

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SUBSTANCE USE DISORDER REVIEW SECTION

**REPORT ON THE SUBSTANCE USE DISORDER
(SUD) AUDIT OF COLUSA COUNTY
FISCAL YEAR 2024-25**

Contract Number: 23-30089

Contract Type: Drug Medi-Cal

Audit Period: July 1, 2023 — June 30, 2024

Dates of Audit: December 3, 2024 — December 13, 2024

Report Issued: April 24, 2025

TABLE OF CONTENTS

I.	INTRODUCTION	3
II.	EXECUTIVE SUMMARY	4
III.	SCOPE/AUDIT PROCEDURES	6
IV.	COMPLIANCE AUDIT FINDINGS	
	Category 4 – Access and Information Requirements.....	7

I. INTRODUCTION

Colusa County Behavioral Health (Plan) is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing mental health services to county residents.

The Plan is located in the northern Sacramento Valley of the state of California. The Plan provides services within the unincorporated county and in the cities of Williams and Colusa.

As of June 2024, the Plan had a total of 126 Medi-Cal members receiving SUD services and a total of 5 active providers.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2023, through June 30, 2024. The audit was conducted from December 3, 2024, through December 13, 2024. The audit consisted of documentation review, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on April 1, 2025. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On April 16, 2025, the Plan submitted a response after the Exit Conference. The evaluation results of the Plan's response are reflected in this report.

The audit evaluated five categories of performance: Availability of Drug Medi-Cal Services (DMC), Quality Assurance and Performance Improvement, Access and Information Requirements, Beneficiary Rights and Protection, and Program Integrity.

The prior DHCS compliance report, covering the review period from July 1, 2022, through June 30, 2023, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was not completely closed at the time of the audit.

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 – Availability of Drug Medi-Cal Services

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 member who is blind or visually impaired, and other individuals with disabilities, with communication materials in the individuals' requested alternative formats. The Plan did not ensure the alternative communication material in braille was available to its members.

Category 6 – Member 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 the audit to ascertain that medically necessary services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State's DMC Contract.

PROCEDURE

DHCS conducted an audit of the Plan from December 3, 2024, through December 13, 2024, for the audit period of July 1, 2023, through June 30, 2024. The audit included a review of the Plan's policies for providing services, procedures to implement these policies, and the process to determine whether these policies were effective.

Documents were reviewed and interviews were conducted with Plan representatives.

The following verification studies were conducted:

Category 1 – Availability of Drug Medi-Cal Services

There were no verification studies conducted for the audit review.

Category 3 – Quality Assurance and Performance Improvement

There were no verification studies conducted for the audit review.

Category 4 – Access and Information Requirements

There were no verification studies conducted for the audit review.

Category 6 – Member Rights and Protection

There were no verification studies conducted for the audit review.

Category 7 – Program Integrity

There were no verification studies conducted for the audit review.

COMPLIANCE AUDIT FINDINGS

Category 4 – Access and Information Requirements

4.1 LANGUAGE AND FORMAT REQUIREMENTS

4.1.1 FORMAT REQUIREMENTS FOR THE HEARING IMPAIRED

The Plan is required to comply with all state and federal statutes and regulations, the term of this Agreement, BHINs, and any other applicable authorities. (*Contract, Ex. E, Sec. 6(H)*)

The Plan is required to provide all written materials for beneficiaries in easily understood language, format, and alternative format that take into consideration the special needs of beneficiaries. (*Contract, Ex. A, Att. 11, sec. 1(A); 42 CFR. § 438.10(d)(6)*).

The Plan is required to provide a member who is blind or visually impaired, and other individuals with disabilities, with communication materials in the individuals' requested alternative formats. The standard alternative format options are large print, audio CD, data CD, and braille. (*BHIN 24-007; Effective Communication, Including Alternative Formats, for Individuals with Disabilities, (Jan. 2024), p.2, 5.*)

Plan policy 566.01, *Meeting the Needs of Individuals with Visual and Hearing Impairment (revised 12/2014)* stated that the Plan provided a member who was visually and hearing impaired with communication materials per individual's request.

Finding: The Plan did not ensure that alternative communication material in braille was available to its members.

Plan policy 566.01 indicated its responsibility to provide alternative communication materials for the visually and hearing impaired when requested; however, it did not include a process to provide the braille format for members who requested it.

The Plan resubmitted the updated policy *Meeting the Needs of Individuals with Visual and Hearing Impairment (effective 10/11/2024)* during the onsite. A document review showed that the policy was implemented after the audit review period and was not applicable as evidence of the Plan's effort during the audit review period.

In an interview, the Plan stated that it recognizes the importance of providing braille materials to prioritize accessibility for all beneficiaries. However, the Plan did not have

a process to develop braille materials since there were no member requests for communication materials in braille received during the audit period.

When the Plan does not ensure communication material are available in all required alternative format, the ability for members who are blind, visually impaired or with other disabilities to receive information regarding medically necessary treatment services can be negatively impacted.

Recommendation: Implement policies and procedures to ensure members can access the required communication materials in all alternative formats, including braille.