Behavioral Health Department
Alameda County Health

Substance Use Disorder Service Organizations
System of Care Audit (FY 21-22)

Audit Period: April 1, 2022, to June 30, 2022

Report Issued: April 25, 2024

Introduction

The Alameda County Behavioral Health Department (ACBHD) 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 was completed by the QA Division for Fiscal Year 2021/2022.

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 ACBHD teams (e.g., Finance) to follow up, as appropriate.

This report is an aggregate analysis of the findings related to documentation strengths and training needs for ACBHD programs and services across the DMC-ODS system of care.

General Methodology

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

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 ACBHD SUD System of Care (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, Group Notes, Residential Services, Withdrawal Management, Perinatal Services, Adolescent Services, Opioid Treatment Program Services, Discharge Services, Chart Overview.

Some requirements do not apply to specific charts, such as when clients do not receive opioid treatment services or when the client was discharged before the due dates for the assessment or client plan. These are noted as "N/A" and are not calculated in the final score for that QRI.

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

<u>Audit Results</u>

This audit involved a review of charts for dates of service from **April 1st, 2022, to June 30th, 2022**. CalAIM documentation redesign and changes to access criteria were not yet implemented 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: 716

The overall quality compliance rate for all QRIs reviewed was <u>91%</u>. The table below provides the overall Quality Review Compliance percentage by chart. The majority (79%) of the charts had a compliance rating between 85% and 100%.

The following tables provide additional details related to the audit findings.

Table #1: QRI Quality Compliance by Chart		
Number of Charts	Quality Compliance Rate	Percentage
7	95% – 100%	37%
8	85% – 94%	42%
4	75% – 84%	21%
0	65% – 74%	N/A
0	<65%	N/A

Table #2: QRI Quality Compliance by Category for SUD Services Non-Opioid Treatment Programs (OTPs)	
Category Description	% Compliant
Adolescent	100%
Progress Notes (3.2 WM only)	100%
Discharge	97%
Treatment Plan	97%
Progress Notes (all programs)	95%
Progress Notes (Residential 3.1, 3.3, 3.5)	94%
Perinatal/Parenting	94%
Assessment	93%
Group Notes/ Sign-in Sheets	92%

Medical Necessity	92%
Chart Overview	87%
Informing Material and Releases	85%
Medical	85%

Table #3 shows quality compliance by category for 6 OTP provider charts. The category with the lowest score was ASAM. Although three of the six providers scored 100%, two scored 0% and one scored 50% for this category. The score of 0% resulted from lack of documentation of an ASAM assessment. See the Next Steps section of this document for how this issue is being addressed.

Table #3: QRI Quality Compliance by Category for SUD Services OTPs	
Category Description	% Compliant
OTP Maintenance Tx	100%
Dosing	100%
Medical Necessity	98%
Maintenance Treatment Plan	97%
Multiple Registration Checks	96%
Medical	92%
Progress Notes	87%
Informed Consent	83%
Collection of Body Specimens	83%
Chart Overview	78%
ASAM	58%
Discharge	NA
Take Home Medication	NA
Exceptions to Regulations	NA

Of the 716 claims that were reviewed, 20, or <u>3%, were disallowed</u>. The following tables provide additional details regarding claims compliance.

Table #4: Estimated Disallowances by Dollar Amount		
Claim Status	Claims Reviewed	Dollars
Allowed	696	$ 135,174.91
Disallowed	20	$ 5,324.95
Total	716	$ 140,499.85

Table #5: Claims Disallowance by Level of Care				
Level of Care	Total Claims	Allowed Claims	Disallowed Claims	Percent Compliant
Outpatient (non-OTP)	73	63	10	86%

Residential/Withdrawal Management Residential	366	360	6	98%
Opioid Treatment Program (OTP)	277	273	4	99%

Table #6: Claims Disallowance for OTP Dosing and Non-Dosing				
Level of Care	Total Claims	Allowed Claims	Disallowed Claims	Percent Compliant
OTP Non-Dosing	29	25	4	86%
OTP Dosing	248	248	0	100%
Total	277	273	4	99%

When reasons for all claim disallowances were grouped into like categories, non-compliance with assessment and progress notes accounted for almost all the disallowances. Note that when determining the percentages for Table #7 some claims may have been disallowed for multiple reasons.

Table #7: Claims Disallowance Categories	Percentage
Non-compliance with Medical Necessity Requirements	60%
Non-compliance with Assessment Requirements	20%
Non-compliance with Progress Notes Requirements (OS and IOS)	12%
Non-compliance with Progress Notes Requirements (OTP)	8%

Table #8 shows claims disallowances based on procedure codes. Please note that non-compliance with specific requirements outside of the audit period is not reflected in the table.

Table #8: Claims Disallowances by Procedure Code Category				
SUD Service Type	Total Claims	Total Allowed	Total Disallowed	Percent Allowed
OTP Dosing	248	248	0	100%
Intake/Assessment*	10	10	0	100%
Individual Counseling	48	41	7	85%
Treatment Planning	3	3	0	100%
Case Management	24	23	1	96%
Residential	346	340	6	98%
Group Counseling	30	24	6	80%
Discharge planning	1	1	0	100%
3.2-WM	5	5	0	100%
Patient Education	1	1	0	100%

Summary

This audit involved review of charts for a time period prior to Cal-AIM Documentation Reform. The audit findings were positive across the charts that were reviewed, with an overall compliance rate of 91% and claims compliance rate of 97%.

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

- o OTP agencies missing progress notes for individual counseling claims.
- o OTP agencies not consistently completing ASAM tool.
- o Initial assessments not completed within the required time frame.
- o Progress note details not matching the procedure code used.
- o Medi-Cal eligibility checks not completed for the full audit period.

Next Steps

The QA team will share the results of this audit with the System of Care leadership and partner with them to address the opportunities identified, as appropriate. Additionally, the information will be shared with providers during Brown Bag and other relevant meetings, highlighting the findings and clarifying the requirements, as appropriate.

Individual provider QIPs or CAPs addressing the above issues continue to be reviewed by QA for approval. Once approved, agencies will have 90 days to implement their action plans.

ACBHD will continue to provide support and education regarding documentation requirements through the use of memos and training programs, QA Technical Assistance mailbox, monthly Brown Bag and System of Care meetings.

References

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

- DHCS DMC-ODS Intergovernmental Agreement
- CA Code of Regulations, Div. 4, Ch 4 Narcotic Treatment Programs
- DHCS Behavioral Health Information Notices (BHINs)
- Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
  Alameda County Behavioral Health Plan Standards and Requirements

Exhibits

- Exhibit 1: SUD Audit Tool - OTP
- Exhibit 2: SUD Audit Tool Non-OTP

If you have questions regarding this report, please contact ACBHD QA at QA.Audits@acgov.org.

Thank you for your partnership,

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