



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

June 9, 2017

Sent via e-mail to: jturner@inyocounty.us

Jean Turner, Director
Inyo County
Health and Human Services
163 May Street
Bishop, CA 93514

SUBJECT: State Fiscal Year (SFY) 2016-17 - County Monitoring Unit Report

Dear Director Turner:

Enclosed are the results of Inyo County's 16-17 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)¹ and the State County Contract compliance desk review. The Department of Health Care Services (DHCS) Substance Use Disorders (SUD) Program, Policy and Fiscal Division (PPFD) is responsible for monitoring requirements of the SAPT BG and the terms of the State County Contract.

The County Monitoring Unit (CMU) within the Performance Management Branch (PMB) of SUD PPFDD performed a comprehensive review based on responses to the monitoring instrument, supporting documentation, and requirements. The enclosed report addresses compliance deficiencies and advisory recommendations.

Inyo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted by July 10, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions when completing the CAP. Please email the CAP and supporting CAP documentation to Angela Duhart at Angela.Duhart@dhcs.ca.gov or (916) 327-2661, or mail to the address below. If you have any questions regarding this report, please contact Angela Duhart at (916) 327-2661 or Angela.Duhart@dhcs.ca.gov.

Sincerely,

CMU Analyst
(916) 327-2654

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



County Monitoring Unit Report
Inyo County

Distribution:

To: Jean Turner, Director, Inyo County Health and Human Services

CC: Victoria King-Watson, DHCS Substance Use Disorders (SUD) Program, Policy and Fiscal Division, Assistant Division Chief
Tracie Walker, Performance Management Branch, Section Chief
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Denise Galvez, Policy and Prevention Branch, Section Chief
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June 9, 2017

Report Prepared by: *Kerri Stubblefield, County Monitoring Analyst*
Manager Approval: *Susan Jones, County Monitoring Supervisor*

CMU Analyst:
Kerri Stubblefield

Review Date: June 2017 Desk Review

Assisting CMU Analyst:
N/A

Review Period: SFY 2016-17

County: Inyo

County Address:
Inyo County
Health and Human Services
163 May Street
Bishop, CA 93514

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 (SAPT BG), 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).

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I, Part V, Section 4, 7, (a-b) each compliance deficiency 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:

1. Address each programmatic deficiency;
2. Provide a specific description of how the deficiency will be corrected;
3. Identify the staff person responsible for correcting the deficiency and ensuring future compliance;
4. Specify the target date for complete implementation of each deficiency.

As deficiencies are corrected, please send training documentation, revised policies/procedures, and/or other documentation to demonstrate the correction of a deficiency, if applicable.

The CMU analyst will monitor progress of CAP implementation until complete.

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 9 CCR, Division 4, Chapter 4, Subchapter 1 – 6: Narcotic Treatment Programs
 - c. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - d. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block Grant
 - e. HSC, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 14/15 - 16/17 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) Standards*
 - e. Alcohol and Drug Program (ADP) Bulletins
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

Section 1: ADMINISTRATION

There were no compliance deficiencies identified in Section 1: Administration.

Section 2: SAPT BG MONITORING

The following deficiencies in the SAPT BG monitoring regulations, standards, or protocol were identified:

COMPLIANCE DEFICIENCIES:

CD 2.20:

State County Contract, Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)
Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their 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; or
*Substance Use Disorder - Prevention, Treatment and Recovery Services
Division, Performance Management Branch, Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not conduct required annual on-site fiscal reviews of county-managed SAPT programs.

CD 2.21:

State County Contract, Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)
Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their 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; or
*Substance Use Disorder - Prevention, Treatment and Recovery Services
Division, Performance Management Branch, Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not submit monitoring and auditing reports to DHCS within two weeks of report issuance.

CD 2.22:

State County Contract, Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)
Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their 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; or
*Substance Use Disorder - Prevention, Treatment and Recovery Services
Division, Performance Management Branch, Department of Health Care Services, PO Box
997413, MS-2627, Sacramento, CA 95899-7413*

Finding: The County did not submit monitoring reports encrypted and secure when submitting reports electronically.

Section 3: DRUG MEDI CAL(DMC)

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

COMPLIANCE DEFICIENCIES:

CD 3.25.a:

State County Contract, Exhibit A, Attachment I, Part V, 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 the Department's Performance Management Branch at:

*Substance Use Disorder - Prevention, Treatment and Recovery Services 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 the State within 2 weeks of completion by the Contractor.

Finding: The County does not maintain all DMC program requirements within their monitoring tools. The following criteria is missing:

- All California Code of Regulations (CCR) Title 22, Section 51341.1 Drug Medi-Cal Substance Use Disorder services requirements.

Section 4: PERINATAL

There were no compliance deficiencies identified in Section 4: Perinatal.

Section 5: ADOLESCENT/YOUTH TREATMENT (AYT)

There were no compliance deficiencies identified in Section 5: AYT.

Section 6: FISCAL AUDITING

There were no compliance deficiencies identified in Section 6: Fiscal Auditing.

Section 7: PRIMARY PREVENTION

There were no compliance deficiencies identified in Section 7: Primary Prevention.

Section 8: CULTURAL COMPETENCE

There were no compliance deficiencies identified in Section 8: Cultural Competence.

Section 9: ELECTRONIC HEALTH RECORDS (EHR)

The following deficiencies in E.H.R. regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 9.55:

State County Contract, Exhibit G-1, 3, D, 2

...if County or providers use Electronic Health Records, County must use security measures to protect client confidentiality.

...if County is using Electronic Health Records it must have policies, procedures and practices in place that govern the usage of EHR's.

Finding: The County uses Electronic Health Records (E.H.R.), but does not have policies, procedures, and practices in place that govern the usage of E.H.R.

**Section 10: CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

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

CD 10.57.a:

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.

Finding: The County's CalOMS Tx late submissions and re-submissions exceed five percent (5%).

CD 10.57.d:

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.

Finding: The County did not report monthly CalOMS Tx submission data on beneficiary discharges or annual updates as needed.

Section 11: PRIVACY AND INFORMATION SECURITY

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

COMPLIANCE DEFICIENCIES:

CD 11.62:

State County Contract, Exhibit G-3, Attachment A, 1, C
Confidentiality Statement. All persons that will be working with Department PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to Department PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for Department inspection for a period of six (6) years following termination of this Agreement.

Finding: The County does not require workforce member's confidentiality statements be renewed annually.

CD 11.64.a:

State County Contract, Exhibit G-3, Attachment A, 1, D
Background Check. Before a member of the workforce may access Department PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.

Finding: The County does not retain background check documentation for at least three (3) years.

CD 11.74:

State County Contract, Exhibit G-1, 3, D, 2-3
2) Compliance with the HIPAA Security Rule. To implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Department PHI, including electronic PHI, that it creates, receives, maintains, uses or transmits on behalf of the Department, in compliance with 45 CFR Sections 164.308, 164.310 and 164.312, and to prevent use or disclosure of Department PHI other than as provided for by this Agreement. Contractor shall implement reasonable and appropriate policies and procedures to comply with the standards, implementation specifications and other requirements of 45 CFR Section 164, subpart C, in compliance with 45 CFR Section 164.316. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities, and which incorporates the requirements of section 3, Security, below. Contractor will provide the Department with its current and updated policies upon request.

- 3) *Security. Contractor shall take any and all steps necessary to ensure the continuous security of all computerized data systems containing PHI and/or PI, and to protect paper documents containing PHI and/or PI. These steps shall include, at a minimum:*
- a. Complying with all of the data system security precautions listed in Attachment A, Data Security Requirements;*
 - b. Achieving and maintaining compliance with the HIPAA Security Rule (45 CFR Parts 160 and 164), as necessary in conducting operations on behalf of DHCS under this Agreement; and*
 - c. Providing a level and scope of security that is at least comparable to the level and scope of security established by the Office of Management and Budget in OMB Circular No. A- 130, Appendix III- Security of Federal Automated Information Systems, which sets forth guidelines for automated information systems in Federal agencies.*

Finding: The County did not provide the written policies and procedures addressing information privacy and security as it pertains to Personal Health Information (PHI) subject to the HIPAA Security Rule.

Section 12: TECHNICAL ASSISTANCE (TA)

There were no requests for TA.