



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOME
GOVERNOR

January 25, 2019

Sent via e-mail to: mwilson@co.tuolumne.ca.us

Michael Wilson, LMFT AOD Administrator
Tuolumne County
Behavioral Health Department
105 Hospital Road
Sonora, CA 95370

SUBJECT: Annual County Performance Unit Report

Dear Director Wilson:

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 Tuolumne 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 Tuolumne County's 2018-19 SABG and State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, new requirements, and referrals for technical assistance.

Tuolumne 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,

Jamari Robinson
(916) 713-8667
jamari.robinson@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: Director Wilson

CC: Tracie Walker, Performance & Integrity Branch, 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
Sue McGuire, Tuolumne County Behavioral Health, AOD Services, Clinical Supervisor

Lead CPU Analyst: Jamari Robinson	Date of Review: 12/12/2018 - 12/13/2018
Assisting CPU Analysts: Jessica Jenkins Cassandra Queen	
County: Tuolumne County	County Address: 105 Hospital Rd Sonora, 95370
County Contact Name/Title: Sue McGuire AOD Services, LCSW, Clinical Supervisor	County Phone Number/Email: (209) 533-6265 smcguire@co.tuolumne.ca.us
Report Prepared by: Jamari Robinson	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

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 105 Hospital Rd Sonora, CA 95370 on 12/12/2018. The following individuals were present:

- Representing DHCS:
Chandelle Bayas
Jessica Jenkins
Cassandra Queen
Jamari Robinson
- Representing Tuolumne County:
Sherry Bradley, Staff Services Analyst II
Sue McGuire, SUD Clinical Supervisor
Sarah Sommarstrum, FNL Coordinator
Bob White, YES Director
Michael Wilson, Behavioral Health Director

During the Entrance Conference the following topics were discussed:

DHCS gave an overview of the monitoring purpose, process, reviewed agenda, and asked follow up questions regarding the monitoring tool. DHCS responded to questions regarding DMC certification, billing Medi-Cal recipients, and was provided a summary of the County's services. The County was informed that since they have not signed their DMC contract and is not DMC certified, Section 9 of the SABG/DMC Monitoring Tool will be held as New Requirements.

Exit Conference:

An exit conference was conducted at 105 Hospital Rd Sonora, CA 95370 on 12/13/2018. The following individuals were present:

- Representing DHCS:
Jessica Jenkins
Cassandra Queen
Jamari Robinson
- Representing Tuolumne County:
Sue McGuire, SUD Clinical Supervisor

During the Exit Conference the following topics were discussed: DHCS reviewed compliance deficiencies and provided recommendations.

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) 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.

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

- a) A statement of the CD/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) Individual 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 DMC contract finalization, findings related to Section 9 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 2018-19 COMPLIANCE DEFICIENCIES / NEW REQUIREMENTS

Section:	Number of CD's/NR's:
1.0 Administration	1
2.0 SABG Monitoring	2
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	1
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	0
9.0 Drug Medi-Cal (DMC)	13

1.0 ADMINISTRATION

The following deficiency in Administration regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.4:

SABG State-County Contract, Exhibit a, Attachment I AI, Part I, Section 3, C
Sub-recipient Pre-Award Risk Assessment: 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 provide evidence that pre-award risk assessments were conducted in SFY 2018-19.

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 were missing:

- Charitable Choice
- Intravenous Drug User Services
- Minimum Quality Drug Treatment Standards 2F(b)

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.

6.0 CULTURAL COMPETENCE

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

COMPLIANCE DEFICIENCIES:

CD 6.27:

SABG State-County Contract, Exhibit A, Attachment I AI, Part II, J
Cultural and Linguistic Proficiency.

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).

Finding: The County did not provide evidence of compliance for the following CLAS Standard:

- Standard 6

**7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiency 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 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.*

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’s open admission report is not current.

9.0 DRUG MEDI-CAL

The following new requirements for DMC regulations, standards, and protocol requirements were identified:

NEW REQUIREMENTS:

NR 9.42:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, C

Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

Exhibit A, Attachment I A1, Part II, P

Subcontract Provisions

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

Finding: The County must develop a clearly written statement notifying sub-contracted DMC providers of the No Unlawful Use or Unlawful Use of Messages Regarding Drugs.

NR 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 must retain records for ten years for each service rendered.

NR 9.45:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) Outpatient drug-free treatment*
- b) Narcotic replacement therapy*

- c) *Naltrexone treatment*
- d) *Intensive Outpatient Treatment*
- e) *Perinatal Residential Substance Abuse Services (excluding room and board)*

Finding: The County must develop assessment and referral procedures for all of the above required DMC covered services.

NR 9.46:

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 (d) (5) (A-D)

Naltrexone treatment services shall only be provided to a beneficiary who meets all of the following conditions:

- (A) Has a confirmed, documented history of opiate addiction.*
- (B) Is at least (18) years of age.*
- (C) Is opiate free.*
- (D) Is not pregnant.*

Finding: The County must comply with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

NR 9.47:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, a
Program Integrity: Contractor is responsible for ensuring program integrity of its services and its subcontracted providers through a system of oversight, which shall include at least the following:
a .Compliance with state and federal law and regulations, including, but not limited to, , 42 CFR 433.51, 42 CFR 431.800 et. seq., 42 CFR 440.230, 42 CFR 440.260, 42 CFR 455 et. seq., 42 CFR 456 et. seq., 42 CFR 456.23, 22 CCR 51490, 22 CCR 51490.1, , 22 CCR 51159, WIC 14124.1, WIC 14124.2, 42 CFR 438.320, 42 CFR 438.416, 42 CFR 438.10, and 42 CFR 438.206.

Finding: The County must develop a monitoring process for DMC program requirements

NR 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 comply with the Minimum Quality Drug Treatment Standards for DMC.

NR 9.53:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, a

Program Integrity: Contractor is responsible for ensuring program integrity of its services and its subcontracted providers through a system of oversight, which shall include at least the following:

- a. *Compliance with state and federal law and regulations, including, but not limited to, , 42 CFR 433.51, 42 CFR 431.800 et. seq., 42 CFR 440.230, 42 CFR 440.260, 42 CFR 455 et. seq., 42 CFR 456 et. seq., 42 CFR 456.23, 22 CCR 51490, 22 CCR 51490.1, , 22 CCR 51159, WIC 14124.1, WIC 14124.2, 42 CFR 438.320, 42 CFR 438.416, 42 CFR 438.10, and 42 CFR 438.206.*

Finding: The County must ensure that staff are qualified to monitor to State-County contract requirements.

NR 9.58:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, e

Contractor shall certify the DMC claims submitted to DHCS represent expenditures eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR 430.30, 433.32, and 433.51). Contractor shall not knowingly submit claims for services rendered to any beneficiary after the beneficiary's date of death, or from uncertified or decertified providers.

Finding: The County must review and verify that claims submitted were accurate and legitimate.

NR 9.59:

State Plan DMC Contract, Exhibit A, Attachment I A1, 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' Statewide Planning Unit, Master Provider File Team at DHCSMPF@dhcs.ca.gov within two business days of notification or discovery.

Finding: The County must develop a process to notify the Master Provider File Team within two business days of notification or discovery of subcontractors' contract termination.

NR 9.60:

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).

22 CCR 51341.1(h)(7)

Drug Medi-Cal Substance Use Disorder Services.

Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered.

Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal Treatment slot.

§ 50090.

Share of Cost.

Share of cost means a person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cards.

Finding: The County must ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

NR 9.61:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 2

Covered services, whether provided directly by the Contractor or through subcontractors with DMC certified and enrolled programs, shall be provided to beneficiaries without regard to the beneficiaries' county of residence.

Finding: The County must provide services to beneficiaries who reside out of county.

NR 9.64:

State Plan DMC Contract, Exhibit A, Attachment I A1, 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 must ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Must be documented in beneficiary record
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on updated treatment plan(s)
- 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

NR 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 must ensure that all DMC programs have medical policies and standards developed and approved by the program medical director.

NR 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 must ensure subcontractor medical director's annual continuing education units in addiction medicine.

10.0 TECHNICAL ASSISTANCE

DHCS's County Performance Analyst will make referrals for the training and/or technical assistance identified below.

Drug Medi-Cal: The County requested TA for DMC. DHCS's Drug Medi-Cal Unit has been contacted and a referral has been made. The DHCS Drug Medi-Cal Unit Contact is:

- Chandelle Bayas, Chandell.Bayas@dhcs.ca.gov