

**DHCS REPORT ON THE SPECIALTY
MENTAL HEALTH SERVICES (SMHS) AUDIT
OF:
SACRAMENTO COUNTY MENTAL HEALTH
Plan
2024**

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

Sacramento County Mental Health Plan

2024

Contract Number: 22-20125

Audit Period: July 1, 2022
through
June 30, 2023

Dates of Audit: May 7, 2024
through
May 17, 2024

Report Issued: August 26, 2024

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I. INTRODUCTION

Sacramento 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 provides a full array of culturally competent and linguistically proficient mental health services to individuals of all ages. Services include prevention and early intervention, outpatient services, case management services, crisis intervention and stabilization services, and inpatient psychiatric hospitalizations.

Sacramento County was incorporated on February 18, 1850. As of the 2020 census, it has a total population of 1,585,055. As of May 7, 2024, the Plan has served 39,980 beneficiaries and has contracted with 161 provider agencies.

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 May 7, 2024, through May 17, 2024. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on August 7, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. The findings in the report reflect the evaluation of all relevant information received during the audit.

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). 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 for children and youth beneficiaries 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 beneficiaries about how to access

SMHS. The Plan did not ensure its 24/7 toll-free telephone number system provided required information for SMHS access, urgent condition services, and problem resolution processes.

The Plan is required to maintain a written log of the initial requests for SMHS from beneficiaries. The Plan did not log all calls requesting information about SMHS access and services 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

DHCS conducted the audit from May 7, 2024, through May 17, 2024, for the audit period of July 1, 2022, through June 30, 2023. The audit included a review of the Plan'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: Five samples were reviewed for criteria and service determination.

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

Category 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: Five beneficiary files were reviewed for evidence of referrals from a 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 the audit review.

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

Notices of Adverse Benefit Determination (NOABD) Requirements: 16 beneficiary files were reviewed for evidence of appropriate documentation and completeness of required NOABDs.

Category 6 – Beneficiary Rights and Protection

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

Appeal Procedures: Six appeals were reviewed for timely resolution, appropriate response to the complainant, and submission to the appropriate level for review.

Category 7 – Program Integrity

There were no verification studies conducted for the audit review.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: SACRAMENTO COUNTY MENTAL HEALTH PLAN

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CATEGORY 1 – NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

1.2 Children's Services

1.2.1 Assessment for the Need of Therapeutic Foster Care Services

The Plan is required to provide or arrange, and pay for, medically necessary covered SMHS to beneficiaries. (*Contract, Ex. A, Att. 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. (*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. 11 & 34.*)

The Plan's policy, *04-10, Child and Family Team (revised 7/20/2021)*, stated that SMHS includes services provided to children and adolescents up to age 21 who are Medi-Cal beneficiaries and meet medical necessity criteria. Service components include TFC, which is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment.

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

In an interview, the Plan stated that it did not assess for the need for TFC services because the Plan currently does not have bed space available in its contracted foster homes and is hesitant to recommend a service that is currently unavailable. During the audit period, the Plan was unsuccessful in securing additional contractual providers to provide TFC services.

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

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

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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 24/7 Access 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 SMHS, including SMHS 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)*)

The Plan's policy, *ISU-07-02, After-Hours Response Line (revised 3/2024)*, stated that the Plan requires that all eligible members who are in need of mental health treatment have access to a 24-hour phone line for requesting services. During normal business hours, the Access Team respond to member requests. After-hours, members' calls are routed to the Intake Stabilization Unit where staff provide 24/7 coverage.

Finding: The Plan did not ensure that its 24/7 Access Line toll-free number provided required information for SMHS access, urgent condition services, and problem resolution processes.

The verification study identified that the Plan's 24/7 Access Line toll-free number was inoperative for the seven DHCS test calls during normal business hours and after-hours on random days selected between 2/12/2024 to 3/02/2024.

In an interview, the Plan stated that it has two telephone numbers available to provide information to beneficiaries about SMHS: a toll-free number and a Sacramento local number. The Plan stated that beneficiaries mostly use the local number; however, it acknowledged the requirement to have a toll-free number available. The Plan was not aware of any toll-free line issues occurring during the stated DHCS test call period. As a result of the DHCS findings, the Plan inspected its access line system internally for the root cause of the issue, but this investigation was inconclusive per the narrative submitted by the Plan.

When the Plan does not provide information to beneficiaries about how to access SMHS, urgent condition services, or the problem resolution processes and state fair hearing process, a beneficiary may not have adequate knowledge to make informed

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decisions. This can result in poor mental health outcomes due to missed or delayed access to necessary behavioral health services.

This is a repeat of the 2020-2021 audit finding – Access and Information Requirements.

Recommendation: Revise and implement policies and procedures to monitor the 24/7 Access Line to ensure that the toll-free line is available to provide necessary SMHS information.

4.2.2 Access Line Call Log

The Plan shall maintain a written log of the initial requests for 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. (*California Code of Regulations (CCR), Tit 9, chap 11, §1810.405(d) and §1810.410(e)(1)*)

The Plan's policy, *ISU-07-02, After Hours Response Line (revised 3/2024)*, outlined the Plan Intake Stabilization Unit (ISU) staff requirement to log calls including the following information: name of caller, phone number, nature of request, date and time of the call, disposition requested, and service nature.

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

The verification study identified that the Plan's 24/7 Access Line toll-free number was inoperative for the DHCS test calls during normal business hours and after-hours on random days selected between 2/12/2024 to 3/02/2024 resulting in zero of five required test calls being logged.

In an interview, the Plan stated it was not aware of any toll-free line issues occurring during the stated DHCS test call period. As a result of the toll-free line being inoperative, calls were not completed thus the Plan had no calls to log. As a result of the DHCS findings, the Plan inspected its access line system internally for the root cause of the issue, but this investigation was inconclusive per the narrative submitted by the Plan.

When the Plan does not track beneficiaries' call requests for SMHS, it can negatively impact the Plan's ability to ensure beneficiaries receive services in a timely manner.

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This is a repeat of the 2020-2021 audit finding – Access and Information Requirements.

Recommendation: Revise and implement policies and procedures to ensure that all SMHS call requests are properly tracked, monitored, and properly recorded.