DHCS REPORT ON THE SPECIALTY MENTAL HEALTH SERVICES (SMHS) AUDIT OF:
AMADOR COUNTY MENTAL HEALTH PLAN
2023

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

DEPARTMENT OF HEALTH CARE SERVICES
AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
BEHAVIORAL HEALTH REVIEW BRANCH

REPORT ON THE SPECIALTY MENTAL HEALTH SERVICES (SMHS) AUDIT OF

Amador County Mental Health Plan

2023

Contract Number:	22-20094
Audit Period:	July 1, 2022 through June 30, 2023
Dates of Audit:	April 2, 2024 through April 12, 2024
Report Issued:	September 10, 2024

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I. INTRODUCTION

Amador County Behavioral Health Services (Plan) provides a variety of Specialty Mental Health Services (SMHS) for county residents. The Plan is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of supporting the mental health needs of the community.

The Plan is located southeast of Sacramento. In Fiscal Year 2022, the population was estimated at approximately 41,412 residents, which includes a state prison. Approximately 10,000 of the county's residents are Medi-Cal recipients, 10 percent of those recipients are receiving Behavioral Health Services.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS SMHS audit for the period of July 1, 2022, through June 30, 2023. The audit was conducted from April 2, 2024, through April 12, 2024. The audit consisted of document review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on August 20, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On September 4, 2024, the Plan submitted a response after the Exit Conference. The results of evaluation of the Plan's response are reflected in this report.

The audit evaluated five categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Access and Information Requirements, Beneficiary Rights and Protection, and Program Integrity.

The prior DHCS triennial compliance review, (covering Fiscal Year 2017 through 2020), identified deficiencies incorporated in the Corrective Action Plan (CAP). This year's audit included a review of documents to determine implementation and effectiveness of the Plan's corrective actions.

Findings denoted as repeat findings are uncorrected deficiencies substantially similar to those identified in the previous audit.

The summary of the findings by category follows:

Category 1 – Network Adequacy and Availability of Services

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need Therapeutic Foster Care (TFC). The Plan did not ensure the assessment for the need of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.

The Plan is required to provide necessary TFC services for children and youth who meet beneficiary access criteria for SMHS. The Plan did not ensure the provision of TFC services through a network of appropriate TFC providers.

Category 2 – Care Coordination and Continuity of Care

The Plan is required to coordinate the services the Contractor furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in Fee-for-service Medi-Cal, from community and social support providers, and other human services agencies used by its beneficiaries. The Plan did not ensure coordination of care between the Plan and other managed care organizations.

Category 3 - Quality Assurance and Performance Improvement

There were no findings noted for this category during the audit period.

Category 4 – Access and Information Requirements

The Plan is required to maintain a written log of the initial requests for SMHS from beneficiaries. The Plan did not log or include all required log data for after-hour calls requesting information on SMHS access from beneficiaries.

Category 6 – Beneficiary Rights and Protection

There were no findings noted for this category during the audit period.

Category 7 – Program Integrity

There were no findings noted for this category during the audit period.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted this audit of the Plan to ascertain that medically necessary services provided to beneficiaries comply with federal and state laws, Medi-Cal regulations and guidelines, and the state's SMH(S) Contract.

PROCEDURE

The audit was conducted from April 2, 2024, through April 12, 2024, for the audit period of July 1, 2022, through June 30, 2023. The audit included a review of the Plan's Contract with DHCS, its policies for providing services, the procedures used to implement the policies, and verification studies to determine the effectiveness of the policies. Documents were reviewed and interviews were conducted with Plan representatives.

The following verification studies were conducted:

Category 1 – Network Adequacy and Availability of Services

Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and TFC Determination: Ten samples were reviewed for criteria and service determination.

ICC/IHBS Provision of Services: Ten children and youth beneficiary files were reviewed for the provision of ICC and IHBS services.

Category 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: Three beneficiary files were reviewed for evidence of referrals from the Managed Care Plan (MCP) to the Mental Health Plan (MHP), initial assessments, and progress notes of treatment planning and follow-up care between the MCP and the MHP.

Category 4 – Access and Information Requirements

Access Line Test Calls: Five test calls requesting information about SMHS and how to treat an urgent condition were made to the Plan's statewide 24/7 toll-free number to confirm compliance with regulatory requirements; two test calls requesting information about the beneficiary problem resolution and fair hearing processes were made to the Plan's statewide 24/7 toll-free number to confirm compliance with regulatory requirements.

Access Line Test Call Log: The Plan's call log was reviewed to ensure all required log components were documented for five test calls made to the Plan.

Category 6 – Beneficiary Rights and Protection

Grievance Procedures: Four grievances were reviewed for timely resolution, appropriate response to the complainant, and submission to the appropriate level for review.

There were no reported appeals during the audit period.

Category 7 – Program Integrity

There were no verification studies conducted for the audit review.

CATEGORY 1 – NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

1.2	Children's Services

1.2.1 Assessment of the Need of TFC Services

The Plan is required to provide or arrange, and pay for, TFC services for beneficiaries under the age of 21. *(Contract, Ex. A, Att. 2, sec. 2(A)(13).)*

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. *(Behavioral Health Information Notice (BHIN) 21-073, Criteria for Beneficiary Access to SMHS, Medical Necessity and other Coverage Requirements; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 11 & 34.)*

The Plan's policy, *9-105, Mental Health Level of Services Tool (revised 3/14/2023),* describes the Plan's requirements to ensure that its clients are provided with the appropriate level of service by utilizing the Mental Health Level of Service tool in the electronic health record.

Finding: The Plan did not ensure the assessment for the need of TFC services to children and youth beneficiaries who met beneficiary access and medical necessity criteria for SMHS.

In the interview, the Plan stated it did not assess TFC services for youth beneficiaries because there were no healthcare providers available. The Plan was unsuccessful in securing a contract provider for TFC services.

In a written statement, the Plan confirmed that it did not assess the need for TFC services, nor did it recommend services, such as TFC homes, since there are no TFC homes available in the Plan.

When the Plan does not determine the need for TFC services, children and youth may not receive necessary behavioral health services and resources to address their mental health.

Recommendation: Implement policies and procedures to ensure that the Plan assesses the TFC needs of child and youth beneficiaries.

1.2.2 Provision of TFC Services

The Plan is required to provide or arrange, and pay for, TFC services for beneficiaries under the age of 21. *(Contract, Ex. A, Att. 2, sec. 2(A)(13))*

The Plan must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary. *(Behavioral Health Information Notice (BHIN) 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 34.)*

The Plan's policy, *1-113, Pathways to Wellbeing (revised 10/14/2020),* describes the Plan's requirements to provide TFC to eligible beneficiaries under age 21 who meet the medical necessity criteria for SMHS.

Finding: The Plan did not ensure the provision of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.

In the interview, the Plan acknowledged that providing TFC services was a contractual requirement; however, the Plan stated that TFC services are not currently available since the Plan's outreach attempts failed to obtain TFC service contractors.

When the Plan does not provide TFC service to children and youth, it may cause delays in accessing medically necessary services. This may result in poor health outcomes for children and youth eligible for SMHS.

Recommendation: Develop and implement procedures to contract with healthcare providers to ensure TFC is available for children and youth who meet beneficiary access criteria.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: AMADOR COUNTY MENTAL HEALTH PLAN

AUDIT PERIOD: July 1, 2022, through June 30, 2023
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CATEGORY 2 – CARE COORDINATION AND CONTINUITY OF CARE

2.1	Coordination of Care Requirements

2.1.1 Bidirectional Referral Monitoring

The Plan shall coordinate the services the Plan furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in Fee-for-service Medi-Cal, from community and social support providers, and other human services agencies used by its beneficiaries. *(Contract, Ex. A, Att. 10(1)(A)(2); Code of Federal Regulations (CFR), Tit. 42, Sec. 438.208(b)(2)(i)-(iv); California Code of Regulations (CCR), Tit. 9, Sec. 1810.415).*

The Plan's policy, *9-103, Screening and Transition of Care Tools for Medi-Cal Mental Health Services (effective 2/22/2023),* describes the Plan's commitment to implement the DHCS Adult and Youth Screening and Transition tool with the goal of ensuring adult and youth beneficiaries are being sent to the appropriate delivery of care system in a timely manner.

Finding: The Plan did not ensure beneficiaries received service coordination between the Plan (MHP) and the Managed Care Plan (MCP).

For two of three beneficiaries in a verification study reviewing MCP referrals, the Plan did not coordinate care by confirming that these beneficiaries received medically necessary MCP.

In an interview, the Plan stated it did not have a protocol in place to confirm that beneficiaries were connected with appropriate services after referral to the MCPs. Furthermore, beneficiaries have informed the Plan that the MCP did not connect them to services; this has resulted in beneficiaries receiving treatment in the emergency department or experiencing other crisis situations.

When the Plan does not implement coordination of care, this can lead to delays in accessing medically necessary services resulting in poor health outcomes for SMHS-eligible children and youth.

Recommendation: Revise policies and procedures to ensure beneficiaries receive care of coordination.

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CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

4.2	24/7 Access Line and Written Log of Requests for SMHS

4.2.1 Access Call Log

The Plan is required to maintain a written log of the initial requests for specialty mental health services from beneficiaries. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request. Beneficiary calls requesting information about SMHS access and services needed to treat a beneficiary's urgent condition are required to be logged. *(CCR, Tit. 9, Sec.1810.405 (f)).*

The Plan's policy, *1-300*, *Access Policy (revised 6/19/2000),* describes the Plan's requirements to maintain a written log including the name of the beneficiary, the date of the request and the initial disposition of the request for all SMHS from beneficiaries.

Finding: The Plan did not log all beneficiary calls requesting access to SMHS and urgent services.

The verification study revealed that two of five required DHCS test calls were not properly logged for not including all requirements of names of beneficiaries, dates of the requests and initial disposition of the requests. Both test calls were made after normal business hours, between 7:00 a.m. to 8 a.m.

In the interview, the Plan stated that the 24/7 Access line is answered by its staff during regular business hours from 8:00 a.m. to 5:00 p.m. The Plan's contract provider operates the line after-hours from 5:00 p.m. to 8:00 a.m. The Plan was aware that there have been issues with the contractual staff answering and logging calls correctly, specifically noting logging issues between 7:00 a.m. to 8:00 a.m. The Plan acknowledged its current contract monitoring process has not been effective.

When the Plan does not accurately log beneficiaries' call requests for SMHS, it can impact the Plan's tracking process to ensure beneficiaries receive services in a timely manner.

This is a repeat of the fiscal year 2020-2021 – Access and Information Requirement.

Recommendation: Revise and implement policies and procedures to ensure that all SMHS call requests are logged and met recording DHCS requirements.