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

San Diego County Mental Health Plan

2023

Contract Number:	22-20128
Audit Period:	July 1, 2022 through June 30, 2023
Dates of Audit:	January 16, 2024 through January 26, 2024
Report Issued:	July 2, 2024

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I. INTRODUCTION

San Diego County Behavioral Health (Plan) provides a variety of Specialty Mental Health Services (SMHS) for county citizens. Elected by the citizens of San Diego County, the Board of Supervisors appoints a Chief Administrative Officer and together they govern the Plan.

San Diego County contracts with the Department of Health Care Services (DHCS) for the purpose of supporting the Mental health needs of the community. The County's departments are organized into four groups: Public Safety Group, Land Use and Environment Group, Finance and General Government Group, and Health and Human Services Agency.

As of June 30, 2023, San Diego County Plan had 42,455 Medi-Cal beneficiaries receiving specialty mental health services and had a total of 176 active providers.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS audit of the Plan's Medi-Cal SMHS programs for the period of July 1, 2022, through June 30, 2023. The audit was conducted from January 16, 2024, through January 26, 2024. The audit consisted of document reviews, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on May 29, 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 June 11, 2024, the Plan submitted a response after the Exit Conference. The Plan's response 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 CAP.

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

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

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 was no review conducted on this category during the audit period.

Category 4 – Access and Information Requirements

The Plan is required to have a 24/7 toll-free number for beneficiaries to call to access SMHS services. The Plan did not ensure its 24/7 toll-free number provided the required information to beneficiaries about how to use the beneficiary problem resolution and fair hearing process.

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

The audit was conducted from January 16, 2024, through January 26, 2024, for the audit period of July 1, 2022, through June 30, 2023. The audit included a review of the Contract with DHCS, its 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 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: 12 beneficiary files were reviewed for evidence of the compliant bidirectional referrals between Managed Care Plan (MCP) and the Plan (MHP).

Category 4 – Access and Information Requirements

Access Line Test Calls: Five test calls requesting information about SMHS services 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 the Plan's call log was reviewed to ensure each test call was recorded and that the log contained all required information.

Category 5 – Coverage and Authorization of Services

Authorizations: Ten beneficiary files were reviewed for evidence of appropriate treatment authorization, including the concurrent review authorization process.

Category 6 – Beneficiary Rights and Protection

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

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: SAN DIEGO COUNTY MENTAL HEALTH PLAN

AUDIT PERIOD: July 1, 2022, through June 30, 2023
DATE OF AUDIT: January 16, 2024, through January 26, 2024,

CATEGORY 4 – ACCESS AND INFORMATION REQUIREMENTS

4.2	24/7 Access Line for SMHS

4.2.1 24/7 Access Line

The Plan shall provide a statewide, toll-free telephone number 24-hours a day, seven days per week, that provides language capabilities in all languages spoken by beneficiaries of the county; provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; services needed to treat a beneficiary's urgent condition; and how to use the beneficiary problem resolution and fair hearing processes. *(California Code of Regulations (CCR), Title. 9, Chapter 11, sections 1810.405(d); and 1810.410, (e)(1).)*

Plan policy *302.01.10, Calls to the Access and Crisis Line Policy (Effective June 2021*) describes the plan to provide a statewide, culturally, and linguistically appropriate toll-free telephone number 24 hours a day, seven days per week, to provide information to beneficiaries about how to access behavioral health information and services, as well as how to treat and refer beneficiaries in crisis. However, the policy did not describe how the Plan provides information about how to use the beneficiary problem resolution and fair hearing process.

The Plan's 24 hour access line script, *ACL Suggested Script (Revised 1/4/2023),* includes directive to provide information about the problem resolution process.

Finding: The Plan did not demonstrate it had a process in place to ensure beneficiaries calling the 24hour access line receive information about how to use the beneficiary problem resolution and fair hearing processes.

The verification study identified two test calls in which the test caller was not provided information about the beneficiary problem resolution and fair hearing processes.

In an interview, the Plan stated that it allows its 24-hour access line operators to offer a warm transfer to the Problem Resolution line for information about how to file a grievance and the fair hearing process.

The Plan stated it was not aware the 24-hour access line had to provide detailed information regarding beneficiary problem resolution and fair hearing processes when beneficiaries call the line. The Plan provided its access line script, titled *ACL Suggested Script (revised 1/4/2023),* which includes the directive to provide information about the problem resolution process, however, it was not evident that the 24-hour access line operator was providing this information to beneficiaries.

Failure to provide beneficiaries with information about the beneficiary problem resolution and fair hearing processes may limit beneficiaries' ability to file a grievance or appeal Plan decisions regarding services.

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

Recommendation: The Plan should revise and implement policies and procedures to ensure the Plan's and its 24-hour access line contractor provide beneficiaries with information on how to use the problem resolution process.