**Behavioral Health
Department**

Alameda County Health

Substance Use Disorder Service Organizations
System of Care Audit (FY 22-23)

Audit Period: April 1, 2023, to June 30, 2023

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 2022/2023.

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, 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 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), 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, Timeliness, 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 a disallowance.

Audit Results

This audit involved a review of charts for dates of service from April 1, 2023, to June 30, 2023. The following number of agencies, charts, and claims were reviewed for this audit:

      Number of Agencies Audited: 19
      Number of Charts Selected: 20
      Number of Total Claims Reviewed: 813

The overall <u>claims</u> compliance was 97%.

Tables #1 to #3 provide a brief analysis of claims compliance:

Table #1. Overall Claims Compliance		
Claim Status	**Claims Reviewed**	**Dollars**
Allowed	790	$115,286.36
Disallowed	23	$10,179.06
Total	813	$125,465.42

Table #2. Claims Compliance by Level of Care			
Level of Care	**Dollars Allowed**	**Total Dollars**	**Percentage Allowed**
Outpatient Services (OS) and Intensive Outpatient Services (IOS)	$18,854.71	$18,912.46	99%
Residential Services (RES)	$9,099.15	$97,324.21	94%
Opioid Treatment Providers (OTP)	$87,332.50	$9,228.75	98%

Table #3: Claims Compliance by Procedure Code			
Level of Care	**Dollars Allowed**	**Total Dollars**	**Percentage Allowed**
Intake/Assessment	$408.54	$408.54	100%
Individual Counseling	$9,873.29	$9,873.29	100%
Treatment Planning	$441.55	$441.55	100%
Care Coordination	$10,585.13	$15,639.61	68%
Group Counseling	$7,310.42	$7,368.17	99%
Discharge Planning	$288.00	$288.00	100%
Patient Education	$696.96	$696.96	100%
Residential Day	$80,031.20	$84,968.43	94%
Dosing	$5,572.80	$5,702.40	98%

The overall <u>quality</u> compliance was 87%.

Tables #4 to #6 provide a brief analysis of quality compliance as related to documentation of services:

Table #4. Quality Compliance by Level of Care	
Level of Care	**% Compliant**
Outpatient Services (OS) and Intensive Outpatient Services (IOS)	89%
Residential Services (RES)	91%
Opioid Treatment Providers (OTP)	82%
Total	87%

Table #5: QRI Quality Compliance by Category for SUD Services (Non-OTP)	
Category Description	**% Compliant**
Informing Materials/Consent	78%
Timeliness	44%
Intake/Assessment	99%
Diagnosis	100%
Physical Health/Medical	81%
Problem List	88%
Treatment Planning	96%
Progress Notes	96%
Group Notes	99%
Residential General	100%
Adolescent	100%
Discharge Plan	27%
Discharge Summary	100%
Care Coordination	100%
Chart Overview	95%
Total	88%

Table #6: QRI Quality Compliance by Category for OTP SUD Services	
Category Description	**% Compliant**
OTP Admission	97%
OTP ASAM/ALOC	50%
OTP Multi-Registration Check	88%
OTP General Questions	74%
OTP Progress Notes	96%
OTP Dosing	88%
OTP Detox	57%
OTP Maintenance	89%
OTP Maintenance Plan	80%
OTP Take Home	100%
OTP Discharge	90%
OTP Care Coordination	95%

OTP Chart Overview	86%
Total	85%

Summary

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

- Missing required timely access data entry
- Inconsistent compliance with Clinical Quality Review Team (CQRT) agency review requirements
- Missing required assessment of need for Medication Assisted Treatment (MAT) services
- Inconsistent evidence of required Continuing Education Units (CEU) and/or Continuing Medication Education (CME) staff training
- OTP/NTP: Inconsistent completion of ASAM/ALOC in Clinician's Gateway

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 90 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.

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

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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