DHCS AUDITS AND INVESTIGATIONS

CONTRACT AND ENROLLMENT REVIEW DIVISION

SUBSTANCE USE DISORDER REVIEW SECTION

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

Contract Number: 23-30103

Contract Type: Drug Medi-Cal (DMC)

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

Dates of Audit: February 3, 2026 — February 13, 2026

Report Issued: June 18, 2026

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I. INTRODUCTION

Tuolumne 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.

Tuolumne County is located in the Sierra Nevada region. The Plan provides services within the unincorporated county, Census-designated places, and in the City of Sonora.

As of December 31, 2024, the Plan had a total of 94 members receiving services and a total of one active provider.

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 February 3, 2026, through February 13, 2026. The audit consisted of documentation review and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on May 27, 2026. 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.

The audit evaluated five categories of performance: Availability of DMC Services, Quality Assurance and Performance Improvement, Access and Information Requirements, 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 completely 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 Services

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 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 Contract.

PROCEDURE

DHCS conducted an audit of the Plan from February 3, 2026, through February 13, 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.

No verification studies were conducted for this audit.