



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

**Merced County Behavioral Health Services  
Drug Medi-Cal Organized Delivery System  
2023**

Contract: 21-10030

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

Dates of Audit: August 8, 2023  
Through  
August 17, 2023

Report Issued: January 10, 2024

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## **I. INTRODUCTION**

Merced County Behavioral Health Services (Plan) provides a variety of Drug Medi-Cal Organized Delivery System (DMC-ODS) services 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 providing DMC-ODS services for substance use treatment.

Merced County was established in 1855 and is in the heart of San Joaquin Valley covering approximately 1,978 square miles. Merced County has six incorporated cities: Atwater, Dos Palos, Gustine, Livingston, Los Banos, and Merced. The County has a total population total of approximately 284,836. In the 2023 calendar year, the Plan serviced 6,585 beneficiaries and had a total of 15 active providers.

## **II. EXECUTIVE SUMMARY**

This report presents the findings of the DHCS audit of the Plan's DMC-ODS programs for the period of July 1, 2022 through June 30, 2023. The audit was conducted from August 8, 2023 through August 17, 2023. The audit consisted of document review, verification studies, and interviews with Plan personnel.

An Exit Conference with the Plan was held on December 21, 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 January 8, 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 three categories of performance: Availability of DMC-ODS Services, Access and Information Requirements, and Coverage and Authorization of Services.

The prior DHCS compliance report issued on March 23, 2023, (review period July 1, 2021 through June 30, 2022) identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was not closed at the time of onsite; however, 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 for the audit period.

### **Category 4 – Access and Information Requirements**

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. The Plan did not ensure DMC-ODS services were made available to beneficiaries calling the Plan's 24/7 toll free number.

### **Category 5 – Coverage and Authorization of Services**

No findings were noted for the audit period.

### **III. SCOPE/AUDIT PROCEDURES**

#### **SCOPE**

The DHCS, Contract and Enrollment Review Division conducted this audit of the Plan to ascertain that the substance use disorder services provided to Plan beneficiaries comply with federal and state laws, Medi-Cal regulations and guidelines, and the state's DMC-ODS Contract.

#### **PROCEDURE**

The audit was conducted from August 8, 2023 through August 17, 2023, 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 and evidence of procedures used to implement the policies. Documents were reviewed and interviews were conducted with Plan representatives.

There were no verification studies conducted for this audit.

## ❖ COMPLIANCE AUDIT FINDINGS ❖

**PLAN: MERCED COUNTY – DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM SERVICES**

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

**DATES OF AUDIT: August 8, 2023 through August 17, 2023**

### CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

#### 4.2 24/7 Access Line

##### 4.2.1 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 3(xi)*)

Plan policy I.D.01, Access to Specialty Mental Health Services Program Monitoring (revised July 8, 2019), describes the Plan's availability to provide services as Monday through Friday, 8 a.m. to 4:30 p.m. and that crisis services staff are available 24 hours a day including weekends and holidays. This policy states how the Plan maintains a 24/7 toll-free number for prospective beneficiaries to call to access DMC-ODS services. In addition, the Plan makes oral interpretation services available for beneficiaries, as needed.

**Finding:** The Plan did not ensure DMC-ODS services were made available to beneficiaries calling the Plan's 24/7 toll-free number.

The Plan's process is to have quarterly quality control audits performed in which they perform random 24/7 toll-free call audits. These audits are conducted to ensure there are no barriers to access services via their 24/7 toll-free number. However, the Plan failed to demonstrate these audits were effective in their performance.

In a verification study, two test calls were made to the Plan's statewide 24/7 toll-free after-hours number. The Plan did not make DMC-ODS services available for the two test calls. For instance,

- Although one call was placed during business hours, this call went to voicemail.
- For the second call, the Plan did not provide information needed to treat a beneficiary's urgent condition.

In an interview, the Plan stated that it had experienced significant employee turnover which affected the management and quality of the Plan's 24/7 telephone line. The Plan also acknowledged that there have been instances, during business hours, when callers utilizing the Plan's 24/7 telephone line were transferred to voicemail instead of being connected to a staff member. The Plan did not provide a response if it made attempts to address and resolve barriers to beneficiary access of DMC-ODS services for callers of the Plan's 24/7 telephone line.

**❖ COMPLIANCE AUDIT FINDINGS ❖**

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The Plan has a monitoring system using test calls to ensure for Contract compliance; however, the Plan stated that there is a need for ongoing training to comply with Contract requirements.

The Plan cannot ensure beneficiary access to DMC-ODS services if calls to the Plan's 24/7 toll-free number are directed to voicemail or if beneficiaries are not given meaningful information to avail of necessary DMC-ODS services after business hours.

**Recommendation:** Revise and implement policies to ensure DMC-ODS services are made available to beneficiaries calling the Plan's 24/7 toll-free number.