

DHCS AUDITS AND INVESTIGATIONS  
CONTRACT AND ENROLLMENT REVIEW DIVISION  
LOS ANGELES SECTION

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

Contract Number: 23-30096

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

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

Dates of Audit: August 26, 2025 — September 9, 2025

Report Issued: January 6, 2026

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## I. INTRODUCTION

Mariposa County Behavioral Health (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 (SUD) services to county residents.

Mariposa County is located in central California. The Plan is one of three counties that does not include any incorporated cities. The county encompasses the unincorporated community of Mariposa, which serves as the administrative center, along with 17 other communities recognized as census-designated places.

As of June 2025, the Plan had 194 members receiving services and 50 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 August 26, 2025, through September 9, 2025. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on December 15, 2025. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On December 18, 2025, the Plan submitted a response after the Exit Conference. The evaluation results of the Plan's response are reflected in this report.

The audit evaluated four categories of performance: Availability of Drug Medi-Cal Organized Delivery System Services, Access and Information Requirements, Beneficiary 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 onsite visit. This audit included a review of documents to determine the implementation and effectiveness of the Plan's corrective actions.

Findings denoted as repeat findings are uncorrected deficiencies substantially similar to those identified in the previous audit.

The summary of the findings by category follows:

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

Finding 1.2.1: The Plan is required to follow the guidelines, Adolescent SUD Best Practices Guide, in developing and implementing adolescent treatment programs. Furthermore, the Plan is required to include all foregoing provisions, including the Adolescent SUD Best Practices Guide, in all its subcontracts. The Plan did not include the Adolescent SUD Best Practices Guide in its subcontractor agreements. This is a repeat finding.

## **Category 4 – Access and Information Requirements**

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**

Finding 7.6.1: The Plan is required to report complaints to DHCS using a Secure Managed File Transfer (SMFT) system. The Plan did not report complaints to DHCS using an SMFT system.

### **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 Drug Medi-Cal Organized Delivery System Contract.

#### **PROCEDURE**

DHCS conducted an audit of the Plan from August 26, 2025, through September 9, 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 Service Benefit: Ten medical records were reviewed for the provision of services.

#### **Category 4 – Access and Information Requirements**

There were no verification studies conducted for the audit review.

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

Grievance Procedures: Two grievances were reviewed for appropriate response to the complaint and submission to the appropriate level for review.

#### **Category 7 – Program Integrity**

There were no verification studies conducted for the audit review.

# COMPLIANCE AUDIT FINDINGS

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

### 1.2 Program Provisions

#### 1.2.1 Adolescent Substance Use Disorder Best Practices Guide

The Plan is required to follow the guidelines, Adolescent SUD Best Practices Guide, in developing and implementing adolescent treatment programs. The Plan is required to include all of the foregoing provisions, including the Adolescent SUD Best Practices Guide, in all of its subcontracts. (*Contract, Exhibit A, Attachment I, Section III, Program Specifications, DD, 13 & 18(i)*)

Plan policy, *Substance Use Disorder Access and Services* (revised 12/07/2023), cited the Adolescent SUD Best Practices Guide and incorporates several core requirements, including the Early and Periodic Screening Diagnostic and Treatment for youth under 21 years of age, American Society of Addiction Medicine criteria for adolescent placement, outreach and engagement through schools and child welfare/juvenile justice systems, care coordination addressing medical, social, and educational needs, family and peer supports, and discharge planning with relapse prevention.

**Finding:** The Plan did not include the Adolescent SUD Best Practices Guide in its subcontractor agreements.

The Plan policy cited the Adolescent SUD Best Practices Guide but did not contain the requirement to include the Adolescent SUD Best Practices Guide in its subcontractor agreements.

A review of the agreement between the Plan and a subcontractor found that the Adolescent SUD Best Practices Guide was missing. Additionally, both the subcontractor's template and the Plan's boilerplate subcontractor agreement lacked the provision about the Adolescent SUD Best Practices Guide.

According to the prior CAP for fiscal year 2022-23, the Plan was required to update all subcontractor agreements to include the provision about the Adolescent SUD Best Practices Guide. However, during the interview, the Plan's personnel stated that when they assumed the quality assurance position in October 2024, they did not look back at

the outstanding CAP and instead prioritized more urgent operational matters. As a result, the Plan did not implement the prior year's CAP.

This is a repeat finding from fiscal year 2022–23, Category 4 Youth Services, Compliance Deficiency 4.3.

Failure to incorporate the Adolescent SUD Best Practices Guide into subcontractor agreements may result in adolescent members not receiving the appropriate level of care.

**Recommendation:** Revise and implement policy and procedures to include the Adolescent SUD Best Practices Guide in the subcontractor agreement.

# COMPLIANCE AUDIT FINDINGS

## Category 7 – Program Integrity

### 7.6 Program Complaints

#### 7.6.1 Reporting Complaints to Department of Health Care Services

The Plan is required to report complaints to DHCS using an SMFT system specified by DHCS within two business days of completion. (*Contract, Exhibit A, Attachment I, Section III, Program Specifications, OO, (1)*)

Plan policy, *Grievance and Appeals* (revised 11/06/2024), stated that all SUD grievances will be uploaded to the County Provider Operations and Monitoring Branch Complaints folder in the DHCS' SMFT system, MOVE it portal, as they are processed.

**Finding:** The Plan did not report complaints to DHCS using an SMFT system.

The Plan's *Grievance and Appeal Form Process Desk Guide* incorrectly states that the Plan will notify the State of the SUD grievance (complaint) within two business days by emailing MCBHOMDmonitoring@dhcs.ca.gov. Despite having a written policy that met contract criteria, in the review period, the Plan followed its Desk Guide and incorrectly reported two complaints to DHCS by email instead of using a secure transfer site.

During the interview, the Plan stated that the office technician submitted complaints by email because they did not have access to the SMFT system. Additionally, the Plan acknowledged that the *Grievance and Appeal Form Process Desk Guide*, which outlines the procedure for reporting complaints by email, needs to be updated to align with contract requirements. The Plan has other staff members who have access to the SMFT system, but the Plan did not ensure that the personnel responsible for submitting complaints had access to the system.

Failure to report complaints using an SMFT system as required may lead to security issues involving members' sensitive information.

**Recommendation:** Implement policies and procedures to ensure that complaints are reported to DHCS using an SMFT system.