DHCS AUDITS AND INVESTIGATIONS

CONTRACT AND ENROLLMENT REVIEW DIVISION

LOS ANGELES SECTION

REPORT ON THE SUBSTANCE USE DISORDER (SUD) AUDIT OF RIVERSIDE COUNTY FISCAL YEAR 2024-25

Contract Number: 22-20153

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

Audit Period: July 1, 2023 — June 30, 2024

Dates of Audit: May 13, 2025 — May 23, 2025

Report Issued: October 10, 2025

TABLE OF CONTENTS

I. INTRODUCTION

Riverside 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 services to County residents.

Riverside County is located in Southern California. The Plan provides services within the unincorporated County and in 13 cities: Riverside, Moreno Valley, Corona, Perris, Sun City, Menifee, Wildomar, Temecula, Hemet, Palm Springs, Palm Desert, Indio, and Blythe.

As of June 2025, the Plan had a total of 11,742 members receiving services and a total of 603 active providers.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS audit for the period of July 1, 2023, through June 30, 2024. The audit was conducted from May 13, 2025, through May 23, 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 September 23, 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 October 8, 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 five categories of performance: Availability of Drug Medi-Cal Organized Delivery System (DMC-ODS) Services, Access and Information Requirements, Coverage and Authorization of Services, Beneficiary Rights and Protection, and Program Integrity.

The prior DHCS compliance report, covering the review period from July 1, 2022, through June 30, 2023, identified deficiencies incorporated in the Corrective Action Plan. The prior year's Corrective Action Plan 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.

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 4 – Access and Information Requirements

Finding 4.4.1: The Plan is required to explain to members their telehealth rights included in the *Behavioral Health Information Notice (BHIN) 23-018, Updated Telehealth Guidance for Specialty Mental Health Services and Substance Use Disorder Treatment Services in Medi-Cal, (04/25/2023)*. The Plan did not explain to members that their telehealth rights included access to covered services in person and that Non-Medical Transportation benefits are available for in-person visits.

Category 5 – Coverage and Authorization of Services

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

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 May 13, 2025, through May 23, 2025, for the audit period of July 1, 2023, through June 30, 2024. The audit included a review of the Plan's policies for providing services, procedures to implement the policies, and the process to determine whether the 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 Services Benefit: Twelve medical records were reviewed for the provision of services.

Category 4 – Access and Information Requirements

Telehealth: Ten member files were reviewed for evidence of informed consent, completeness, and timeliness.

Category 5 – Coverage and Authorization of Services

There was no verification studies conducted for the audit review.

Category 6 – Beneficiary Rights and Protection

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

Category 7 – Program Integrity

There was no verification studies conducted for the audit review.

COMPLIANCE AUDIT FINDINGS

Category 4 – Access and Information Requirements

4.4 Telehealth Requirements

4.4.1 Telehealth Consent Requirements

The Plan has an affirmative responsibility to obtain member consent prior to initial delivery of covered services via telehealth. Providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to members: the member has a right to access covered services in person; use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the member's ability to access Medi-Cal covered services in the future; Non-Medical Transportation benefits are available for in-person visits; and any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable. (*BHIN 23-018, Updated Telehealth Guidance for Specialty Mental Health Services and Substance Use Disorder Treatment Services in Medi-Cal, (04/25/2023))*

Plan policy, *262 Telemedicine & Telehealth Use* (effective 03/09/2015), attachment B telehealth consent form includes two out of the four required *BHIN 23-018* requirements:

- The use of telehealth is voluntary, and consent for the use of telehealth can be withdrawn at any time without affecting the member's ability to access Medi-Cal covered services in the future.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Finding: The Plan's telehealth consent form did not include two required elements: members' rights to access covered services in person, and Non-Medical Transportation benefits available for in-person visits.

The Plan's policy did not disclose *BHIN 23-018's* four required elements. The policy only noted that the member must sign the telehealth informed consent before services are provided.

Eight out of ten telehealth consent forms were obtained prior to the provision of telehealth services but were not documented to indicate that all consent information

components were explained to and agreed upon by the member. The review of the telehealth consent form template did not contain two of the four required elements. The missing elements of the consent form were information on members' rights to access covered services in person and that Non-Medical Transportation benefits are available for in-person visits.

In an interview, the Plan acknowledged that the telehealth consent form did not include all the requirements listed in *BHIN 23-018*. The policy and procedure provided were not updated during the review period.

When the Plan does not explain all telehealth-covered services, members will not receive all the information necessary to make informed decisions about their care.

Recommendation: Revise and implement the policy and procedure to ensure the Plan's telehealth consent form includes access to covered services in person and that Non-Medical Transportation benefits are available for in-person visits.