CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 31, 2026

Sunny Cooper, Chief Compliance Officer *Via E-mail*
Contra Costa Health Plan
595 Center Ave., Ste 100
Martinez, CA 94553

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Cooper:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Contra Costa Health Plan, a Managed Care Plan (MCP), from August 7, 2023 through August 18, 2023. The focused audit covered the period from July 1, 2022, through June 30, 2023.

DHCS is closing this Corrective Action Plan (CAP) based on the corrective actions submitted and accepted. As standard practice, DHCS will reassess these areas during subsequent audit cycles to ensure sustained compliance and evaluate implementation over time. DHCS acknowledges the Plan's continued efforts to implement the corrective actions from identified non-compliance in the audit. As DHCS issues updated policy guidance, the Plan must ensure all activities remain aligned with current requirements, including forthcoming updates to Transportation policy and the Behavioral Health Data Exchange expectations outlined in APL 26-004. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Dennis Hsieh, Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Kelli Mendenhall, Branch Chief *Via E-mail*
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Grace McGeough, Section Chief *Via E-mail*
Process Compliance Section
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Arianna Ngo, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Annie Son, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Contra Costa Health Plan

Review Period: 07/01/2022 – 06/30/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 08/07/2023 – 08/18/2023

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the focused audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 Case Management and Care Coordination The Plan did not ensure the provision of coordination of care to deliver mental health care services to members.	• Created and revised policies and procedures to receive referral and member data from MHP • Initiated new monitoring process to follow up with members to ensure that members received referred SMHS and attended scheduled appointments and received SMHS servicesRevised DTP for Care Coordination, Script, included follow up results. • Hired and trained additional per diem nurses • Created Internal Audit Program P&P, Audit Tool for self-monitoring • Included Monthly Case Conferencing agenda, Quarterly CCHP/BHS Meeting Agenda, CCHP Committee structure • Compliance Department conducted internal Audit	• BHD 18.xxx Care Coordination Policy • 2.1 CCHP DTP Screening • 2.1 BHS3516 BHS CRM_Log_v2 • 2.1 SMHS Master Tracking Log New Version • 2.1 DTP BH SMHS Internal Audit • 2.1 DTP SMHS Data.docx.	Short Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "BHD18.XXX: BHD Care Coordination Policy" (October 2024), which states that the MCP's BHD will identify members referred to SMHS and coordinate services to ensure timely clinical assessment. The MCP's BHD will facilitate member transitions between systems of care, ensuring warm handoffs between providers/systems to maintain continuity of care. (DRAFT BHD18.XXX-Care Coord, Page 1) » Desktop Procedures, "Data Download and Prep - Focused Audit 2.1 New SMHS Referral Outreach and Tracking" (December 2024) to demonstrate that the MCP has implemented a process to receive reports of the number of members who have been referred, initiated, or received SMHS. This DTP covers the process to download and manipulate data from County BHS relating to new member referrals to SMHS services. This is the first step before Department clinicians can perform outreach and verification of services. Due to being on the same Epic EMR system as the county MHP, the county MHP has granted access

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		• 2.1 BHS CRM Log.xlsx • 2.1 DTP Care Coord.pdf, • 2.1 Script, • 2.1 Monitoring.pdf • 2.1 BHD Audit.pdf • BHD Audit Tool.xlsx • 2.1 CC Agenda.pdf • 2.1 Q2 Agenda.pdf • 2.1 Committees.pdf • 2.1 BHD Audit Q1 2024.doc • 2.1 BHD Q4		to the MCP to run a report that logs referrals. The MCP runs this report weekly. (DTP SMHS Data, BHS CRM Log). » Desktop Procedures, "Monitoring and Coordination of Care for SMHS Referrals" (10/03/24) and Excel Spreadsheet, "BHS CRM Log" (October 2024) to demonstrate that the MCP has implemented a monitoring process to track and ensure that members received referred SMHS and that members attended scheduled appointments and received services. The MCP's Department admin runs report BHS 3516 to identify newly screened and referred cases and distributes it to BHD staff. RN's, Social Workers, and Mental Health Clinical Specialists receive CM referrals and initiate SMHS coordination efforts, which will include chart audit, patient engagement, and coordination with the MCP's BHS as necessary. This coordination includes verifying the appointment was attended in Chart Review in ccLink, verifying the screening tool is present, and verifying if an appointment was made by Access in the BHS SMHS Clinics. If the member attends the SMHS assessment, clinical documentation will be reviewed to confirm the plan for ongoing treatment in SMHS, document relevant portions of the assessment in CM notes, and close the CM encounter. If the member does not complete the assessment (e.g., cancelled vs no show), standard CM procedures will be initiated for outreach to the member. All member contacts and results will be

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		• Audit Samples.xls • 2.1 Compliance Audit Report		recorded in the CM encounter. (DTP Card Coord, CCHP DTP Screening, BHS3516_BHS_CRM_Log_v2). » "Call Script" (December 2024) in which the MCP's BH Department utilizes for outreach to members in order to make an appointment for receiving mental health services. The MCP's BHD staff follows the Call Script process for making calls to members to coordinate the care for Specialty Mental Health (SMH) members. (Script). » Agenda, "CCHP/CMU/Access Care Conference and Care Coordination" (December 2024), and "BHS and CCHP Quarterly Meeting" (July 2024) to demonstrate that the MCP and county MHP have established regular meetings to review care coordination protocols and processes. (CC Agenda, Q2 Agenda). **TRAINING/RE-EDUCATION** » Meeting Agenda, "SMHS Referral Follow Up - Proof of Concept Retrospective" (11/01/2024) to demonstrate that MCP staff had discussions on revisions to their updated DTP and call scripts. (SMHS POC Retrospective). **MONITORING AND OVERSIGHT** » Monitoring Results, "BHD Care Coordination" (October 2024 – November 2024) to demonstrate that the MCP has implemented a monitoring process to track and ensure members received

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				referred SMHS and that they attended scheduled appointments and received services. This chart outlines the percentage completion of BHD Care Coordination Completion, and Care Coordination Results: Care Confirmed, Member Declined Services, New Future Appointment, Original Appointment Future Date, Outreach in Process, and Unable to Contact Member. (Monitoring). » "Care Coordination Internal Audit" and "BHD Quarter 4 Audit Samples" (Quarter 4, 2024) to demonstrate that the MCP's Behavioral Health Department is conducting quarterly internal audits of the coordination of care and member follow-up. Samples were selected of each type: SMHS, Transitions of Care (TOC), and Transition of Care (TCS). (BHD Audit Q4 2024, BHD Q4 Audit Samples). » Compliance Audit Report, "Contra Costa Health Plan, Compliance Department Internal Audit Report of CCHP Behavioral Health Services" to demonstrate that the MCP has conducted an internal audit to evaluate whether the MCP's Behavioral Health Department (BHD) has addressed the DHCS Focused Audit Findings and to determine the appropriate level of ongoing monitoring to perform. The audit focused on the coordination of care and data sharing for the following populations: o Members receiving referrals to Specialty Mental Health

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Services (SMHS). ○ Members receiving referrals to Transition of Care (TOC) services, transitioning from a higher to lower level of care, and vice versa. ○ Members receiving Inpatient services and Transitional Care Services (TCS) after discharge. ○ Members receiving referrals to Substance Use Disorder Services (SUDS). (Compliance Audit Report). **The corrective action plan for finding 2.1 is accepted.**
2.2 Coordination of Care for Transitioning Members The Plan did not coordinate with the county MHP to facilitate care transitions and guide referrals for members receiving NSMHS to transition to SMHS and vice-versa, does not ensure that the referral loop is closed, and that the county	• Revised policies and procedures to aligned MHP policies with CCHP policies • Created and revised policies and procedures to to receive referral and member data from MHP • Created DTP for Care Coordination & follow-up of transitioning members to ensure the referral loop is closed and the new provider accepts care • Created tracking tool for follow up. • Hired and trained additional per diem nurses • Created Internal Audit Program P&P, Audit Tool for self-monitoring	• BHD 18.xxx Care Coordination Policy • Policy 501 Rev 07-2022 No Wrong Door for BH Services • Policy 723-MH Rev 01-2023 Screening and Transition of	Short Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "Policy Number 501: No Wrong Door for Behavioral Health Services (CalAIM Initiative)" (October 2024) which states that the MCP is responsible to coordinate care with the MHP. The MCP is responsible for the appropriate management of a beneficiary's mental and physical health care, which includes, but is not limited to, medication reconciliation and the coordination of all medically necessary, contractually required Medi-Cal covered services, including mental health services, both within and outside the MCP's provider network. (Policy 501 NWD for BH, Page 6).

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MHPs/new provider accepts the care of the member.	• Included Monthly Case Conferencing agenda, Quarterly CCHP/BHS Meeting Agenda, CCHP Committee Structure • Compliance Department conducted internal audit	Care Tools • 2.2 CCHP DTP Transitions of Care • 2.2 BHS6082_BHS_Clients Concurrent_Svcs • 2.2 BHS0682 BHS Clients TOC Followup Aug 24 • 2.2 DTP TOC Data.pdf. • 2.2 DTP TOC Care.pdf • 2.2 TOC Track.xlsx • 2.1 BHD Audit.pdf • 2.1 BHD Audit		» Updated P&P, "Policy Number 723-MH: Screening and Transition of Care Tools for Medi-Cal Mental Health Services (CalAIM Initiative) which states that MCPs shall coordinate beneficiary care services with MHPs to facilitate care transitions or addition of services, including ensuring that the referral process has been completed, the beneficiary has been connected with a provider in the new system, and the new provider accepts the care of the beneficiary, and medically necessary services have been made available to the beneficiary. (Policy 723-MH Screening and ToC – Redlined, Page 13). » Agenda, "CCHP/CMU/Access Care Conference and Care Coordination" (December 2024), and "BHS and CCHP Quarterly Meeting" (July 2024) to demonstrate that the MCP and county MHP have established regular meetings to review care coordination protocols and processes. (CC Agenda, Q2 Agenda, Committees). » Updated Desktop Procedure, "Monitoring and Coordination of Transitions of Care Tools" (12/13/24) to demonstrate that the MCP has established a standardized process for staff to coordinate transitions of care for members moving between Specialty and Non-Specialty Mental Health Systems of Care, ensuring member needs are met and services are appropriately aligned with their care requirements. The Closed-Loop Referral and Case Closure process ensures the transition process is

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Tool.xlsx • 2.1 BHD Audit Q4 2024 • 2.1 BHD Q4 Audit Samples.xlsx • 2.1 CC Agenda.pdf • 2.1 Q2 Agenda.pdf • 2.1 Committees.pdf • 2.1 Compliance Audit Report		completed and confirms the member's integration into the accepting system of care. The MCP's BHD staff will confirm that the member attended their initial appointment, notify the referring provider/system of the successful transition and any follow-up required, update the member's case file with all relevant documentation, including confirmation of the completed transition, close the member's case in the referring system, and ensure all necessary referrals and tasks are marked as completed. (DTP TOC Care Redline). **TRAINING/RE-EDUCATION** » "Project Plan Milestones" (11/08/24) to demonstrate that the MCP conducted Staff Training on updated P&Ps and DTPs for Transition of Care to MCP staff from 11/08/24 – 11/15/24. (Project Plan 11-8-24). **MONITORING AND OVERSIGHT** » Excel Spreadsheet, "TOC Track" (12/15/24) to demonstrate that the MCP has implemented a monitoring process to track that the referral loop is closed and the new provider accepts care. TOC Track monitors the following categories: TOC Referral Entry Date, Close Reason, Transition Tool: Barriers, Transition Care To, Services Referred For, Care Coordination Complete, Outreach Results. (TOC Track). » "Care Coordination Internal Audit" and "BHD Quarter 4 Audit Samples" (Quarter 4, 2024) to demonstrate that the MCP's

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				Behavioral Health Department is conducting quarterly internal audits of coordination of care and member follow up. Samples were selected of each type: SMHS, Transitions of Care (TOC), and Transition of Care (TCS). (BHD Audit Q4 2024, BHD Q4 Audit Samples). » Compliance Audit Report, "Contra Costa Health Plan, Compliance Department Internal Audit Report of CCHP Behavioral Health Services" to demonstrate that the MCP has conducted an internal audit to evaluate whether the MCP's Behavioral Health Department (BHD) has addressed the DHCS Focused Audit Findings and to determine the appropriate level of ongoing monitoring to perform. The audit focused on the coordination of care and data sharing for the following populations: ○ Members receiving referrals to Specialty Mental Health Services (SMHS). ○ Members receiving referrals to Transition of Care (TOC) services, transitioning from a higher to lower level of care, and vice versa. ○ Members receiving Inpatient services and Transitional Care Services (TCS) after discharge. ○ Members receiving referrals to Substance Use Disorder Services (SUDS). (Compliance Audit Report).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 2.2 is accepted.
2.3 Care Coordination and Information Exchange with the Mental Health Plan The Plan did not follow the agreed-upon written policies and procedures in its MOU for care coordination and exchange of medical information.	• Included CCHP Transitional Care policy CM 16.300. • Created DTP for Care Coordination & follow-up of transitioning members • Hired and trained additional per diem nurses • Created Internal Auditing Program P&P, Audit Tool for self-monitoring • Updated draft of Care Coordination Policy to include a Monitoring and Oversight section and Data Sharing section • Included Monthly Case Conferencing agenda, Quarterly CCHP/BHS Meeting Agenda, CCHP Committee Structure • Compliance Department completed internal audit	• BHD 18.xxx Care Coordination Policy • 2.3 CCHP DTB InPatient Discharges • 2.3 inpatient 4C 4D Report • 2.1 BHD Audit.pdf • 2.1 BHD Audit Tool.xlsx • 2.3 TCS Policy.pdf • 2.2 DTP TOC Care.pdf • 2.3 DRAFT BHD18.XXX • 2.1 BHD	Short Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "Policy # 18.007: Data Sharing and Confidentiality" (January 2025) which states that the MCP and Contra Costa Behavioral Health Services (CCBHS) will establish and implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of the MOU dated July 1st, 2024, are exchanged timely and maintained securely and confidentially, to the extent permitted by applicable state and federal law. » Updated P&P, "CM 16.300: Transitional Care" (November 2024) which states that for planned and unplanned transitions from the Member's usual setting of care to the hospital, and from the hospital to the next setting, the MCP will facilitate effective transfer of the Member's care plan between the sending setting and the receiving setting within two (2) business days of notification that a transition has occurred. Transfer of the care plan may occur in a variety of ways, including, but not limited to, facsimile, mailing, or secure email of electronic Medical Record

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Audit Q4 2024.doc • 2.1 BHD Q4 Audit Samples.xlsx • 2.3 DTP TCS Data Workflow • 2.3 DTB TSC Referral Outreach and Tracking • 2.1 CC Agenda.pdf • 2.1 Q2 Agenda.pdf • 2.1 Committees.pdf • 2.1 Compliance Audit Report		transfer to the next setting or PCP, or face-to-face giving of the hard copy to the Member. (TCS Policy, Page 4). » Updated MOU, "Behavioral Health Services Memorandum of Understanding" (January 2025) which states that the Parties must establish and implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth below to the extent permitted under applicable state and federal law. The MCP also stated that the MCP and the MHP share the same Epic EMR system. The MCP has access to the data elements needed in order to verify and facilitate Care Coordination which was entered by the MHP. (BHS MOU, Page 14). » Updated Desktop Procedures, "Data Download and Prep – Focused Audit 2.3 TCS Referral Outreach and Tracking" (January 2025) which states that the MCP is prepared to accept data from the MHP within 24 hours of admission or discharge. (DTP TCS Data Workflow Redline). **TRAINING/RE-EDUCATION** » "Project Plan Milestones" (11/08/24) to demonstrate that the MCP conducted Staff Training on updated DTPs for Transitional

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Care Services for Inpatient Psychiatry to MCP staff from 11/08/24 – 11/15/24. (Project Plan 11-8-24). **MONITORING AND OVERSIGHT** » "Inpatient 4c 4D Report" (December 2024) to demonstrate that the MCP has implemented a notification process between the county MHP and the MCP within 24 hours of admission and discharge to arrange for appropriate follow-up services. The MCP receives a daily report from the County MHP of inpatient admits and discharges. The MCP reviews this report daily. (Inpatient 4C 4D Report 12-19-24). » "Care Coordination Internal Audit" and "BHD Quarter 4 Audit Samples" (Quarter 4, 2024) to demonstrate that the MCP's Behavioral Health Department is conducting quarterly internal audits of coordination of care and member follow up. Samples were selected of each type: SMHS, Transitions of Care (TOC), and Transition of Care (TCS). (BHD Audit Q4 2024, BHD Q4 Audit Samples). » Compliance Audit Report, "Contra Costa Health Plan, Compliance Department Internal Audit Report of CCHP Behavioral Health Services" to demonstrate that the MCP has conducted an internal audit to evaluate whether the MCP's Behavioral Health Department (BHD) has addressed the DHCS Focused Audit Findings and to determine the appropriate level of ongoing monitoring to perform. The audit focused on

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				coordination of care and data sharing for the following populations: ○ Members receiving referrals to Specialty Mental Health Services (SMHS). ○ Members receiving referrals to Transition of Care (TOC) services, transitioning from a higher to lower level of care and vice-versa. ○ Members receiving Inpatient services and Transitional Care Services (TCS) after discharge. ○ Members receiving referrals to Substance Use Disorder Services (SUDS). (Compliance Audit Report). **The corrective action plan for finding 2.3 is accepted.**
2.4 SUDS—Good Faith Efforts to Confirm Treatment The Plan did not make good faith efforts to confirm whether members received referred SUD treatments and document when and, where the treatments were	• Shared Plan Data Feed data regarding SUD members with the DMC-ODS partner to reconcile DHCS claims data with their referrals • Confirmed codes with DHCS to identify claims from Weekly Plan File. SUD Monitoring report development in progress. • BHS DMC-ODS partner created an aggregate report of SUD referrals with percentage of members who	• BHD 18.xxx Care Coordination Policy • 2.4 BHS_MOU.pdf • A) 2.4 SUD WPF.pdf • 2.4 SUD Referrals.xlsx	Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "BHD18.XXX: BHD Care Coordination Policy" to demonstrate that the MCP has created a new care coordination policy. The MCP's BHD will make good faith efforts to confirm whether members receive the referred treatments and document the location, timing, and any next steps following the treatment. If a member does not engage in the referred treatment, the BHD will conduct follow-up outreach to understand the barriers preventing access to care and make

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
received, as well as any next steps following treatment.	received services based on referral. The Plan uses this report to track and trend partnership with its DMC-ODS partner			appropriate adjustments to the referral plan as indicated. (DRAFT BHD18.XXX-Care Coordination, Page 2). **MONITORING AND OVERSIGHT** » Excel Spreadsheet, "SUD SmartCare Referrals" (03/12/25) to demonstrate that the MCP has implemented a monitoring process to track whether members received referred SUD treatments. Using the DHCS Plan Data Feed data, the MCP's DMC-ODS partner will have a list of members who have not received referred SUD services. The DMC-ODS would then be able to generate reports on the number and percentage of members who received and did not receive SUD services. The Excel Spreadsheet tracks the Referral Count, Completed Referral Count, and Percent of Completed Referrals. (TAP6413 SUD SmartCare Referrals Confirmed). **The corrective action plan for finding 2.4 is accepted.**
2.5 SUDS—Follow-up to Understand Barriers and Adjust Referrals The Plan did not have a process in place to follow up with members, understand barriers, and	• Shared Plan Data Feed data regarding SUD members with the DMC-ODS partner to reconcile DHCS claims data with their referrals • Confirmed codes with DHCS to identify claims from Weekly Plan File. SUD Monitoring report development in progress.	• BHD 18.xxx Care coordination Policy • 2.4 BHS_MOU.pdf • 2.4 SUD	Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "BHD18.XXX: BHD Care Coordination Policy" to demonstrate that the MCP has created a new care coordination policy. When barriers to treatment are identified, such as transportation issues, financial constraints, or lack of available

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
make subsequent adjustments to referrals.	• BHS DMC-ODS partner created an aggregate report of SUD referrals with percentage of members who received services based on referral. The Plan uses this report to track and trend partnership with its DMC-ODS partner	WPF.pdf • 2.4 SUD Referrals.xlsx		services, the MCP's BHD will take proactive steps to address these barriers. This may include coordinating alternative treatment options, arranging for transportation assistance, or connecting members to support services that can facilitate access to care. The MCP's BHD is expected to document these efforts thoroughly and ensure a seamless transition to the appropriate level of care. (DRAFT BHD18.XXX-Care Coordination, Page 2). **MONITORING AND OVERSIGHT** » Excel Spreadsheet, "SUD SmartCare Referrals" (03/12/25) to demonstrate that the MCP has implemented a monitoring process to track whether members received referred SUD treatments. Using the DHCS Plan Data Feed data, the MCP's DMC-ODS partner will have a list of members who have not received referred SUD services. The DMC-ODS would then be able to generate reports on the number and percentage of members who received and did not receive SUD services. The Excel Spreadsheet tracks the Referral Count, Completed Referral Count, and Percent of Completed Referrals. (TAP6413 SUD SmartCare Referrals Confirmed). **The corrective action plan for finding 2.5 is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 NEMT—Provision of Door-to-Door Assistance The Plan did not have a process in place to ensure door-to-door assistance is being provided for all members receiving NEMT services.	Updated NEMT policy MS policy 8.051 page 6-7 adding a Monitoring and Oversight section, updated UM policy 15.064 to reflect changes in the MS policy, Added Door-to-Door information on CCHP Member Fall Newsletter 2024, implemented Door-to-Door surveys in June 2024 Started a pilot program to capture door-to-door service	MS policy 8.051 NEMT Transportation, UM policy 15.064 Non-Emergency Medical Transportation (NEMT) & Travel Expenses, Door-to-Door survey results, script and desk procedure for survey, Member newsletter Pilot Program documentation for door-to-door service	Short term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MS policy 8.051 NEMT Transportation" was updated to include a monitoring & oversight section. The addition includes the detailed provider requirements for door-to-door services for NEMT services. (Monitoring and Oversight, 2. Performance Standards, b. Door-to-Door Assistance, page 7) » Plan policy "UM 15.064 NEMT & Travel Expenses" was updated to include additional door-to-door assistance requirements. Policy states, "CCHP shall also ensure door-to-door assistance for all members receiving NEMT services." (POLICY, Prior Authorization, page 1-2) **TRAINING/RE-EDUCATION** » Plan notification "3.1 Member Newsletter Fall 2024" demonstrates the Plan notified members of the ability to use/receive door-to-door assistance with their transportation requests. The notification newsletter includes a phone number to the Transportation Unit & the parameters for transportation services should the member need to use them. (See 3.1 Member Newsletter Fall 2024, page 2)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Plan website "3.1 Door-to-Door info on CCHP website" demonstrates the addition of the door-to-door assistance information on its website. The information updated includes that a member can get help with their transportation service, including door-to-door assistance for NEMT requests. (See 3.1 Door-to-Door info on CCHP website) **MONITORING AND OVERSIGHT** » Plan policy "MS policy 8.051 NEMT Transportation" includes its monitoring process through bi-weekly survey calls to members to obtain feedback on their experience with NEMT door-to-door services. Survey results are shared with providers during quarterly meetings. (Monitoring and Oversight, 3. Member Satisfaction and Surveys, a. Bi-Weekly Survey Calls, page 7) » Plan procedure "NEMT Door-to-Door Survey Desk Procedure" details the process for the Plan's bi-weekly survey calls to gather feedback from all members who have used NEMT services. The survey focuses on whether the member received door-to-door services & the results are shared with providers during quarterly meetings to improve service quality. (3.1 NEMT Door-to-Door Survey Desk Procedure, page 1) » Sample report "NEMT Door-to-Door survey results June to September 2024" includes the results of the Plan's bi-weekly survey calls to members. The survey results included how many members

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				received door-to-door services & who did not. Based on the results, only 2.6% of members did not receive door-to-door assistance for NEMT requests. (See 3.1 NEMT door-to-door survey results June to September 2024) **The corrective action plan for finding 3.1 is accepted.**
3.2 NEMT—Plan Monitoring and Oversight of Door-to-Door Assistance The Plan did not conduct monitoring activities to verify that NEMT providers are providing door-to-door assistance for all members receiving NEMT services.	Updated NEMT policy MS policy 8.051 page 6-7 adding a Monitoring and Oversight section, updated UM policy 15.064 to reflect changes in the MS policy, Implemented Door-to-Door surveys in June 2024 Requesting Door-to-Door policies from Transportation Vendors Started a pilot program to capture door-to-door service	MS policy 8.051 NEMT Transportation, UM policy 15.064 Non-Emergency Medical Transportation (NEMT) & Travel Expenses, Door-to-Door survey results, script and desk procedure for survey, Vendor's Door-to-Door policies Pilot Program documentation for door-to-door service	Short term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MS policy 8.051 NEMT Transportation" was updated to include a monitoring & oversight section. The addition includes the detailed provider requirements for door-to-door services for NEMT services. (Monitoring and Oversight, 2. Performance Standards, b. Door-to-Door Assistance, page 7) **MONITORING AND OVERSIGHT** » Plan policy "MS policy 8.051 NEMT Transportation" includes its monitoring process through bi-weekly survey calls to members to obtain feedback on their experience with NEMT door-to-door services. Survey results are shared with providers during quarterly meetings. (Monitoring and Oversight, 3. Member Satisfaction and Surveys, a. Bi-Weekly Survey Calls, page 7) » Plan procedure "NEMT Door-to-Door Survey Desk Procedure" details the process for the Plan's bi-weekly survey calls to gather feedback

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				from all members who have used NEMT services. The survey focuses on whether the member received door-to-door services & the results are shared with providers during quarterly meetings to improve service quality. (3.1 NEMT Door-to-Door Survey Desk Procedure, page 1) » Sample report "NEMT Door-to-Door survey results June to September 2024" includes the results of the Plan's bi-weekly survey calls to members. The survey results included how many members received door-to-door services & who did not. Based on the results, only 2.6% of members did not receive door-to-door assistance for NEMT requests. (See 3.1 NEMT door-to-door survey results June to September 2024) **TRAINING** » Various meeting materials demonstrate that the Plan is reviewing survey results with the transportation providers & is addressing any deficiencies with the providers to plan for next steps & corrective actions if necessary. (See 3.2 NEMT Vendor Meeting Agenda & 3.2 NEMT Vendor-One Access Transportation Meeting Minutes 10-3-2024) » Plan meeting schedule "Vendor Meeting Schedule" demonstrates the Plan has all upcoming transportation provider meetings scheduled through 2024 to address survey results & possible deficiencies. (See 3.2 Vendor Meeting Schedule)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 3.2 is accepted.
3.3 NEMT—Monitoring and Oversight of Providers' No-Show Rates The Plan did not conduct monitoring activities of no-show rates for NEMT providers.	Updated NEMT policy MS policy 8.051 page 6-7 adding a Monitoring and Oversight section, updated UM policy 15.064 to reflect changes in the MS policy, Implemented Quarterly meetings with Transportation vendors, Requesting No show policies from Transportation Vendors In process of contracting with RoundTrip for NEMT and NMT, including monitoring of No-show rates	MS policy 8.051 NEMT Transportation, UM policy 15.064 Non-Emergency Medical Transportation (NEMT) & Travel Expenses, Vendor meeting schedule and minutes, Vendor's No show policies Draft project documents for new vendor contract	Short term and ongoing	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MS policy 8.051 NEMT Transportation" was updated to include a monitoring & oversight section. The addition includes the details of the Plan's monitoring & oversight of No-Show Rates. Policy states that NEMT providers must monitor & report their no-show rates monthly. High no-show rates will be addressed during quarterly meetings with the Plan. Reports include the total number of scheduled rides, the number of no-show rates, with reasons provided, & trends & patterns identified. (Monitoring and Oversight, 2. Performance Standards, c. No-show Rates, page 7) **TRAINING** » Plan meeting agenda "NEMT Vendor Meetings Agenda" demonstrates the format for the quarterly vendor meetings the Plan holds with transportation providers. (See 3.3 NEMT Vendor Meeting Agenda) » Various NEMT vendor meeting minutes demonstrates the Plan's continuous monitoring & oversight through quarterly vendor meetings. The meeting minutes include details regarding no show policies & the Plan gathering no-show data from each vendor to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				populate its monthly report. (See 3.3 NEMT Vendor-EZ Ride, LLC Minutes, 3.3 NEMT Vendor-Medic Shuttle Meeting Minutes, 3.3 NEMT Vendor-United Med Meeting Minutes) **MONITORING AND OVERSIGHT** » Plan policy "MS policy 8.051 NEMT Transportation" includes its monitoring process that details the continuous monitoring effort the Plan has implemented. The implementation includes that the Plan will continuously monitor the performance of NEMT providers on a monthly basis, including no-show rates. Based on the outcomes of quarterly meetings & ongoing monitoring, the Plan will take necessary follow-up actions, including service agreements and/or implementing CAP to address issues. (Monitoring and Oversight, 5. Monitoring and follow-up, page 7 & 8) » Plan report "3.3 No Show for September 2024 10.3.24" demonstrates the data that is collected on a monthly basis regarding all scheduled rides. Included in the data is a passenger no show component. (See 3.3 No Show for September 2024 10.3.24) **The corrective action plan for finding 3.3 is accepted.**
3.4 NMT—Monitoring and Oversight of NMT Providers' No-	Updated NEMT policy MS policy 8.050 page 6-7 adding a Monitoring and Oversight section, Implemented Quarterly meetings with Transportation vendors	MS policy 8.051 NEMT Transportation, UM policy 15.064	Complete	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Show Rates The Plan did not conduct monitoring activities of no-show rates for NMT providers.	In process of contracting with RoundTrip for NEMT and NMT, including monitoring of No-show rates	Non-Emergency Medical Transportation (NEMT) & Travel Expenses, Vendor meeting schedule and minutes Draft project documents for new vendor contract		» Plan policy "MS 8.050_NMT" was updated to include a monitoring & oversight section. The addition includes the monitoring & oversight of RoundTrip, the Plan's NMT broker. The Plan monitors the following for No show Rates: a. Providers must monitor and report their no-show rates Monthly. High no show rates will be addressed in monthly meetings. These reports should include: b. Standard template for reporting no-show data to ensure consistency and comparability across vendors c. The total number of scheduled rides d. The number of no-shows, with reasons provided e. Trends and patterns identified If non-compliance is identified, the Plan will impose a CAP on the NMT broker or provider. (3.4 MS 8.050_NMT Transportation_Sept 2024, 3. – 5. Pages 6 & 7) **TRAINING** » Meeting materials "NMT Round Trip Unit Meeting Minutes" demonstrates the Plan's efforts to address deficiencies with the NMT vendor. The meeting minutes show that the Plan is reviewing month's prior ride rates with the vendor, including no show rates. Next steps are noted for the next month's review. (3.4 NMT Round Trip Unit Meeting Minutes 12-10-2024, pages 1 & 2) **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Plan report "No Show for September 2024" demonstrates how the Plan is conducting monitoring activities of no-show rates for NMT providers. The tracker includes no show rates as part of the components being tracked on a monthly basis. (See 3.3 No Show for September 2024) » Plan operations "Contra Costa Health Plan Operational Touchpoint" demonstrates the meeting between the Plan & NMT vendor "Roundtrip" monthly meetings. The meeting consisted of reporting on various components of NMT rides. The report shows that the Plan is monitoring no-show rates on a monthly basis, highlighting improvements month-to-month. (3.4 ContraCosta Health Plan 2.11.25 Ops, slides 5-8) **The corrective action plan for finding 3.4 is accepted.**

*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

Submitted by: Irene Lo

Title: MD, Interim CEO, CCHP

Submitted by: Chanda Gonzales

Title: Compliance Officer

Signed by: [Signatures on file]

Date: 8/5/2025