

**DHCS REPORT ON THE SUBSTANCE USE
DISORDER (SUD) AUDIT OF:
Solano County Behavioral Health
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

Solano County Behavioral Health

2024

Contract Number: 20-10201
Drug Medi-Cal Organized Delivery System
(DMC-ODS)

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

Dates of Audit: June 4, 2024
through
June 21, 2024

Report Issued: September 6, 2024

TABLE OF CONTENTS

I. INTRODUCTION.....	1
II. EXECUTIVE SUMMARY.....	2
III. SCOPE/AUDIT PROCEDURES.....	4

I. INTRODUCTION

The Solano County Behavioral Health (Plan) provides a variety of Drug Medi-Cal Organized Delivery System (DMC-ODS) services 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 Disorder (SUD) needs of the community.

Solano County is located in Northern California. The plan covers services throughout Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo in addition to the unincorporated areas.

Partnership Health of California is responsible for the provisions included in the DMC-ODS Intergovernmental agreement between DHCS and Solano County.

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 June 4, 2024, through June 21, 2024. The audit consisted of a documentation review and interviews with Plan representatives.

An Exit Conference with the Plan and Partnership Health of California was held on September 4, 2024, to discuss the DHCS' preliminary audit report. This report reflects the evaluation of all relevant information received during the engagement. 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 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 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 June 4, 2024, through June 21, 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.