



**Behavioral Health  
Department**

Alameda County Health

## **Substance Use Disorder Service Organizations System of Care Audit (FY 23-24)**

**Audit Period: April 1, 2024, to June 30, 2024**

AC Health, Behavioral Health Department (ACBHD)  
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## **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 2023/2024.

At the time of issuance of this report, each provider has received their individual Audit Findings Report detailing their audit results, required follow-ups, and individual Corrective Action Plan (CAP) templates listing items to be addressed. Appeal information has been shared with providers. Appeals have been reviewed and resolved by the QA Division and notifications sent to providers. Where CAPs and recoupments were necessary, the QA Division has been working with individual providers and internal ACBHD teams (e.g., SUD Operations, Finance, and Contracts) 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 claiming system. Selected charts are reviewed for compliance with Medi-Cal claiming requirements, quality of care, and substance use disorder (SUD) 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 \(SUBG\)](#), [AB109](#), and Alameda County general funds. To create uniformity across the ACBHD 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 categories were evaluated during the audit, relevant to the chart audited: Informing Materials, Intake/Assessment, Diagnosis, Physical Health/Medical, Problem list, Treatment Planning, Progress Notes, Group Notes, Residential, Withdrawal Management, Pregnant/Perinatal, Adolescent, Residential Services, Opioid Treatment Program Services, Discharge Services, Care Coordination, and Chart Overview.

Each review prompt on the QA audit tool is referred to as a quality review item (QRI). QRIs are inclusive of reasons for claims disallowances. However, not all non-compliance results in disallowance.

## **Audit Results**

This audit involved a review of charts for dates of service from April 1, 2024, to June 30, 2024. The following number of agencies, charts, and claims were reviewed for this audit:

Number of Agencies Audited: 17  
Number of Charts Selected: 18  
Number of Total Claims Reviewed: 678

## **Claims Compliance**

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

The decrease in claims compliance scores 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.

Tables 1 to 5 provide a brief analysis of claims compliance.

**Table 1: Overall Claims Compliance**

Reviewed	Allowed	Disallowed	Compliance Rate
678	501	177	74%

**Table 2: Claims Compliance by Modality**

Modality	Total	Allowed	Disallowed	Compliance %
Opioid Treatment Providers (OTP)	386	226	160	59%
Outpatient (OS/IOS)	122	121	1	99%
Residential Services (RES)	170	154	16	91%

**Table 3: Claims Compliance by Procedure Type**

Procedure Type	Total	Allowed	Disallowed	Compliance Rate
Dosing	357	207	150	58%
Counseling	57	47	10	82%
Care Coordination	20	14	6	70%
Residential Day	161	151	10	94%
Group Counseling	83	82	1	99%

**Table 4: Claims Compliance by Chart**

Claims Compliance Range	Number of Charts	Percent of Charts
> 95%	11	61%
85% to 94%	2	11%
75% to 84%	2	11%
65% to 74%	1	6%
< 65%	2	11%

**Table 5: Disallowance Reasons by Category**

Category	Number of Disallowed Claims	% of Disallowances
Assessment / Diagnosis	1	0%
Billing	16	2%
NTP Admission	252	37%
NTP Assessment / Diagnosis	221	32%
NTP Progress Notes	191	28%
NTP Billing	2	0%
Total Reasons for Disallowance*		683

\* This number may be larger than the total number of claims disallowed because claims can be disallowed for multiple reasons.

Tables 6 to 8 provide information about the estimated financial impact of the audit. Depending on the provider contract and reimbursement methodology, exact claim amounts are not available until ACBHD Finance has completed end of year or end of contract accounting. The figures below represent the closest estimates available at the time of publication. They were provided by ACBHD Finance and represent provider reimbursement amounts, not the amount ACBHD is paid by Medi-Cal.

**Table 6: Estimated Financial Impact**

Claim Status	Dollars
Total Audited	\$111,758.27
Allowed	\$83,877.06
Disallowed	\$27,881.21

**Table 7: Estimated Financial Impact by Modality**

Modality	Total Audited	Allowed	Disallowed
Opioid Treatment Providers (OTP)	\$10,213.96	\$6,243.00	\$3,970.96
Outpatient (OS/IOS)	\$17,105.80	\$16,983.46	\$122.34
Residential Services (RES)	\$84,438.51	\$60,650.60	\$23,787.91

**Table 8: Estimated Financial Impact by Procedure Type**

Procedure Type	Dollars Allowed	Total Dollars	Disallowed
Dosing	\$7,179.27	\$4,162.77	\$3,016.50
Counseling	\$7,702.84	\$6,748.38	\$954.46
Care Coordination	\$22,377.75	\$1,398.15	\$20,979.60
Residential Day	\$62,828.01	\$60,019.70	\$2,808.31
Group Counseling	\$11,670.40	\$11,548.06	\$122.34

**Quality Compliance**

The quality compliance score represents overall compliance for all 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 includes 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 are removed from the analysis.

Tables 9 to 11 provide a brief analysis of quality compliance as related to documentation of services:

**Table 9: Quality Compliance by Modality**

Modality	% Compliant
Outpatient (OS/IOS)	84%
Residential Services (3.1, 3.3, 3.5, 3.2-WM)	88%
Opioid Treatment Providers (OTP)	68%
Total	80%

**Table 10: QRI Quality Compliance by Category for SUD Services (Non-OTP)**

Category Description	% Compliant
Informing Materials	82%
Assessment	94%
Physical Examination	66%
Problem List	83%
Progress Note	91%
Billing/Claiming	92%
Discharge	62%
Overview	97%
Residential	75%
Adolescent	100%
Withdrawal Management	100%
Perinatal	100%
Total	87%

**Table 11: QRI Quality Compliance by Category for OTP SUD Services**

Category Description	% Compliant
OTP Informing Materials	63%
OTP Admission	70%
OTP Assessment	69%
OTP Multiple Registration	64%
OTP General	74%
OTP Progress notes	69%
OTP Billing	83%
OTP Dosing	67%
OTP Maintenance	83%
OTP Maintenance Plans	50%
OTP Take Home	69%
OTP Discharge	100%
OTP Chart Overview	89%
Total	68%

Quality compliance for OTP SUD services increases from 68% to 80% when the scores for the chart that was not received in time are removed from the calculations.

### **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/NTP: Inconsistent completion of ASAM/ALOC in Clinician’s Gateway.
- OTP/NTP: Inconsistent completion of ACBHD Informing Materials.
- OTP/NTP: Inconsistent claims, batch codes, and dosing logs.

### **Next Steps**

The QA team will share the results of this audit with ACBHD 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 CAPs addressing the above issues continue to be reviewed by QA for approval. Once approved, agencies have ninety (90) calendar days to implement their action plans.

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

Per [DHCS BHIN 19-034](#) and [ACBHD Policy 1350-1-4 Identifying, Reporting, and Recovering Overpayments](#), ACBHD Finance will void all disallowed claims identified through this audit. Any resulting overpayments will be reviewed and, where applicable, refunded to the appropriate payers within 60 days of the report's publication.

### **References**

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

- [DHCS DMC-ODS Contract](#)
- [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 FY23-24
- Exhibit 2: SUD NTP Audit Tool FY23-24

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

Sincerely,

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