

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SUBSTANCE USE DISORDER REVIEW SECTION
**REPORT ON THE SUBSTANCE USE DISORDER
(SUD) AUDIT OF MONO COUNTY
FISCAL YEAR 2024-25**

Contract Number: 23-30097

Contract Type: Drug Medi-Cal (DMC)
Audit Period: July 1, 2023 – June 30, 2024

Dates of Audit: August 20, 2024 – August 30, 2024

Report Issued: December 23, 2024

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I. INTRODUCTION

Mono County Behavioral Health Plan (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.

The Plan is located in the East Central portion of California. The Plan provides services throughout Mono County which serves the four Tribal communities consisting of Bridgeport Indian Colony, Utu Utu Gwaitu Paiute Tribe of the Benton Paiute Reservation, Mono Lake, and Antelope Valley Indian Community.

As of June 2024, the Plan had a total of Medi-Cal members, on which 45 members accessed for Drug Medi-Cal (DMC) services.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2023, through June 30, 2024. The audit was conducted from August 20, 2024, through August 30, 2024. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on December 3, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings.

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

The prior DHCS compliance report, covering the review period from July 1, 2022, through June 30, 2023, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was not completely closed at the time of onsite. This year's audit did not review pending items and follow up on closed items, as the Plan did not have enough time to implement the process due to the timing of the onsite review schedule.

The summary of the findings by category follows:

Category 1 – Availability of Drug Medi-Cal 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 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 from August 20, 2024, through August 30, 2024, for the audit period of July 1, 2023, through June 30, 2024. 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.