

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SPECIALTY MENTAL HEALTH REVIEW SECTION

**REPORT ON THE SPECIALTY MENTAL HEALTH
SERVICES (SMHS) AUDIT OF SANTA BARBARA
COUNTY BEHAVIORAL HEALTH PLAN
FISCAL YEAR 2025-26**

Contract Number: 22-20133

Contract Type: Specialty Mental Health Services

Audit Period: July 1, 2024 — December 31, 2024

Dates of Audit: April 21, 2026 — April 30, 2026

Report Issued: June 3, 2026

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I. INTRODUCTION

Santa Barbara 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 mental health services to county residents.

Santa Barbara County is located in Southern California. The Plan provides services within the unincorporated county and in eight cities: Santa Maria, Santa Barbara, Goleta, Carpinteria, Lompoc, Solvang, Buellton, and Guadalupe.

As of December 31, 2024, the Plan had a total of 4,262 members receiving services and a total of 1,187 active providers.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS audit for the period of July 1, 2024, through December 31, 2024. The audit was conducted from April 21, 2026, through April 30, 2026. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

The Plan received a report of the preliminary findings. The report reflects the evaluation of all relevant information during the audit. There were no areas of noncompliance found in this review. An Exit Conference was offered to the Plan. However, the Plan deemed it not necessary.

The audit evaluated six categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Access and Information Requirements, Coverage and Authorization of Services, Member Rights and Protection, and Program Integrity.

The prior DHCS compliance report, covering the review period from July 1, 2019, through June 30, 2022, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was closed at the time of the audit. Therefore, this audit included a review of documents to determine the implementation and effectiveness of the Plan's corrective actions.

The summary of the findings by category follows:

Category 1 – Network Adequacy and Availability of 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 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 – Member 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 Specialty Mental Health Services Contract.

PROCEDURE

DHCS conducted an audit of the Plan from April 21, 2026, through April 30, 2026, for the audit period of July 1, 2024, through December 31, 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 the Plan's representatives.

The following verification studies were conducted:

Category 1 – Network Adequacy and Availability of Services

Mobile Crisis Services: Ten member files were reviewed for evidence of response and follow-up, assessment, documentation, and provision of services in appropriate settings.

Category 2 – Care Coordination and Continuity of Care

Coordination of Care Referrals: Ten member files were reviewed for evidence of referrals from the Mental Health Plan (MHP) to a Managed Care Plan (MCP), initial assessments, and progress notes of treatment planning and follow-up care between the MHP and the MCP.

Ten member files were reviewed for evidence of referrals from the MCP to the MHP, initial assessments, and progress notes of treatment planning and follow-up care between the MCP and the MHP.

Category 4 – Access and Information Requirements

Member Telehealth Consent: Ten telehealth consent samples were reviewed for evidence of documentation of telehealth consent prior to the initial delivery of telehealth services.

Category 5 – Coverage and Authorization of Services

Service Authorizations: Ten member files were reviewed for evidence of appropriate service authorization, including the concurrent review authorization process.

Treatment Authorizations: Five member files were reviewed for evidence of appropriate treatment authorization, including the concurrent review authorization process.

Category 6 – Member Rights and Protection

Grievance Procedures: Six Quality of Care and two Quality of Service grievances were reviewed for timely resolution, appropriate response to the complainant, and submission to the appropriate level for review.

Appeal Procedures: Seven appeals were reviewed for 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.