy, Shasta County Program Manager, Adult Services

| | |
|--|--|
| Lead CPU Analyst: Becky Counter Assisting CPU Analyst(s): | Date of Review: January 2019 |
| County: Shasta | County Address: 2640 Breslauer Way Redding, Ca 96001 |
| County Contact Name/Title: Dean True, R.N., M.P.A., AOD Administrator | County Phone Number/Email: (530) 225-5901 dtrue@co.shasta.ca.us |
| Report Prepared by: Becky Counter | Report Approved by: 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

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

| Section: | Number of CD's: |
|---|------------------------|
| 1.0 Administration | 2 |
| 2.0 SABG Monitoring | 4 |
| 3.0 Perinatal | 0 |
| 4.0 Adolescent/Youth Treatment | 0 |
| 5.0 Primary Prevention | 0 |
| 6.0 Cultural Competence | 0 |
| 7.0 CalOMS and DATAR | 0 |
| 8.0 Privacy and Information Security | 0 |
| 9.0 Drug Medi-Cal (DMC) | 5 |

PREVIOUS CAPs

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

2017-18:

CD 2.20: The County did not monitor all subcontracted providers for required SABG program requirements.

County's response: 3/9/18: The Master Provider File has been updated. The County will conduct monitoring reviews with all SABG subcontracted providers. 1/10/19: In October of 2017 the program manager previously in charge of our SUD programs departed the county to work with Partnership Health Plan on the ODS Regional Model. The timelines were such that it was anticipated the ODS would be in place before monitoring reviews were due. Due to delays in the ODS, pending approval of our updated monitoring tools, discovery that the interim program manager was out of hours for program oversight and the wildfires in our area, we were not able to complete reviews for FY17-18.

CD 9.66: The County did not submit DMC monitoring reports to DHCS within two weeks of completion.

County response: 3/9/18: All DMC monitoring reports to DHCS will be submitted within two weeks of completion. 1/10/19: In October of 2017 the program manager previously in charge of our SUD programs departed the county to work with Partnership Health Plan on the ODS Regional Model. The timelines were such that it was anticipated the ODS would be in place before monitoring reviews were due. Due to delays in the ODS, pending approval of our updated monitoring tools, discovery that the interim program manager was out of hours for program oversight and the wildfires in our area, we were not able to complete reviews for FY17-18.

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.

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 1.5:

SABG State-County Contract Exhibit A, Attachment I AI, Part II, B
Hatch Act: Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

SABG State-County Contract Exhibit A, Attachment I AI, Part II, Y
Subcontract Provisions: Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate that County and subcontracted staff are in compliance with the Hatch Act.

CD 1.6:

SABG State-County Contract, Exhibit A, Attachment I AI, 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 CharitableChoice@dhcs.ca.gov by October 1...

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, 2018.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1, (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:

- 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 monitor nine (9) of nine (9) County managed and subcontracted providers for all SABG program/fiscal requirements.

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 does not have all SABG program requirements within their monitoring tool. The following criteria are missing:

- DHCS 16/17 Perinatal Services Network
- Intravenous Drug User Services
- Primary Prevention

CD 2.11:

SABG State-County Contract Exhibit A, Attachment 1 A1, Part 1, Section 1, C, 1
Performance under the terms of this Exhibit A, Attachment I, Part I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall:

- (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below;*
- (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the Contractor and its subcontractors for any failure to comply with these requirements:*
 - a. HSC, Division 10.5, Part 2 commencing with Section 11760.*
 - b. Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000.*
 - c. Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7.*
 - d. Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130.*
 - e. Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-64 through 66.*
 - f. Title 2, CFR 200 -The Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards.*
 - g. Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.*
 - h. Title 42, CFR, Sections 8.1 through 8.6.*
 - i. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).*
 - j. Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.*
 - k. State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures). Contractor shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.*

Finding: The County did not provide evidence of written policies and procedures that outline the steps taken to monitor County-run SABG Tx programs.

CD 2.15:

- 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 submit nine (9) of nine (9) SABG monitoring reports for SFY 17-18 to DHCS within two weeks of report issuance.

9.0 DRUG MEDI-CAL

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 9.50:

State Plan DMC Contract, Exhibit A, Attachment I A1, 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 and Integrity 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 monitor ten (10) of ten (10) County and subcontracted providers for required DMC program requirements.

CD 9.51:

State Plan DMC Contract, Exhibit A, Attachment I A1, 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 and Integrity 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 ten (10) of ten (10) required DMC monitoring and auditing reports for FY 17-18 to DHCS secured and encrypted. County did not submit ten (10) of ten (10) of reports within two weeks of report issuance.

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 medical director.

CD 9.66:

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) (iii)

... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

Finding: The County did not provide evidence of the subcontractors medical director's annual continuing education units in addiction medicine.

10.0 TECHNICAL ASSISTANCE

Shasta County is not requesting Technical Assistance this fiscal year.