

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
RANCHO CUCAMONGA SECTION

**REPORT ON THE SUBSTANCE USE DISORDER
(SUD) AUDIT OF SAN BERNARDINO COUNTY
FISCAL YEAR 2025-26**

Contract Number: 23-30118

Contract Type: Drug Medi-Cal Organized Delivery System (DMC-ODS)

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

Dates of Audit: September 9, 2025 — September 19, 2025

Report Issued: January 22, 2026

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I. INTRODUCTION

San Bernardino County Department of Behavioral Health (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 the largest county in the contiguous United States, located in San Bernardino, California. The Plan provides services within twenty-four incorporated cities: Adelanto, Apple Valley, Barstow, Big Bear Lake, Chino, Chino Hills, Colton, Fontana, Grand Terrace, Hesperia, Highland, Loma Linda, Montclair, Needles, Ontario, Rancho Cucamonga, Redlands, Rialto, San Bernardino, Twentynine Palms, Upland, Victorville, Yucaipa, and Yucca Valley.

As of September 2025, the Plan had a total of 617 members receiving services and a total of 333 active providers.

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 from September 9, 2025, through September 19, 2025. 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 30, 2025. No deficiencies were noted during the review of Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract.

The audit evaluated seven categories of performance: Availability of DMC-ODS Services, Care Coordination and Continuity of Care, 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 closed at the time of the audit.

The summary of the findings by category follows:

Category 1 – Availability of Drug Medi-Cal Organized Delivery System Services

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

Category 2 – Care Coordination and Continuity of Care

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-ODS Contract.

PROCEDURE

DHCS conducted an audit of the Plan from September 9, 2025, through September 19, 2025, for the audit period of July 1, 2024, through June 30, 2025. The audit included a review of the Plan's Contract with DHCS, 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 the Plan's representatives.

The following verification studies were conducted:

Category 1 – Availability of Drug Medi-Cal Organized Delivery System Services

Mobile Crisis Services: Ten mobile crisis services were reviewed for compliance with applicable federal and state regulations, program requirements and contractual obligations.

Category 2 – Care Coordination and Continuity of Care

There were no verification studies conducted for the audit review.

Category 3 – Quality Assurance and Performance Improvement

There were no verification studies conducted for the audit review.

Category 4 – Access and Information Requirements

Telehealth Services: Ten telehealth services were reviewed for compliance with applicable federal and state regulations, program requirements, and contractual obligations.

Category 5 – Coverage and Authorization of Services

There were no verification studies conducted for the audit review.

Category 6 – Beneficiary Rights and Protection

Grievance and Appeals: Nine grievances of quality of service, one grievance of quality of care, and five appeals were reviewed for a timely resolution, appropriate response to the complainant, and submission to the appropriate level for review.

Category 7 – Program Integrity

There were no verification studies conducted for the audit review.