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DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

June 29, 2018

Sent via e-mail to: thobson@pcbh.services

Tony Hobson, Director
Plumas County Behavioral Health Department
270 County Hospital Road, Suite 109
Quincy, CA 95971

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

Dear Director Hobson:

Enclosed are the results of Plumas County's 2017-18 Substance Abuse (SA) Block Grant (BG)¹ State County Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the SABG County Contract operated by Plumas 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.

Plumas County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 7/30/2018. 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,

Jamari Robinson
(916) 713-8667
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¹ Title 45 Code of Federal Regulations, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant requirements



**Substance Abuse Block Grant
County Performance Unit Report
Plumas County**

Distribution:

To: Director Hobson

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
Denise Galvez, Policy and Prevention Branch, Section Chief
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Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Unit Supervisor
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Danielle Stumpf, Office of Women, Perinatal and Youth Services Unit, Unit Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Tori Brown, Plumas County, Substance Use Disorder Administrator

Date: June 29, 2018

Report Prepared by: *Jamari Robinson, County Performance Analyst*

Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst:

Jamari Robinson

Review Date:

June 2018

Assisting CPU Analyst:

N/A

Review Period:

2017-18

County: Plumas

County Address:

Plumas County Behavioral Health Department
270 County Hospital Road, Suite 109
Quincy, CA 95971

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. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - c. 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 (CAP)

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.

The CAP shall include:

- a) A statement of 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) 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 DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	4
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	6

PREVIOUS CAPs

The following CAPs with CDs are still outstanding.

FY 2016-17:

CD 2.15: The County's monitoring of its own county-run SABG programs did not meet the following State County Contract requirements:

- The County has not developed a formal monitoring process to monitor county-run SABG programs for compliance with State County contract requirements.

CD 2.18: The County did not have all the SABG program requirements within their monitoring tool. The following criteria are missing:

- Charitable Choice
- Primary Prevention

CD 9.56.a: The County and subcontracted providers use electronic signatures to sign financial, program or medical records but did not provide the requested Electronic Signature Agreement copies.

CD 9.56.b: The County did not provide a signed copy of the County Alcohol and Drug Program Administrator's Electronic Signature Certification form.

CD 11.76.c: The County did not provide a copy of the requested policies and procedures which address PI.

CD 11.78: The County did not demonstrate a process in place for reporting breached or security incidents that include:

- Notifying DHCS immediately by telephone, e-mail, or fax
- Notifying DHCS within 24 hours of a suspected security incident
- Utilizing "Privacy Security Incident Report" form
- Submitting "Privacy Incident Report" form within 72 hours
- Providing a complete report within 10 working days of breach or disclosure

Please provide the following within the completed 2017-18 CAP.

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

Section 1: ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures were reviewed to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.1:

State County Contract, Exhibit B, Part IV, Section 1, A

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for the State to audit contract performance and contract compliance. Contractor shall make these records available to the State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability.

Finding: The County did not provide a complete and current copy of the County's Organizational Chart.

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 1.9:

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 provide a copy of a pre-award risk assessment results for SFY 2017-18.

NR 1.14:

State County Contract Exhibit A, Attachment I, Part I, Section 1, C, 5

Contractor and all its subcontractors shall comply with the Minimum Quality Drug treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F (b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: Minimum Quality Treatment Standards will need to be added into County's current and future monitoring tools. According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfill the new requirements must be submitted.

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 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 provide all the SABG program requirements within their monitoring tool. The following criteria are missing:

- Charitable Choice
- Intravenous Drug User Services
- Primary Prevention

CD 2.20:

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

(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 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 provide evidence of monitoring all County services and subcontracted provider services for SABG programmatic and fiscal 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 did not provide sufficient evidence of regular and meaningful consultation and collaboration with the Federally Recognized Tribe (Greenville Rancheria) 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:

CD 7.41.c:

State-County Contract, Exhibit A, Attachment I, Part III, E, 1&2

E(1) The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers, with whom Contractor makes a contract or otherwise pays for these services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.

E(2) The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County does not submit DATAR reports by the 10th of each month.

8.0 PRIVACY AND INFORMATION SECURITY

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

COMPLIANCE DEFICIENCIES:

CD 8.45:

State-County Contract, Exhibit F, f-1, 3, D, 13, a

Breaches and Security Incidents: During the term of this Agreement, Contractor agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps: a. Initial Notice of the Department...

Finding: The County did not provide evidence of reporting the breach by submitting the DHCS Privacy Incident Report to the DHCS Information Protection Unit Office of HIPPA Compliance.

CD 8.50:

State-County Contract, Exhibit F, Attachment I, II, M

All Data Transmissions of DHCS PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PHI can be encrypted. This requirement pertains to any type of PHI or PI in motion such as website access, file transfer, and E-mail.

Exhibit F, F-2, 3, B, 2

To implement appropriate and reasonable administrative, technical, and physical safeguards to protect the security, confidentiality and integrity of Department PI and PII, to protect against anticipated threats of hazards to the security or integrity of Department PI and PII, and to prevent use or disclosure of Department PI or PII other than as provided for by this Agreement. Contractor shall develop and maintain a written information privacy and security program that include administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities, which incorporate the requirements of section 3, Security, below. Contractor will provide DHCS with its current policies upon request.

Finding: The County did not provide sufficient evidence of having transmission encryption safeguards in place for DHCS PHI or PI sent outside of secure internal networks.

CD 8.56:

State-County Contract, Exhibit F, Attachment I, Section I, 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.

State-County Contract, Exhibit F, F-2, 3, B, 2

Safeguards. To implement appropriate and reasonable administrative, technical, and physical safeguards to protect the security, confidentiality and integrity of Department PI and PII, to protect against anticipated threats or hazards to the security or integrity of Department PI and PII, and to prevent use or disclosure of Department PI or PII other than as provided for by this Agreement. Contractor shall develop and maintain a written information privacy and security program that include administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities, which incorporate the requirements of section 3, Security, below. Contractor will provide DHCS with its current policies upon request.

Finding: The County did not provide a policy currently in place to determine employee eligibility to access PHI or PI.

CD 8.57:

State-County Contract, Exhibit F, Attachment I, II, J

Warning Banners. All systems providing access to Department PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

Finding: The County did not provide evidence indicating a warning banner is operational on all systems providing access to PHI or PI.

CD 8.58:

State-County Contract, Exhibit F, Attachment I, II, L

Access Controls. The system providing access to Department PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.

Finding: The County did not provide a policy in place describing the technical access controls of PHI or PI based upon user roles, enforcing the principle of least privilege.

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 provide a written routine procedure to review system logs to deter unauthorized access to systems and networks containing PHI or PI.

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 regarding "assistance with application questions." DHCS's Drug Medi-Cal Unit have been contacted and a referral has been made.