

Memo

Date: March 10, 2026

To: Alameda County Behavioral Health Department (ACBHD) Substance Use Disorder (SUD) Providers

From: Torfeh Rejali, Division Director, Quality Assurance *Torfeh Rejali*

Subject: SUD System of Care Audit Results- FY 2023-2024

Purpose

This memo is to advise providers of the publication of the Substance Use Disorder (SUD) FY 2023-2024 System of Care audit that was completed by the ACBHD Quality Assurance (QA) division.

Background

ACBHD QA completed an audit of the SUD System of Care for the period of April 1, 2024, to June 30, 2024. The [System of Care audit report](#) is an aggregate analysis of the findings and compliance rates with Medi-Cal claiming requirements and documentation standards. The report is also posted on the Internal Audit section of the [QA Audits](#) page on the ACBHD provider website.

Overview of General Findings

A total of 18 charts and 678 claims were reviewed for 17 providers.

Claims Compliance

The overall claims compliance in FY 23-24 was **74%**. This reflects a decrease compared to claims compliance of 97% in FY 22-23.

The decrease appears to be related to two Opioid Treatment Programs (OTPs) whose charts were 100% disallowed. In one case, the provider did not submit their clinical record in time for the audit and in the other case, medical necessity was not established in the documentation. The overall claims compliance rate increases to 97% when these two charts are removed from the sample.

Quality Compliance

The quality compliance score represents overall compliance for all Quality Review Item (QRIs), including those that may have resulted in a claims disallowance; it represents a fuller picture of an agency's compliance with Medi-Cal and related requirements.

The overall quality compliance in FY 23-24 was **80%**. This represents a decrease from the overall quality compliance of 87% in FY 22-23.

The decrease in overall quality compliance may be related to the use of a new audit tool that included a fewer number of QRIs and a slightly different scoring methodology. Additionally, the overall quality compliance score increases to 85% when the scores for the chart that was not received in time for the audit are removed from the analysis.

Summary

Of the QRIs that were found to be non-compliant, the following common issues were identified:

- Missing required physical examination requirements.
- Inconsistent compliance with Clinical Quality Review Team (CQRT) agency review requirements.
- Missing required assessment of need for Medication Assisted Treatment (MAT) services.
- OTP: Inconsistent completion of ASAM/ALOC in Clinician's Gateway.
- OTP: Inconsistent completion of ACBHD Informing Materials.
- OTP: Inconsistent claims, batch codes, and dosing logs.

Individual provider Corrective Action and Quality Improvement Plans addressing the above issues were reviewed by QA. Examples of plans include training and re-training of team members and improving clinical note templates in Electronic Health Records to better capture the required information.

ACBHD QA will continue to monitor and reinforce these issues in monthly Brown Bag and other meetings.

Next Steps

Please make note of the common issues identified above and reach out to ACBHD QA if you have any questions. Additionally, we invite you to attend the monthly Brown Bag meeting where these and other issues are clarified. Brown Bag meeting invitations can be found on the [QA Training](#) webpage on the Provider website.

For questions, please contact QATA@acgov.org.