



# **2023 DHCS TRIENNIAL AUDIT FINDINGS**

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# DHCS Triennial Audit

- ▶ BHD operates as a mental health plan (MHP) for Medi-Cal beneficiaries in Sonoma County who require Specialty Mental Health Service (SMHS) and contract with the Department of Health Care Services (DHCS).
- ▶ Every three years DHCS conducts an audit to measure our degree of compliance with state and federal laws and regulations and the terms of our contract. At the core of these requirements are the beneficiaries and their rights to have access to mental health services that they are entitled to receive from their issuance provider.
- ▶ Audit has two primary components: Chart and System.
- ▶ Our FY 22/23 review was conducted in June 2023, the findings report was issued in October 2023.

# Chart Review

Triennial chart review consisted FY 22-23 chart audit and technical assistance to provide maximum assistance in implementing the new CalAIM documentation redesign requirements outlined in BHIN 22-019.

**No recoupments for our entire Sonoma County Behavioral Health network!!**

DHCS review noted network generally aligned with implementing CalAIM documentation redesign requirements.

# Positive remarks from DHCS

- ▶ Documentation Manual Policy & Procedures
  - ▶ Documentation manual, policies, and procedures are fully updated to meet requirements cited in BHIN 22 019.
- ▶ Training of Providers
  - ▶ Transition to new documentation standards from July to September 2022.
  - ▶ Trainings included:
    - ▶ CalMHSA trainings
    - ▶ Live Documentation Seminar trainings
    - ▶ Recorded documentation trainings
    - ▶ Implementation & updates to documentation resource webpage
    - ▶ On going spot checks
- ▶ Problem Lists
  - ▶ Documentation aligned with BHIN 22 019



# Technical Assistance Recommended

- ▶ Assessments Initial 7 domain assessment generally aligned with guidelines, with feedback on two areas:
  - ▶ Domain 6 (strengths, risk behaviors, and safety factors) three charts missing strengths and risks, however information included within the CANS and/or ANSA instruments. Two charts appeared to be missing safety factors.
  - ▶ Domain 7 (clinical summary outlining symptoms supporting diagnosis, functional impairments, MSE, cultural factors, strengths/protective factors, risk, and any hypothesis regarding predisposing, precipitating, and/or perpetuating factors to inform the problem list) four charts only included a list of clinical symptoms. One chart only recorded the diagnosis.
- ▶ Progress Notes mostly aligned with requirements
  - ▶ Although ICD 10 and CPT or HCPC code missing from some service notes, there are ongoing considerations about changing these requirements (removed requirement in updated documentation requirements BHIN 23 068)



# Technical Assistance Recommended

- ▶ Targeted Case Management (TCM) and Intensive Care Coordination (ICC) Care Plans
  - ▶ One chart available for review and generally aligned with guidelines.
  - ▶ Recommendation: to continue maintaining care plans for beneficiaries receiving TCM and associated services (ICC, IHBS, etc.).
- ▶ Telehealth Consents & Process
  - ▶ County telehealth consent form missing two elements: explanation 1) that beneficiaries have the right to access covered services that may be delivered via telehealth through an in person, face to face visit and 2) of the availability of Medi Cal coverage for transportation services to in person visits when other available resource have been reasonable exhausted.



# SYSTEM REVIEW

Focused on the policies, procedures, and processes related to the MHP service provision requirements

17 Findings were issued

The County appealed 8 of the 17 findings.

DHCS accepted 3 of those 8 appeals.

Currently working on a CAP for a total of 14 System Review Findings

# Findings Summary

- ▶ Category 1: Network Adequacy and Availability of Services (2)
- ▶ Category 2: Care Coordination and Continuity of Care (0)
- ▶ Category 3: Quality Assurance and Performance Improvement (2)
- ▶ Category 4: Access and Information Requirements (1)
- ▶ Category 5: Coverage and Authorization of Services (4)
- ▶ Category 6: Beneficiary Rights and Protections (5)
- ▶ Category 7: Program Integrity (0)

## Network Adequacy and Availability of Services

We are not in compliance with the requirement to provide Therapeutic Foster Care (TFC) services to all children and youth who meet criteria

While our Medi-Cal Site Certification Policy met the regulations and MHP Contract requirements, DHCS observed that our process for monitoring and recertifying providers was insufficient.

# Quality Assurance and Performance Improvement



The MHP must have practice guidelines, which meet the requirements of the MHP Contract. (We have a very outdated policy).



The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

# Access and Information Requirements

- ▶ The MHP must maintain a written log of initial requests for service. Of the 5 test calls completed by DHCS, 3 were not logged.

# Coverage and Authorization of Services

- ▶ If we modify an authorization request, we are required to provide the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.
- ▶ MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. This requirement is missing in our policy.
- ▶ Although we have a policy on authorizing administrative days, we were unable to provide evidence of this practice.



# Beneficiary Rights and Protections

- ▶ We had 4 findings related to Discrimination Grievances that has been addressed by updating our policy:
  - ▶ Inform beneficiaries on how to file a *discrimination grievance*.
  - ▶ Designate a discrimination grievance *coordinator*.
  - ▶ Ensure prompt and equitable resolution of discrimination-related complaints.
  - ▶ County must submit the resolution letter and supporting documentation to the DHCS Office of Civil Rights

# Next Steps

Working on CAP that is due in January

Once DHCS accepts our CAP, will present details to QIC and report out on progress made