

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SUBSTANCE USE DISORDER REVIEW SECTION

**REPORT ON THE SUBSTANCE USE DISORDER
(SUD) AUDIT OF SANTA BARBARA COUNTY
BEHAVIORAL HEALTH PLAN
FISCAL YEAR 2025-26**

Contract Number: 21-10034

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

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 substance use disorder 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 3,346 members receiving services and a total of 65 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 four categories of performance: Availability of Drug Medi-Cal Organized Delivery System (DMC-ODS) Services, Coverage and Authorization of Services, Member Rights and Protection, 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 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 – Availability of Drug Medi-Cal Organized Delivery System Services

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 DMC-ODS 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 – Availability of Drug Medi-Cal Organized Delivery System Services

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 – Member Rights and Protection

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

Appeal Procedures: One appeal was 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.