

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SUBSTANCE USE DISORDER REVIEW SECTION

**REPORT ON THE SUBSTANCE USE DISORDER
(SUD) AUDIT OF ALPINE COUNTY BEHAVIORAL
HEALTH SERVICES
FISCAL YEAR 2025-26**

Contract Number: 23-30085

Contract Type: Drug Medi-Cal (DMC)

Audit Period: July 1, 2024 — June 30, 2025

Date of Audit: November 5, 2025

Report Issued: April 27, 2026

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I. INTRODUCTION

Alpine County Behavioral Health Services (Plan) is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing substance use disorder services to county residents.

Alpine County is located in the eastern part of California within the Sierra Nevada on the state border with Nevada. The Plan provides services within the unincorporated county. All communities in Alpine County are unincorporated.

As of July 9, 2025, the Plan had a total of seven members receiving services and a total of one active provider.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2024, through June 30, 2025. The audit was conducted on November 5, 2025. The audit consisted of documentation review. The Plan did not provide interviews with the Plan's representatives.

An Exit Conference with the Plan was held on March 27, 2026. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On April 20, 2026, the Plan submitted a response after the Exit Conference. The evaluation results of the Plan's response are reflected in this report.

The audit evaluated three categories of performance: Quality Assurance and Performance Improvement, Access and Information Requirements, and Program Integrity.

The summary of the findings by category follows:

Category 3 – Quality Assurance and Performance Improvement

The Plan's substance use disorder medical director is required to receive a minimum of five (5) hours of continuing medical education (CME) in addiction medicine each year.

Finding 3.1.1: The Plan's substance use disorder medical director did not receive a minimum of five (5) hours of CME in addiction medicine.

The Plan is required to have its written roles and responsibilities for the medical director to be signed and dated by a program representative. Finding 3.2.1: The Plan's written roles and responsibilities for the Medical Director was not signed and dated by a program representative.

Category 4 – Access and Information Requirements

There were no findings noted for this category during the audit period.

Category 7 – Program Integrity

There were no findings noted for this category during the audit period.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted the audit to ascertain that medically necessary services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State's DMC Contract.

PROCEDURE

DHCS conducted an audit of the Plan on November 5, 2025, for the audit period of July 1, 2024, through June 30, 2025. The audit included a review of the Plan's policies for providing services, procedures to implement these policies, and the process to determine whether these policies were effective. Documents were reviewed. The Plan did not provide interviews with the Plan's representatives, which made it difficult to determine compliance.

No verification studies were conducted for this audit.

COMPLIANCE AUDIT FINDINGS

Category 3 – Quality Assurance and Performance Improvement

3.1 Monitoring

3.1.1 Continuing Education For The Medical Director

The Plan's subcontracts shall require that providers comply with California Code of Regulations (CCR), Title 22, section 51341.1 (*Contract, Exhibit A, Attachment I, Part I, Section 4 Drug Medi-Cal Certification and Provider Credentialing, A, 4, c*)

A substance use disorder medical director shall receive a minimum of five (5) hours of CME in addiction medicine each year. (*CCR, Title 22, section 51341.1(b)(28)(A)(iii)*)

Plan policy AC-409, *Compliance Training and Education (revised August 28, 2024)* stated that the Compliance Officer maintains a log of all training activities. This log provides information on the date of the training and number of continuing education units earned.

Plan policy AC-5028, *Medical Director Requirements and Responsibilities (revised December 22, 2020)* stated that the Medical Director is required to receive a minimum of five (5) hours of continuing education in addiction medicine each year.

Finding: The Plan's substance use disorder medical director did not receive a minimum of five (5) hours of CME in addiction medicine.

The Plan provided a training tracking log for the Plan's Medical Director. The log reflects completed training topics and the dates of completion. However, the Plan does not track CME totals specific to addiction medicine.

The Plan also provided a provider monitoring tool which includes a review of whether the provider ensures that its physicians or Medical Director complete five (5) hours of CMEs in addiction medicine each year. The tool does not include the tracking of CMEs specific to addiction medicine.

DHCS requested evidence of CMEs. In an email dated November 5, 2025, the Plan stated that it would not provide interviews or additional documentation to verify compliance.

When the medical director does not complete the required CMEs, they become ineligible to serve members.

Recommendation: Develop and implement procedures to ensure substance use disorder medical directors receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

3.2 Minimum Quality Drug Treatment Standards

3.2.1 Roles And Responsibilities For The Medical Director

The Plan's subcontracts shall require that providers comply with the Minimum Quality Treatment Standards, (Document 2F(a)). (*Contract, Exhibit A, Attachment I, Part I, Section 4 Drug Medi-Cal Certification and Provider Credentialing, A, 4, c*)

Written roles and responsibilities for the medical director shall be clearly documented, signed and dated by a program representative and physician. (*Minimum Quality Drug Treatment Standards Document 2F(a), A, 5*)

Plan policy AC-5028, *Medical Director Requirements and Responsibilities (revised December 22, 2020)* stated that at least annually, the Medical Director shall review this policy and sign the attached Medical Director Role and Responsibilities Acknowledgement form. An authorized representative of the Plan or the provider must also sign the acknowledgement form.

Finding: The Plan's written roles and responsibilities for the Medical Director was not signed and dated by a program representative.

The Plan does not have a process in place to ensure the Medical Director's written roles and responsibilities are signed and dated by a program representative.

The Plan provided a roles and responsibilities acknowledgment page signed by the Plan's Medical Director dated April 16, 2024. The acknowledgment states that the Medical Director certifies that they have received and read Plan policy AC-5028. However, the acknowledgment was not signed and dated by a program representative.

In an email dated November 5, 2025, the Plan stated that it would not provide interviews or additional documentation to verify compliance.

When the medical director's written roles and responsibilities are not signed and dated by a program representative, the Plan violates documentation requirements.

Recommendation: Implement policies and procedures to ensure written roles and responsibilities for the medical director are signed and dated by a program representative.