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

Yolo County Mental Health Plan

2024

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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

Yolo County Mental Health Plan
2024

Contract Number:	22-20147
Audit Period:	July 1, 2022 through June 30, 2023
Dates of Audit:	April 30, 2024 through May 10, 2024
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I. INTRODUCTION

Yolo 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 in Northern California. The Plan provides services throughout Yolo County, which consists of 20 cities and communities, including four incorporated cities: Davis, West Sacramento, Winters, and Woodland.

During the fiscal year 2022 through, 2023 the Plan had 2,331 Medi-Cal members, of which 1,704 were receiving SMHS.

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 30, 2024, through May 10, 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 1, 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 August 12, 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 seven categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Quality Assurance and Performance Improvement, Access and Information Requirements, Coverage and Authorization of Services, 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). The prior year CAP was not completely closed at the time of onsite; however, this year's audit included a review of documents to determine the 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 is required to ensure that all services covered under the Contract are available and accessible to beneficiaries in a timely manner. The Plan did not ensure the provision of TFC services through a network of appropriate TFC providers.

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need 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.

Category 2 – Care Coordination and Continuity of Care

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

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 provide a statewide, toll-free telephone number 24 hours a day, seven days per week, that provides information to members about how to access SMHS. The Plan did not ensure its 24/7 Access Line provided required information regarding beneficiary problem resolution and fair hearing processes.

The Plan is required to maintain a written log of the initial requests for SMHS, and services needed to treat a beneficiary's urgent condition. The Plan did not log all calls requesting SMHS or requests needed to treat a beneficiary's urgent condition.

Category 5 – Coverage and Authorization of Services

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

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 30, 2024, through May 10, 2024, for the audit period of July 1, 2022, through June 30, 2023. The audit included a review of the Contract with DHCS, it's 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: Nine children and youth assessments were reviewed for criteria and service determination.

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

Category 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: 15 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 3 - Quality Assurance and Performance Improvement

There were no verification studies conducted for this category.

Category 4 – Access and Information Requirements

Access Line Test Calls: Five test calls requesting information about SMHS access 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. In addition, two test calls

requesting information about the beneficiary problem resolution and fair hearing processes were made to confirm compliance with regulatory requirements.

Access Line Test Call Log: Five required test calls were made and review of Plan's call log to ensure logging of each test call and confirm the log contained all required components.

Category 5 – Coverage and Authorization of Services

Authorizations: 12 beneficiary files were reviewed for evidence of appropriate treatment authorization including the concurrent review authorization process.

Authorization: 20 beneficiary files were reviewed for evidence of appropriate services authorization process.

Category 6 – Beneficiary Rights and Protection

Grievance Procedures: 16 grievances were reviewed for timely resolution, appropriate response to complainant, and submission to the appropriate level for review.

Appeals Procedures: One beneficiary appeal was reviewed for timely resolution and appropriate response to complainant, and submission to the appropriate level for review.

Category 7 – Program Integrity

There were no verification studies conducted for this category.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: YOLO COUNTY MENTAL HEALTH PLAN

AUDIT PERIOD: July 1, 2022, through June 30, 2023
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CATEGORY 1 – NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

1.2	Children's Services

1.2.1 Provision of TFC Services

The Plan is required to ensure that all services covered under the Contract are available and accessible to beneficiaries in a timely manner. The Plan must maintain and monitor a network of appropriate providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract for all beneficiaries. *(Contract, Exhibit A, Attachment 8(3)(A)(B))*

The Plan must provide TFC to all children and youth who meet medical necessity criteria for TFC. *(Behavioral Health Information Notice (BHIN) 21-073, Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements; Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018 pp. 34).)*

Plan policy *5-12-013, Therapeutic Foster Care Services (revised 07/01/2017)* describes how the Plan offers TFC for children and youth who meet the medical necessity criteria for TFC services.

Finding: The Plan did not ensure the provision of TFC services to children and youth.

In an interview, the Plan stated that it does not provide TFC services since the Plan's outreach attempts failed to obtain TFC service contractors. The Plan reached out to foster agencies in a neighboring county; however, the agencies were not interested in contracting with the Plan. Additionally, the Plan initiated a request for proposal (RFP) in January of 2024 which is currently pending completion and responses.

When the Plan does not provide TFC services 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.

This is a repeat of the 2020-2021 audit finding – Network Adequacy and Availability of Services.

Recommendation: Implement policies and procedures to ensure TFC services are provided.

1.2.2 Assessment for the Need of TFC Services

The Plan is required to provide or arrange, and pay for, medically necessary covered SMHS to beneficiaries. *(Contract, Exhibit A, Attachment 2, §2(A)(13))*

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. *(BHIN 21-073, Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements; Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 34))*

Plan policy *5-12-013, Therapeutic Foster Care Services (revised 07/01/2017)* describes how the Plan works with TFC agencies and families to place children and youth assessed as needing TFC services into TFC homes both within and outside Yolo County.

Finding: 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.

In an interview, the Plan stated there are no processes in place to assess children and youth for TFC. The Plan does not assess for this service because the services is not available. The Plan acknowledged the need to assess for TFC services and that this is a contract deficiency. The plan stated that it is in the RFP process to retain this service.

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

This is a repeat of the 2020-2021 audit finding – Network Adequacy and Availability of Services.

Recommendation: Develop and implement policies and procedures to ensure that the Plan screens for TFC needs for children and youth beneficiaries.

CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

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

4.2.1 24/7 Access Call Line

The Plan shall provide a statewide, toll-free telephone number 24 hours a day, seven days per week, that provides language capabilities in all languages spoken by beneficiaries of the county; provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; services needed to treat a beneficiary's urgent condition; and how to use the beneficiary problem resolution and fair hearing processes. *(California Code of Regulations (CCR), Tit 9, chap 11, §1810.405(d) and §1810.410(e)(1))*

Plan policy *5-1-009, Access and Availability Services (effective 01/01/2024)* describes how the administrator shall make available 24 hours a day, seven (7) days a week, Behavioral Health services, when medically necessary, with language capability in all languages spoken by member of the county. A statewide, toll-free Behavioral Health 24/7 Access Line telephone number shall provide information to members on:

- Referral to services, including for urgent care conditions and medical emergencies.
- How to access services needed to treat a member's urgent condition.
- How to use the member problem resolution and fair hearing process.

Finding: The Plan did not ensure its 24/7 Access Line provided required information regarding beneficiary problem resolution and fair hearing processes.

The verification study identified two test calls in which the test caller was not provided information about the beneficiary problem resolution and fair hearing processes.

A review of test calls conducted by the Plan's Quality Management (QM) department titled *Access Line Summary Report for Test Calls Fiscal Year 2022-2023* for quarter two through quarter four, indicated the same deficiency regarding providing information about the beneficiary problem resolution and fair hearing processes.

In an interview, the Plan stated it was aware of the deficiency and had informally addressed the issue with the subcontractor through verbal communication and calendar meeting invites. Despite informal discussion with the subcontractor the deficiency was

neither corrected nor documented. No warning letters, CAPs, or monitoring reports were issued to address this deficiency.

When the Plan staff does not provide beneficiaries with information about the beneficiary problem resolution and fair hearing process, it may limit beneficiaries' ability to file a grievance or appeal Plan's decision regarding services rendered.

This is a repeat finding of the 2020-2021 audit finding – 24/7 Access Line Information.

Recommendation: Implement policies and procedures and the Contract requirements to ensure that the Plan's 24/7 access line staff provides required information to beneficiaries related to problem resolution and fair hearing processes.

4.2.2 Access Call Log

The Plan shall maintain a written log of the initial requests for specialty mental health services (SMHS) 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, chap 11, §1810.405(f))*

Plan policy *5-1-009, Access and Availability Services (effective 01/01/2024*) describes how the administrator shall maintain a written log of initial requests for behavioral health services from members meeting Yolo County's target population. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain at minimum: the name of the member, the date of the request, and the initial disposition of the request.

The Plan's *Contract with Heritage Oaks Hospital (effective 2018)*, states that the contractor is required to submit quarterly Performance Measure Reports as follows: Q1: 07/01–09/30; Q2: 10/01–12/31; Q3: 01/01–03/30; Q4: 04/01–06/30.

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

A verification study revealed that zero out of five required DHCS Access line test calls were logged.

❖ COMPLIANCE AUDIT FINDINGS ❖

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A review of test calls conducted by the Plan's Quality Management (QM) department titled *Access Line Summary Report for Test Calls Fiscal Year 2022-2023* for quarter two through quarter four indicated that none of these test calls were logged by the subcontractor staff. These results were presented to the Plan's Quality Improvement Committee and no action or interventions were proposed during the audit period.

In an interview, the Plan staff stated that it was aware of the deficiency and had informally addressed the issue with the subcontractor that operates the Access line 24 hours a day, seven days a week. There was no evidence of these informal discussions nor was there documentation that the deficiency was corrected. The lack of performance from the non-compliant subcontractor did not result in any warning letters or CAPs.

After the exit conference, the Plan submitted copies of Request for Proposal (RFPs) issued in June 2022 and September 2023. In a written statement, the Plan explained that it submitted RFPs for the purpose of getting a new subcontractor who would adhere to Contract requirements. In spite of the Plan's RFP submissions during the audit period, the Plan did not obtain a new subcontractor who adhered to logging requirements.

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 finding of the 2020-2021 audit finding – 24/7 Access Line Information.

Recommendation: Revise and implement policies and procedures to ensure SMHS call requests are logged and meet recording requirements.