

**DHCS REPORT ON THE SUSTANCE USE
DISORDER (SUD) AUDIT OF:
CONTRA COSTA
2023**



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

REPORT ON THE SUBSTANCE USE DISORDER (SUD) AUDIT OF

Contra Costa County Behavioral Health Services

2023

Contract Number: 22-20151
Drug Medi-Cal Organized Delivery
System (DMC-ODS)

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

Dates of Audit: September 12, 2023
Through
September 22, 2023

Report Issued: February 15, 2024

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I. INTRODUCTION

Contra Costa County Behavioral Health Services (Plan) is located in the northern California city of Martinez. Contra Costa County occupies the northern portion of the East Bay region of the greater San Francisco Bay Area and is primarily suburban. The Plan provides services throughout the county and in 19 cities: Antioch, Brentwood, Clayton, Concord, Town of Danville, El Cerrito, Hercules, Lafayette, Martinez, Town of Moraga, Oakley, Orinda, Pinole, Pittsburg, Pleasant Hill, Richmond, San Pablo, San Ramon, and Walnut Creek.

The Plan is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing Drug Medi-Cal Organized Delivery System (DMC-ODS) treatment services for substance use disorders to county citizens.

As of June 30, 2023, the Plan had 5,646 Medi-Cal beneficiaries receiving substance use services and had a total of 45 active providers.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit of the Plan's DMC-ODS program for the period of July 1, 2022 through June 30, 2023. The audit was conducted from September 12, 2023 through September 22, 2023. The audit consisted of document review, verification studies, and interviews with Plan representatives.

An Exit Conference with the Plan was held on January 29, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit report findings. On February 7, 2024, the Plan submitted a response after the Exit Conference. The results of our evaluation of the Plan's response are reflected in this report.

The audit evaluated five categories of performance: Availability of DMC-ODS Services, Quality Assurance and Performance Improvement, Access and Information Requirements, Coverage and Authorization of Services, and Program Integrity.

The prior DHCS compliance report issued on March 9, 2023, (review period July 1, 2021 through June 30, 2022) identified deficiencies incorporated in the Corrective Action Plan. This year's audit included review of documents to determine implementation and effectiveness of the Plan's corrective actions.

The summary of the findings by category follows:

Category 1 – Availability of DMC-ODS Services

No findings were noted during the audit period.

Category 2 – Care Coordination

Category 2 was not evaluated as part of this year's audit.

Category 3 – Quality Assurance and Performance Improvement

No findings were noted during the audit period.

Category 4 – Access and Information Requirements

The Plan is required to have a 24/7 toll free number for beneficiaries to call to access DMC-ODS services. The Plan did not ensure its 24/7 toll free number provided required information to beneficiaries on how to access DMC-ODS services.

Category 5 – Coverage and Authorization of Services

The Plan is required to have all federal and state law requirements in its subcontracts. The Plan did not provide evidence to demonstrate all federal and state law requirements were included in its subcontracts.

Category 6 – Beneficiary Rights and Protection

Category 6 was not evaluated as part of this year's audit.

Category 7 – Program Integrity

No findings were noted during the audit period.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted the audit to ascertain that medically necessary services provided to beneficiaries comply with federal and state laws, Medi-Cal regulations and guidelines, and the State's DMC-ODS Contract.

PROCEDURE

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

The following verification studies were conducted:

Category 4 – Access and Information Requirements

Access Line Test Calls: Two test calls requesting information on how to access DMC-ODS services were made to the Plan's statewide 24/7 toll-free number to confirm compliance with regulatory requirements.

A description of the findings for each category is contained in the following report.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: Contra Costa County Behavioral Health Services

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CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

4.2	Access Line
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4.2.1 24/7 Access Line

The Plan is required to have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed. (*DMC-ODS Contract, Exhibit A, Attachment I, Section (G)(3)(xi)*)

The Plan’s policy, *750-MH Behavioral Health Access Line Service Availability and Telephone Logs for Mental Health Services (Revised 12/02/2019)*, describes how the Plan maintains a toll-free telephone number responsible for providing 24-hr availability with language capability in all languages spoken by beneficiaries of the county. This policy further refers to Policy 750-AOD on the use of the Access Line for substance use disorder.

Plan policy, *750-AOD, Behavioral Health Access Line Substance Use Disorder (SUD) Treatment Admission (Revised 07/17/2017)*, delineates that the Behavioral Health Access Line shall be the entry point to substance use disorder treatment. The Plan provides information on how to access DMC-ODS services.

Finding: The Plan did not ensure its 24/7 toll free number provided prospective beneficiaries information on how to access DMC-ODS services.

The verification study, consisting of two test calls to the Access Line, revealed that one after-hours call resulted in no information being given to the prospective beneficiary on how to access DMC-ODS services.

In an interview, the Plan stated calls to the Access Line during business hours are answered by the Plan staff and after-hour calls are answered by a contractor. The Access Line staff are provided training and scripts to ensure caller receives required information. The Plan monitors business-hour and after-hour test calls on a weekly basis.

The Plan provided results from previously audited test calls that revealed test calls did not provide prospective beneficiaries information on how to access DMC-ODS services however, it did not address after-hours test calls.

❖ COMPLIANCE AUDIT FINDINGS ❖

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When the Plan does not provide information for DMC-ODS services to callers, the prospective beneficiaries may not have adequate knowledge to make informed decisions. This can result in poor outcomes due to missed or delayed access to necessary DMC-ODS services.

Recommendation: Implement policies and procedures to ensure the 24/7 Access Line provides prospective beneficiaries information on how to access DMC-ODS services.

❖ COMPLIANCE AUDIT FINDINGS ❖

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CATEGORY 5 – COVERAGE AND AUTHORIZATION OF SERVICES

5.2	General Requirements
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5.2.1 Federal Law Requirements

The Plan is required to include contract provisions in all subcontracts including the provision displaying the list of federal law requirements:

- (i) Title VI of the Civil Rights Act of 1964, section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- (ii) Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
- (iii) Title VIII of the Civil Rights Act of 1968 (42 United States Code (USC), 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- (iv) Age Discrimination Act of 1975 (45 Code of Federal Regulations (CFR), Part 90), as amended (42 USC, sections 6101 – 6107), which prohibits discrimination on the basis of age.
- (v) Age Discrimination in Employment Act (29 CFR, Part 1625).
- (vi) Title I of the Americans with Disabilities Act (29 CFR, Part 1630) prohibiting discrimination against the disabled in employment.
- (vii) Americans with Disabilities Act (28 CFR, Part 35) prohibiting discrimination against the disabled by public entities.
- (viii) Title III of the Americans with Disabilities Act (28 CFR, Part 36) regarding access.
- (ix) Rehabilitation Act of 1973, as amended (29 USC, section 794), prohibiting discrimination on the basis of individuals with disabilities.
- (x) Executive Order 11246 (42 USC, 2000(e) et seq. and 41 CFR, Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- (xi) Executive Order 13166 (67 Federal Regulations (FR), 41455) to improve access to federal services for those with limited English proficiency.
- (xii) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- (xiii) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Public Law (PL), 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

❖ COMPLIANCE AUDIT FINDINGS ❖

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(DMC-ODS Contract, Exhibit A, Attachment I, Sections (DD)(15)(i) –(xiii) and (DD)(18)).

Finding: The Plan did not include all federal law requirements in its subcontracts.

A review of ten subcontracts revealed three of the thirteen federal law requirements were not included in the Plan’s subcontracts, specifically the following:

- (xi) Executive Order 13166 (67 FR, 41455) to improve access to federal services for those with limited English proficiency.
- (xii) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- (xii) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 PL, 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

In an interview, the Plan explained that it has an annual process to review subcontracts to determine the need to update the content within the subcontracts. The Plan further stated it waits until five required edits have accumulated before updating subcontractor boilerplate template as the process is cumbersome and time consuming.

When the Plan does not include all required federal laws within its subcontracts, contractors may not provide all required services to beneficiaries. This can result in poor service delivery to beneficiaries that violates federal law.

Recommendation: Update subcontractor boilerplate to ensure all Plan’s subcontracts include all federal law requirements.

❖ COMPLIANCE AUDIT FINDINGS ❖

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5.2.2 State Law Requirements

The Plan is required to include contract provision in all subcontracts including the provision displaying the list of state law requirements:

- (i) Fair Employment and Housing Act (Government Code (GC), section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code Regulations (CCR), tit. 2, Div. 4 § 7285.0 et seq.).
- (ii) Title 2, Division 3, Article 9.5 of the (GC), commencing with Section 11135.
- (iii) CCR, tit. 9, div. 4, chapter 8, commencing with § 10800.
- (iv) No state or federal funds shall be used by the contractor, or its subcontractors, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.
- (v) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this agreement or terminate all, or any type, of funding provided hereunder.

(DMC-ODS Contract, Exhibit A, Attachment I, Sections (DD)(16)(i) –(v)) & (DD) (18))

Finding: The Plan did not include all state law requirements in its subcontracts.

A review of ten subcontracts revealed one of five state law requirements were not included in the Plan's subcontracts, specifically the following:

- (i) Fair Employment and Housing Act (GC), section 12900 et seq.) and the applicable regulations promulgated thereunder (CCR, tit. 2, Div. 4 § 7285.0 et seq.)

In an interview, the Plan explained that it has an annual process to review subcontracts to determine the need to update the content within the subcontracts. The Plan further stated it waits until five required edits have accumulated before updating subcontractor boilerplate template as the process is cumbersome and time consuming.

When the Plan does not include all required state laws within its subcontracts, contractors may not provide all required services to beneficiaries. This can result in poor service delivery to beneficiaries that violates state law.

Recommendation: Update subcontractor boilerplate to ensure all Plan's subcontracts include all state law requirements.