

August 4, 2026

Daniel Quan, Compliance Officer
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119

Via E-mail

RE: Department of Health Care Services Focused Medical Audit

Dear Mr. Quan:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Santa Clara Family Health Plan, a Managed Care Plan (MCP), from March 27, 2023 through April 6, 2023. The focused audit covered the period from March 1, 2022, through February 28, 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
Managed Care Quality and Monitoring Division (MCQMD)
Department of Health Care Services
Enclosures: Attachment A (CAP Response Form)
Attachment B
Final Audit Report

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
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
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Arianna Ngo, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan

Review Period: 03/01/2022 – 02/28/2023

Audit: 2023 Focused Audit of Behavioral Health and Transportation Services

On-site Review: 03/27/2023 – 04/06/2023

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 Timely Access to Services The Plan did not ensure timely access to services for all members in accessing screening and assessments for mental health services.	Following the release of APL 22-028, SCFHP implemented assessments using the standardized screening tools in February 2023	2.1_CM.55.02 - Completion of BH Screening Tools V1 2.1_Standardized Behavioral Health Screening (2934_-1) 2.1_05.17.2023 - SCFHP APL 22-028_Approval	February 2023	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>CM.55.02: Completion of Behavioral Health Screening Tools (2/21/2023)</u> » The Plan's Policy outlines the process for completing the California DHCS Behavioral Health Screening Tool for Medi-Cal and Dual Connect members seeking mental health services. <u>CM.55v1: Standardized Behavioral Health Screening (12/29/2023)</u> » The Plan's Policy demonstrates that the Plan and the County are responsible for coordinating to demonstrate timely, consistent, clinically appropriate, and comprehensive NSMHS and SMHS are delivered to MCP's members. <u>CM 50: Coverage and Coordination of Mental Health Services (2/14/2023)</u> » The Plan's Policy outlines the Plan's responsibility to guarantee timely and consistent mental health services for members, regardless of the referral source, and the MCP's role in providing or arranging appropriate non-specialty services while coordinating specialty mental health and substance use services with Santa Clara County Behavioral Health Services Department.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				TRAINING <u>Provider Memo: New Adult and Youth Behavioral Health Screening and Transition of Care Tools (03/29/23)</u> » The Provider Memo demonstrates the Plan has informed their Providers about APL 22-028, which provides guidance to Managed Care Plans and County Mental Health Plans on new standardized behavioral health screening and transition of care tools. <u>Email and Training Materials: Workflow Discussion and DHCS Standardized Behavioral Health Screenings (02/01/23)</u> » The email and training materials provided demonstrate that the Plan met with the Santa Clara Family Health Plan and County Behavioral Health Services Department (SCCBHSD) to discuss the workflow and share screening tools. MONITORING AND OVERSIGHT <u>Santa Clara Family Health Plan and County Behavioral Health Services Department (SCCBHSD) District Joint Operations Committee Meeting (02/16/23)</u> » The Plan provided meeting minutes to demonstrate documented reviews and discussions between the Plan and the County regarding the screening tool update, and that the Plan will be going live with the capability to screen members on 2/21/2023. <u>Behavioral Health Screening Referral Tracker (2/17/2023 - 1/2/2024)</u>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Demonstrates that the MCP tracks and logs all screening tool assessments completed by SCFHP. <u>BH Screening Tool Tracker (1/2/2024 - 2/24/2025)</u> » demonstrates the MCP is continuously tracking and logging all screening tool assessment completed by SCFHP. <u>SCCBHSD and SCFHP Bi-Weekly Meetings (8/21/2024, 9/18/2024, 10/31/2024, and 11/27/2024)</u> » The Plan provided its bi-weekly meeting minutes with SCCBHSD to demonstrate an increase in cadence to discuss operational concerns and collaborate to resolve issues, ensuring effective coordination <u>SCCBHSD and SCFHP Quarterly JOC Meeting (2/15/2024, 5/16/2024, 8/15/2024, and 11/21/2024)</u> » Additionally, the Plan provided quarterly JOC meeting minutes with SCCBHSD to demonstrate discussions on operational concerns and collaborate to resolve issues, ensuring effective coordination The corrective action plan for finding 2.1 is accepted.
2.2 Screening and Referrals for Mental Health Services The Plan did not ensure that network	Mental health screenings are completed by PCPs based on their medical judgement and assessment of members during office visits. SCFHP ensures that our network PCPs conduct mental health screenings by	2.2_FSR.MRR policy 2.2_FSR.MRR procedure 2.2_IHA 2023		The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>QI.07.01 v5: Facility Site Review (4/25/2023)</u>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
PCPs conducted mental health screenings of members.	auditing members' completion of Initial Health Appointments (IHA) and through Medical Records Review (MRR) as part of Facility Site Review (FSR) Audits.			» The Plan's Policy states that each MRR tool review element is worth one point. The MRR score is based on a review of ten randomly selected medical records, pediatric, adult, or obstetric, depending on the served member population. For PCPs serving only pediatric or adult patients, all ten records must follow the appropriate preventive care criteria. TRAINING <u>Staying Health Assessment/Initial Health Assessment Training Attestation (12/2022-3/2023)</u> » The attestation is evidence that providers completed training which included information regarding the need for preventive screenings or services in accordance with USPSTF recommendations, including mental health screenings. MONITORING <u>IHA Quarterly Audit Process (10/2024)</u> » The Plan developed and implemented an internal audit process to demonstrate that it monitors for the completion of IHAs, all components are met, and outreach is conducted for those without an IHA, including mental health screening. The Plan randomly selects a sample of PCPs on a quarterly basis to be audited. When an IHA element is missing, such as the assessment of a member's mental or behavioral health, the provider receives feedback and is asked to submit a corrective action plan.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<u>Medical Record Review Tool (10/22/2024)</u> » The Plan demonstrated through its Medical Record Review Tool that PCPs are conducting the Initial Health Assessment (IHA) and the Individual Health Education Behavioral Assessment (IHEBA). » Additionally, DHCS monitors the Plan's site reviews, which include both facility and medical record reviews, and confirmed through its recent survey that IHA and IHEBA are included. <u>Adult Health Maintenance Checklist (11/2024)</u> » The Plan has an audit tool in place to demonstrate that medical records include the completion of depression screening. <u>Focused Medical Record Review Findings (08/07/24)</u> » The Plan provided a report to demonstrate it notifies the Provider of any findings identified during the medical record reviews. » Additionally, the Plan demonstrated through its <u>Corrective Action Plan (CAP) Notifications (08/25/2023, 7/18/2023, and 9/13/2023)</u> that it issues CAPs to PCPs who fail a Medical Record Review due to deficiencies in Adult Preventive Care Screening, which includes BH assessments (including depression), suicide risk screening, and psychosocial/behavioral assessment. These are verified through the review of medical record charts. The corrective action plan for finding 2.2 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: Daniel Quan

Title: Compliance Officer

Signed by: [Signature on file]

Date: 10/07/2024