

DHCS AUDITS AND INVESTIGATIONS  
CONTRACT AND ENROLLMENT REVIEW DIVISION  
SANTA ANA SECTION

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

Contract Number(s): 23-30105

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

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

Dates of Audit: October 21, 2025 — October 31, 2025

Report Issued: May 13, 2026

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## I. INTRODUCTION

Alameda County Behavioral Health Services (Plan) is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing mental health services to county residents.

Alameda County is located in northern California. The Plan provides services within the unincorporated county and in 20 cities: Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont, Hayward, San Leandro, Castro Valley, Asland, Cherryland, San Lorenzo, Fairview, Fremont, Union City, Newark, Livermore, Dublin, Pleasanton, Sunol.

As of June 2025, the Plan had a total of 4,302 members receiving Drug Medi-Cal Organized Delivery System (DMC-ODS) and a total of 71 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 October 21, 2025, through October 31, 2025. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

In accordance with the California Code of Regulations, Title 22, section 51021, an Exit Conference with the Plan was offered on April 29, 2026. The Plan declined to hold an Exit Conference, as there were no areas of noncompliance found in this review. This report reflects the evaluation of all relevant information received during the audit. There were no findings in this review.

The audit evaluated five categories of performance: Availability of Drug Medi-Cal Organized Delivery System (DMC-ODS) Services, 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, 2023, through June 30, 2024, did not identify deficiencies. This year's audit included a review of the Plan's compliance with its DHCS Contract.

The summary of the findings by category is as 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 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 October 21, 2025, through October 31, 2025, for the audit period of July 1, 2024, through June 30, 2025. 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 the Plan's representatives.

The following verification studies were conducted:

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

Mobile Crisis Services: Eight medical records were reviewed for appropriate services, which include coordination of care, crisis assessment, follow-up treatment, safety plans and evidence of warm hand off.

#### **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**

There were no verification studies conducted for the audit review.

#### **Category 5 – Coverage and Authorization of Services**

There were no verification studies conducted for the audit review.

## **Category 6 – Beneficiary Rights and Protection**

There were no verification studies conducted for the audit review.

## **Category 7 – Program Integrity**

There were no verification studies conducted for the audit review.