

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

Del Norte County Mental Health Plan

2023

Contract Number: 22-20099

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

Dates of Audit: November 28, 2023
through
December 8, 2023

Report Issued: May 21, 2024

TABLE OF CONTENTS

- I. INTRODUCTION 1
- II. EXECUTIVE SUMMARY 2
- III. SCOPE/AUDIT PROCEDURES 4
- IV. COMPLIANCE AUDIT FINDINGS
 - Category 1 – Network Adequacy and Availability of Services 6
 - Category 4 – Access and Information Requirements 7

I. INTRODUCTION

Del Norte Behavioral Health Services (Plan) provides a variety of Specialty Mental Health Services (SMHS) for county citizens. 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.

Del Norte County is located at the northwest corner of the state of California and is adjacent to the state of Oregon along the coast of the Pacific Ocean. The Plan provides its services to the city of Crescent and tribal areas in the County which include Fort Dick, Gasquet, Hiouchi, Klamath, Yurok, Smith River, Elk Valley, and Resighini.

As of June 30, 2023, the Plan had 669 Medi-Cal beneficiaries receiving SMHS.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS audit of the Plan's Medi-Cal SMHS programs for the period of July 1, 2022, through June 30, 2023. The audit was conducted from November 28, 2023 through December 8, 2023. The audit consisted of document review, verification studies, and interviews with Plan representatives.

An Exit Conference with the Plan was held on April 18, 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. The Plan did not provide additional information as it is in agreement with the audit report findings.

The audit evaluated five categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Quality Assurance and Performance Improvement, Access and Information Requirements, and Program Integrity.

The prior DHCS triennial compliance review, covering fiscal years 2020 through 2021, identified deficiencies incorporated in the Corrective Action Plan. 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 shall certify, or use another Plan's certification documents to certify, the organizational providers that subcontract with the Plan to provide Specialty Mental Health Services (SMHS). The Plan did not ensure certification of its providers in a timely manner that subcontract with the Plan to provide 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

specialty mental health services. The Plan did not ensure its 24/7 toll-free number system provided the required information on how to treat a beneficiary's urgent condition, the beneficiary's problem resolution, and fair hearing processes.

The Plan is required to maintain a written log of the initial requests for specialty mental health services from beneficiaries. The Plan did not log all beneficiary calls requesting access to specialty mental health and urgent condition services.

Category 5 – Coverage and Authorization of Services

Category 5 was not evaluated as part of this year's audit.

Category 6 – Beneficiary Rights and Protection

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

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 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 SMH Contract.

PROCEDURE

DHCS conducted an audit of the Plan from November 28, 2023, through December 8, 2023. The audit included a review of the Plan's Contract with DHCS, its policies and procedures for providing services, the 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 1 – Network Adequacy and Availability of Services

Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster Care Determination: Ten children and youth assessments were reviewed for criteria and service determination.

ICC/IHBS Provision of Services: Five 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: Seven beneficiary referrals from a Managed Care Organization (MCO) to the Plan were reviewed to ensure compliance with timeliness standards in scheduling beneficiary appointments.

Category 4 – Access and Information Requirements

Access Line Test Calls: Five test calls requesting information about SMHS services 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 test calls were reviewed from the 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

No verification study was conducted.

Category 6 – Beneficiary Rights and Protections

No verification study was conducted.

Category 7 – Program Integrity

No verification study was conducted.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Del Norte County Mental Health Plan

AUDIT PERIOD: July 1, 2022, through June 30, 2023

DATES OF AUDIT: November 28, 2023, through December 8, 2023

CATEGORY 1 – NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

1.4	Provider Selection and Monitoring
------------	--

1.4.1 Certification of Providers that Provide Specialty Mental Health Services

The Plan is required to certify or use another Mental Health Provider’s (MHP) certification documents to certify, the organizational providers that subcontract with the MHP to provide Specialty Mental Health Services (SMHS), in accordance with California Code of Regulations, title 9, section 1810.435. (*Contract, Exhibit A, Attachment 8, section 8 (D).*)

Plan policy, *Provider Site Certification (Effective 08/11/2022)*, states the Plan’s process to verify eligibility of services and establish a provider file for each new provider. The policy states that the Plan will complete and submit site certification of new providers to DHCS and re-certify providers at least once every three years. Provider handbooks will also be given to new providers which outlines its mental health services program, facilities, and processes.

Finding: The Plan did not ensure to certify organizational providers that subcontract with the MHP to provide Specialty Mental Health Services (SMHS).

The DHCS Provider Monitoring report revealed three of the 11 provider sites were not certified.

In an interview, the Plan stated that two of the three provider sites with overdue certification were a result of lack of oversight from the Plan. The Plan stated that one of the three overdue providers was discontinued as of October 2020 and was not closed out correctly with DHCS. The Plan explained that small staff size and staffing shortages contributed to difficulties in fully implementing the process to certify and re-certify its provider sites and the submission of documents to DHCS.

When the Plan does not certify providers rendering SMHS, the Plan cannot ensure that SMHS is provided by qualified practitioners and may result in poor mental health outcomes for the beneficiaries.

Recommendation: Implement policies and procedures to ensure the Plan certifies providers sites within required timeframes.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Del Norte County Mental Health Plan

AUDIT PERIOD: July 1, 2022, through June 30, 2023

DATES OF AUDIT: November 28, 2023, through December 8, 2023

CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

4.2 Access Line and Written Log

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 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. (*CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)*)

Plan policy, *1DNMCH-113, 24/7 Access Line (Revised 7/11/2018)*, states the required elements of the Access Line. The Plan shall maintain the Access Line as a toll-free telephone number responsible for providing 24-hr. availability with language capability in all languages spoken by beneficiaries of the county. Access Line staff shall offer information, referrals, and crisis/triage support to all callers.

Finding: The Plan did not ensure its 24/7 Access Line provided required information on how to treat a beneficiary's urgent condition, or information regarding beneficiary problem resolution and fair hearing processes.

The verification study identified three test calls in which the test caller was not provided information about how to treat a beneficiary's urgent condition, and one test call in which the caller was not provided information about the beneficiary problem resolution and fair hearing processes.

In an interview, the Plan stated that small staff size and staffing shortages contributed to difficulties in fully implementing the Plan's 24/7 Access Line process. The Plan explained during the audited period they lost two Records Clerks. They had one Records Clerk available to answer the line. The Plan also stated that there has been a lack of training for Access Line staff, and it failed to effectively monitor its after-hours Access Line contractor.

When the Plan does not provide information about services needed to treat a beneficiary's urgent condition and problem resolution processes, beneficiaries may not

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Del Norte County Mental Health Plan

AUDIT PERIOD: July 1, 2022, through June 30, 2023

DATES OF AUDIT: November 28, 2023, through December 8, 2023

have adequate knowledge to make informed decisions. This can result in poor mental health outcomes due to missed or delayed access to necessary behavioral health services.

This is a repeat finding of the prior 2020-2021 review - 24/7 Access Line Information

Recommendation: Implement and train staff on policies and procedures to ensure the Plan's 24/7 access line system provides required information regarding treating an urgent condition and the 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 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, Title 9, section 1810, subdivision 405(f))

Plan Policy, *DNCMH 113, 24/7 Access Line (Revised 7/11/2018)*, states the Plan's responsibility to operate a 24/7 access line for current and potential beneficiaries to call for assistance in finding mental health services for themselves or on behalf of another.

Finding: The Plan did not log all calls requesting specialty mental health services from beneficiaries.

The verification study revealed that four of five required DHCS test calls the Plan did not log all calls requesting SMHS services from beneficiaries.

In an interview, the Plan stated that small staff size and staffing shortages attributed to the lack of oversight and monitoring to ensure adherence to written log requirements for SMHS requests. The Plan explained that during the audit period only one of the three positions tasked with answering the Access Line was filled. The Plan failed to provide proper training in specific access line protocols which contributed to the inability to maintain its call logs.

Failure to track beneficiaries' call requests for SMHS can negatively impact the Plan's ability to ensure beneficiaries receive services in a timely manner.

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