

**DHCS REPORT ON THE SPECIALTY
MENTAL HEALTH SERVICES (SMHS) AUDIT
OF:
Monterey County Mental Health Plan
2024**

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

Monterey County Mental Health Plan

2024

Contract Number: 21-10097

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

Dates of Audit: April 16, 2024
through
April 26, 2024

Report Issued: August 21, 2024

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I. INTRODUCTION

Monterey County Behavioral Health Services (Plan) provides a variety of Specialty Mental Health Services (SMHS) for county residents. 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.

Monterey County is located in Central Coast California just south of the San Francisco Bay Area. Salinas Valley extends through the heart of the county, making Monterey the third largest agricultural county in California, covering an area of 3,771 square miles.

As of June 30, 2023, the Plan had 5,445 Medi-Cal beneficiaries receiving SMHS and had a total of 14 active providers.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS SMHS audit for the period of July 1, 2022, through June 30, 2023. The audit was conducted from April 16, 2024, through April 26, 2024. The audit consisted of documentation review verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on August 5, 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 20, 2024, the Plan submitted a response after the Exit Conference. The results of the evaluation of the Plan's responses are reflected in this report.

The audit evaluated six categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Access and Information Requirements, Coverage and Authorization of Services, Beneficiary Rights and Protection, and Program Integrity.

The prior DHCS triennial compliance review, (covering fiscal years 2017 through 2020) identified deficiencies incorporated in the Corrective Action Plan (CAP). This year's audit included a review of the Plan's compliance with its DHCS Contract and assessed its implementation of the prior year's CAPs.

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 is required to provide necessary Therapeutic Foster Care (TFC) services for children and youth who meet beneficiary access criteria for SMHS. The Plan did not ensure the provision of TFC services through a network of appropriate TFC providers.

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. The Plan did not ensure the assessment for the need of TFC services to children and youth who met beneficiary access and medical necessity criteria for 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 maintain a written log of the initial requests for SMHS from beneficiaries. The Plan did not log all calls requesting information about SMHS access and services needed to treat a beneficiary's urgent condition.

Category 5 – Coverage and Authorization of Services

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

Category 6 – Beneficiary 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 this audit of the Plan 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(S) Contract.

PROCEDURE

DHCS conducted an audit of the Plan from April 16, 2024, through April 26, 2024, for the audit period of July 1, 2023, through June 30, 2023. The audit included a review of the Plan's policies for providing services, the procedures used to implement the policies, and verification studies to determine the 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), and Therapeutic Foster Care (TFC) Determination: Ten children and youth assessments were reviewed for criteria and service determination.

ICC/IHBS Provision of Services: Ten children and youth medical records were reviewed for the provision of ICC and/or IHBS services.

Category 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: 15 beneficiary files were reviewed for evidence of referrals from the Managed Care Plan (MCP) to the Mental Health Plan (MHP), initial assessments, and progress notes of treatment planning and follow-up care between the MCP and the MHP.

Category 4 – Access and Information Requirements

Access Line Test Calls: Five test calls requesting information about SMHS 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 Line Test Call Log: Five required test calls were made and review of Plan's call log to ensure logging of each test call and confirm the log contained all required components.

Category 6 – Beneficiary Rights and Protection

Grievance Procedures: 16 grievances were reviewed for timely resolution, appropriate response to complainant, and submission to the appropriate level for review.

Category 7 – Program Integrity

No verification study was conducted.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: MONTEREY COUNTY MENTAL HEALTH PLAN

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

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CATEGORY 1 – NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

1.2	Children’s Services
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1.2.1 Provision of Therapeutic Foster Care (TFC)

The Plan is required to provide or arrange, and pay for, medically necessary covered SMHS to beneficiaries. (*Contract, Exhibit. E, Att. 2(1)*) or (*Contract, Exhibit A, Attachment 2(2)(A)(13)*)

The Plan must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary. (*Behavioral Health Information Notices (BHIN) 21-073, Criteria for Beneficiary Access to SMHS, Medical Necessity and other Coverage Requirements; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 34.*)

Plan policy 499, *Monterey County Continuum of Care (effective October 2017)* described the criteria for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC). The policy states:

- i. The target population for the programs are children and youth falling underage of 21, eligible for Medi-Cal and meet medical necessity for mental health.
- ii. The process in which children and youth can be a part of the program by being screened and assessed for their needs for ICC, IHBS, TFC and Therapeutic Behavioral Services.
- iii. Children and youth will be initially screened for mental health needs during the initial involvement with the County Department of Social Services.

Finding: The Plan did not ensure the provision of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.

In an interview, the Plan stated that establishing a TFC program has been challenging and it currently does not have TFC services available. Due to the challenges acquiring a TFC contractor the Plan developed an alternative program called Enhanced Foster Care (EFC) to serve youth with high mental health needs; however, the Plan acknowledged the EFC program does not satisfy the requirement to have TFC services available.

❖ COMPLIANCE AUDIT FINDINGS ❖

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When the Plan does not provide TFC services to children and youth, it may cause delays in accessing needed medically necessary services. This may result in poor health outcomes for children and youth eligible for SMHS.

This is a Repeat Finding of the 2020-2021 audit finding – Network Adequacy and Availability of Services.

Recommendation: Implement policies and procedures and referral process to ensure TFC services are provided.

1.2.2 Assessment for the Need of TFC Services

The Plan is required to provide or arrange, and pay for, medically necessary covered SMHS to beneficiaries. (*Contract, Ex. A, Att. 2, §(A)(13).*)

The Plan has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. (*BHIN 21-073, Criteria for Beneficiary Access to SMHS, Medical Necessity and other Coverage Requirements; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 34.*)

Plan policy 499, *Monterey County Continuum of Care (effective October 2017)* described the criteria for ICC, IHBS, and TFC. The policy states:

- I. The target population for the programs are children and youth falling underage of 21, eligible for Medi-Cal and meet medical necessity for mental health.
- II. The process in which children and youth can be a part of the program by being screened and assessed for their needs for ICC, IHBS, TFC and Therapeutic Behavioral Services.
- III. Children and youth will be initially screened for mental health needs during the initial involvement with the County Department of Social Services.

Finding: The Plan did not ensure the assessment for the need of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.

In an interview, the Plan stated it has had challenges acquiring a TFC contractor and currently does not have this service available. The Plan has implemented an alternative program called EFC and assesses youth for treatment in this program in lieu of TFC.

❖ COMPLIANCE AUDIT FINDINGS ❖

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The Plan acknowledged that no formal screening tool or policy existed during the audit period for TFC assessments.

When the Plan does not determine the need for TFC services, children and youth may not receive necessary behavioral health services and resources.

This is a Repeat Finding of the 2020-2021 Review – Network Adequacy and Availability of Services.

Recommendation: Implement policies and procedures to ensure children and youth who meet beneficiary access criteria for SMHS are assessed to determine if TFC services are needed

❖ COMPLIANCE AUDIT FINDINGS ❖

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CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

4.2	24/7 Access Line and Written Log of Requests for SMHS
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4.2.1 Access Call Log

The Plan shall maintain a written log of the initial requests for SMHS 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. (*California Code of Regulations (CCR), Tit 9, chap 11, §1810.405(d) and §1810.410(e)(1)*)

Plans procedure *Access to Treatment 24/7 Call Center and Walk-In Guide: PSRs (updated June 2021)* describes the Plan's requirements for timely access standards for outpatient services and the role of the patient services representative (PSR). The call center PSR log is used to track requests for services either via telephone or walk-in and include date of request, name, contact for individual, type of request, and initial disposition.

Finding: The Plan did not log all beneficiary calls requesting access to SMHS and urgent condition services.

The verification study revealed that five of the five required DHCS test calls were either not logged or were missing required information.

- Three of five test calls were not logged.
- One call logged did not include the name of the beneficiary.
- One call logged did not have the initial disposition date.

In an interview, the Plan stated that due to staffing challenges, 24/7 access line calls were transferred to other offices during business hours resulting in an influx of calls going straight to voicemail or not being logged correctly. The Plan's internal access line reports revealed the Plan was not consistent in logging the required information such as name, date and disposition. Access line is monitored monthly and when issues are identified, the Plan sends training recommendations to internal staff and the contractor.

The Plan acknowledged that it performs a limited number of test calls during non-business hours to monitor its after-hours contractor for the 24/7 access line, as a result of limited staff.

❖ COMPLIANCE AUDIT FINDINGS ❖

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When the Plan does maintain a written call log, it is a failure in tracking beneficiaries request for services and can negatively impact the Plan's ability to ensure beneficiaries receive services in a timely manner.

This is a repeat finding of the 2020-2021 audit finding – 24/7 Access Line Information.

Recommendation: Implement policies and procedures to ensure the Plan maintains a written log that contains beneficiary name, date of request and initial disposition of request.