



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

REPORT ON THE DRUG MEDI-CAL (DMC) AUDIT OF

Sutter-Yuba County Drug Medi-Cal Services
2023

Contract Number: 20-10203

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

Dates of Audit: July 11, 2023
Through
July 20, 2023

Report Issued: December 05, 2023

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I. INTRODUCTION

The bi-county structure for Sutter-Yuba Behavioral Health (Plan) provides substance use disorder (SUD) services to residents of both Sutter County and Yuba County through a Joint Power Agreement established in 1969. The Plan is unique because it is the only bi-county behavioral health organization in the State of California.

The Plan provides a broad continuum of prevention, early intervention, and service needs for SUD services as well as the necessary infrastructure, technology, and training elements that support this system for both counties. SUD treatment services to residents of Sutter and Yuba Counties are provided under contracts with the California Department of Health Care Services (DHCS).

II. EXECUTIVE SUMMARY

This report presents the audit findings for DHCS' DMC audit for the period of July 1, 2022, through June 30, 2023. The audit was conducted from July 11, 2023, through July 20, 2023. The audit consisted of document review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on **November 14, 2023**. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On **November 28, 2023**, 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: Availability of DMC Services, Quality Assurance and Program Improvement, Access and Information Requirements, Coverage and Authorization of Services, and Program Integrity.

DHCS issued the prior DMC Findings Report on January 23, 2023, for the review period of July 1, 2021, through June 30, 2022. This audit examined the Plan's compliance with its DHCS Contract and assessed implementation of its prior year's Corrective Action Plan.

The summary of the findings by category follows:

Category 1 – Availability of DMC Services

No findings were noted for the audit period.

Category 3 – Quality Assurance and Performance Improvement

The Plan is required to regularly engage with the Tribal Organization to identify the needs of the American Indian/Alaskan Native (AI/AN) population within its geographic area. The Plan did not maintain regular engagements with the Tribal Organization to identify issues and barriers to service delivery for the American Indian/Alaskan Native (AI/AN) communities within the County.

The Plan is required to ensure DHCS is notified when SUD providers reach or exceed 90 percent of their dedicated capacity. The Plan did not meet the notification requirement on program capacity reporting.

Category 4 – Access and Information Requirements

No findings were noted for the audit period.

Category 5 – Coverage and Authorization of Services

No findings were noted for the audit period.

Category 7 – Program Integrity

No findings were noted for the audit period.

II. SCOPE/AUDIT PROCEDURES

SCOPE

This audit was conducted by the DHCS, Contract and Enrollment Review Division to ascertain that the SUD services provided to Plan beneficiaries comply with federal and state laws, Medi-Cal regulations and guidelines, and the state Contract.

PROCEDURE

The audit period was July 11, 2023, through July 20, 2023. The audit included a review of the Plan's policies for providing services, the procedures used to implement the policies, and verification studies of the implementation and effectiveness of those policies. Documents were reviewed and interviews were conducted with Plan representatives.

No were no verification studies conducted for this audit.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Sutter-Yuba Drug Medi-Cal

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

DATES OF AUDIT: July 11, 2023 through July 20, 2023

CATEGORY 3 - QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

3.3

REQUIRED SUBCONTRACT PROVISIONS

3.3.1 Accessibility of services to Tribal Organization

The Plan shall regularly assess the substance use service needs of the AI/AN population within the Plan’s geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County. *(DMC Contract, Exhibit A, Attachment I, Part II General, H)*

Finding: The Plan did not maintain regular engagements with the Tribal Organization to identify issues and barriers to service delivery, quality improvement, and service accessibility.

The Plan lacked written policies describing procedures for conducting regular engagements with the Tribal Organization.

The Plan did not document or provide other evidence of consultation and collaboration with tribal members regarding SUD needs of the AI/AN populations.

In an interview, the Plan confirmed there was no communication between the Tribal Organization and the Plan during the entire audit period. Additionally, the Plan indicated inadequate staffing contributed to its lack of engagement and collaboration with Tribal Communities.

Without regular engagement and collaboration to identify issues and potential barriers with Tribal Organizations, negative impacts may result in the quality of care and accessibility of services available to AI/AN communities within the County.

Recommendation: Develop policies and procedures to ensure regular engagement, consultation, and collaboration between the Plan and Tribal Organizations.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Sutter-Yuba Drug Medi-Cal

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CATEGORY 3 - QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

3.4	CALIFORNIA OUTCOMES MANAGEMENT SYSTEM (CaIOMS)
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3.4.1 Program Capacity Reporting

The Contractor shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity. (*DMC Contract, Exhibit A, Attachment I, Part III Reporting Requirements, E, 3*)

The Plan's policy, *08-048 SUDS CaIOMS-Tx and DATAR Data Collection & Reporting (revised 06/08/2020)*, stated the Plan is required to report to DHCS when 90 percent capacity is reached for all covered services.

Finding: The Plan did not ensure all its treatment providers reported their capacity status to DHCS within seven days of reaching or exceeding 90 percent of their dedicated capacity.

The Plan did not furnish documentation that shows all treatment providers submitted capacity reporting to DHCS. In an interview, the Plan stated that it does not require all treatment provider types to submit capacity reporting to DHCS.

In an interview, the Plan stated that its SUD Program Administrator is responsible for reviewing the Contract and informing the Plan of which requirements it must comply. Currently, the Plan only requires perinatal providers to submit capacity reporting to DHCS. The Plan acknowledged that incorrect interpretation of Contract requirements led to this oversight.

When capacity status reporting is not performed by all Plan treatment providers, this results in inaccurate information of the SUD treatment system's capacity to meet the demand for services of all program modalities.

Recommendation: Revise and implement policies and procedures to ensure all treatment providers report their capacity status to DHCS within seven days of reaching or exceeding 90 percent of their dedicated capacity.