



**Substance Use Disorder Service Organizations  
System of Care Audit (FY 20-21)**

Audit Period: April 1<sup>st</sup>, 2021, to June 30<sup>th</sup>, 2021

Report Issued: February 6, 2024

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## **Introduction**

The ACBH Quality Assurance (QA) Division completes annual audits of the Drug Medi-Cal Delivery System (DMC-ODS) System of Care. An audit of the DMC-ODS system of care has been completed by the QA Division for Fiscal Year 2020/2021.

At the time of issuance of this report, each provider has received their individualized Audit Findings Report detailing their audit results, required follow-ups, and individualized Corrective Action Plan (CAP) or Quality Improvement Plan (QIP) templates, listing items to be addressed. Appeal information has been shared with providers and all appeals have been reviewed and resolved by the QA Division and notification sent to providers. Where QIPs, CAPs or recoupments were necessary, the QA Division has been working with individual providers and internal ACBH teams (e.g., Finance) to follow up, as appropriate.

This report is an aggregate analysis of the findings related to documentation strengths as well as training needs for ACBH programs and services across the system of care.

## **General Methodology**

The QA Division selects a random sample of all submitted DMC-ODS claims for the audit period, from the ACBH Medi-Cal claiming system. Selected charts are reviewed for compliance with Medi-Cal claiming requirements and for ACBH substance use disorder (SUD) quality of care documentation standards.<sup>1</sup>

Like other counties, Alameda County SUD treatment services are funded through a variety of sources, including [Drug Medi-Cal Organized Delivery System](#), [Substance Use Prevention, Treatment and Recovery Services Block Grant \(SUBG\)](#), Alameda County general funds, [AB109](#). To create uniformity across the ACBH SUD continuum of care, Alameda County has developed standardized documentation and treatment standards, regardless of funding. With consideration for the best needs of the clients, all reasonable efforts have been made to hold the full ACBH SUD SOC to the highest standard.

The following Quality Review Items (QRI) categories are evaluated during an audit, as relevant: Informing Materials, Beneficiary Record, Medical, Intake/Assessment, ASAM/ALOC, Medical Necessity, Client Plans, Progress Notes, Groups Notes, Residential Services, Withdrawal Management, Perinatal Services, Adolescent Services, Opioid Treatment Program Services, Discharge Services, Chart Overview.

QRIs are evaluated from either a categorical (Yes/True = 100%, No/False = 0%) or stratified approach. The stratified approach allows for a more nuanced evaluation of documentation compliance. For example, the stratified approach is used for the QRI evaluating whether a Progress Note exists for every service contact. For this item, if ten (10) claims were submitted and only eight (8) Progress Notes documented in the chart, the item would be scored as 80% compliant.

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<sup>1</sup> References: ACBH SUD Practice Guidelines and ACBH SUD Clinical Documentation Standards Training materials may be found at <http://www.acbhcs.org/providers/QA/Training.htm>.

Some requirements do not apply to specific charts, such as when clients do not receive opioid treatment services or when the client was discharged prior to the due dates for the Assessment or Client Plan. These are noted as “N/A” and are not incorporated in the final score for that QRI.

Quality Review Items (QRIs) are inclusive of reasons for claims disallowances. However, not all QRIs are reasons for disallowance.

**Audit Results**

This audit involved review of charts for dates of service April 1st, 2021, to June 30th, 2021. CalAIM documentation redesign and changes to access criteria were not rolled out and therefore did not impact the quality items that were evaluated for this audit period.

The following number of agencies, charts and claims were reviewed for this audit:

- Number of Agencies Audited: 18
- Number of Charts Selected: 19
- Number of Total Claims Reviewed: 990

The overall compliance rate for all QRIs reviewed was **93%**. The table below provides the overall Quality Review Compliance percentage by chart. The majority (89%) of the charts had a compliance rating of 85-100%. The following tables provide additional details related to the audit findings.

<b>Table #1: QRI Compliance by Chart</b>		
<b>Number of Charts</b>	<b>Quality Compliance Rate</b>	<b>Percentage</b>
9	95% – 100%	47%
8	85% – 94%	42%
2	75% – 84%	11%
0	65% – 74%	N/A
0	<65%	N/A

<b>Table #2: QRI Compliance by Category</b>	
<b>Category Description</b>	<b>% Compliant</b>
Perinatal Services	100%
Adolescent Services	100%
Group Services Progress Notes	99%
Beneficiary Record	97%
Medical Necessity/SUD Access Criteria	97%
Client Plan	96%
Progress Notes	96%
Intake Assessment	95%

OTP Specific (9 CCR § Ch. 4)	94%
ASAM/ALOC	92%
Residential Progress Notes	90%
Medical	88%
Chart Overview	87%
Discharge	79%
Informing Materials	78%
3.2-WM	33%

Of the 990 claims that were reviewed, 54, or **5% were disallowed**. See below tables for additional details.

Table #3: Claim Disallowances by Dollar Amount		
Claim Status	Claims Reviewed	Dollars
Allowed	936	\$130,031.30
Disallowed	54	\$10,836.11
Total	990	\$140,867.41

Table #4: Claim Disallowances by Level of Care				
LOC	Total Claims	Allowed Claims	Disallowed Claims	Percent Compliant
Outpatient (non-OTP)	153	153	0	100%
Residential/Withdrawal Management Residential	412	374	38	91%
Opioid Treatment Program (OTP)	425	409	16	96%

Table #5: Claim Disallowances for OTP Dosing and Non-Dosing				
LOC	Total Claims	Allowed Claims	Disallowed Claims	Percent Compliant
OTP Non-Dosing	36	29	7	81%
OTP Dosing	389	380	9	98%
OTP Dosing and Non-Dosing	425	409	16	96%

When reasons for all claim disallowances were grouped into like categories, non-compliance with Intake/Assessment and Progress Note requirements accounted for almost all of the disallowances.

Table #6: Claim Disallowance Reasons	
Reason	Percentage
Non-compliance with Progress Note Requirements	81%
Non-compliance with Assessment Requirements	19%

Several other categories, such as Medical Necessity, Withdrawal Management (WM) 3.2, Groups, Perinatal, Adolescent, Discharge, and Chart/Agency were examined as well, and each represented 1% or less of all disallowance reasons.	0%
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Table #7 shows disallowances of claims according to procedure code categories. Non-compliance to specific requirements outside of the audit period are not reflected in the table.

<b>Table #7: Claim Disallowances by Procedure Code Category</b>				
<b>SUD Service Type</b>	<b>Total Claims</b>	<b>Total Allowed</b>	<b>Total Disallowed</b>	<b>Percent Allowed</b>
OTP Dosing	389	380	9	98%
Intake/Assessment	6	6	0	100%
Individual Counseling	60	53	7	88%
Treatment Planning	5	5	0	100%
Case Management	28	25	3	89%
Residential	388	353	35	91%
Group Counseling	102	102	0	100%
Discharge planning	2	2	0	100%
Collateral	1	1	0	100%
3.2-WM	9	9	0	100%

**Summary**

The audit findings were generally positive across the charts that were reviewed, with an overall average compliance rating of 93%.

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

- Missing or incomplete documentation of:
  - Notice to beneficiary that DMC funding is payment in full
  - Medi-Cal eligibility checks for the full audit period
  - Safety plan for beneficiaries with risk issue
  - Agency’s MD/NP/PA review of physical exams completed by an external health provider
  - Beneficiary’s SOGIE (Sexual Orientation, Gender Identify/Expression) information
  - Proactive documentation of discharge planning in partnership with the client
- Presence of required CQRT tool for the audit period.
- Missing/incomplete ROI Tracker Logs capturing release of beneficiary information.
- Evidence of completion of five (5) CEU hours in addiction treatment for all LPHAs involved in clinical decision making in the calendar year of the audit.
- Signed ACBH Informing Materials/Consent to Treat prior to the Intake/Assessment completion date and reviewed annually.

Issues unique to levels of care included the following:

- Residential Services:
  - Documentation of at least 20 hours of provided/attempted face-to-face structured therapeutic activities per calendar week.

- Withdrawal Management 3.2:
  - Documentation of observational or physical checks being completed every 30 minutes for the first 72 hours following admission.
- Opioid Treatment Programs:
  - Documentation of required lab tests.
  - Documentation that the program instructed each client of their obligation to safeguard the take-home medication.
  - For ACBH subcontracted out-of-county (OOC) OTP services, documentation that OOC services are medically necessary.

### **Next Steps**

Individual provider QIPs and CAPs addressing the above issues were reviewed and approved by QA. Examples of plans included training and re-training of staff, creation of workflows to ensure specific requirements are met consistently.

ACBH will continue to provide support around clinical documentation through the use of memos and training programs, QA Technical Assistance mailbox, monthly Brown Bag meetings and participation in SUD System of Care provider meetings.

### **References**

The regulations, standards, and policies relevant to this audit include, but are not limited to, the following:

- CA Code of Regulations, Title 9, Title 22
- CA Code of Regulations, Div. 4, Ch 4 Narcotic Treatment Programs
- DMC-ODS Intergovernmental Agreement
- DHCS DMC-ODS Billing Manual
- Centers for Medicare & Medicaid Services Standards Terms & Conditions (CMS STCs)
- SAMHSA
- The ASAM Criteria 3<sup>rd</sup> Edition
- HIPAA; 42 CFR, Part 2
- Dymally-Alatorre Bilingual Services Act
- DHCS Behavioral Health Information Notices (BHINs)
- SUBG Minimum Quality Drug Treatment Standards, Document 2F(b)
- SUBG Policy Manual V2 3-21-21
- CA Alcohol and/or Other Drug Program Certification Standards (AOD)
- DHCS Perinatal Practice Guidelines
- DHCS Adolescent Substance Use Disorder Practices Guide
- Alameda County Behavioral Health Plan
  - ACBH Practice Guidelines
  - ACBH CQRT Regulatory Compliance Tools for SUD
  - ACBH SUD Clinical Documentation Training

## **Exhibits**

- Exhibit 1: SUD Audit Tool

If you have questions regarding this report, please contact ACBH QA at [QA.Audits@acgov.org](mailto:QA.Audits@acgov.org)

Thank you for your partnership,

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