

Contra Costa Behavioral Health Services

Contra Costa Mental Health Plan

Provider Manual



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WELCOME

Welcome to Contra Costa Mental Health Plan (CCMHP), a part of Contra Costa Behavioral Health Services Division.

We hope that you will find the Provider Manual to be a useful resource. In this manual, you will find information regarding the types of services provided within the county, how to get started working with Contra Costa County members, documentation requirements, and links to resources to provide further assistance.

This manual has been developed as a resource for Providers within the CCMHP. It seeks to ensure that Providers meet regulatory and compliance standards of competency, accuracy, and integrity in the provision and documentation of their services. As with any manual, updates will need to be made as policies and regulations change.

We look forward to working with you to ensure the delivery of quality Specialty Mental Health Services to Contra Costa County Medi-Cal members.

Contra Costa Behavioral Health Services (CCBHS)

The Behavioral Health Services Division of Contra Costa Health Services brings together [Mental Health](#) and [Alcohol and Other Drugs](#) into a single system of care. With increasing challenges in serving complex populations with multiple needs, this integration is a response to the growing desire to have improved consumer outcomes through a systems approach that emphasizes "any door is the right door," and that provides enhanced coordination and collaboration when caring for the "whole" individual.

Contra Costa Mental Health Plan (CCMHP)

As a result of the Medi-Cal Specialty Mental Health Services Consolidation Phase II that took effect in Contra Costa County on April 1, 1998, all non-hospital Specialty Mental Health Services are administered and provided through the Contra Costa Mental Health Plan (CCMHP). Medi-Cal members previously seen in the Short-Doyle/Medi-Cal system and those previously seen in the Fee-for-Services Medi-Cal system are served by CCMHP.

OUR MISSION

The mission of Contra Costa Behavioral Health Services, in partnership with members, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promotes wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

OUR VISION

Contra Costa Behavioral Health Services (CCBHS) envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.

CCBHS strives to create an effective, high quality integrated system to meet the needs of all residents of Contra Costa County. We work together with those individuals with psychiatric conditions to provide:

Hope supports all human beings in becoming their unique and best selves.

Recovery empowers individuals to manage their symptoms and reclaim meaningful lives and relationships.

Partnership brings consumers, family, friends, and mental health professionals together in the hope-filled journey of recovery.

CCBHS provides an array of opportunities for partners to work together in the spirit of hope toward recovery. This includes programs and services for children, adolescents, young adults, adults, and older adults of Contra Costa County.

GUIDING PRINCIPLES

CCMHP is guided by the following principles that affect the implementation of all levels of member services:

1. Services are provided to members with respect, dignity and their right to privacy regardless of race, religion, education, sex, cultural background, physical or mental handicaps, or financial status.
2. Services focus on members' strengths and not weaknesses.
3. Services are provided in an appropriate, accessible, culturally sensitive manner with member rights to interpreter services.
4. Services are delivered in an organized, coordinated, and cost-effective approach to care and treatment.
5. Services are member-driven, family focused and achieve positive mental health outcomes for culturally diverse populations across all age groups.
6. Services are delivered through a comprehensive, community-based coordinated system of care when serving adults with serious and persistent mental illnesses and children and adolescents with serious emotional disturbances.

7. Services are delivered with emphasis on problem-focused treatment at all levels when conditions are less serious and less enduring.
8. Services are provided in a “user-friendly” system with easy access for members, and a “seamless” interface with the physical health, Alcohol & Other Drugs and Homeless services.
9. Services are delivered in an accountable system to quality assurance, standards of access, timeliness, quality and effectiveness.

Important Contacts

MEMBER REFERRAL

Behavioral Health Access Line

The Access Line welcomes Contra Costa Medi-Cal members or Medi-Cal eligible members, to integrated services for mental health, substance use, and housing resources. It is the main point of entry into the county's Mental Health and Substance Use Disorder treatment programs. The Access Line offers 24-hour availability and assistance in all languages via staff or interpreters.

Phone: 1 (888) 678-7277

ADMINISTRATIVE ASSISTANCE

Quality Improvement Coordinator

Phone: (925) 957-5160

Provider Services Unit

Site Certification, Credentialing, Recredentialing, 274 Report, Informing Materials and Posters

Website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>

Credentialing Email: Provider.Services@cchealth.org

Recredentialing Email: BHRecredentialing@cchealth.org

Site Certification Email: BHCertification@cchealth.org

274 Report Email: BH274Report@cchealth.org

Phone: (925) 608-6790

Fax: (925) 608-6794

Medi-Cal Provider Telephone Service Center

Phone: (800) 541-5555

Help Desk / ccLink Assistance

Phone: (925) 957-7272

FOR COUNTY OWNED AND OPERATED CLINICS AND COMMUNITY-BASED ORGANIZATIONS (CBOs)

Utilization Review (UR)

Website: <https://www.cchealth.org/services-and-programs/behavioral-health/clinical-documentation-forms>

Phone: (925) 608-6760

Fax: (925) 608-6791

INDIVIDUAL AND GROUP PROVIDERS

Care Management Unit (CMU)

Website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>

Email: CMUProvider.Services@cchealth.org (DO NOT EMAIL ANY PHI)

Phone: (925) 372-4400

Fax: (925) 372-4410

Provider Portal Support (Individual and Group Providers only)

Email: BHS.Support@cchealth.org

Phone: (925) 957-7272

EMERGENCY SERVICES

Psychiatric Emergency Services

Phone: (925) 646-2800

Contra Costa Youth Stabilization Unit

Phone: (844) 844-4451

A3 Crisis Response

Phone: (844) 844-5544

Contra Costa Crisis Center

Phone: 988 or (800) 273-8255

CHAPTER 1. Categories of CCMHP Participating Providers/Covered Services/Practice Guidelines

1.1 TYPES OF PROVIDERS

The Mental Health Plan provider network utilizes a wide variety of professionals in order to meet the needs of its members. Each provider's scope of practice defines the type of services he/she is allowed to perform. Each site's Medi-Cal certification further defines the service and provider types at each location. The scope of service provision is also defined in provider contracts. Below are the types of providers found in various settings within Contra Costa Mental Health Plan.

1.2 COUNTY OWNED AND OPERATED CLINICS AND COMMUNITY-BASED ORGANIZATIONS (CBOs)

County Owned and Operated Clinics and CBOs are certified by Contra Costa Mental Health Plan (CCMHP) and Department of Health Care Services (DHCS) to deliver Short-Doyle Medi-Cal specialty mental health services. These programs may be staffed by Psychiatrists, Nurse Practitioners, Registered Nurses, Licensed Psychiatric Technicians, Licensed Vocational Nurses, Occupational Therapists, Licensed Marriage & Family Therapists, Licensed Professional Clinical Counselors, Licensed Clinical Social Workers, Licensed Psychologists, registered and waived interns, trainees under direct supervision of licensed staff, Mental Health Rehab Specialists, Certified Peer Support Specialists, Designated Mental Health Workers and others as approved by the Behavioral Health Director or designee. Services provided at each site are determined by each location's DHCS approved mode and service functions.

1.3 INDIVIDUAL AND GROUP PROVIDERS

Individual and group providers can hold any of the following credentials: Psychiatrist, Psychologist, Clinical Social Worker, Marriage and Family Therapist and Professional Clinical Counselor who are licensed and in independent practice. This portion of the provider network is comprised of both individual and group practice providers. These providers contract directly with the Care Management Unit, and the types of services they are authorized to provide is based on the provider's credentials, scope of practice and contract.

1.4 TYPES OF SERVICES PROVIDED

Contra Costa County members have access to a myriad of treatment options within the system of care. Depending on the members' treatment needs, geographic location and functional impairment, services may be provided in a county owned and operated clinic, one of the community-based organizations or at a private practice location. Below you will find lists for the populations served in CCMHP and the treatments available to them.

Services for Children & Families

CCMHP operates regional clinics as well as contracts with community-based organizations to offer home, school, and community-based services to meet the varied needs of children, youth, and their families.

Services:

- Psychiatric and medication assessments, consultation, and medication management
- Individual, family, and group outpatient therapy
- Care management to coordinate services
- Family Partners, with lived experience caring for family members with serious mental illness, support families of participants and help them navigate services and resources
- Wraparound services for children with serious emotional disturbances that involves each family's social network
- Evidence-based practices that are supported by research to be effective treatments
- CCMHP has implemented the Pathways to Wellbeing (Katie A Settlement Agreement) to serve children and youth who are eligible for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC) services, including those who have been identified as Katie A subclass members. CCMHP provides ICC and IHBS under the Core Practice Model (CPM) for members under the age of 21 who are eligible for full scope Medi-Cal, when medically necessary. CCMHP released a continuous solicitation for applications to offer TFC.
- Presumptive Transfer and Service Authorization Request (SAR) authorized providing specialty mental health services to children and youth who are placed outside of their home county.

Other Children/Adolescent Services

- Psychological evaluations to aid with placement planning and treatment of children in the child welfare system who have been removed from the home due to abuse or neglect
- First Hope, a prevention program that provides diagnostic and treatment services for adolescents and young adults who are at risk for psychosis
- Mental Health and Probation Services, a county-operated program that offers mental health consultation, assessment, and treatment for youth involved in Juvenile Justice, including at the Juvenile Detention Center.
- Full-Service Partnership (FSP) for participants who may need 24-hour services, including crisis intervention and stabilization, treatment, family support, and family education services

- Mobile response teams travel to participants who are 18 and younger to provide immediate crisis intervention
- Multi-Dimensional Family Therapy (MDFT) is family-based treatment for substance-abusing adolescents, or those with co-occurring substance use and mental disorders
- Multi-Systemic Therapy (MST) is community-based, family-driven treatment for antisocial or delinquent behavior in youth
- Therapeutic Behavioral Services (TBS) for youth who are placed or being considered for placement in a high-level group home or locked treatment facilities for treatment

Evidence-Based Practices

Providers are encouraged to utilize treatment modalities that have been proven effective in treating various mental health symptoms. These interventions are targeted to specific populations. Evidence-based practices (EBP) require the treatment to be implemented correctly and consistently over the duration of treatment. These practices are routinely reviewed and assessed for appropriate usages to their target populations. Our system of care utilizes EBPs for services provided in both children and adult programs.

Evidence-Based Practice for Children Services

There are a wide variety of evidence-based practices (EBP) that are utilized in our system of care. Below are a few brief explanations of some of the EBPs being used.

Child Parent Psychotherapy

Per the Child Trauma Research Program at UCSF, Child Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and/or are experiencing mental health, attachment, and/or behavioral problems, including post-traumatic stress disorder (PTSD).

The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors).

Trauma Focused Cognitive Behavior Therapy

Trauma Focused Cognitive Behavior Therapy (TF-CBT) is the most researched model for treatment of trauma symptoms. The protocol is straight forward and child and family

friendly. It involves teaching parents and their child what it means to experience trauma, develop the tools to cope with it, learn about safety planning, and bringing new meaning to their experiences and hopes for the future.

It is a model designed for children 8 - 18 years old that can be implemented in as few as 16-20 weeks. Parents or other significant care givers participate throughout the treatment with an emphasis on psychoeducation, supportive parenting, safety planning, and emotional support to the parent. The child learns healthy ways to cope with their thoughts and feelings, how to face their fears and worries, and developing trust and emotional connection by sharing their story with their provider and when appropriate with their primary support person.

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment for suicidal and depressed adolescents (ages 14-18) as well as other conditions that result in symptoms of emotion dysregulation. When teens are showing signs of depression, suicidal feelings, have engaged in impulsive behaviors, and are having anger problems, they are experiencing a very serious level of emotional suffering. The primary focus of DBT is based on a hierarchy of safety first, skill development, and building a life worth living.

It is based on the premise of the bio-social theory that some of us are born with more emotional sensitivity than others, and that our society is often invalidating to teens who experience high levels of emotional sensitivity. By teaching teens, and at least one parent/guardian how to monitor and analyze their emotions and behaviors, along with helpful skills to address their symptoms, suffering is reduced, and functioning improves. Skills taught include Mindfulness, Interpersonal Effectiveness, Emotion Regulation, Middle Path and Distress Tolerance. The full DBT model involves a 20-week commitment to the multi-family skills group, concurrent weekly individual therapy, telephone coaching, and consultation team.

Family-Based Therapy for Eating Disorders

Eating disorders have historically been considered a chronic and intractable mental illness that is difficult to treat. Family-Based Therapy (FBT) is an evidence-based practice that has been found to be effective with children and adolescents, who have been ill for less than 3 years and are under age 18. Studies show between 50-70% of patients achieving recovery after a year of FBT treatment.

The treatment emphasizes empowering parents to manage their child's eating disorder through a firm, compassionate focus on re-nourishment and then transitioning control back to the adolescent. Helping both the member and parents recognize the eating

disorder as a separate illness that is not part of the child's identity helps them align with each other against the disordered behaviors.

Functional Family Therapy (FFT)

Functional Family Therapy identifies specific phases of treatment that help to organize the interventions. This allows the provider to focus on the context of family and individual disruption. FFT focus on working with children and youth ages 10-18 and their families with problems ranging from acting out to conduct disorder to substance abuse. Each phase includes specific goals, assessment, and specific techniques of intervention. The specific interventions focus on engagement/motivation, behavior change and generalization of new behaviors and skills.

Multidimensional Family Therapy (MDFT) Program

Multidimensional Family Therapy is an intensive in-home program that focuses on several core areas of the adolescent's life simultaneously (parents, schools, other family members and the community). The targeted age group is 11-18-year olds who have behavioral difficulties and serious substance abuse issues. MDFT focuses on helping the family understand the connections between drug use, criminal behavior and mental health.

Throughout the treatment, skills are taught to improve positive peer relations; healthy self-esteem; connection to school and community activities; increased autonomy; and emotional connection to family members. It is important for all members of the family to be involved so that they also learn skills to improve the relationship with the member; increase their knowledge of successful parenting techniques; and improve everyday communication.

Portland Identification and Early Referral (PIER)

Portland Identification and Early Referral is a specialized program that provides early identification and intensive interventions to young people from the of ages 12-25 years old showing early signs of psychosis. PIER focuses on educating the member and their families about early warning signs of psychosis. In addition, PIER provides treatment for the member through psychosocial and psychopharmacological interventions.

National Wraparound Initiative

The Wraparound Program is a strengths-based process, which engages family members to determine and prioritize their needs. The targeted age group is 5-18-year olds with significant mental health issues. Wraparound is described as a four-phase

program (Engagement and team preparation, Initial plan development, Implementation, and Transition).

Wraparound aims to develop problem-solving skills, coping skills, and self-efficacy of the member and family members. There is an emphasis on integrating the member into the community and building the family's social support system. Throughout the Wraparound process, a team of people who are significant to the member's life collaboratively develop an individualized plan of care, implement this plan, monitor the efficacy of the plan, and work towards success over time.

Services for Adults

CCMHP operates regional adult and older adult mental health clinics as well as contracts with community-based organizations to support additional services throughout Contra Costa.

Services:

- Psychiatric and medication assessments, consultation, and medication management
- Individual, family, and group outpatient therapy
- Case management to coordinate services
- Community Support Workers are peer providers with experience as a mental health participant help navigate our services and resources
- Family Support Workers with experience caring for loved ones with serious mental illness, available to inform and support family members of participants on services and information needed to provide better care to their loved ones
- Wellness and prevention planning using the evidence-based Wellness Recovery Action Plan (WRAP) process
- Assistance planning and managing financial benefits and resources
- Crisis intervention, including psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, discharge planning and placement, and referral services

Services for Older Adults

- Intensive Care Management (ICM) to support aging in place
- Improving Mood Providing Access to Collaborative Treatment (IMPACT) for those experiencing depression while receiving medical care
- Senior peer counseling

Other Adult Services

- Crisis, transitional, and supervised residential care
- First Hope, a prevention program that provides diagnostic and treatment services for adolescents and young adults aged 12-30 years old who are at risk for psychosis

- Community reintegration services for those with co-occurring mental health and substance related disorders who are transitioning from the justice system
- Full-Service Partnership (FSP) for participants who may need 24-hour services, including crisis intervention and stabilization, treatment, peer support, and family education services
- Short-term care management transition services for participants with severe and persistent mental illness, in order to engage them in mental health services and move into the appropriate environment
- Vocational services including job search preparation, referrals, coaching, and benefits management
- Assisted outpatient treatment for those with severe mental illness who may be a danger to themselves or others, and will not participate in treatment
- Housing support services for participants who are at risk of losing their housing. Services include problem solving, crisis intervention, advocacy, linkage, support to maintain/access housing placements.
- Evidence-based practices based on need

Evidence-Based Practice for Adult/Older Adult Services

There are a wide variety of evidence-based practices (EBP) that are utilized in our system of care. Below are a few brief explanations of some of the EBPs being used.

Cognitive Behavioral Therapy - CBT

Cognitive behavioral therapy (CBT) is the one of the most commonly used evidence-based practices. This treatment approach can be used for a wide range of psychological symptoms in children, adolescents, and adults. Throughout treatment, the member is examining the relationship of emotions, behaviors, and thoughts. The model adheres to therapeutic strategies that change maladaptive cognitions and lead to a decrease in emotional distress and problematic behaviors.

Cognitive Behavioral Social Skills Training – CBSST

Building upon two strong and previously validated EBPs, CBSST combines cognitive behavioral therapy, CBT, and social skills training, SST, to target functional disability in schizophrenia. It is a manualized, but flexible, intervention that teaches cognitive skills, social skills, and problem-solving skills to help members achieve their living, learning, socializing, and working goals.

CBSST targets the range of multidimensional deficits that can lead to functional disability in people with serious mental illness (SMI). The primary goal of CBSST training is to train providers to deliver CBT and SST interventions to systematically help

people with SMI achieve their personal recovery goals. SST involves learning communication and social problem-solving skills, and CBT teaches individuals to learn how to catch, check and change unhelpful thoughts that interfere with successful goal-directed skill performance in the community.

Cognitive Behavioral Therapy for Psychosis – CBTp

CBTp is an evidence approach that can improve symptoms and functioning in those who are experiencing psychotic symptoms. The goal is to enhance functioning even though there are difficult symptoms such as delusion, hallucination, and thought disturbance. This method forms a collaborative alliance whereby the member and provider explore psychotic experiences and beliefs the member has formed about those experiences. The hope is to reduce the stress and disabling effects of these experiences. CBTp is a time limited, structured, and goal-oriented treatment. It can be delivered in either a group or individual setting and has long lasting affects after termination of services.

Dialectical Behavior Therapy - DBT

DBT is an evidence-based practice utilizing a cognitive behavioral therapy approach combined with several critical and unique elements: 1) the biosocial theory with focus on emotions in treatment, 2) a consistent dialectical philosophy, 3) mindfulness and acceptance-oriented interventions, and 4) the five functions of treatment.

It has been found to be effective with parasuicidal women with Borderline Personality Disorder, BPD, but there have been promising findings for members with BPD and substance use disorders, persons who meet criteria for binge eating disorder, and depressed elderly members. DBT includes skills training for members, usually in a group format; individual DBT psychotherapy to help members identify and solve problems in changing their behavior; and treatment modalities to support generalization of the new skills beyond the treatment environment, most commonly by telephone coaching.

Improving Mood Providing Access to Collaborative Treatment- IMPACT

IMPACT is an EBP which provides depression treatment to individuals age 55 and over in a primary care setting. The IMPACT model prescribes short-term – 8 to 12 visits – Problem Solving Therapy and medication consultation with up to one-year follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting.

The target population of the IMPACT program is adults age 55 years and older who are receiving health care services at a federally qualified health center. The program focuses on treating older adults with late life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the IMPACT program are to prevent more severe psychiatric symptoms, assist members in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

Eye Movement Desensitization and Reprocessing Therapy -EMDR

EMDR is an evidence-based practice that can be used for a wide range of psychological issues that result from having overwhelming life experiences. In order to practice this technique, the provider must complete an extensive training program. EMDR is an eight-phase treatment, which include: identifying and addressing experiences that have overwhelmed the brain's natural resilience or coping capacity. Throughout the treatment, the member reprocesses the traumatic information until it is no longer psychologically disruptive.

Wellness Recovery Action Plan (Wrap)

Wrap is an evidence-based practice which has shown positive outcomes in the categories of mental health, quality of life, social functioning, and treatment/recovery. There are five key recovery concepts for Wrap that include: Hope, Personal Responsibility, Education, Self-Advocacy, and Support. Wrap focuses on helping the member to identify upsetting events and early warning signs, then developing action plans for responding at these times.

Medication Support Services

This service is the evaluation and treatment of all psychiatric disorders including substance use disorders and medication assisted treatment (MAT). It is used exclusively by medical providers where it is within their scope of practice to provide such services.

This service type may include:

- Detailed information about how medications work
- Different types of medications available and why they are used
- Anticipated outcomes of taking a medication
- Importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate)

- How the use of the medication may improve the effectiveness of other services a member is receiving (e.g., group or individual therapy)
- Possible side effects of medications and how to manage them
- Information about medication interactions or possible complications related to using medications with alcohol or other medications or substances
- Impact of choosing to not take medications

Medication Support Services support members in taking an active role in making choices about their behavioral health care and help them make specific, deliberate, and informed decisions about their treatment options. CCMHP regularly analyzes data to ensure that State health measures are met or exceeded in an ongoing effort to improve the medication services provided.

Mental Health Crisis Services

Anyone living in Contra Costa County who experiences a mental or emotional crisis can get help. Mental Health Crisis Services are available in person or over the phone 24 hours a day, seven days a week at:

For Adults

Psychiatric Emergency Services
Contra Costa Regional Medical Center (north side)
2500 Alhambra Avenue
Martinez, CA 94553
(925) 646-2800

For Youth

Contra Costa Youth Stabilization Unit
25 Allen Street, Suite B
Martinez, CA 94553
(Located next to the Miller Wellness Center)
(844) 844-4451

For inquiries and referral information, call 1-888-678-7277 any time day or night. The call is free.

A3 Crisis Response

A3 provides behavioral health crisis support to **anyone, anywhere** at **anytime** in Contra Costa County. If you or someone you know is experiencing a behavioral health crisis, call the A3 Miles Hall Crisis Call Center at **844-844-5544**, available **24/7**.

Chapter 2. Service Provider Requirements

CCMHP requires all providers take initial steps in order to be connected to the Mental Health Plan prior to providing services to members. All providers must successfully complete the credentialing process and clear all federal exclusion checks.

County Owned and Operated Clinic, Community Based Organization, and Individual and Group providers must complete these steps with the Provider Services Unit.

2.1 CREDENTIALING AND RECREDENTIALING

All providers must complete the Credentialing Application packet in order to receive a ShareCare Staff ID and be allowed to provide billable services. After successfully completing the initial credentialing process, all providers are required to be re-credentialed at least every three (3) years and must be re-credentialed sooner if they become eligible for a new credentialing category, or if they return to CCMHP after being inactive for more than thirty (30) days.

All applications for credentialing and re-credentialing must be submitted in writing and on forms approved by CCMHP.

Credentialing and Recredentialing forms and resources are available on the Provider Services website <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>.

Credentialing Application Requirements:

1. ShareCare ID Request Form (form MHA12).
2. Credentialing/Privileging Form (form MHA22).
3. SSN Consent Form (form MHA22c).
4. 274 Report Provider Information (form MHA22h).
5. Verification of highest level of education attained (copy of degree or official transcript).
Verification of highest level of education is not required for licensed and registered providers due to it being verified by the applicable licensing board.
6. A copy of current government-issued photo identification.
7. NPI registration with the correct taxonomy code.
8. A copy of their California professional license and /or board certification or registration (Must have no limitations in California or in other states).
9. Unrestricted DEA registration (required for MDs, DOs and NPs only).
10. CCMHP Peer Reference Form (MHA22g) (Required for MDs, DOs, and NPs only)

11. For MDs and DOs in Psychiatric Emergency Services [PES] and Inpatient Unit only. Approved Credentialing Application from the CCRMC Medical Staff Office in lieu of the Credentialing/Privileging Form (form MHA22.)
12. If the provider is a Psychiatrist or a Nurse Practitioner, they must be enrolled in Provider Application and Validation for Enrollment (PAVE) portal for Medi-Cal, have completed the Ordering/Referring/ Prescribing (ORP) application, and are enrolled in the Medi-Cal Rx portal.
13. If the provider is a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, and Licensed Psychologist, they must attest on the Credentialing/Privileging Form (form MHA11) that they are currently enrolled in Provider Application and Validation for Enrollment (PAVE) portal for Medi-Cal and have completed the Ordering/Referring/Prescribing (ORP) application. They must also provide the ORP approval letter or verification that they have submitted the ORP application.
14. If the provider is a trainee, they must also include the executed agreement or contract between the agency and school; field placement agreement signed by the student, individual supervisor and/or coordinator and school field placement liaison.
15. If the provider is requesting a PhD waiver, PsyD waiver or a Pre-Doctoral waiver, they must also include their official transcripts and curriculum vitae or resume. Post Doctoral waivers require a copy of the Degree and official transcripts showing completion of the doctoral program.
16. If the provider is an unlicensed Therapeutic Behavioral Service (TBS) worker, they must attest on the Credentialing/Privileging Form (form MHA22) that they have received the required training in functional behavioral analysis with an emphasis on positive behavioral interventions prior to providing Specialty Mental Health Services.
17. If the provider is a Therapeutic Foster Care (TFC) parent, they must attest on the Credentialing/Privileging Form (form MHA22) that they have completed the forty (40) hours of initial TFC parent training that shall include a thorough understanding of the Therapeutic Foster Care (TFC) service model including an introduction to TFC and TFC service system, understanding child and adolescent development and appropriate interventions, working with children/youth using a trauma-informed approach, preventing and managing crises, communication with children/youth and families, cultural competency, client sensitivity, and parent self-care prior to providing Specialty Mental Health Services.
18. If the provider is a Peer Support Specialist, they must provide proof of completion of a DHCS-approved Medi-Cal Peer Support Specialist program that includes training in educational skill building groups, engagement, and therapeutic activities.

Recredentialing Application Requirements:

1. Re-credentialing Application (form MHA22b).
2. 274 Report Provider Information (form MHA22h).
3. Verification of highest level of education attained (if a new degree obtained since last credentialing). Verification of highest level of education is not required for licensed and registered providers due to it being verified by the applicable licensing board.
4. A copy of current government-issued photo identification.
5. NPI registration with the correct taxonomy code.
6. A copy of their California professional license and /or board certification or registration (Must have no limitations in California or in other states).
7. Unrestricted DEA registration (required for MDs, DOs and NPs only).
8. For MDs and DOs in PES and Inpatient Unit only. Approved Re-credentialing Application from the CCRMC Medical Staff Office in lieu of the Re-credentialing Application (form MHA22b.)
9. If the provider's license status changed since the previous credentialing and the provider is now a Psychiatrist or Nurse Practitioner, they must be enrolled in Provider Application and Validation for Enrollment (PAVE) portal for Medi-Cal, have completed the Ordering/Referring/Prescribing (ORP) application, and are enrolled in the Medi-Cal Rx portal.
10. If the provider's license status changed since the previous credentialing and the provider is now a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, or Licensed Psychologist, then they must attest on the Re-credentialing Application (form MHA22b) that they are currently enrolled in Provider Application and Validation for Enrollment (PAVE) portal for Medi-Cal and have completed the Ordering/Referring/Prescribing (ORP) application. They must also provide the ORP approval letter or verification that they have submitted the ORP application.
11. If the provider is being recredentialled as a trainee, they must also include the executed agreement or contract between the agency and school; and the field placement agreement signed by the student, individual supervisor and/or coordinator and school field placement liaison.
12. If the provider is requesting a PhD waiver, PsyD waiver or Pre-Doctoral waiver, they must also include their official transcripts and curriculum vitae or resume. Post Doctoral waivers require a copy of the Degree and official transcripts showing completion of the doctoral program.
13. If the provider is an unlicensed Therapeutic Behavioral Service (TBS) worker, they must have completed the annual/ongoing training related to providing TBS services.

14. If the provider is a Therapeutic Foster Care (TFC) parent, they must attest on the Recredentialing Application (form MHA22b) that they have completed the twenty-four (24) hours of annual ongoing training which includes an emphasis on skill development and application and Specialty Mental Health Services knowledge acquisition, provided by the TFC Agency.
15. If the provider is a Certified Peer Support Specialist, they must provide primary verification that they have completed twenty (20) hours of continuing education every two years which includes updates on applicable laws and evidence-based best practices.

2.2 FEDERAL EXCLUSION CHECKS

CCMHP will not contract with any provider excluded from participating in a Federally funded health care program. In the event a current provider is found on an excluded list, at a minimum, CCMHP will stop claiming federal and state funding for that provider, may terminate their contract, and will promptly notify Department of Health Care Services (DHCS).

County Owned and Operated Clinics and CBOs

1. At initial credentialing and at recredentialing, the Provider Services Unit will run a search on each individual providing services for CCMHP using the following websites:
 - Department of Health Care Services (DHCS)
 - U.S. Department of Health & Human Services Office of Inspector General
 - System for Award Management
 - National Plan & Provider Enumeration System (NPPES)
 - Social Security Death Master File
 - National Practitioner Data Bank (NPDB)
2. On a monthly basis, the Provider Services Unit will run a search on all staff using the following websites:
 - Department of Health Care Services (DHCS)
 - U.S. Departments of Health & Human Services Office of Inspector General.
 - System for Award Management
 - National Plan & Provider Enumeration System (NPPES)
3. CBOs will run a search on these websites upon employment and monthly thereafter.
 - Department of Health Care Services (DHCS)
 - U.S. Dept. of Health & Human Services Office of Inspector General.
 - System for Award Management

In the event a current provider is on the excluded list, CBOs are required to notify the Provider Services Unit immediately and, at a minimum, stop claiming federal and state funding.

Individual and Group Providers

1. At initial credentialing and at recredentialing, the Provider Services Unit will run a search on each individual providing services for CCMHP using the following websites:
 - Department of Health Care Services (DHCS)
 - U.S. Department of Health & Human Services Office of Inspector General
 - System for Award Management
 - National Plan & Provider Enumeration System (NPPES)
 - Social Security Death Master File
 - National Practitioner Data Bank (NPDB)
2. On a monthly basis, the Provider Services Unit will run a search on all Individual and Group Providers using the following websites:
 - Department of Health Care Services (DHCS)
 - U.S. Departments of Health & Human Services Office of Inspector General
 - System for Award Management
 - National Plan & Provider Enumeration System (NPPES)

2.3 274 REPORT FOR NETWORK ADEQUACY CERTIFICATION

Contra Costa County Behavioral Health Services must submit the 274 Report monthly, which details network adequacy information. The report is submitted to DHCS to demonstrate that it complies with the federal and state requirements. Contra Costa County Mental Health Plan is required to: (1) Meet time and distance standards as set by DHCS. To meet the standards, services must be within 15 miles and within a 30-minute drive from the member's residence. (2) Offer an appropriate range of services that is adequate for the anticipated number of members and (3) Maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area.

The 274 Report is submitted to DHCS monthly. Only providers that provide direct services to Medi-Cal members on a regular basis are included. Administrative staff, management, supervisors, staff on leave, and other staff that are not providing direct services regularly during the reporting month are not included.

The 274 Report includes the following types of information:

- Legal Entity Information; including Legal Entity Name, Federal Tax ID, Ownership, Contract Dates, and more.
- Facility Information; including Facility NPI, Facility Type, County, Address, Phone Number, Languages Spoken, Medi-Cal Certification Dates, Days & Hours of Operation, Distance to public transportation, and more.
- Provider Information; including Provider NPI, Legal Name, Date of Birth, Gender, Languages Spoken, Credentialing Category, License Number, Area of Expertise, Service

Types, Age Groups Served, FTE, Max Caseload, Current Caseload, Cultural Competence Training Hours, Telehealth Indicator, Field Based Services Information, and more.

On the 1st of each month, provider and facility data is copied from the 274 Report for the prior month to the current month. Also, on the 1st of the month, an email notification is sent out from Provider Services, to the designated 274 Report contacts at county clinics, CBOs, and the Care Management Unit (CMU). The email serves as a reminder that the designated 274 users must login to ShareCare to review and update the list of providers with active facility authorizations at each of their sites and decide which providers should be included and excluded for the reporting month. For the providers that are included, the user must update the provider's FTE, Max Caseload, Current Caseload, and a few other fields. Once all providers have been updated, the user will certify that the report is complete and accurate and mark the report as "Complete". Reports must be marked complete by the 5th of each month. An attached procedure manual with detailed instructions are sent out with the email each month.

Once all county clinics, CBOs, and CMU have marked their reports as complete, the data is combined into a single file and reviewed by the Provider Services Unit. The final report file is submitted to DHCS by the 10th of each month.

Notes:

- *Individual and Group Providers on the network are reported and updated monthly by designated users at the Care Management Unit (CMU).*
- *We ask that each county clinic and CBO have at least two designated 274 Report contacts. To make changes to your designated contacts, please send an email to BH274Report@cchealth.org.*
- *To request a copy of the Monthly 274 Report Information and Procedure Guide, please send an email to BH274Report@cchealth.org.*

Chapter 3. Site Requirements

All sites in which services are provided to CCMHP members are required to be Medi-Cal certified through the Behavioral Health Provider Services Unit. County Owned and Operated Clinics, CBOs and Individual and Group Providers are required to ensure that the physical space is safe for members and staff, and all required Informing Materials are available and easily accessible by being displayed in the waiting area. Required policies and procedures must also be in writing and in place at every site.

The site review will also include an informal review of member charts for the purpose of assessing general compliance with Medi-Cal documentation requirements. However, no services will be recouped as a result of this type of review. For further details about what to expect during the site visit and the member informing materials, refer to the following:

County Owned and Operated Clinics and CBOs – Appendix B (Medi-Cal Certification and Site Visit Preparation Guide)

Individual and Group Providers – Appendix C (Site Review Preparation Guide for Individual and Group Providers)

These are also available on the Provider Services website at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>.

Timeframes:

- **County Owned and Operated Clinics and CBOs**

The site review is required, at a minimum, every three (3) years. Additional reviews of the site may be conducted if:

- The provider makes major staffing changes.
- The provider makes organizational and/or corporate structure changes.
- The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site.
- There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
- There is a change of ownership or location.
- There are complaints regarding the provider.
- There are unusual events, accidents, or injuries requiring medical treatment for members, staff, or others.

- **Individual and Group Providers**

CCMHP aims to do a site review every two (2) years. Additional reviews of the site may be conducted if:

- There is a change of location.
- There are complaints regarding the provider.
- There are unusual events, accidents, or injuries requiring medical treatment for members, staff, or others.

3.1 MEMBER INFORMING MATERIALS

This section will discuss the various CCMHP Member informing materials that must be displayed or provided upon request. The informing materials are comprised of the Member Handbook, Brochures and self-addressed envelopes, Provider Directory and Posters. Information about each piece is provided below.

Member Handbook

During the first session, the member must be offered a copy of the Behavioral Health Member Handbook. If the member (or Guardian) is Spanish speaking, the Handbook must be offered in the Spanish language. The Handbook is also available in alternative formats such as large print, Braille and audio. The Handbook needs to be available to the members upon their request and be in a location where the members can easily take a copy (i.e. waiting room) anytime.

Brochures

During the first visit and upon request, the member must be offered or made aware of the various brochures explaining their rights and benefits along with self-addressed envelopes. The brochures and envelopes must be displayed in a conspicuous location that does not require the knowledge of the provider. These should be available to members to pick up without having to make a verbal or written request to anyone. The following brochures must be displayed in both English and Spanish at all times:

- Appeal or Expedited Appeal Request
- Member Request for Change of Provider
- Member Suggestion
- Member Grievance Review Request
- Advance Directive
- Continuity of Care

The above brochures are also available in large print for those with visual impairments. These do not need to be displayed but retained by the provider and offered to those needing a larger

font size. These are also available in Braille and audio format and may be requested by calling the Access Line at 1-888-678-7277 or the Provider Services Unit at 925-608-6790.

Provider Directory

A copy of the CCMHP Provider Directory must be available to the member at all times. This can be accomplished by either displaying the Directory for members to look through or with a posted sign stating the Provider Directory is available upon request in both English and Spanish. The Provider Directory is also available on the Provider Services website at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>.

Posters

The following posters must be displayed in both English and Spanish at all times in a conspicuous place for the members to see and read (for example in the therapy room or waiting room):

- Informing Materials
- Grievance, Change of Provider, Appeal
- Member Rights

If more copies of the informing materials are needed, please contact the Provider Services Unit at (925) 608-6790.

Chapter 4. Portal Access

The type of provider you are will determine how you submit your billing. County Owned and Operated Clinics and CBOs bill through cLink and Individual and Group Providers bill through the Provider Portal managed by CMU.

4.1 COUNTY OWNED AND OPERATED CLINICS AND CBOs

Access to ShareCare (For 274 Report only)

Designated 274 Report staff members will be granted access to ShareCare. This will allow the staff to review and update the 274 Report for the reporting month. To request access, send an email to BH274Report@cchealth.org.

Access to CBO Provider Portal

Care providers and select staff at each CBO will be granted access to the cLink Provider Portal. This will allow the staff to view charts, message providers, send and receive referrals and when relevant, request service authorization for the members they serve. To request access for the staff member, an authorized individual from the CBO will need to complete the **CBO cLink User Access Request** form on the Provider Services website at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>. For new staff members, after the form has been processed, the staff person will be notified of their Relias (Learning Management System) account.

For new and existing staff, the staff person should enroll in and watch the **CBO Provider Portal Training Video MH** video on Relias and send a completed copy of their Relias training certificate to CBOcLinkAccessRequests@cchealth.org to obtain their Provider Portal username and password.

Access to cLink Hyperspace

Select staff at each CBO will be granted access to cLink Hyperspace for the purpose of registering clients, running Real Time Eligibility, entering admissions and discharges, entering services, and resolving charge and claim errors. To request access for the staff member, an authorized individual from the CBO will need to complete the **CBO cLink User Access Request** form on the Provider Services website at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>.

For new staff members, after the form has been processed, the staff person will be notified of their Relias (Learning Management System) account. For new and existing staff, the staff person should enroll in the following two trainings on Relias.

1. CBO Clerk New Hire: Part 1 (Prelude/Ambulatory) – ccLCBO12 (In Person)
2. CBO Clerk New Hire: Part 2 (Professional Billing) – ccLCBO011 (Virtual)

The Part 1 class is required prior to obtaining cLink login credentials. After the staff person completes the Part 1 class, the staff person should send a completed copy of their Relias training certificate to CBOcLinkAccessRequests@cchealth.org to obtain their cLink Hyperspace username and password.

Access to CBO Report Folder

Up to three (3) authorized individuals at each Community Based Organization are allowed access to a network folder specific to their organization which contains financial and other reports pertinent to business operations. An authorized individual at the CBO may request access to the report folder by completing the ShareCare and Report Folder Access Request form on the Provider Services website at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>. Note: This process is currently under review and an updated process is forthcoming.

4.2 INDIVIDUAL AND GROUP PROVIDERS

Provider Portal

The provider portal allows you to obtain information regarding the member and submission of claims. Please refer to the CMU Provider Portal Guide to Procedures for details, which is found on the following website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>.

The Care Management "CMU Review" trainings are an opportunity for new individual and group providers to learn the necessary procedures to obtain authorizations and submit claims. The trainings also cover the features and benefits of using the county Provider Portal. Seasoned providers are welcome at any time for a refresher. Please go to CMU website for details <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>.

For technical support, contact the Provider Portal Support Help Desk (925) 957-7272.

Chapter 5. Member Access to Services

5.1 SCREENING AND REFERRAL

As one of the main entry points to integrated services, the 24-hour Behavioral Health Access Line 1-888-678-7277 supports requests for Medi-Cal specialty mental health services. The Access Line provides information about how to access specialty mental health services, treat a member's urgent condition, and use the member problem resolution and fair hearing process. The 24/7 Access Line provides initial screening to determine immediate member needs, referral to appropriate services, and coordination with community resources that provide mental health, substance abuse, educational, health, housing and vocational rehabilitation services.

The Behavioral Health Access Line offers the following:

- Information and referrals to Medi-Cal members seeking behavioral health services;
- Determination of appropriateness for specialty mental health services based on medical necessity;
- Screening and triage of member calls to identify service needs;
- Crisis intervention;
- Connection to emergency services such as mobile response teams and other urgent delivery service systems;
- Determination of programs currently providing services to a specific member;
- Referrals to County Owned and Operated Clinics, CBOs, and Individual and Group Providers;
- Direction for out-of-county providers to member enrollment and authorization services;
- Direction for out-of-county and out-of-state provider authorization requests to the appropriate resource;
- Information regarding linkage to community resources;
- Information and referrals for other non-related mental health services;
- Linkage and referral to services provided by the CCMHP;
- Information regarding member problem resolution processes; and
- Referral to the Patients' Rights Office and the Quality Improvement and Assurance unit.

Timeframes for Providing Initial Services

Emergency Services

If screening and/or triage indicates the potential member needs immediate services, the need must be addressed as soon as possible and, in all cases; the same day the request is received. Access Line staff shall immediately refer the potential member to an appropriate provider.

Urgent Services

If screening and/or triage indicates a request for services is urgent, a referral must be made within 48 hours of the request.

Routine Services

If screening and/or triage indicates a request for services is appropriate for scheduling a routine appointment for intake, times, and dates for an initial clinical appointment shall be offered as close as possible to the date of the original initial request but no more than ten (10) business days from the date of the request for services.

Psychiatric Services

If at any time the member requests psychiatric services, an appointment shall be offered with a psychiatrist within fifteen (15) business days.

What to do when members contact you directly requesting services

County Owned and Operated Clinics and CBOs

Members should be encouraged to call the Behavioral Health Access Line directly at 1 (888) 678-7277. CBOs, who have been designated by CCMHP to assess members and authorize services, are to follow all procedures set by CCMHP to ensure member access to services and protection of member rights.

Individual and Group Providers

Members should be encouraged to call the Behavioral Health Access Line directly at 1 (888) 678-7277.

Chapter 6. Eligibility

All Contra Costa County Medi-Cal members are eligible for membership in CCMHP. A Contra Costa Medi-Cal member is any person certified as eligible for services under the Medi-Cal Program according to Section 51001, Title 22, Code of California Regulations, whose member identification information includes Contra Costa Code Number 07.

For children/ adolescent members who do not have the Contra Costa Code Number 07, but have certain special aid codes assigned to them, they still may be eligible to receive services in Contra Costa County, per the guidelines of the program's contract with Contra Costa County.

County Owned and Operated Clinics, CBOs and Individual and Group Providers are responsible for monitoring their members' eligibility throughout the duration of services. It is expected that eligibility will be checked, at minimum, at the beginning of the month and it is strongly encouraged to check again mid-month.

6.1 COUNTY OWNED AND OPERATED CLINICS AND CBOs

Please contact your assigned UR clerk for questions on member eligibility.

6.2 INDIVIDUAL AND GROUP PROVIDERS

Through Provider Portal, providers can check Medi-Cal eligibility at any time. Please refer to the CMU Provider Portal Guide to Procedures for details.

If not using Provider Portal, providers must call the AEVS (Medi-Cal Automated Eligibility Verification System) phone line to verify member eligibility at the beginning of each month.

The AEVS phone number is 1-800-456-2387.

- You will be asked to select English or Spanish as your language
- You will be asked to enter your Provider Identification Number. Individual Providers will be given this number on the CCMHP Welcome Letter
- Select the option for eligibility verification (Option 1)
- You will then be asked for the subscriber's ID number = State CIN.
 - ✓ To enter the letter at the end of the CIN, select the "star key," then enter the number on the key pad that corresponds to the letter, then enter 1, 2, or 3, depending on the position of the letter on the number key. For instance, to enter the letter "C", press the star key, then the number 2, then the number 3 (because "C" is the third letter associated with the number 2)
 - ✓ Instructions on how to enter the letter are also available when calling the AEVS line.
- Enter birth month/year (01/1965 = 011965)

- Enter service date (06/01/2018 = 06012018)
- Listen for the system to verify the county code as "07" Medi-Cal = Contra Cost Medi-Cal
- Continue listening to the entire message for additional eligibility information, such as Medicare.
- Document the eligibility response verification number.

6.3 CONTINUITY OF CARE

All eligible Medi-Cal members who meet medical necessity criteria for Specialty Mental Health Services have the right to request continuity of care. Members with pre-existing provider relationships who make a continuity of care request to CCMHP shall be given the options to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or terminated network provider, necessary to complete a course of treatment and to arrange for safe transfer to another provider.

In order to determine if the member meets these requirements, please have the member contact the Access Line 1-888-678-7277.

6.4 MEDICARE

Some members, mostly in the adult population may receive both Medi-Cal and Medicare coverage. These members are referred to as "Medi-Medi." Medicare providers include Physicians, Nurse Practitioners, Licensed Psychologists, Licensed Marriage & Family Therapists, Licensed Clinical Social Workers, and Licensed Professional Clinical Counselors. Depending upon the organization, those providers listed above may be required to complete the Medicare enrollment. Please contact Provider Services for additional information.

Chapter 7. Consent and Protected Health Information

7.1 INFORMED DECISION-MAKING

We strive to provide excellent quality care to every member who receives services from CCMHP. We aim to involve the member and/or the family in treatment in order to provide services that are meaningful to them and will help them thrive. We must include the member/family in the treatment process at the onset of services. It is our responsibility to ensure that every member and/or family is treated with respect and that every person is informed about what services are offered from CCMHP, we provide information on treatment options in the community in a way that helps support the member in making an informed decision about whether the services offered through CCMHP are right for them or for their child. All CCMHP providers are expected to discuss issues related to individual's treatment along with the risks and benefits associated with these treatments in order to support the member/family in making an informed decision about their treatment. Equally as important is to have ongoing communication with every member/family about the treatment process and discharge planning.

Confidentiality

The confidentiality of medical, psychiatric, and substance abuse information is protected by State and Federal statutes, rules and regulations. The statutes, rules, and regulations require that we protect the member's personal health information (PHI) and that we obtain informed consent from the member or member's parents in the case of a minor, in order to disclose any PHI information, prior to doing so, except under specific conditions as indicated by law. For members 12 years of age or older who have met the criteria and have consented to services themselves, consent must be secured from the member and not the member's parents. Only staff members with a business need may access the health record. It is never okay for staff members to access a member's health record to satisfy a curiosity for their own purpose, or when the member is related to the staff member. The electronic medical record stores information on who has accessed the medical record as part of the audit trail. The audit record is necessary to make efforts to safeguard the member's confidentiality as well as to provide an "account of disclosure" if requested by the member or legal entities via subpoena.

A member or authorized representative who consents to release of any and/or specific information about their health record must appropriate documentation that allows the release of medical records and/or the exchange of information. The Authorization, once obtained, may be valid for a designated period of time or on an event. A member may decide to revoke the Authorization, at any time. The Authorization will at that time be revoked, making it invalid. If the member, at a later time, decides to reactivate the Authorization, a new Authorization must be completed as indicated above.

Note: Any subpoenas regarding requests for medical records should be directed to Behavioral Health Administration.

Informed Consent

Members should be given the necessary information and opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in member preferences and encourage shared decision making.

Adults, including those receiving mental health services, have the right to give or refuse consent to medical, diagnostic or treatment procedures. California Health and Safety Code § 7185.5(a) states that "the legislature finds that adult persons have the fundamental right to control the decisions relating to the rendering of their own medical care..." California Code of Regulations, Title 22 § 70707(b)(6) provides that a member has a right to "participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment." The range of services provided shall be discussed prior to admission with the prospective member or an authorized representative so that the program's services are clearly understood.

CCMHP has an obligation to inform members of the risks and benefits of treatment. At the onset of services, we must ensure that members understand the content of not only the Informed Consent form but of all the onset of services documentation prior to the member agreeing to services and signing these forms. This includes ensuring that minors who are able to consent for their own services without a parent are fully educated about the similarities and differences in the types of services they can receive. In addition, although we do not need to have members re-sign Informed Consent forms when they transfer from program-to-program, it is important we inform them of the specific risks and benefits of each particular service when they initially transfer.

An important part of informed consent is the person's capacity to consent. A person is deemed to have legal capacity to consent to treatment if he/she has the ability to understand the nature and consequences of the proposed health care, including its significant benefits, risks and alternatives (including doing nothing), and can make and communicate a health care decision. A person's lack of mental capacity to consent to medical care may be temporary or it may be permanent, and the provider should determine capacity on a case-by-case basis whenever consent is sought. For example, a member who is clearly under the influence of drugs or alcohol may lack capacity temporarily, but could provide consent at a later time, when not so impaired. If you have any questions regarding a member's ability to consent, please consult with your supervisor and Quality Improvement Unit.

7.2 SAFEGUARDING PROTECTED HEALTH INFORMATION (PHI)

CCMHP, its offices, programs and facilities have policies and procedures in place for appropriate administrative, technical and physical safeguards to reasonably protect health information from intentional or unintentional unauthorized use or disclosure. This applies to protected health information (PHI) held in any medium including paper, electronic, oral, or visual.

Safeguarding PHI Stored in paper format

- Paper files and documents must be stored in locked desks, rooms, or storage systems.
- Where desks, file rooms, or open area storage systems are not lockable, reasonable efforts must be implemented to safeguard PHI.
- Each workplace will ensure that files and documents awaiting disposal or destruction in desk-site containers, storage rooms or centralized waste/shred bins, are appropriately labeled, are disposed of on a regular basis, and that all reasonable measures are taken to minimize access.

Safeguarding information on health system identification cards

- Health System Identification Cards contain the member's name, date of birth, medical record number, phone number, the abbreviated name of the clinic where they receive services, and the name of their health provider. This information is considered to be "confidential information" and is therefore subject to the same protections under Federal and State law as other health information.
- Workforce members must take precautions to prevent the unauthorized access, use, or disclosure of the Health System Identification Card itself, any document embossed with this information or any document with this information written on any part of it.
- Staff must be very careful to give the correct health system identification cards and paperwork to the proper member.

Safeguarding oral PHI

Workforce members must take reasonable steps (e.g., lowering voices, moving to a more protected area, etc.) to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion occurs, and should be aware of risk levels.

- Low risk: interview rooms, enclosed offices and conference rooms.
- Medium risk: employee only areas, telephone, and individual cubicles.
- High risk: public areas, reception areas and shared cubicles housing multiple staff where members are routinely present.

Safeguarding visual PHI

Workforce members will ensure that observable confidential information is adequately shielded from unauthorized use and disclosure.

- Suggested means of safeguarding computer screens include: use of polarized screens or other overlay devices that shield information on the screen from persons not authorized to view; placement of computers out of the visual range of persons not authorized; clearing information from the screen when not actually being used; locking-down computer work stations when not in use; and, other effective means as available.
- Suggested means of safeguarding paper documents: placing paper or charts face down or in a location where unauthorized disclosure is avoided; locating fax machines, photocopiers, printers, etc., in areas not accessible by the general public.

Safeguarding electronic PHI held in computerized systems

Role-Based Access

Roles will be created and defined for each workforce member based on their need for the minimum necessary computerized information to perform their job. Their role will be the basis for establishing access to the computerized information systems used by CCMHP.

- CCMHP managers and supervisors will determine the role and request appropriate access for each of their workforce members based on the work member's job function.
- Each computerized information system holding protected health information has a defined data "owner" who is the manager responsible for its contents. Each owner will review and approve all access requests based on roles, as defined above.

Refer to Appendix A, Contra Costa Health Services Policy PCC 504, Safeguarding Protected Health Information, for additional detail on the policies and procedures to ensure member confidentiality.

Chapter 8. Member Rights

As the provider, it is important to understand the member rights. The information below can also be found in the Member Handbook.

As a person eligible for Medi-Cal, the member has a right to receive medically necessary specialty mental health services from the CCMHP. When accessing these services, the member has the right to:

- Be treated with personal respect and respect for their dignity and privacy.
- Get clear and understandable explanations of available treatment options.
- Participate in decisions related to their behavioral health care. This includes the right to refuse any treatment that they do not wish to receive.
- Get the Member Handbook to learn about county services, county obligations, and their rights.
- Ask for a copy of their medical records and request changes, if necessary.
- Be free from any form of restraint or seclusion that is imposed as a means of coercion, discipline, convenience, or retaliation.
- Receive timely access to care 24/7 for emergency, urgent, or crisis conditions when medically necessary.
- Upon request, receive written materials in alternative formats such as Braille, large-size print, and audio format in a timely manner.
- Receive behavioral health services from the county that follows its state contract for availability, capacity, coordination, coverage, and authorization of care. The county is required to:
 - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible members who qualify for behavioral health services can receive them in a timely manner.
 - Cover medically necessary services out-of-network for members in a timely manner, if the county does not have an employee or contract provider who can deliver the services.

Note: The county must make sure they do not pay anything extra for seeing

an out-of-network provider. See below for more information:

- *Medically necessary behavioral health services* for individuals 21 years of age or older are services that are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Medically necessary behavioral health services for individuals under 21 years of age are services that sustain, support, improve, or make more tolerable a behavioral health condition.
 - *Out-of-network provider* is a provider who is not on the county's list of providers.
- Upon their request, provide a second opinion from a qualified health care professional within or outside of the network at no extra cost.
 - Make sure providers are trained to deliver the behavioral health services that the providers agree to cover.
 - Make sure that the county's covered behavioral health services are enough in amount, length of time, and scope to meet the needs of Medi-Cal-eligible members. This includes making sure that the county's method for approving payment for services is based on medical necessity and that the access criteria is fairly used.
 - Make sure that its providers conduct thorough assessments and collaborate with them to establish treatment goals.
 - Coordinate the services it provides with services being provided to them through a managed care plan or with their primary care provider, if necessary.
 - Participate in the state's efforts to provide culturally competent services to all, including those with limited English proficiency and diverse cultural and ethnic backgrounds.
- Express their rights without harmful changes to their treatment.
 - Receive treatment and services in accordance with their rights described in the Member Handbook and with all applicable federal and state laws such as:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- The Rehabilitation Act of 1973.
- Title IX of the Education Amendments of 1972 (regarding education programs and activities).
- Titles II and III of the Americans with Disabilities Act.
- Section 1557 of the Patient Protection and Affordable Care Act.

Members may have additional rights under state laws regarding behavioral health treatment. If they wish to contact the Patients' Rights Advocate, they can do so by calling (925) 293-4942 or (844) 666-0472. Collect calls are accepted.

Chapter 9. Medical Necessity

Medi-Cal requires specific standards to be met by all providers. To be medically necessary, a service does one or more of the following: protect life when reasonable and necessary; prevent significant illness; prevent significant disability; or alleviate pain. For under age 21, under Early and Periodic Screening, Diagnostic, and Testing, services need not be curative, but may ameliorate a mental health condition by sustaining, supporting, improving, or making more tolerable a mental health condition.

For information on billable codes, please refer to <https://www.cchealth.org/services-and-programs/behavioral-health/clinical-documentation-forms>.

Accessing specialty mental health services requires meeting two sets of criteria, diagnostic and impairment:

Diagnostic Criteria:

- a. A Diagnostic and Statistical Manual (DSM) diagnosis, or
- b. Suspected, undiagnosed mental health disorder, or
- c. Significant trauma that causes risk of future mental health conditions (under age 21)
*In some cases, a DSM Z-code may be substituted for a mental health diagnosis.

Impairment Criteria: The member must have at least one of the following as a result of the mental disorder(s) identified in the diagnostic criteria:

- a. A significant impairment in an important area of life functioning, or
- b. A reasonable probability of significant deterioration in an important area of life functioning, or
- c. (For ages under 21) a history of trauma, child welfare involvement, or the member is experiencing homelessness; or, there is a reasonable probability the member will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.

Intervention Related Criteria: Must meet all conditions listed below:

- a. The focus of the proposed intervention is to address the condition identified in impairment criteria above, and
- b. It is expected the proposed intervention will benefit the member by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the beneficiary will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated), and
- c. The condition would not be responsive to physical healthcare-based treatment.

Refer to current CCMHP policies and DHCS Information Notices for up-to-date standards. In order to obtain reimbursement for services, the member must meet Medical Necessity requirements.

9.1 COUNTY OWNED AND OPERATED CLINICS AND CBOs

All information regarding these standards is available through the Utilization Review Unit. Please refer to Utilization Review Documentation Manual for further details. The manual is available through the following link:

<https://www.cchealth.org/services-and-programs/behavioral-health/clinical-documentation-forms>

9.2 INDIVIDUAL AND GROUP PROVIDERS

All information regarding these standards is available through Care Management Unit. Please refer to Care Management Unit Network Provider Training Manual for further details. The manual is available through the following link:

<https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>

Chapter 10. Documentation

CCMHP establishes documentation standards in order to help realize the commitment to clinical and service excellence. In addition, accurate and complete documentation protects providers from risk in legal proceedings, helps maintain compliance with all regulatory requirements when claiming for services, and enables professionals to discharge their legal and ethical duties.

CCMHP submits a claim for each covered service provided by each service provider. All services are documented using Medi-Cal Specialty Mental Health documentation rules, regardless of member status.

Throughout the documentation the golden thread must be found. The golden thread begins with the assessment (identified needs), then pulls through the treatment plan (interventions and goals) to ongoing progress notes (client efforts, services provided, progress made).

It is golden because, if accurately followed through, the documentation that supports each decision, intervention, or client progress note contributes to a complete record of client care that is error-free and ready for reimbursement.

Each piece of documentation must flow logically from one to another so that someone reviewing the record can see the logic.

10.1 COUNTY OWNED AND OPERATED CLINICS AND CBOs

Please refer to Utilization Review Unit documentation manual for more details regarding Medi-Cal Specialty Mental Health documentation standards.

Website: <https://www.cchealth.org/services-and-programs/behavioral-health/clinical-documentation-forms>

10.2 INDIVIDUAL AND GROUP PROVIDERS

Please refer to Care Management Unit documentation manual for more details regarding Medi-Cal Specialty Mental Health documentation standards.

Website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>

10.3 FORMS

County Owned and Operated Clinics, CBOs and Individual and Group Providers should only use CCMHP “approved” forms or templates. If a provider chooses to use their own forms or templates, they must obtain approval from CCMHP before using them.

Please ensure that you are using the “most current” approved version of the form. Recycle older versions.

Current forms can be found here:

- **County Owned and Operated Clinics** should only use cLink for documentation and billing forms
- **CBOs:** <https://www.cchealth.org/services-and-programs/behavioral-health/clinical-documentation-forms>
- **Individual and Group Providers:** <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>

Chapter 11. Authorization

Prior authorization is required for Intensive Home Based Services (IHBS), Therapeutic Foster Care (TFC), and Therapeutic Behavioral Services (TBS). Authorization is established when a referral to either of these respective programs is approved by the specified County manager or designee. For continued authorization at the adult and crisis residential programs, concurrent reviews are conducted by the County. While authorization of other outpatient services is not required, programs should implement their own respective documentation and quality review processes, which should be made available for County review.

11.1 NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

A Notice of Adverse Benefit Determination (NOABD) is a form given to the member which advises them of a determination that has taken place regarding their services. This notice also advises the member about their right to appeal the determination, including their right to request a State Hearing.

What is a NOABD and what is its primary purpose?

- To inform Members of the determination made and their rights, including their ability to appeal the adverse benefit determination.

NOABD are issued for the following actions:

- Denial or limited authorization of a requested service including determinations based on type/level of service, medical necessity appropriateness, setting or effectiveness of a covered benefit.
- The reduction, suspension or termination of a previously authorized service.
- The denial, in whole or in part, of a payment for a service
- The failure to provide services in a timely manner
- The failure of CCBHS to act within the required timeframes for standard resolution of grievances, appeals, and expedited appeals
- The Denial of a member's request to dispute financial liability.

Members must receive a written notice when CCBHS takes any of the actions as described above.

What are the NOABD Requirements and Timeframes?

- A description of the criteria used to make the determination
- Member's rights to be provided upon request free of charge all documents, records and other info relevant to the member's adverse benefit determination.

- Initial communication is to be made within 24 hours to the Provider. This communication can be via phone, followed in writing.
- Termination, suspension or reduction of a previously authorized service, at least 10 days before the date of action, except as permitted under 42 CFR pt 431.213 and 431.214
- For decisions resulting in denial, delay or modification of all or part of the requested specialty mental health or substance abuse services within 2 business days of the decision. (These are issued by Utilization Review Unit/Care Management Unit) For notifications resulting from the failure to provide access to services within standards or failure to adhere to required timeframes for appeals, expedited appeals or grievances on or before the last date of compliance.
- Notice must include language assistance taglines, non-discrimination notice and NOABD your rights attachment.

11.2 MEDI-CAL REVIEWS/AUDITS

To ensure compliance with all documentation requirements, any Medi-Cal member's chart can be audited at any time. The purpose of these audits is to ensure CCMHP meets state standards of compliance.

As a Medi-Cal Mental Health Service Provider, your records can be reviewed by:

- State Department of Health Care Services
- CCMHP Centralized UR
- Provider Services Unit for Questionable Medi-Cal Billing

If any documentation fails to meet all required documentation standards, it will be subjected to current CCMHP policies.

Chapter 12. Trainings and Meetings

CCMHP makes various trainings and meetings available to County Owned and Operated Clinics, CBOs and Individual and Group Providers. Please refer below to obtain more information about the specific training or meeting offered.

12.1 COUNTY OWNED AND OPERATED CLINICS AND CBOs

Trainings

1. **Documentation Training** is provided by the Utilization Review Unit on an ongoing basis. It addresses common problems with proper Medi-Cal documentation. It provides training and tools to improve current documentation skills for licensed and non-licensed mental health providers. If you have questions or would like to be added to the training distribution list, please email CCMH.Training@cchealth.org.
2. **System of Care Utilization Review Memo** is released on a regular basis. The purpose of the memo is to update and inform providers of any upcoming changes related to UR that will impact the authorization process, audit reviews, and compliance requirement. If you have any questions regarding a memo, please email Utilization Review at BHSUtilizationReview@cchealth.org.
3. **CANS** is now a requirement, as part of a statewide implementation of a standardized functional assessment tool that allows providers to better meeting the needs of children, youth and families. In order to conduct CANS, you must be certified on a yearly basis. If you have any questions regarding CANS, please email canspc@cchealth.org.
4. An **ANSA** assessment is considered best practice to link needs and the plan of service for clients in the adult system of care. In order to conduct an ANSA assessment, clinicians must be certified on a yearly basis. If you have any questions regarding ANSA, please email canspc@cchealth.org.
5. **Member Protection Training** must be completed at the time of initial credentialing and again every three (3) years at recredentialing. The training material is available on the Provider Services website <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>.
6. County owned and operated clinics may request **ccLink training** by completing the training request form. You can access the training request form in several ways:
 - from your "MY APPLICATIONS" menu in iSITE,
 - from the link in the Recommended section on the iSITE homepage, or
 - from the ccLink training website in SharePoint.

The training administrator will provide confirmation once the request form has been received.

Meetings

1. **Clerical Operation Group (COG) Meetings** are held every month. These meetings provide support regarding but not limited to billing related issues.
2. **Contractor Meetings** occurs every month on the first Wednesday of the month from 1:00pm to 2:00pm via Zoom. These meetings encompass updates from CCBHS and programs (Child/Adolescent and Adults/Older Adults), UR, Provider Services, IT/ShareCare, CCLink/CBO Portal, CANS, ANSA, regulatory information, and any other pertinent information and/or resources.

12.2 INDIVIDUAL AND GROUP PROVIDERS

Documentation Training

The "Clinical Documentation and Audit Preparation" training is an opportunity for all individual and group providers to review best practices in clinical documentation, how to effectively chart to Medical and Service Necessity, and create appropriate Partnership Plans. Attendance at this training will assist providers in maintaining their documentation, keeping up-to-date on any recent changes to Medi-Cal requirements, and having the opportunity to ask questions regarding any of the Medi-Cal requirements.

For more information on training dates and times, please contact CMU Provider Services at 925-372-4400, option 6 for Provider Services.

Newsletters

CMU sends out Newsletters on a regular basis to keep the Individual and Group Providers updated on any upcoming changes. To access the newsletters, please go to Network Provider Resources at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-network-provider>.

Contra Costa Health Services

Patient/Client Confidentiality	Safeguarding Protected Health Information	Policy #	504-PCC
		Original Date:	04/14/2003
		Revised:	08/2013
		Supersedes:	

PURPOSE To provide guidance and establish criteria for safeguarding protected health information (PHI) in a manner that minimizes the risk of unauthorized access, use, or disclosure.

POLICY Contra Costa Health Services, its offices, programs and facilities must have in place policies and procedures for appropriate administrative, technical and physical safeguards to reasonably protect health information from intentional or unintentional unauthorized use or disclosure. This policy applies to protected health information held in any medium including paper, electronic, oral, or visual.

REFERENCES 45 CFR, §164.530
California Health & Safety Code 1280.15
California Civil Code 56.05(g)

PROCEDURE At a minimum, Contra Costa Health Services covered components must have policies and procedures that include the following:

A. Safeguarding PHI stored in **paper** format

1. Paper files and documents must be stored in locked desks, rooms, or storage systems.
2. Where desks, file rooms, or open area storage systems are not lockable, reasonable efforts must be implemented to safeguard PHI.
3. Each work place will ensure that files and documents awaiting disposal or destruction in desk-site containers, storage rooms or centralized waste/shred bins, are appropriately labeled, are disposed of on a regular basis, and that all reasonable measures are taken to minimize access.

B. Safeguarding Information on **Health System Identification Cards**

1. Health System Identification Cards contain the patient's name, date of birth, medical record number, phone number, the abbreviated name of the clinic where they receive services, and the name of their health provider. This information is considered to be "confidential

information” and is therefore subject to the same protections under Federal and State law as other health information.

2. Workforce members must take precautions to prevent the unauthorized access, use, or disclosure of the Health System Identification Card itself, any document embossed with this information, or any document with this information written on any part of it.
3. Staff must be very careful to give the correct health system identification cards and paperwork to the proper patient.

C. Safeguarding **oral** PHI

1. Work force members must take reasonable steps (e.g., lowering voices, moving to a more protected area, etc.) to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion occurs, and should be aware of risk levels.
 - a. Low risk: interview rooms, enclosed offices and conference rooms.
 - b. Medium risk: employee only areas, telephone, and individual cubicles.
 - c. High risk: public areas, reception areas and shared cubicles housing multiple staff where clients are routinely present.

D. Safeguarding **visual** PHI

1. Work force members will ensure that observable confidential information is adequately shielded from unauthorized use and disclosure.
 - a. Suggested means of safeguarding computer screens include: use of polarized screens or other overlay devices that shield information on the screen from persons not authorized to view; placement of computers out of the visual range of persons not authorized; clearing information from the screen when not actually being used; locking-down computer work stations when not in use; and, other effective means as available.

- b. Suggested means of safeguarding paper documents: placing paper or charts face down or in a location where unauthorized disclosure is avoided; locating fax machines, photocopiers, palm pilots, printers, etc., in areas not accessible by the general public.

E. Safeguarding electronic PHI held in **computerized systems**

1. Role Based Access. Roles will be created and defined for each work force member based on their need for the minimum necessary computerized information to perform their job. Their role will be the basis for establishing access to the computerized information systems Contra Costa Health Services owns.
 - a. Contra Costa Health Services managers and supervisors will determine the role and request appropriate access for each of their work force members based on the work member's job function.
 - b. Each computerized information system holding protected health information has a defined data "owner" who is the manager responsible for its contents. Each owner will review and approve all access requests based on roles, as defined above.
2. Division Responsibilities
 - a. Each Division will develop a 'Confidentiality Agreement' to make users aware of their responsibilities pertaining to computer access, safeguarding protected health information, and the implications of not following these established guidelines.
3. User Responsibilities
 - a. Each work force member must sign the 'Confidentiality Agreement' prior to being granted access to electronic communication and/or information systems. This document will serve to assure the organization that work force members are fully aware of their responsibilities

related to computer access and system safeguards to protect patient confidentially. This agreement also documents the fact that each individual user understands the implications of not following these established guidelines.

- b. Work force members will be required to change their access codes regularly, as communication/information system technology permits.
- F. Additional safeguards will be developed and implemented, as necessary, to minimize other known or suspected risks for unauthorized access, use, or disclosure of protected health information.
- G. The Privacy Officer and the Security Officer will create a Safeguards Assessment Tool for covered components to complete on an annual basis to determine/monitor whether PHI is and continues to be protected by reasonable administrative, technical and physical safeguards. Reasonable corrective action plans will be developed from this Safeguard Assessment Tool as appropriate.
- H. Knowledge of a violation or potential violation of this policy must immediately be reported directly to either the Privacy Officer or the Security Officer.

FORMS

Confidentiality Agreement (Template)
Safeguard Assessment Tool

RESPONSIBLE

Privacy Officer, Security Officer, Division Directors

ATTACHMENTS

[504-PCC – Confidentiality Agreement Template](#)
[504-PCC – Safeguard Assessment Tool](#)
[504-PCC – Assessment Tool](#)

Departmental Review	Review Date
Health Services Director	July 2010
Privacy Officer	July 2010



STAFF ELECTRONIC ACCESS CONFIDENTIALITY AGREEMENT

(Insert Division Name) has several electronic communication/information systems allowing you to retrieve patient information and, as appropriate, enter information. Your utilization of automated systems will communicate information to all users more efficiently and effectively, leading to quality improvement in patient care. This document will serve to assure the organization that you are fully aware of your responsibilities to computer access and confidentiality and the implications of not following established guidelines.

1. I understand that my access code is confidential and I will be accountable for all work done under this code.
2. I understand that the electronic data stored are confidential and must be treated with the same medico-legal care as data in the paper chart.
3. I will not disclose my access code to anyone, let anyone else use it, nor will I attempt to learn another person's access code.
4. I will not access data on patients for whom I have no responsibilities and for whom I have no "need to know."
5. Upon completion of accessing information, I am responsible to properly log off the system to prevent unauthorized access to data (via my access code) by other individuals.
6. If I have reason to believe that the confidentiality of my access code has been broken, I will immediately contact the Department System Manager to have my code changed and a new code issued.
7. I understand that any misuse of my confidential access code, data tampering, or unauthorized alteration of any hardware or software configuration will be a violation of organizational policy and could subject me to disciplinary action.
8. I will abide by the organization's release of information protocol by handling data appropriately and responsibly.
9. I am fully aware that any sharing of my access code with another individual is a severe breach of security. I assume responsibility for keeping my access code secure and confidential.

Your signature below acknowledges agreement with these statements.

Name (please print)

Signature

Date

Routing: white: Employee Personnel File
yellow: Department Supervisor
pink: Employee



Safeguard Assessment Tool

Your job classification: _____

PHI = PROTECTED HEALTH INFORMATION: This means medical or health information combined with a patient name, address, Social Security Number, medical record number or any other specific personal identifying information.

		YES	NO
1.	In the past 6 months have you seen PHI (medical records, logs, etc.) that you do not need to see to perform your assigned job responsibilities?		
2.	In the past 6 months have you seen PHI (medical records, logs, etc.) in public areas of the office?		
3.	In the past 6 months have you seen a fax lying on the counter by the fax machine?		
4.	In the past 6 months have you ever received a misdirected fax that included PHI?		
5.	In the past 6 months have you seen an unattended computer with PHI on it?		
6.	Do your wastebaskets or non-shred recycle bags have PHI in them right now? (Please look)		
7.	Describe where the Shred/confidential material recycle bag is and what it looks like (color/markings)		
8.	Do you overhear patients being discussed in the office, cafeteria, rest rooms or any other PUBLIC area?		
9.	Do you ever take work home/elsewhere that contains PHI? (via laptop, personal digital assistant, computer disk, patient chart, etc.)		
10.	Have you ever electronically transmitted information that contained PHI from home to work or vice versa?		
11.	Do you know the sign-on passwords for any other staff members?		
12.	Do you know of a way to find out passwords for any other staff members?		
13.	In the past 2 years, have you loaded personally owned or downloaded software on to a work computer?		

Please continue on the reverse side of this page

		YES	NO
14.	Do you have access to the patient care records and data (available in this office) to perform your assignments?		
15.	Do you have access to more patient care records than you need to perform your assignments?		
16.	Do you have access to more computerized or paper patient care data than you need to perform your assignments?		
17.	Are you able to access computerized PHI that does not relate to your job responsibilities? If so, explain here		
18.	Do you have a screensaver on your computer?		
19.	If you have a screensaver, how many minutes does it take to come one when the computer is unattended?		
20.	Where are letters or faxes placed upon receipt?		
21.	What is the worst breach in patient confidentiality/PHI that you've witnessed in your office? (Please do NOT provide any names.)		
22.	What do you see as the most important issues to be addressed to assure adequate protection of PHI?		

CONTRA COSTA HEALTH SERVICES SAFEGUARDS ASSESSMENT TOOL

Office, Program, Unit Assessed _____

Location Address _____

Name of Person Conducting Assessment _____

Date of Assessment _____

Circle the response that best describes your environment:

PHYSICAL ENVIRONMENT

1. Work area floor plan has lockable offices.....	Open floor plan	0	Mixed	1	Staff assigned offices	2
2. Overall physical security of the office (locks, light, doors, etc) ..	Basic or flawed	0	Good	1	Excellent	2
3. We have a policy requiring ID to enter this office	No	0			Yes	2
4. Receptionist is on duty when the front door is unlocked	No	0	Usually	1	Always	2
5. Clients or other visitors can enter work areas where PHI is used or stored	Can wander freely	0	Usually escorted	1	Not allowed in areas	2
6. Policies require soft voice when speaking about PHI	No	0			Yes	2
7. Staff can enter/leave after hours..	Yes, w/o restriction	0	Yes, with sign-in	1	No, unless authorized	2
8. File cabinets with PHI are locked when not in use.....	No	0	Sometimes	1	Always	2
9. PHI on paper is visible to non-staff on counters, desks, etc.....	Yes	0	Sometimes	1	No	2
10. Policy prohibits staff from leaving PHI on desks, etc.....	No	0			Yes	2

DOCUMENT DESTRUCTION

11. We have procedures for shredding PHI documents.....	No	0			Yes	2
12. Is PHI ever discarded in ordinary trash?	Frequently	0	Sometimes	1	Never	2

SUBTOTALS:

13. Does this location have close access to “shred” bags, or shredders?	No	0			Yes	2
WORKSTATIONS & FAX						
14. PC screens are viewable by patients, visitors, etc.....	Yes	0	Some, not all	1	No	2
15. Fax machines are located in a publicly accessible area.....	Yes	0	Some, not all	1	No	2
16. Fax cover sheets are used.....	Never	0	Sometimes	1	Always	2
17. Policies govern verification of fax recipients and distribution on incoming faxes.....	No	0	Some	1	Yes	2
18. Your policy requires staff to exit applications with PHI when leaving workstation.....	No	0	Yes, mostly in theory	1	Yes, always	2
19. Passwords are posted in visible locations.....	Yes	0	Some	1	No	2
ACCESS CONTROLS						
20. When staff leave the workforce, their access codes are cancelled by the next working day.....	Never	0	Sometimes	1	Always	2
SUBTOTAL THIS PAGE		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SUBTOTALS FROM PAGE 1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
TOTAL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
GRAND TOTAL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Scoring:

- 0-10: Few meaningful safeguards.
- 11-29: Some reasonable safeguards are in place but more can be done.
- 30-40: Strong safeguards in place.

These guidelines are only approximate. More stringent guidelines may be appropriate for highly sensitive information and offices that provide direct services to the public.

Attach a separate sheet of paper to this survey to outline the steps you will take to improve your work environment. If you are not going to make any changes to your current environment, and you scored below 20, please explain.



Contra Costa Mental Health Plan Medi-Cal Certification and Re-certification Site Visit Preparation Guide

This guide is intended to help you prepare for the initial Medi-Cal site certification or re-certification process. The guide contains a list of required documents to be assembled prior to the site visit and what to expect during the visit, as well as a quick reference page for organizing your informing materials, policies and procedures binder, and medication support services if applicable.

For more detailed information, please refer to the *Provider Certification and Recertification Protocol*.

Prior to the Site Visit

- Secure a valid Fire Permit with the address of the site in which services are rendered
- Verify that the NPI Primary Practice Address and Fire Permit address match, add program name as “other name” on NPI if applicable
- Secure a copy of your organization’s License to Operate (if applicable)
- Secure a copy of the Head of Service’s professional license
- Create or update your policies and procedures binder based on the current Contra Costa County Provider Certification and Re-Certification Protocol
- Verify that all Member Informing Materials are current, visible, and easily accessible to clients

During the Site Visit

- The Head of Service is required to be present at the site visit
- Be prepared to give a tour of the facility, specifically all the spaces that members have access to such as therapy and group rooms, waiting rooms, restrooms and other spaces clients may enter and spend time
- Areas where PHI is appropriately stored and secured. Access to PHI is restricted. Transport of PHI in a locked briefcase or box.
- Areas where medications are administered and stored (if applicable)
- The facility should be clean, in good repair, and free of any safety hazards. Walkways should be free of debris and tripping hazards. Decorative and hanging items must be secured to the wall. Be sure that there are no objects accessible to clients that could potentially be used as a weapon. All furniture 48” tall and over must be secured to the wall

School Site Visit

- Secure a letter from the school district verifying that fire safety checks are performed annually
- Verify that the NPI Primary Practice Address is the school in which services are rendered and the program name is listed on NPI as “other name”
- Head of Service is required to be present, and a copy of their professional license must be provided
- Be prepared to give a tour of the spaces on campus that your program occupies

Plan of Correction

Throughout the site visit, items that need to be altered, changed, or removed will be noted and discussed. If a plan of correction is needed, a detailed list of the items to be addressed will be emailed to you. The plan of correction must be completed within 30 days of the site visit.

QUICK-REFERENCE GUIDE

The following is a quick-reference guide to informing materials, policies and procedures, and medication support services to aid you in preparing for the site certification process. It is highly recommended that you refer to the *Certification and Re-Certification Protocol* for more detailed information for each of these categories.

CATEGORY 1: Informing Materials

The following is a list of informing materials that must be accessible to beneficiaries at your site. Both **English and Spanish** versions are required unless otherwise indicated.

- A. **Member Handbook**
 - Regular size print versions on display; large print version must be available upon request
- B. **Provider Directory** Must be displayed or a sign posted with information how to access materials
- C. **Posters** – Must be displayed at eye-level and easily accessible to beneficiaries
 - Member Rights
 - Grievance, Change of Provider, Appeal
 - Informing Materials
- D. **Forms and Envelopes** – Must be displayed and easily accessible to members
 - Member Grievance Review Request Form
 - Appeal or Expedited Appeal Request Form
 - Member Request for Change of Provider Form
 - Member Suggestion Form
 - Advance Directive
 - Continuity of Care
 - Self-Addressed Envelopes
 - Large print forms must be available upon request but display not required

CATEGORY 4: Policies and Procedures

The following is a quick reference list to assist you in the creation and maintenance of your policies and procedures binder. It is strongly recommended that you refer to the full protocol for more detailed information.

- A. Storage and protection of PHI
- B. Site-specific emergency evacuation plan
- C. Personnel policies and procedures specific to screening licensed personnel/providers and checking exclusion lists
- D. General operating procedures specific to site (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.)
- E. Site-specific maintenance procedures (e.g., who to contact to resolve specific maintenance issues)
- F. Service Delivery policies (e.g., types of services, intake process, referral and linkage, length of services, discharge, and discontinuation of services)
- G. Unusual Occurrence Reporting procedures relating to health and safety issues
- H. Procedure for referring individuals to a psychiatrist

CATEGORY 6: Medication Support Services (if applicable)

- A. Labeling
- B. Incoming Medication Log
- C. Medication Storage
- D. Medication Dispensing Log
- E. Auditing Supplies of Controlled Substances
- F. Medication Disposal



Site Review Preparation Guide

for Individual and Group Providers

Provider Services

2400 Bisso Ln, Suite D1

Concord, CA 94520

Ph (925) 608-6790

Fax (925) 608-6794

Medi-Cal site reviews are conducted every two years for Individual and Group Providers. The primary concerns of the site review include the safety of members, the security of protected health information, and easy access to Contra Costa Mental Health Plan (CCMHP) informing materials.

Site visits are required for all Individual and Group Providers:

- Site visits for providers who meet with clients in-person in a physical office space will be on-site.
- Site visits for providers who offer telehealth services only will be conducted via Zoom.

Prior to the site visit, please prepare all the required documentation listed in the *Before the Site Visit* section below. Once you have gathered all the documents, email or fax them to Provider Services as instructed in item D. Once your materials have been received, the site visit will be scheduled.

Before the Site Visit – REQUIRED DOCUMENTATION for ALL PROVIDERS (unless otherwise specified)

A. Prior to the site visit, gather the following documents:

- Photocopy of your professional license
- If business cards are used in practice, a photocopy of your business card
- Photocopy of your Confidentiality Policies
- Photocopy of your Privacy Practices (HIPAA)

B. Complete the Site Review Questionnaire (attachment)

C. Select one client chart to be reviewed and provide the following excerpts: Initial assessment, treatment plan, and three progress notes.

D. Email documents to andrew.smith@cchealth.org or fax to 925-608-6794. Remember, if you choose to email the excerpts from your client's chart, the file **must** be encrypted. If you cannot encrypt the PHI documents, please fax them to **925-608-6794**.

Physical Site Visit: *Applies to Providers who meet with clients in person in a physical office*

During the site visit, we will be concerned with the four areas highlighted below. Any items that do not meet Medi-Cal standards will be discussed during the visit and a detailed plan of correction will subsequently be emailed to you. The plan of correction must be completed within 30 days of the site visit.

The day of the site visit, be prepared to provide access to the following areas of your office:

- All spaces that clients utilize including waiting rooms, therapy rooms, group rooms, restrooms, and any

- other spaces where clients may enter and spend time
- All areas where PHI is stored

SAFETY

All areas should be clean, in good repair, and free of any safety hazards such as loose area rugs

- Furniture over four feet tall such as cabinets and bookcases must be secured to the wall
- Large decorative items such as framed pictures or paintings must be secured to the wall
- Objects that could potentially be used as a weapon (scissors, pointed objects, etc.) should be stored out of sight

INFORMING MATERIALS

A complete list of Informing materials is provided on page 5 of this guide, as well as on the Provider Services website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>

Informing materials must be made available to your clients as follows:

- Twelve pamphlets (6 English; 6 Spanish) and envelopes must be displayed in an area that is visible and accessible to clients
- Six laminated posters (3 English; 3 Spanish) must be displayed in an area that is visible (at eye level) and accessible to clients
- A notice containing Information about how to access the Provider Directory should be posted (see page 5)
- Member Handbook (English and Spanish) must be offered to client at the intake session and upon request thereafter
- Large print materials (Member Handbooks and pamphlets) must be available to client upon request but need not be displayed

SECURE PHI

Handling of PHI should be appropriately stored and secured in compliance with HIPAA requirements including the transport and storage of physical and/or electronic charts

- Demonstrate what type of charts you use (paper, electronic) and how you keep them secure
- Demonstrate how your PHI policies and procedures are communicated to members

CHART REVIEW

Feedback on your documentation will be provided at the site visit. The purpose of the chart review is to assist you in complying with CCMHP documentation standards. The chart review conducted as part of the site review is not the same as the Utilization Review audit, nor is it as in-depth. Our intention is to alert you to any problem areas in your charts to ensure your success in any future reviews or audits.

Virtual Site Visit: *Applies to Network Providers who offer telehealth services only*

During the virtual site visit, we will be concerned with the four areas highlighted below. Any items that do not meet Medi-Cal standards will be discussed during the visit and a detailed plan of correction will subsequently be emailed to you. The plan of correction must be completed within 30 days of the site visit.

ONLINE ENVIRONMENT

When providing telehealth mental health services, the provider must maintain a professional online environment.

- Professional screen background
- Maintain quality video and audio equipment
- Maintain adequate internet speeds to support video conferencing (e.g., Zoom, Teams, etc.)

The provider should also have member consent to provide services through telehealth.

INFORMING MATERIALS

Clients must be made aware that Medi-Cal member informing materials are available in print and online. A complete list of Informing materials is provided on pages 5-6, as well as on the Provider Services website: <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>

- Demonstrate how you make the informing materials available to your clients

SECURE PHI

Handling of PHI should be appropriately stored and secured in compliance with HIPAA requirements including the transport and storage of physical and/or electronic charts

- Demonstrate what type of charts you use (paper, electronic) and how you keep them secure
- Demonstrate how your PHI policies and procedures are communicated to members

CHART REVIEW

Feedback on your documentation will be provided at the site visit. The purpose of the chart review is to assist you in complying with CCMHP documentation standards. The chart review conducted as part of the site review is not the same as the Utilization Review audit, nor is it as in-depth. Our intention is to alert you to any problem areas in your charts to ensure your success in any future reviews or audits.

MEDI-CAL INFORMING MATERIALS

The following is a list of Informing materials that Individual and Group Providers are required to make available to members. Members should be informed that these materials are available in paper format, as well as online. Individual and Group Providers who provide mental health services in person must display or have these materials on hand as indicated below. Individual and Group Providers who offer telehealth services only, must inform members that these materials are available online at <https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services> or by calling the Access Line at **(888) 678-7277**.

MEMBER HANDBOOK – Available in English and Spanish. The handbook must be offered to members at first contact and upon request thereafter.

POSTERS – Available in English and Spanish. Must be prominently displayed at eye level and easily accessible to members.

- *Behavioral Health Member Rights*
- *Grievance - Change of Provider - Appeal*
- *Informing Materials*

PAMPHLETS – Available in English and Spanish. All pamphlets (English and Spanish - 12 total) must be prominently displayed and easily accessible to members.

- *Appeal or Expedited Appeal Request Form*
- *Member Request for Change of Provider Form*
- *Member Suggestion Form*
- *Member Grievance Review Request Form*
- *Advance Directive*
- *Continuity of Care*

ENVELOPES – Self-addressed envelopes must be prominently displayed and easily accessible to members

LARGE PRINT MATERIALS – Available in English and Spanish. Both languages must be provided upon request.

PROVIDER DIRECTORY –Members must be provided with a printed notice (see page 5) on how to access the Provider Directory online at: <https://www.cchealth.org/home/showpublisheddocument/29040/638384951728270000> or by calling **Access Line** at **(888) 678-7277**.

ADDITIONAL INFORMATION

- Please use only the most recent version of the informing materials available
- Prior to the site visit, take inventory of your informing materials supply and let me know what items you need so I can bring them with me the day of the visit
- If you are providing telehealth services, be prepared to explain how you are making the informing materials available to members

Member Informing Materials

The Contra Costa County Mental Health Plan *Provider Directory* and Medi-Cal Informing Materials (*Member Handbook*, pamphlets) are available online, as well as in print, Braille, and audio versions.

For the online Provider Directory and other informing materials, go to:

<https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>

For a print, Braille, or audio version of these materials call:

Access Line: 888-678-7277

Materiales Informativos para Beneficiarios

El Directorio de Proveedores del Plan de Salud del Condado de Contra Costa y los Materiales Informativos de Medi-Cal (Manual del Beneficiario, folletos) están disponibles en línea, así como en versión impresa, Braille y audio.

Para el Directorio de proveedores en línea y otros materiales informativos, vaya a:

<https://www.cchealth.org/get-care/for-healthcare-providers/mental-health-provider-services>

Para obtener una versión impresa, en Braille o en audio de estos materiales, llame a:

Línea de Acceso: 888-678-7277