

April 8, 2025

THIS LETTER SENT VIA EMAIL TO: Nicole.Ebrahimi-Nuyken@edcgov.us

Nicole Ebrahimi-Nuyken, LMFT, Behavioral Health Director  
El Dorado County Health and Human Services Agency  
768 Pleasant Valley Road, Suite 201  
Diamond Springs, CA 95619

SUBJECT: ANNUAL DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
FINDINGS REPORT

Dear Director Ebrahimi-Nuyken:

The Department of Health Care Services (DHCS) is responsible for determining compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement operated by El Dorado County.

The Substance Use Disorder Review Section (SUDRS) within DHCS' Audits and Investigations' Contract and Enrollment Review Division (CERD) conducted a review of the County's compliance with Federal and State laws, Medi-Cal regulations, program requirements and the State's DMC-ODS contract. The review included an inspection of the County'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 County staff. Enclosed are the results of El Dorado County's Fiscal Year (FY) 2024-25 DMC-ODS compliance review. The report identifies compliance review findings and referrals for technical assistance.

El Dorado County is required to submit a Corrective Action Plan (CAP) addressing each review finding noted to DHCS' Behavioral Health – Oversight and Monitoring Division (BH-OMD), County Compliance and Monitoring Section (CCMS). For questions regarding the CAP process and submitting documentation, email your questions to [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov). If you have any questions regarding the review process, please contact me at [john.wiesner@dhcs.ca.gov](mailto:john.wiesner@dhcs.ca.gov).

Sincerely,

Original Signed by

John Wiesner | Health Program Specialist I

Distribution:

To: Director Ebrahimi-Nuyken,

CC: Mateo Hernandez, PhD, Assistant Deputy Director  
Audits and Investigations

Brian Vu, Assistant Division Chief  
Contract and Enrollment Review Division - Audits and Investigations

Catherine Hicks, Chief  
Behavioral Health Review Branch  
Contract and Enrollment Review Division - Audits and Investigations

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Specialty Mental Health Review Section  
Contract and Enrollment Review Division - Audits and Investigations

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Substance Use Disorder Review Section  
Contract and Enrollment Review Division - Audits and Investigations

Christopher Purcell, Chief  
Substance Use Disorder Review Unit 1  
Contract and Enrollment Review Division - Audits and Investigations

Jonette La Rue, Chief  
Substance Use Disorder Review Unit 2  
Contract and Enrollment Review Division - Audits and Investigations

Sergio Lopez, Chief  
County/Provider Compliance and Monitoring Section  
Behavioral Health – Oversight and Monitoring Division

Tony Nguyen, Chief  
County Liaison and Operations Section  
Behavioral Health – Oversight and Monitoring Division

BHOMDMonitoring@dhcs.ca.gov, Behavioral Health County Support and  
Operations Branch

Shaun C. O'Malley, Interim Alcohol and Other Drug (AOD) Administrator  
El Dorado County Health and Human Services Agency

## COUNTY REVIEW INFORMATION

**County:**

El Dorado

**County Contact Name/Title:**

Shaun C. O'Malley, Interim AOD Administrator

**County Address:**

768 Pleasant Valley Road, Suite 201  
Diamond Springs, CA 95619

**County Phone Number/Email:**

(530) 621-6207, Shaun.OMalley@edcgov.us

**Date of DMC-ODS Implementation:**

6/1/2019

**Date of Review:**

2/18/2025

**Lead SUDRS Reviewer:**

John Wiesner

**Assisting SUDRS Reviewer:**

N/A

**Report Prepared by:**

John Wiesner

**Report Approved by:**

Michael Bivians

## REVIEW SCOPE

I. Regulations:

- a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
- b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
- c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
- d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

II. Program Requirements:

- a. Fiscal Year (FY) 2023-24 DMC-ODS Intergovernmental Agreement (IA)
- b. State of California *Adolescent Best Practices Guidelines October 2020*
- c. DHCS' *Perinatal Practice Guidelines FY 2018-19*
- d. DHCS' *Minimum Quality Drug Treatment Standards (Document 2F(a))*
- e. National Culturally and Linguistically Appropriate Services (CLAS)
- f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
- g. Behavioral Health Information Notices (BHIN)

## **ENTRANCE AND EXIT CONFERENCE SUMMARIES**

### **Entrance Conference:**

An Entrance Conference was conducted via Teams on 2/18/2025. The following individuals were present:

- Representing DHCS:  
John Wiesner, Health Program Specialist I (HPSI), SUDRS Unit 2  
Mary Westmark, County Liaison, CCMS Unit 1
- Representing El Dorado County:  
Nicole Ebrahimi-Nuyken, Behavioral Health Director  
Shaun C. O'Malley, Interim AOD Administrator  
Mel Fisk, Supervising Health Education Coordinator

During the Entrance Conference, the following topics were discussed:

- Introductions
- DHCS overview of review process
- County overview of services provided

### **Exit Conference:**

An Exit Conference was conducted via Teams on 2/18/2025. The following individuals were present:

- Representing DHCS:  
John Wiesner, HPS I, SUDRS Unit 2  
Mary Westmark, County Liaison, CCMS Unit 1
- Representing El Dorado County:  
Nicole Ebrahimi-Nuyken, Behavioral Health Director  
Shaun C. O'Malley, Interim AOD Administrator  
Mel Fisk, Supervising Health Education Coordinator

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

## **SUMMARY OF FY 2024-25 COMPLIANCE FINDINGS**

<b><u>Category</u></b>	<b><u>Number of Findings</u></b>
1.0 Availability of DMC-ODS Services	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	0
4.0 Access and Information Requirements	2
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	0

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section QQ each CD identified must be addressed via a CAP.

Your CCMS liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2024-25 CAP, please email [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov).



## **Category 4: ACCESS AND INFORMATION REQUIREMENTS**

A review of the County's Access and Information Requirements was conducted to ensure compliance with applicable federal and state laws, Medi-Cal regulations, program requirements and the State's DMC-ODS contract. The following findings were identified:

### **COMPLIANCE FINDINGS:**

#### **4.1.9:**

##### **Exhibit A Attachment I, Section II Federal Requirements, K, 6, iii**

- iii. The Contractor shall provide interpretive services and make member information available in the following alternative formats: Braille, audio format, large print (no less than 20-point font), and accessible electronic format (such as a data CD). In determining what types of auxiliary aids and services are necessary, the Contractor shall give "primary consideration" to the individual's request of a particular auxiliary aid or service.

##### **Exhibit A Attachment I, Section II Federal Requirements, K, 6, v**

- v. When providing interpretive services, the Contractor shall use qualified interpreters to interpret for an individual with a disability, whether through a remote interpreting service or an on-site appearance. A qualified interpreter for an individual with a disability is an interpreter who: 1) adheres to generally accepted interpreter ethics principals, including client confidentiality; and 2) is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology. For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes).

**Findings:** The County did not provide evidence demonstrating the County and subcontractors comply with the timely provision of appropriate auxiliary aids and services, free of charge, to persons with impaired sensory, manual, or speaking skills including at a minimum, all the following:

- Large print documentation, no less than 20-point font.
- Braille documentation.
- Audio formatted documentation (audio CD).
- Accessible electronic format (data CD).

**4.4.1:**  
**BHIN 23-018**

**Provider Requirements**

Providers that offer telehealth services to Medi-Cal beneficiaries must meet all applicable Medi-Cal licensure and program enrollment requirements. If the provider is not located in California, they must be licensed in California, enrolled as a Medi-Cal rendering provider, and affiliated with a Medi-Cal enrolled provider group in California or a border community, as outlined in DHCS' Telehealth Policy Paper and the Medi-Cal Provider Manual.

As a general rule, DHCS requires that every provider offering covered services to a beneficiary via telehealth must also meet the requirements of Business and Professions Code Section 2290.5(a)(3), or otherwise be designated by DHCS as able to render Medi-Cal services via telehealth. All providers that are listed in the California Medicaid State Plan as qualified providers of SMHS, DMC, or DMC-ODS services are designated by DHCS as able to render covered services, within their scopes of practice, via telehealth.

Effective no sooner than January 1, 2024, all providers furnishing applicable covered services via synchronous audio-only interaction must also offer those same services via synchronous video interaction to preserve beneficiary choice.

Also, effective no sooner than January 1, 2024, to preserve a beneficiary's right to access covered services in person, a provider furnishing services through telehealth must do one of the following:

1. Offer those same services via in-person, face-to-face contact; or
2. Arrange for a referral to, and a facilitation of, in-person care that does not require a beneficiary to independently contact a different provider to arrange for that care.

**Beneficiary 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 beneficiaries:

- The beneficiary 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 beneficiary's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Providers must also document the beneficiary's verbal or written consent to receive covered services via telehealth prior to the initial delivery of the services. The beneficiary's consent must be documented in their medical record and made

available to DHCS upon request. A provider may utilize a general consent agreement to meet this documentation requirement if that general consent agreement: 1) specifically mentions the use of telehealth delivery of covered services; 2) includes the information described above; 3) is completed prior to initial delivery of services; and 4) is included in the beneficiary record.

### **Requirements for Establishing New Patient Relationships**

As a general rule, State law prohibits the use of asynchronous store and forward, synchronous audio-only interaction, or remote patient monitoring when providers establish new patient relationships with Medi-Cal beneficiaries. For the SMHS, DMC, and DMC-ODS delivery systems, DHCS defines the establishment of new patient relationships as follows:

- For SMHS, the establishment of care for a new patient refers to the mental health assessment done by a licensed clinician.
- For substance use treatment in DMC and DMC-ODS, the establishment of care for a new patient refers to the American Society of Addiction Medicine Criteria assessment.

However, SMHS, DMC, and DMC-ODS providers may establish a relationship with new patients via synchronous audio-only interaction in the following instances:

- When the visit is related to sensitive services as defined in subsection (n) of Section 56.06 of the Civil Code. This includes all covered SMHS, DMC, and DMC-ODS services.
- When the patient requests that the provider utilizes synchronous audio-only interactions or attests they do not have access to video.
- When the visit is designated by DHCS to meet another exception developed in consultation with stakeholders.

SMHS, DMC, and DMC-ODS providers shall comply with all applicable federal and state laws, regulations, bulletins/information notices, and guidance when establishing a new patient relationship via telehealth.

### ***Drug Medi-Cal Organized Delivery System:***

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction.
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the situations identified above in this BHIN.
- Licensed providers and non-licensed staff may deliver services through telehealth, as long as the service is within their scope of practice.
- Covered DMC-ODS services may be delivered through telehealth when those services meet the standard of care. The group size limit still applies for group counseling provided via telehealth.

- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, California's State Plan does not require that all components of these services be provided in-person. (For example, services can be provided via telehealth for a patient quarantined in their room in a residential facility due to illness.)

(BHIN 23-018)

**Findings:** The County did not provide evidence demonstrating County and subcontractor compliance with the provision via telehealth or telephone for all DMC services, including initial assessments and medical necessity determinations, were provided in accordance with the telehealth requirements set forth in BHIN 23-018, and any subsequently issued BHINs that supersede BHIN 23-018. The member consent did not include the following required element(s), specifically:

- 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.

## **TECHNICAL ASSISTANCE**

El Dorado County did not request training or technical assistance during this review.