DHCS AUDITS AND INVESTIGATIONS

CONTRACT AND ENROLLMENT REVIEW DIVISION

SUBSTANCE USE DISORDER REVIEW SECTION

REPORT ON THE DRUG MEDI-CAL (DMC) STATE PLAN REVIEW OF MADERA FISCAL YEAR 2025-26

Contract Number(s): 23-30095

Contract Type: DMC State Plan Intergovernmental Agreement 2023-2027

Review Period: July 1, 2024 - June 30, 2025

Dates of Review: September 29, 2025 — September 30, 2025

Report Issued: November 13, 2025

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I. INTRODUCTION

Madera (County) is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing Drug Medi-Cal (DMC) funded Substance Use Disorder (SUD) services to county residents.

Madera is located in the San Joaquin Valley of California. The County provides services within the unincorporated county and in 17 cities: Ahwahnee, Bass Lake, Bonadelle, Ranchos, Chowchilla, Coarsegold, Fairmead, La Vina, Madera Acres, Madera, Madera, Ranchos, Nipinnawasee, North Fork, Oakhurst, Parksdale, Parkwood, Rolling Hills, and Yosemite Lakes.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS review for the period of July 1, 2024, through June 30, 2025. The review was conducted from September 29, 2025, through September 30, 2025. The review consisted of a documentation review and interviews with the County's representatives.

An Exit Conference with the Plan was held on September 30, 2025. The County was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the potential review findings. On October 3, 2025, the County submitted additional documentation after the Exit Conference. The evaluation results of the County's response are reflected in this report.

The review evaluated requirements from five categories of performance: Availability of DMC Services, Quality Assurance and Performance Improvement, Access and Information Requirements, Beneficiary Rights and Protections, and Program Integrity.

The prior DHCS compliance report, covering the review period from July 1, 2023, through June 30, 2024, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAPs were completely closed at the time of the review.

The summary of the findings by category follows:

Category 1 – Availability of DMC Services

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

Category 3 – Quality Assurance and Performance Improvement

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

Category 4 – Access and Information Requirements

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

Category 6 – Beneficiary Rights and Protections

The written record of grievances and appeals shall be submitted at least quarterly to the County's quality improvement committee for systematic aggregation and analysis for quality improvement. Grievances and appeals reviewed shall include, but not be limited to, those related to access to care, quality of care, and denial of services. Appropriate action shall be taken to remedy any problems identified**.** Effective January 1, 2023, the Contractor shall establish and comply with a Beneficiary Grievance and Appeals Process and Notice of Adverse Benefit Determination (NOABD) provisions in accordance with the requirements set forth in BHIN 22-070. Finding 6.1.8: The Plan did not provide evidence demonstrating compliance with the quarterly collection, systemic aggregation, and analysis of grievances and appeals records by the quality improvement committee.

Category 7 – Program Integrity

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

III. SCOPE/REVIEW PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted the review to ascertain that medically necessary services provided to County members comply with federal and state laws, regulations and guidelines, and the State's DMC Intergovernmental Agreement.

PROCEDURE

DHCS conducted a review of the Plan from September 29, 2025, through September 30, 2025, for the review period of July 1, 2024, through June 30, 2025. The review included an inspection 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 conducted with County representatives.

POST REVIEW

Technical Assistance (TA) can be requested during the review. All DMC TA requests are forwarded to DHCS's Behavioral Health Oversight and Monitoring Division (BHOMD), County Liaison and Operations Support Section (CLOS) for resolution. The County did not request TA during the review.

Madera is required to complete the CAP pursuant to DMC Intergovernmental Agreement Exhibit A, Attachment I, Part I, Section 6 Monitoring, B Contractor Monitoring, 6 to remedy findings noted within this report. The CAP process is managed by the BHOMD, County Compliance and Monitoring Section (CCMS), which will contact the County following report issuance.

COMPLIANCE REVIEW FINDINGS

Category 6 – Program Integrity

6.1 Grievance and Appeal System Requirements

6.1.8 Quarterly Notification to DHCS Regarding Grievances and Appeals

The written record of grievances and appeals shall be submitted at least quarterly to the County's quality improvement committee for systematic aggregation and analysis for quality improvement. Grievances and appeals reviewed shall include, but not be limited to, those related to access to care, quality of care, and denial of services. Appropriate action shall be taken to remedy any problems identified.

(BHIN 22-070)

Effective January 1, 2023, the Contractor shall establish and comply with a Beneficiary Grievance and Appeals Process and Notice of Adverse Benefit Determination (NOABD) provisions in accordance with the requirements set forth in BHIN 22-070.

(DMC Contract, Exhibit A, Attachment I, Part II General, U)

Finding: The Plan did not provide evidence demonstrating compliance with the quarterly collection, systemic aggregation, and analysis of grievances and appeals records by the quality improvement committee.