

**DHCS REPORT ON THE SUSTANCE USE
DISORDER (SUD) AUDIT OF:
Sacramento County Behavioral Health
Services
2024**

DEPARTMENT OF HEALTH CARE SERVICES
AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
BEHAVIORAL HEALTH REVIEW BRANCH

REPORT ON THE SUBSTANCE USE DISORDER (SUD) AUDIT OF

**Sacramento County Behavioral Health Services
2024**

Contract Number: 21-10032
Drug Medi-Cal Organized Delivery System
(DMC-ODS)

Audit Period: July 1, 2022
through
June 30, 2023

Dates of Audit: May 7, 2024
through
May 17, 2024

Report Issued: August 26, 2024

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I. INTRODUCTION

Sacramento County Behavioral Health Services (Plan) provides a variety of Substance Use Disorder Services (SUDS) for county residents. The Plan is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of supporting the substance use prevention and treatment needs of the community.

The range of services it provides includes outpatient treatment, medication-assisted treatment, withdrawal management (detoxification), residential treatment, perinatal services, and sober living environments/recovery residences.

Sacramento County was incorporated on February 18, 1850, and as of the 2020 census, has a total population of 1,585,055. The Plan has served 39,980 beneficiaries and has contracted with 161 provider agencies.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2022, through June 30, 2023. The audit was conducted from May 7, 2024, through May 17, 2024. The audit consisted of documentation review and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on August 7, 2024. Prior to the Exit Conference, the Plan received a report of the preliminary findings. The report reflects the evaluation of all relevant information received during the audit. There were no areas of noncompliance found in this review.

The audit evaluated six categories of performance: Availability of DMC-ODS Services, Quality Assurance and Performance Improvement, Access and Information Requirements, Coverage and Authorization of Services, Beneficiary Rights and Protection, and Program Integrity.

The summary of the findings by category follows:

Category 1 – Availability of DMC-ODS Services

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

Category 3 – Quality Assurance and Performance Improvement

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

Category 4 – Access and Information Requirements

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

Category 5 – Coverage and Authorization of Services

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

Category 6 – Beneficiary Rights and Protection

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 this audit of the Plan to ascertain that medically necessary services provided to beneficiaries comply with federal and state laws, Medi-Cal regulations and guidelines, and the State's DMC-ODS Contract.

PROCEDURE

DHCS conducted an audit of the Plan from May 7, 2024, through May 17, 2024, for the audit period of July 1, 2022, through June 30, 2023. 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 and interviews were conducted with Plan representatives.

There were no verification studies conducted for this audit.