

DHCS REPORT ON THE SUSTANCE USE DISORDER (SUD) AUDIT OF: VENTURA

2023



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

**Ventura County Drug Medi-Cal Organized Delivery System
(DMC-ODS) Services**

2023

Contract: 21-10037
Drug Medi-Cal Organized Delivery Services

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

Dates of Audit: October 16, 2023
through
October 27, 2023

Report Issued: March 13, 2024

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	EXECUTIVE SUMMARY	2
III.	SCOPE/AUDIT PROCEDURES	3

I. INTRODUCTION

Ventura County Behavioral Health Services (Plan) provides a variety of Drug Medi-Cal Organized Delivery System (DMC-ODS) services for county citizens. The Plan is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing DMC-ODS services for substance use treatment.

Ventura County was formed on January 1, 1873, and it is the 11th most populous county in the State of California. Ventura County has ten incorporated cities: Camarillo, Fillmore, Moorpark, Ojai, Oxnard, Port Hueneme, Santa Paula, Simi Valley, Thousand Oaks, and San Buenaventura (Ventura). The County has a population total of approximately 832,605. In the 2022 – 2023 fiscal year, the Plan serviced 3,571 beneficiaries.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS audit of the Plan's DMC-ODS programs for the period of July 1, 2022 through June 30, 2023. The audit was conducted from October 16, 2023 through October 27, 2023. The audit consisted of document review, verification studies, and interviews with Plan personnel.

An Exit Conference with the Plan was held on February 28, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On March 7, 2024, the Plan submitted a response after the Exit Conference. The results of evaluation of the Plan's response are reflected in this report.

The audit evaluated three categories of performance: Availability of DMC-ODS Services, Coverage and Authorization of Services, and Program Integrity.

The prior DHCS compliance report issued on May 26, 2023, (review period July 1, 2021 through June 30, 2022) identified deficiencies incorporated in the Corrective Action Plan. This year's audit included review of documents to determine implementation and effectiveness of the Plan's corrective actions.

The summary of the findings by category follows:

Category 1 – Availability of DMC-ODS Services

No findings were noted for this audit period.

Category 5 – Coverage and Authorization of Services

No findings were noted for this audit period.

Category 7 – Program Integrity

No findings were noted for this audit period.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS Contract and Enrollment Review Division, conducted this audit of the Plan to ascertain that the SUD services provided to Plan 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 October 16, 2023 through October 27, 2023, 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 and evidence of procedures used to implement the policies. Documents were reviewed and interviews were conducted with Plan representatives.

There were no verification studies conducted for this audit.