

**DHCS REPORT ON THE SUSTANCE USE
DISORDER (SUD) AUDIT OF:
Fresno County Behavioral Health Plan
2024**

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

Fresno County Behavioral Health Plan

2024

Contract Number: 21-10028
Drug Medi-Cal Organized Delivery System
(DMC-ODS)

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

Dates of Audit: March 12, 2024
through
March 22, 2024

Report Issued: August 5, 2024

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I. INTRODUCTION

Fresno County Behavioral Health (Plan) is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose supporting the substance use disorder (SUD) treatment needs of the community.

Fresno County is located in Central California. The Plan provides services throughout Fresno County, which consists of 55 cities and communities, including the following 15 incorporated cities: Coalinga, Clovis, Firebaugh, Fowler, Fresno, Huron, Kerman, Kingsburg, Mendota, Orange Cove, Parlier, Reedley, San Joaquin, Sanger, and Selma.

As of June 30, 2023, the Plan had 3,203 Medi-Cal beneficiaries (2,608 adults / 595 youth) receiving DMC-ODS and had a total of 14 active providers.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2022, through June 30, 2023. The audit was conducted from March 12, 2024, through March 22, 2024. The audit consisted of document reviews and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on July 18, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On August 1, 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 four categories of performance: Availability of DMC-ODS Services, Quality Assurance and Performance Improvement, Coverage and Authorization of Services and Program Integrity.

The prior DHCS compliance report, covering the review from period July 1, 2021, through June 30, 2022, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was not completely closed at the time of onsite; however, this year's audit included a review of documents to determine the 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 – Availability of DMC-ODS 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 5 – Coverage and Authorization of Services

There were no findings noted for this category during the audit period.

Category 7 – Program Integrity

The Plan is required to report complaints involving Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities and SUD counselors to DHCS within two business days of completion. The Plan did not ensure complaints involving

Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities and SUD counselors are communicated timely to DHCS.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted this audit of the Plan to ascertain 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 March 12, 2024, through March 22, 2024, 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, 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.

There were no verification studies conducted for this audit.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: FRESNO COUNTY DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

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

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CATEGORY 7 – PROGRAM INTEGRITY

7.6 Provider Requirements

7.6.1 Program Complaints

The Plan is required to report complaints to DHCS using a secure Managed File Transfer system specified by DHCS within two business days of completion. Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities, and counselor complaints may be made by using the Complaint Form, which is available and may be submitted online: <http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. (DMC-ODS Contract, Amendment 1, Exhibit A, Attachment I, Section III Specifications, OO, 1-2)

A complaint shall be considered a grievance unless it meets the definition of an adverse benefit determination. (*Mental Health and Substance Use Disorder Services Information Notice 18-010E*)

Finding: The Plan did not ensure complaints involving Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities and SUD counselors are communicated timely to DHCS.

While the Plan submitted evidence demonstrating the investigation of complaints, there was no evidence submitted of reporting complaints to DHCS using a Secure Managed File Transfer system specified by DHCS within two business days of completion of the investigation.

Plan policy *Person Served Problem Resolution System - Grievance Process (Revised 3/30/2021)* does include the process for investigating and reporting to DHCS complaints that meet the criteria for a grievance however, the Plan lack a procedure for timely notification to DHCS regarding the completion of complaint investigations. There is no process for the identification, investigation or reporting to DHCS for complaints which meet the definition of an adverse benefit determination and involve Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities, and SUD counselors.

A review of the Plan's monitoring tool does not specify the requirement that the contractor report complaints to DHCS using a Secure Managed File Transfer system specified by DHCS within two business days of completion or that complaints for

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Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities, and SUD counselor are made by using the Complaint Form, which is available and may be submitted online.

The Plan stated in writing they do not currently have a process for submitting complaints within two days to DHCS.

When the Plan does not ensure timely notification to DHCS of completed complaint investigations, this may result in incorrect data being considered for policy decisions which can negatively impact care provision and beneficiary progress.

This is a repeat of the 2021-2022 audit finding – Monitoring.

Recommendation: Develop and implement policies and procedures to ensure the timely notification to DHCS of complaint investigations using a Secure Managed File Transfer system.