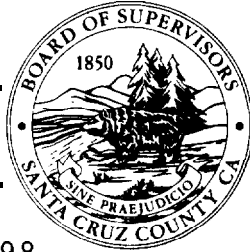


COMMISSION ON  
DISABILITIES

## COUNTY OF SANTA CRUZ

November 3, 1998

701 OCEAN STREET  
ROOM 030  
SANTA CRUZ, CA 95060Susan Mauriello  
Chief Administrative Officer  
County of Santa Cruz

Re: Agenda for 11/24/98 Board of Supervisors Meeting

Dear Ms. Mauriello:

Please be advised that the Santa Cruz County Commission on Disabilities is requesting that they be allotted time on the agenda for the Board of Supervisors Meeting on 11/24/98 to deliver their report on THE DELIVERY OF HEALTH SERVICES BY SCCHO.

We are requesting a time certain on that agenda, if possible, because we have many persons with disabilities who desire to attend the meeting and they must arrange transportation to and from the meeting, and some must take time off from their employment to attend.

Additionally, please note that we delivered to your office on 11/02/98 a copy of said report.

Please advise us at your earliest opportunity whether the COD will be allowed to present the report on that date.

Thank you in advance for your continued support and guidance.

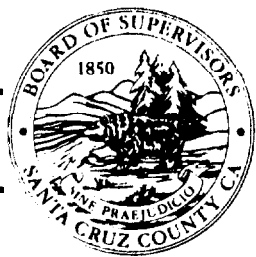
The Commission remains committed to working towards resolution of all issues raised by our report, with staff and SCCHO. Please advise us if we may be of assistance.

Sincerely,

Becky Irene Matthews  
Acting Coordinator of the COD

cc: Commissioners COD  
Alan McKay, SCCHO  
Charles Moody, Director HSA  
Cecilia Espinola, Director HRA  
Madlyn Norman-Terrance, CAO Office

RECEIVED  
NOV 4 1998



701 OCEAN STREET  
ROOM 030  
SANTA CRUZ, CA 95060

**Commission on Disabilities Report to the Board of Supervisors  
Investigation of Delivery of Health Services by SCCHO**

In May of 1998, the local newspaper ran an article about the delivery of a power wheelchair to a Santa Cruz County resident who was a Medi-Cal recipient. The delivery of the power chair was news worthy because it was delivered nine months after a prescription had been sent to SCCHO for the chair, and because it was delivered one day after Matt Johnson had committed suicide.

The Commission on Disabilities received several telephone complaints about the failure of SCCHO to deliver medical services to members with disabilities after the front page article on Matt Johnson was published. The Commission voted to investigate the allegations raised by the news article and by the individuals who called our office.

According to Ms. MaryRose Repine, Chief County Organized Health Systems Unit, Department of Health Services, in her response to the Commission's request for assistance with our investigation of SCCHO said *"the same scope of medical services is available to Medi-Cal beneficiaries regardless of whether they receive services from the FFS system of health delivery or from a managed care system of health care delivery."* This has not been not the reality in Santa Cruz County for the four thousand disabled members of SCCHO. The Commission on Disabilities believes there should be the same medical services for all Medi-Cal beneficiaries.

**INVESTIGATION:**

Procedurally, the Commission communicated with Santa Cruz County Health Options, advising them of the allegations we had received concerning their failure to deliver timely and

appropriate service to its members with disabilities, and requesting information. Inquiries were copied to the County Department of Health Services, the CAO's office, the State Department of Health Services, HCFA, and the Board of Supervisors, among others. SCCHO responded to our requests for information with the data available to them, and/or by referring us to another source for that information.

We communicated with more than twenty-one (21) agencies or organizations that work with the Medi-Cal population and with persons with disabilities in Santa Cruz County.

HCFA and the State Department of Health Services sent the Commission the regulations under which all county organized health systems operate, and information about the complaints they had received concerning county organized health systems in their respective offices.

The Commission communicated with CalOptima, (Orange County managed care), County Legal Aid Society ( housing the Ombudsperson Program), Health Plan of San Mateo ( managed care plan with 40,000 members), the San Mateo Legal Aid Office (housing the Ombudsperson Program), the National Center on Health and Disabilities in Washington. D.C., and the Ombudsperson Program for the State of California and Oregon.

The Commission gathered information from federal, state. and local organizations regarding the delivery of health services under county organized systems.

The Central Coast Center for Independent Living conducted a survey of its consumers concerning their health care provider. CCCIL reported those findings to the Commission.

The Commission gathered information from approximately fifty (50) individuals who are SCCHO members with disabilities, and from several family members of other SCCHO members. Additionally. several support organizations for persons with disabilities communicated with their

entire membership and reported back to the Commission what their members had experienced and were experiencing as members of SCCHO. Literally several hundred SCCHO members have contributed to the Commission's investigation.

### CONCLUSIONS:

**Most of the members of SCCHO are more than satisfied with the health care services delivered by SCCHO. Most think SCCHO is doing a better job than the state Medi-Cal system.** The number of emergency room visits are "way down." The ability of a Medi-Cal member to see a nurse or a physician's assistant at his primary care physician's office is better than it was under Medi-Cal. The agencies and volunteers and nurses that assist the Medi-Cal population reported to the Commission that SCCHO was providing a better health care treatment system for the majority of the members.

**The Commission on Disabilities finds, based on information gathered during a four month investigation, that Medi-Cal beneficiaries who are members of SCCHO and who are also disabled, are not receiving medical services as well as they were under the State Medi-Cal system.**

Persons with disabilities are not receiving medical care as timely and as appropriately as they had under the state Medi-Cal system. The majority of care givers, health care providers, and supportive agencies within the county reported to the Commission that SCCHO does not deliver medical care and treatment to persons with disabilities as well as the state Medi-Cal system had. SCCHO members with disabilities are not receiving medical services as appropriately and as timely as the non disabled SCCHO members.

The problems are:

- (1) repeated delays in authorization for all types of durable medical equipment;

- (2) refusals to approve referrals to specialists, or repeated delays in such authorization;
- (3) difficult and slow “grievance” and appeal process within SCCHO;
- (4) non access to orthopaedic specialist in Santa Cruz County for entire membership;
- (5) refusals to approve treatment prescribed by specialist ;
- (6) repeated delays in repair of wheelchairs;
- (7) “gag clause” language in the contract with primary care doctors and providers
- (8) poor referral process by SCCHO PCP’s to County Mental Health Program
- (9) fear of retaliation for complaining to SCCHO

**Examples of SCCHO member problems reported to the COD.**

**Durable Medical Equipment**

The Commission received complaints from five (5) SCCHO members who stated that SCCHO took almost a year and over a year in some cases, to authorize the purchase of a power chair. In all but one of these SCCHO members, they had been using a power chair under Medi-Cal for many years. Additionally, we documented that it took SCCHO over nine (9) months to deliver a power chair to Matt Johnson (deceased), and over six (6) months to deliver a power chair to a female SCCHO member. COD has the names of these individuals. They are unwilling to come forward personally, at this time.

Many SCCHO members who are also wheelchair users have complained to the COD that it takes weeks to get repairs done under SCCHO. One SCCHO member reported she had been waiting over four (4) months for a new battery for her power chair. For over four months her power chair has been stranding her after only three or four hours of minimum use. She has MS and needs her chair for her work at the Stroke Center and to get around in her home. Wheel chair repairs and authorization for new chairs is the number one area of complaint from SCCHO members who contacted the Commission. The Commission has numerous anecdotes that it will

report to the Board to support this allegation of lack of appropriate and timely health services delivery.

The Commission also received complaints about other types of durable medical equipment, such as colostomy bags, urinary bags, catheters, and adult diapers, and has numerous anecdotes to confirm this area of lack of appropriate health services delivery.

### **Referrals to Specialists.**

The second area of most concern relates to denials of referrals to specialists for the SCCHO members, and the lack of an orthopedist in county available for all the members. There are a couple of orthopaedist for SCCHO members, but the members have to also be a client of the Medical Clinic, or they will have to go to Salinas or to San Jose. This is not “in violation of the Medi-Cal regulations, “ as a member can be required to go thirty (30) miles for treatment. However, it is extremely difficult for SCCHO members who are also disabled to go to Valley Medical or to Salinas for treatment. It is an exhausting all day project to be seen by a doctor out of Santa Cruz for SCCHO members with disabilities who do not happen to be members of the Medical Clinic.

One member with a disability advised that he had constant urological problems. SCCHO would not authorize his visits to this urologist the way Medi-Cal had in the past. He just went to the urologist office and waited and was treated. He did not know if SCCHO paid for it or not, he just knew he could not wait the month it would take for his primary care physician to see him and get him a referral to the urologist. Waiting that long would insure that his urinary infection would be quite debilitating and painful.

The **COD** received repeated complaints that SCCHO often refused to authorize the treatment that a specialist would prescribe. SCCHO would find the treatment prescribed by the

specialist to be “inappropriate.” The member would be required to go back to his primary care physician, and then the specialist’s prescribed treatment would be denied by SCCHO. This creates in the mind of the member that his primary care physician was more concerned about the money that would be divided at the end of the year, than in the best treatment for the member. After all, a specialist had seen the member and had prescribed this treatment. This tends to undermine the “doctor patient relationship.” If the treatment prescribed by the specialist was eventually authorized, it would have been delayed weeks. These issues were reported by members and confirmed by several of the independent nursing agencies in the county.

### **Complaints & Grievances & Appeal Processes**

Of the many SCCHO members and care givers and support agencies interviewed, most stated they found the “grievance and appeal process” within SCCHO to be difficult, too time consuming, and “cumbersome.” Many SCCHO members related they had made numerous telephone calls to SCCHO about services or needs and talked with “a new person every time, so I’d have to tell the whole problem over and over, “ and that only one or two of the SCCHO members remembered SCCHO telling them they could file a complaint or grievance if they were not satisfied with what was done. Most SCCHO members and the agency staff said “they are always very nice on the phone, but nothing ever got done. It was a “run around” to keep calling back about a problem week after week.”

SCCHO responded to the Commissions request for information about complaints with the following : **since 1/96 they have had 7 complaints about new wheelchairs, and 1 complaint about wheelchair repairs.**

Obviously, the “complaint” process . and the data keeping process for SCCHO needs some work. Many of the SCCHO members who reported problems with SCCHO to the Commission confirmed that they had made many phone calls to SCCHO about the problems they were having. and so had their doctors and their vendors. The Commission spoke with several

SCCHO doctors and venders concerning wheelchair repairs. They reported that **many phone calls complaining** about failure to authorize a new wheelchair in a timely fashion, or to authorize a wheelchair repair or other durable medical equipment, had been made to SCCHO. Most of the complaints received from SCCHO members about wheelchair repairs relates to how long it takes to get their wheelchairs repaired after they report the need for repairs. At least seven (7) members state they found only one vender in town to repair their chairs. SCCHO's list of wheelchair venders contains two (2) venders in county to repair power wheelchairs, at this time. They have two (2) venders out of county that will come to repair power chairs. Most of the venders they tell their members to call do not repair "custom manual chairs" or power chairs, unless the member purchased the chair from the vender. When contacted by the Commission as part of this investigation, four venders, (if promised anonymity) told the Commission that SCCHO paid them less than Medi-Cal did, and that was why several repair venders would no longer do SCCHO work. The Commission did communicate with venders in Santa Barbara County and they are paid more by the COHS managed care program than SCCHO pays the venders that sell and repair wheelchairs in Santa Cruz County. The Commission urges SCCHO to reconsider its contracting process with the venders providing repairs and new wheelchairs for SCCHO members with disabilities, as this one area of medical services is generating ninety percent of the dissatisfaction in the community. This is because this one area impacts so dramatically on the lives of the SCCHO members with disabilities.

Most of the SCCHO members who responded to the Commission's inquiry about SCCHO stated they "had not been told about grievance or appeal processes, and that they had not been told they could ask for a "State Fair Hearing" at any time. The Commission is concerned that so many of the persons who spoke about their repeated problems with SCCHO did not know, or understand their legal rights to due process. Many of the care givers did not know the processes to explain to their clients, nor did the care givers know or understand the legal rights of their clients as related to the delivery of health care services under Medi-Cal. Care givers and staff in the agencies that provide support services for SCCHO members with disabilities reported



they found the SCCHO's "complaint process" and SCCHO's delivery of health services to their clients to be less than satisfactory, and to be confusing.

Several providers and venders advised the Commission they could not talk to the Commission, or to their clients, about SCCHO's delivery of medical services, because there was "gag clause" language in their contract with SCCHO. SCCHO advised the Commission that it did not think the language was a "gag clause" and that SCCHO did not interpret it as a "gag clause". SCCHO assured COD the language was not intended to be a "gag clause." The COD sent the language in question to the California Medical Association. It's legal department reviewed this language reported to the COD that this language is a "gag clause" and as such is against Medi-Cal policy, and the laws of California. The Office of HCFA reviewed this language and reported to the COD that this language is a "gag clause" and as such, against Medi-Cal policy. The COD has informed SCCHO of this and is confident SCCHO is already taking steps to remove this language from all its contracts. The Commission will request SCCHO inform in writing all current providers and venders of the language deletion.

The delivery of mental health treatment for SCCHO members has been a serious problem in Santa Cruz County for the past two y-ears. Many SCCHO members who also have mental illnesses requiring mental health treatment have not been receiving the appropriate referrals from their SCCHO primary care providers that would enable them to access the county mental health system. The State Department of Health Services advised the Commission that the "managed care provider will provide referrals for mental health treatment" in it's response to our inquiries about the failure of SCCHO to properly refer Matt Johnson for mental health treatment. It is clear that SCCHO is not responsible for providing the mental health treatment. It is also clear that many SCCHO members with mental illnesses have not been receiving the required referrals from their primary care providers for that essential mental health treatment. The Commission has several anecdotes about this issue to support this allegation.

One of the major problems with the health care services being delivered by SCCHO to its

members with disabilities is that the members with disabilities are not formally complaining, are not talking to the member services representatives and saying they want to complain or file a grievance or file an appeal. **They are not because they are afraid of retaliation.** Afraid that when they need this health care system it will not respond quickly for them, if they have been “tagged” as a complainer. The staff of many county agencies and many individuals have reported this to the Commission. Repeatedly the commissioners have heard “I am afraid to complain because this is my only health care system.” “ I have no where else to go. If I complain they may be worse.” And “that’s just the way it is, it’s easier to accept what it gives me than it is to fight. I just try to live with it.” “I don’t want to be tagged a troublemaker. This is the only health care I’ve got.” The Commission has numerous anecdotes to support this allegation which it will present to the Board.

### **Recommendations**

In addition to gathering data about the processes of SCCHO and Medi-Cal requirements for medical services, and to gathering data directly from SCCHO members and the agencies in our county that assist the Medi-Cal population, the Commission also gathered information about possible solutions to the problems that appear to exist in the SCCHO system.

The Commission has communicated to SCCHO and to the Directors of HRA and HSA that we had consulted at length with the COHS in Orange County and in San Mateo County. Both of these COHS have been in existence for several years longer than SCCHO, and both experienced similar types of problems. [ members with disabilities being dissatisfied with the health care being provided under the COHS].

To meet the needs of it’s members with disabilities CalOptima created one full time “liaison/advocate” for every 3,500 members with disabilities. The liaison acted as an advocate to assist the members in getting medical services . Additionally, the Orange County Legal Aid

Society and the San Mateo Legal Aid Society agreed to house the Ombudsperson/Advocate to assist all the COHS members with issues concerning health services. Both Orange County and San Mateo County COHS have Ombudsperson Programs. Additionally The Local Health Plans of California, COHS in *nine local health plans*, have Ombudsperson Programs to assist all the members of those COHS to have full access to their health care systems.

**It is the recommendation of the Commission that the following changes in SCCHO occur:**

1. Creation of an **advocate/ disabilities liaison** full time position to assist each 3,500 members with disabilities. At this time, SCCHO has 4000 members with disabilities, and the Commission thinks one full time, fully funded advocate liaison is needed. When SCCHO becomes the Santa Cruz-Monterey County Health Options next year, the Commission believes additional liaison personnel will be needed. This position could be an in house (SCCHO) person. However, the Commission is concerned by SCCHO’s renaming of a Medical Social Worker into the Disabilities liaison as a response to the commissions request for such a position to be created. Merely “changing the title” of a person does not make that person an liaison for members with disabilities. The liaison must be **an advocate** for SCCHO members with disabilities, so that those members will call and use this liaison to obtain appropriate and timely health care they are entitled to. However, the Commission acknowledges that this person may in fact be an excellent liaison.

The Commission recommends that a “disabilities liaison” position be created by SCCHO for each 3,500 members with disabilities: and that this person be the contact person for all members with disabilities. ( not make those members have to go through the Member Services Representatives first)

Members have repeatedly advised the Commission that they make phone calls and people are nice to them. but that nothing changes. and that every time they call about anything they get a

new person. This is very frustrating. This discourages people from calling.

2. Creation of an out of house **Ombudsperson/Advocate** for all members of SCCHO and next year, for Santa Cruz County-Monterey County Health Options. The Commission, following the Ombudsperson Program Guidelines, and the experiences in Orange and San Mateo Counties, recommends that this **Advocate** be:

- \* Supervised and housed outside of the SCCHO/ SC-MCHO system
- \* Funded by the SCCHO/ SC-MCHO system
- \* Be a legally trained advocate **or** an advocate with extensive experience in disability and health care issues
- \* Available for all members of the Santa Cruz-Monterey Counties COHS to assist with issues related to health care services and needs
- \* A hiring panel consisting of the County Personnel Director, a Commissioner from the COD, the Directors of HRA and HSA, and the Executive Director of SCCHO and a member of the Board of Directors of CCCIL, and a Director of the Seniors Legal Aid.

3. Streamlining of the complaint process, so that all “complaints” **from** members are counted. This will greatly assist SCCHO in understanding the needs of all its members.

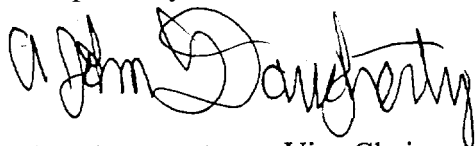
4. Updating the wheelchair vender or and wheel chair repair listings for members on a regular basis. Working towards increasing the number of actual wheelchair repair venders in the county. The Commission is willing and able to assist SCCHO in improving wheelchair repair problems. The Commission is willing to work directly with all of the wheelchair repair venders and SCCHO staff to create a working solution to these issues. It is obvious to the Commission that SCCHO has made many efforts to improve the problems with wheelchair repairs. The Commission will gladly work on these issues with SCCHO, if SCCHO so desires.

The Commission reports to the Board of Supervisors that the CAO’s Office and the

Director of Human Resources Agency and the Director of the Health Services Agency have cooperated in our investigation and have been helpful. The Commission acknowledges the extensive cooperation and assistance of the staff of SCCHO.

The Commission hereby formally requests the Board of Supervisors review the information contained herein, consider our oral presentation to be made on November 10, 1998, and adopt and support the recommendations concerning the COHS known as SCCHO.

Respectfully Submitted



A. John Daugherty, Vice Chair

Commission on Disabilities



Becky Irene Matthews

Acting Coordinator

Commission on Disabilities



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(408) 454-4066 FAX: (408) 454-4488  
TDD: (408) 454-4123

November 18, 1998

**AGENDA:** November 24, 1998

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

**SUBJECT: REPORT BACK ON MEETING BETWEEN COMMISSION ON DISABILITIES  
AND SANTA CRUZ COUNTY HEALTH OPTIONS**

Dear Members of the Board:

On August 4, 1998 and August 25, 1998, your Board considered recommendations concerning the expansion of Santa Cruz County Health Options (SCCHO) into Monterey County. At the time of your deliberations your board considered additional concerns raised by the Commission on Disabilities (COD) in their letter of August 10 and in subsequent public testimony on August 11th. Among the COD concerns were the following:

1. Issues associated with internal and external liaison and advocacy for SCCHO members, particularly those with disabilities; and
2. The complaint, grievance, and appeal procedures used by SCCHO and whether they are effective, cumbersome, and/or excessively time-consuming; and
3. The issue of member complaints about wheelchairs and other Durable Medical Equipment (DME), including repairs and replacements; and
4. The issue of referrals to specialists and whether unfair denials are occurring.

As an outcome of your board's meetings, HSA staff, in conjunction with the Managed Medical Care Commission and SCCHO's staff, were directed to meet with the Commission on Disabilities and report back to your Board. Two meetings were held, on October 13 and October 28, 1998, among representatives of COD, SCCHO, and the Managed Medical Care Commission. Participants included the Vice President of the COD, the acting coordinator of COD, the Chair of the Managed Medical Care Commission, the Administrators of the County's Human Service and Health Service Agencies, representatives of the County Administrators Office and the Executive Director of SCCHO. I am reporting in this letter to you in my capacity as both the HSA Administrator, and as a member of SCCHO's governing board.

At these meetings and in related correspondence a frank and open review occurred of the issues raised directly to your Board as well additional concerns that were forthcoming. Fact finding had taken place by a number of interested parties and the results of these investigations were reviewed and discussed. Although some differences in perspective and emphasis continue to exist, a consensus was reached on a number of important points.

Among these areas of agreement are the following:

### 1. **DISABILITIES LIAISON**

SCCHO's Health Services Department has established a liaison for members with disabilities within the Medical Social Worker position. The duties and minimum qualifications for this position were upgraded and a new staff person hired in mid-1998 in recognition of the complex needs of SCCHO members. While this position is available to all SCCHO members, the majority of the Medical Social Workers services are provided to members with disabilities. This position works with providers and agencies to assure that members with complex medical needs have coordinated care and receive timely, medically-necessary services. The COD has suggested, and SCCHO has agreed, to establish a multi-organization review panel (with representation from organizations representing members with disabilities) when recruitment for this position occurs. SCCHO has also agreed to further communicate the services of the MSW-Disabilities Liaison in the Member Newsletter, and in proactive communications with local agencies that serve SCCHO members. The Liaison is directly available to members by telephone, and by referral from providers and from SCCHO's Member Services staff.

### 2. **MEMBER ADVOCATE PROGRAM**

SCCHO is developing a Member Advocate Program (MAP) to provide an external source of advocacy and support for SCCHO members. SCCHO plans to contract with an outside agency to provide advocacy services following governing board approval (which is expected at a December 2, 1998 meeting) and responses to a public RFP process. SCCHO has solicited advisory input from a number of constituent groups, including the Seniors Commission, the Latino Affairs Commission, and the Commission on Disabilities. All advisory input will be presented to SCCHO's board in December, and a report will also be made to the Board of Supervisors that month. Based on SCCHO member needs and advisory input, performance obligations for the MAP are being defined. One minimum standard will be the ability to coordinate and work effectively with existing legal aid resources in the County. SCCHO has an estimated 4,600 members whose eligibility is based on a disability (out of a total SCCHO membership of 20,000). Of this group of 4,600, more than 80% (3,200 plus) are mentally ill, therefore having access to an additional, separate advocacy system as provided for in State law. Approximately 1,400 or fewer disabled members would be potential users of an external advocacy service, thus the initial scope of planned service, which will provide for approximately a .50 FTE advocate, is appropriately sized. The scope of the MAP will be reviewed when the Monterey portion of the program begins, with the expectation of an expanded service element to serve the increased number of members.

### 3. **COMPLAINTS AND GRIEVANCES**

In response to the COD's concern that issues raised by members through phone calls and letters to SCCHO have not been tracked as complaints, SCCHO will implement in December a system to categorize all member phone calls and letters (as well as issues presented in any

other form) so that they are tracked by type (e.g., concerns, problems, PCP changes, referrals, etc.) This process will assist in identifying any patterns of concerns (even if promptly solved, and even if the member does not wish to file a complaint or grievance) that indicate a need for further investigation and possible action. SCCHO will include information on patterns of member concerns in its quarterly report to its governing board on member complaints and grievances.

SCCHO's Member Services Representatives will continue the current practice of notifying members of their right to file a complaint or grievance and their right to request a State Fair Hearing whenever a member mentions that s/he has a problem or concern.

#### **4. TIMELY WHEELCHAIR REPAIRS/WHEELCHAIR VENDOR AND SERVICE AVAILABILITY**

SCCHO recognizes the importance of timely wheelchair repair, particularly when the chair is non-functional and the member is deprived of mobility. SCCHO does not require prior authorization for repairs of non-functioning wheelchairs. SCCHO will communicate with members, repair vendors and providers to assure a common understanding of this policy. Additionally, SCCHO is working with DME vendors to obtain advisory input on any wheelchair repair issue, as part of SCCHO's Allied Health Services Advisory Group process.

The COD reviewed SCCHO's list of wheelchair repair vendors and service capability and suggested additional features to make the list more useful for members. SCCHO is following the COD's advice and is obtaining the additional information from each vendor. SCCHO will include this updated list and information in its upcoming Member Newsletter, and will also send this information to all Primary Care Providers. More information on wheelchair issues can be found in the SCCHO attachment which follows this letter.

#### **5. ADDITIONAL CONCERNS**

Additional concerns presented by the COD included access to orthopedic specialties; "gag clause" language in contracts with primary care physicians and providers; referral processes followed by SCCHO PCP's in accessing mental health programs; and fears of retaliation for complaining to SCCHO. These specific concerns and others are addressed in the following attachment which was prepared by SCCHO staff.

#### **6. IMPORTANCE OF COD ADVICE AND COLLABORATION**

Additionally, SCCHO has encouraged COD participation in SCCHO's public governing board meetings and in the Member Services Advisory Group in order to promote collaboration in improving services to members with disabilities.

interaction between the COD and SCCHO in recent months has brought additional focus to the important and challenging task of serving SCCHO's members with disabilities. SCCHO has provided extensive written reports to the COD on its policies and practices, and has integrated advice from the COD into its services. Local health care reform requires such constant appraisal and quality improvement.



We, at HSA, HRA, SCCHO and the Managed Medical Care Commission, recognize the importance of the concerns that have been raised and pledge to continue working toward problem resolution of these issues and any that may arise in the future.

It is, therefore, RECOMMENDED, that your Board:

1. Accept and file this report on meetings between Commission on Disabilities and Santa Cruz County Health Options; and
2. Direct the HSA Administrator, both in his County role and as a County representative on the Managed Medical Care Commission, to follow through on implementation of planned program changes contained herein; and
3. Direct the HSA Administrator to report back at the 1999 budget hearings on these issues as well as the status of the SCCHO expansion to Monterey County.

Sincerely,



Charles M. Moody  
HSA Administrator

CMM:js

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc:    CAO Office                    HRA Administration  
      County Counsel            SCCHO  
      HSA Administration        Commission on Disabilities

**SANTA CRUZ COUNTY HEALTH OPTIONS**  
**375 Encinal Street ~ Suite A ~ Santa Cruz ~ CA ~ 95060**  
**(831) 457-3850 ~ FAX (831) 457-3858**

November 24, 1998

**Response to Commission on Disabilities Report**  
**to the**  
**Santa Cruz County Board of Supervisors for November 24, 1998**

Introduction

Since mid-year, SCCHO has responded to five letters from the Commission on Disabilities (COD), requesting information and analyses from SCCHO on their topics of investigation. On October 13th and 28th, meetings were held between COD representatives and members of SCCHO's board and staff to discuss the COD's findings and recommendations. The outcome of those discussions, including several agreements on the scope and approach for service improvements at SCCHO, are summarized in Mr. Moody's cover letter. This attachment to Mr. Moody's letter responds to the detailed findings of the COD's report to the Board of Supervisors.

SCCHO has operated since 1996 as a locally-managed, locally-accountable Medi-Cal managed care health plan. The commitment and energy required to move the Medi-Cal program from the State level to Santa Cruz County has been profound. It has taken drive, dedication, vision and a belief that SCCHO could improve satisfaction among members and providers with local services, and develop a successful alternative to State bureaucracy.

SCCHO's board and staff have approached this challenge with a commitment to local self-determination. SCCHO employs about 60 local residents, is governed by a board comprised of community leaders, and is supported by Advisory Groups comprised of local providers and member advocates. SCCHO's board develops health plan policies in monthly public meetings. In providing an alternative to State administration of Medi-Cal, SCCHO's policies and practices are a product of local thought, action and commitment to health care reform.

It is precisely because of SCCHO's local structure that the health plan has been able to work closely with members and providers, and private and public agencies. SCCHO is committed to this local responsiveness and feels this has worked well to bring about improvements to SCCHO's policies and services in the past three years.

SCCHO has responded to the Commission on Disabilities' requests for information in the open and concerned manner that has already worked effectively to improve the Medi-Cal

system for members and providers. SCCHO has been, and continues to be, interested in the COD's findings and their suggestions for SCCHO. All parties are very concerned by the allegations in this report, and are eager to develop service improvements. SCCHO is concerned for its members who are reporting problems to the COD and not to the health plan. We are committed to open up multiple avenues for these members to find ways to work with our local staff in the health plan, either directly or through outside assistance. SCCHO believes promoting multiple channels of communication will improve health plan responsiveness.

SCCHO supports and encourages the COD's interest in advancing member needs and concerns. In areas of providers and agency relationships, SCCHO strongly encourages direct communication with the health plan on administrative and payment policies. In this manner, the business and financial interests of providers can be addressed through direct discussion, with explicit and accountable outcomes.

Local accountability includes a responsibility for SCCHO and its partners to come to the table to discuss hard issues, risk conflict, experience triumphs and accept compromises. SCCHO's staff and board are committed to do this in order to improve health care access and outcomes for 20,000 local members. We appreciate the COD's significant efforts in joining SCCHO in dialogue to fulfill the vision of local health care reform.

## Response to the Report

**While most SCCHO members think SCCHO is doing a better job than the State Medi-Cal system, the Commission finds that SCCHO members who are also disabled are not receiving medical services as well as they were under the State Medi-Cal system.**

SCCHO's three years of local governance and operations have been dedicated to improving member satisfaction with Medi-Cal services. The COD's conclusion that members with disabilities are not better served, even if other members are satisfied, is a troubling finding. Due to the anonymous nature of the COD's case interviews, SCCHO is not able to internally assess these reports individually and specifically. Instead, SCCHO has described below the policies and procedures that would apply in situations reported by the COD, and describes plans for service improvements.

As an important point of information, SCCHO conducts an annual Member Survey to assess satisfaction with both health care services delivered by providers, and the customer service provided by SCCHO staff. SCCHO's most recent survey findings were reported to its governing board at its meeting on October 7, 1998.

The results of SCCHO's 1998 Member Satisfaction Survey included 857 SCCHO member respondents, including 276 (32% of respondents) members with disabilities. Among all respondents, 80% were satisfied with SCCHO providers' health care services, while 7% were dissatisfied and 13% were neutral. Among the responding members with disabilities, 73% were satisfied, 11% were dissatisfied, and 16% were neutral. While members with disabilities responded less positively, the rate of satisfaction is still substantial. In evaluating SCCHO's customer service, 98% of respondents indicated that SCCHO's Member Services staff are polite and helpful when they need assistance.

Notwithstanding these comparatively positive Member Survey results, the concerns and allegations from the COD's interviews present an important challenge to SCCHO. Dissatisfied members with disabilities may not be responding to SCCHO's Member Survey, or may not be contacting SCCHO directly regarding their concerns. As previously noted, SCCHO is committed to improving communications with its membership so that concerns can be identified and resolved.

In order to respond to the COD's anonymous interview findings, the following section of this report outlines the policies and procedures SCCHO would use in the reported situations.

### **Authorization of power wheelchairs**

The COD states that SCCHO members have reported problems with "repeated delays in authorization for all types of durable medical equipment." The COD specifically points

to complaints from five (5) members who state that it has taken almost a year or over to authorize power wheelchairs.

SCCHO’s timelines in approving Treatment Authorization Requests (TARs) for wheelchairs depends both on SCCHO’s efficiency, and on vendors’ effectiveness in providing needed medical information with the TAR. Since motorized chairs often must meet complex medical needs, and can involve high technology, the importance of complete and accurate information is evident. SCCHO does not build or provide power wheelchairs, but instead works with the DME vendor to ensure that the chair is appropriately matched to the member’s medical needs.

SCCHO’s timelines for complex wheelchair approvals have shortened as SCCHO has gained experience. Since starting operations in 1996, SCCHO’s efficiency has improved with advice from its DME consultant (who has many years of DME vendor experience), and from extensive discussions with local vendors to facilitate the authorization process. SCCHO’s current timelines do not necessarily reflect performance during the “early days” of operations, but is an accurate picture of SCCHO’s current performance. It is important to note that SCCHO works with the member’s physician and DME vendor to ensure that medical needs are met during the wheelchair design and approval process.

SCCHO processes and approves TARs for wheelchairs within approximately 3 to 5 days when the necessary medical information accompanying the TAR is complete. Such information is necessary to assess the fit between the wheelchair and the member’s medical needs. In order to facilitate the wheelchair design process, SCCHO has worked with Dominican Santa Cruz Hospital to develop a “seating clinic” which offers a one-stop service with well-trained staff.

TARs submitted by vendors without needed medical information take longer to approve. Turn around times for approval of these TARs varies based upon complexity of the chair and when information is finally provided to SCCHO. The average time frame for SCCHO to obtain the necessary medical information in order to approve these TARs ranges from 1 to 8 weeks. After receipt of all necessary information, SCCHO experiences a 3 to 5 day turn around for approval. Again, SCCHO works with the member, his/her physician and the vendor to ensure that medical needs are met in the interim.

As a point of information, SCCHO’s turnaround time for approval of TARs for all medical services, assuming that the accompanying paperwork is complete and accurate, is typically 3 to 5 days from the date of receipt by SCCHO.

There are cases (usually involving individuals hospitalized after traumatic injuries) where members are not known to SCCHO until several months after their accident. These individuals become retroactively eligible for Medi-Cal and SCCHO does not learn of them until notified through the Medi-Cal eligibility system. Once SCCHO becomes aware of the case, staff must then gather diagnostic information, evaluate medical needs,

and work with a vendor on a suitable motorized chair design. During this period, the member's physician ensures that interim support and equipment is in place. SCCHO Health Services' staff may visit members in their home, and are sensitive to complaints or needs. After an appropriate chair is designed, the vendor may need more than a month for construction. These steps are necessary and do take time. SCCHO endeavors to minimize delays, but factors such as retroactive eligibility, medical assessments, vendor communication, and wheelchair construction are inherent.

### **Authorization of wheelchair repairs**

SCCHO recognizes the importance of timely wheelchair repair, particularly when the chair is non-functional and the member is deprived of mobility. A significant majority (about 95%) of wheelchair repairs involve a non-functioning chair. SCCHO does not require notice or paperwork to the health plan prior to the repair of a non-functional wheelchair. In these repairs, the member, DME vendor and (the member's) PCP typically complete the repair process before SCCHO is made aware of the process by the receipt of a claim.

SCCHO's PCP case management system also requires that the member's PCP be informed of the need for a wheelchair repair, and s/he would make an appropriate referral. However, a member can certainly initiate the repair of a non-functional wheelchair by directly calling a repair vendor. SCCHO intervenes to facilitate prompt referral to repair services if the member should contact SCCHO with any concerns about their PCP's responsiveness.

SCCHO is concerned that the findings in the COD report do not reflect the existing policies and procedures. In its discussions with COD representatives, SCCHO agreed to communicate with members, repair vendors, and primary care physicians to ensure an accurate understanding of SCCHO's policies related to wheelchair repairs.

### **Referrals to specialists**

As reported in a COD-related letter to the Board of Supervisors of August 25, 1998, in SCCHO's Primary Care Provider (PCP) case management model, referrals to specialists are made at the discretion of the PCP and do not require SCCHO's authorization. SCCHO does not deny referrals to specialists as referral decisions are made autonomously by the PCP.

If a member disagrees with their PCP's decision regarding referral to, or treatment by a specialist, the member may call SCCHO's Member Services Department. The member can be assisted by the Member Services Representative who can refer the issue to SCCHO's Medical Director for review and possible override of the PCP's decision to not refer the member for specialty care.

SCCHO estimates it has received over 37,000 specialty care referral authorizations from Primary Care Providers serving SCCHO members. Beginning in early 1997, SCCHO began logging member requests for SCCHO's Medical Director to override a PCP's decisions to not refer for specialty care. Since 3/97 there have been 8 such requests. In the more formal complaint and grievance process, there have been 10 member complaints or grievances of this nature since 1/1/96. The annualized rate of such complaints against estimated total specialty care referrals is seven one hundredths of one percent (.07%).

The COD report indicates a perception among members that SCCHO has the responsibility for denial or approval of referrals to specialists. As reported above, this is inaccurate. In order to clarify SCCHO's policies to members and providers, SCCHO will communicate its policies to those constituents.

The COD also reports complaints that SCCHO often denies treatments prescribed by specialists, and that SCCHO will redirect a member to his/her PCP while denying treatment ordered by a specialist. It is indeed SCCHO's policy that linked members access non-emergency care through their PCP case manager. This policy is the cornerstone of SCCHO's primary care case management model, which ensures access to appropriate care, coordinated by the PCP. SCCHO has also made significant efforts to increase members' access to specialty care services via PCP referral, and has denied less than 10 specialist treatment proposals in three years of operations. These denials were typically on the basis of non-covered benefits, such as cosmetic surgery procedures.

### **Access to orthopedic services**

The COD also reports concerns regarding access to local orthopedists. SCCHO presently contracts with approximately 75% of local outpatient specialists. In order to facilitate access, SCCHO also pays claims of non-contracting specialists who provide authorized services to SCCHO members. Most of the non-contracting local specialists do accept some referrals of SCCHO members.

Regarding access to Orthopedic services, SCCHO's contracted provider network includes three local orthopedists who accept a limited number of referrals of SCCHO members. SCCHO regularly pays claims for authorized orthopedic services from non-contracted specialists, and our billing system indicates that non-contracted orthopedists do accept some SCCHO member referrals.

In north county, access is difficult due to local orthopedists' practice of accepting only a few SCCHO member referrals. Members access orthopedic care at Santa Clara Valley Medical Center (SCVMC) or Stanford and Lucile Packard Hospitals, where the reputation for service quality with complex issues involving disability is excellent. SCCHO recognizes the demands of travel to these sites, and has joined with the County to develop a new relationship with SCVMC physicians for local orthopedic services. This new ortho clinic service is expected to begin operating next month at the County's Emeline Avenue Clinic.

## Complaints and grievances

As described in a COD-related letter to the Board of Supervisors for August 25, 1998, **SCCHO** has a complaint and grievance process that is available to all members. Members are informed of this process in the SCCHO Member Handbook, the Member Newsletter, and by SCCHO staff. Members are not required to complete any paperwork to file a complaint or grievance. Complaints and grievances can be filed by phone, in person, or in writing.

The complaint and grievance process is managed by SCCHO's Grievance Coordinator who reports to the Executive Director. Typically, a complaint is accepted by a SCCHO Member Service Representative through a phone conversation with a member. Approximately, 90% of complaints are resolved in a telephone conversation with the Member Service Representative. **SCCHO** Senior Management staff meet on a bi-weekly basis to review complaint activity and discuss resolution of complaints.

Grievances are the most formal level of SCCHO's complaint process. SCCHO's Grievance Coordinator is responsible for monitoring the timeliness and appropriateness of the grievance process. The Grievance Coordinator is responsible for keeping the member informed of the grievance process and assisting the member throughout the grievance.

Time frames for SCCHO's response to members' complaints and grievances are mandated by the State Department of Health Services. SCCHO provides a letter of acknowledgment to the member within three days after receiving a grievance, and must provide a written proposed resolution within thirty (30) days. If SCCHO is unable to provide a proposed resolution within this time frame a letter of explanation is sent to the member. The member has the option, at that time, of granting an additional 30 days for SCCHO to respond, or immediately escalating to the next level of the grievance process.

SCCHO is able to comply with the 30 time frame to respond unless there is a delay in receiving an authorization for release of information from the member, and/or there is a need for additional medical documentation. Since 1/1/96 SCCHO has responded within 30 days with a proposed resolution in 27 of 36 grievances (75%). SCCHO required additional time beyond the thirty (30) day resolution period to respond in 9 of 36 grievances (25%) On average the time frame for response in these 9 grievances was approximately 54 days from the day the grievance was received. In each of these cases the member was notified in writing of the delay and agreed to allow the grievance process to proceed without immediate escalation.

Under its contract with SCCHO, the Department of Health Services provides oversight to SCCHO's operations including its complaint and grievance process. DHS audits SCCHO's administrative and medical operations, including SCCHO's grievance system on an annual basis. Additionally, the federal Health Care Financing Administration



(HCFA) audits SCCHO's internal policies and procedures, including the grievance system, annually.

While SCCHO's complaint and grievance system includes State and Federally mandated time frames for response that are overseen by outside agencies, SCCHO is concerned about the COD assertion that this system is "too time consuming and cumbersome. As part of its discussions with COD representatives, SCCHO agreed to develop a system to categorize all member calls to ensure an accurate picture of the nature of calls and issues from members. This process will assist in identifying any patterns of concerns that (even if promptly solved, and even if the member declines to file a complaint or grievance for subsequent remedy) indicate a need for further investigation and possible action.

Regarding the specific concerns about the length and difficulty of the grievance process, it appears that there may be a misperception about what is entailed in registering a complaint or grievance with SCCHO. In response, SCCHO will increase its member outreach regarding the availability and ease of the complaint process. SCCHO is including information in its January 1999 member newsletter which explains the complaint and grievance process and offers additional outside sources of assistance to members who so desire (i.e. Legal Aid Society and the DHS Ombudsman Program). Also, SCCHO has scheduled two upcoming Community Agency Workshops in December where information about the complaint and grievance process will be presented to agencies who work with SCCHO members.

The COD reports complaints that SCCHO staff "are always very nice on the phone, but nothing ever got done". As previously noted, SCCHO's 1998 Member Survey indicated that 98% of respondents agreed that Member Services Representatives are both polite and helpful. SCCHO has numerous anecdotes on file from members to confirm this level of responsiveness and customer service. In addition, SCCHO recently surveyed its physician providers regarding their satisfaction with SCCHO's services. The results indicate that 84% of the respondents were satisfied with the speed of SCCHO's response to their phone calls.

SCCHO has three Member Service Representatives (MSR) stationed at its main office in Santa Cruz and one MSR outstationed at the Watsonville Human Resources Agency office. Members who call in to the main office may speak to one of three MSRs who may be available at the time of the call. MSRs report that quite often a member will ask for a specific MSR with whom they are familiar or who has worked with them on a specific issue. When this happens the call is routed to the requested MSR.

### **DME vendor payment**

The COD report "urges SCCHO to reconsider its contracting process with the vendors providing repairs and new wheelchairs for SCCHO members with disabilities, as this one area of medical services is generating ninety percent of the dissatisfaction in the community". SCCHO's contracts with DME vendors involve two basic themes of

performance obligation. The first involves SCCHO's policies for medical management, which involve the vendor, the physician, and SCCHO in assessing members' medical needs and providing services well-matched to those needs. As previously noted, this obligation requires efficient teamwork and sharing of medical information by all participants. SCCHO has worked for three years with its provider network to develop medical management systems that are responsive, and that reflect local standards of quality care. SCCHO's Medi-Cal delivery system is not perfect, but it has made significant gains and will continue to do so in partnership with providers.

The second obligation involves payment for DME services. SCCHO's payment policies for DME services are based on documented Medi-Cal standards, and on local governing board decisions where prescriptive State standards are absent. Claims are administered locally by SCCHO, and with an attention to detail that cannot be matched by the State's bureaucracy.

SCCHO's medical and payment policies have brought a new level of management and accountability to DME service delivery in Santa Cruz County. It is no small task to establish local standards of medical necessity and appropriate services for members with disabilities. However, SCCHO and local DME providers and physicians have engaged that process, and in doing so have brought DME services into the mainstream of health care reform.

The COD's report suggests that DME providers strongly object to SCCHO's medical and payment policies. Indeed, there has been some friction, but in SCCHO's appraisal no more than experienced by other provider sectors who have adjusted to the new social policy of Medi-Cal reform. In order to assess local DME vendors' willingness to work within SCCHO's local system, a survey of DME vendor participation was conducted by the health plan. After sharing the initial results with representatives of the COD, new and helpful information was identified to be included in the roster of participating DME vendors.

SCCHO has found that all local DME vendors, with one exception, are willing to provide services to SCCHO members and comply with medical and payment policies. In order to facilitate member choice and network responsiveness, SCCHO has also established contract relationships with DME vendors located in nearby counties who are willing to provide service to SCCHO members on-site in Santa Cruz County. In total, 12 wheelchair vendors are available for manual chair services, and 4 wheelchair vendors are available for motorized wheelchair services. Among the manual chair vendors, 2 are planning to develop motorized wheelchair services in the future. SCCHO's network includes all but one DME wheelchair vendor in the region.

The COD report states that SCCHO pays vendors less than Medi-Cal did, and less than a similar health plan in Santa Barbara pays its vendors. SCCHO has extensively researched the payment practices of Medi-Cal prior to SCCHO's operations and is familiar with the Santa Barbara Regional Health Authority. Early in SCCHO's operations, SCCHO

found that State Medi-Cal did not have a payment rate list for certain types of DME services, such as custom wheelchairs and repairs. These custom items and services (also called “by-report” items) were priced out with each claim submitted. Previous to SCCHO, vendors report that they were paid their full retail price for these items. In researching this matter, SCCHO found that the State had a policy of authorizing Medi-Cal Field Offices to negotiate an appropriate price for by report items. However, in practice, only some Field Offices invested the time and effort to use this policy to negotiate for less than full retail payment to vendors.

In establishing its DME payment policies, SCCHO used Medi-Cal pricing whenever available, and its Board adopted a pricing rule for custom items to efficiently realize value from the State’s policy of negotiated pricing. Following review of issues and recommendations from SCCHO’s Finance Committee on this matter, the board adopted a policy of “retail less 10%” for custom items. The Board adopted this policy only after SCCHO staff solicited input from local DME vendors, who strongly opposed alternative pricing methods based on “cost plus” (and so staff developed its recommendation for the current “retail less 10%” policy instead),

SCCHO’s payment policy for custom items was viewed by the Board as appropriate in the context of pre-existing State policy on negotiation on “by report” items, as well as standards of payment in other local managed care plans. However, SCCHO’s policy of “retail less 10%” remained remarkably generous in comparison to Medi-Cal payments to other providers. In addition, SCCHO communicated with DME vendors for input when developing its payment policy options, documented its adopted payment policy for DME vendors, and allocated significant staff resources to DME claims processing.

SCCHO has received complaints from some DME providers regarding coordination of benefits (COB) on claims for members who are dually eligible for Medicare and Medi-Cal. SCCHO’s applicable COB rules are as documented in the State’s Medi-Cal Provider Manual, and are further confirmed by Title XXII and by the federal Balanced Budget Act of 1997. These rules for coordination of benefits are set by federal and State policy, and are applied by SCCHO to all providers.

With relatively low Medi-Cal levels of revenue funding, SCCHO must live within its means. SCCHO pays providers using many Medi-Cal rules and fee schedules, and using policies enacted by its local governing board, SCCHO’s financial constraints remain a potential source of dissatisfaction for most SCCHO providers. SCCHO has found that its policies related to wheelchair sales and repair have been a source of local debate, but have resulted in only one DME vendor refusing to provide services to SCCHO members. As a point of information, only two other providers (an acupuncturist and a physician) have terminated their SCCHO contracts over SCCHO’s three year history, for reasons other than retirement of moving out of area.

SCCHO staffs an Allied Health Services Advisory Group (AHSAG) which is comprised of local allied health providers (including wheelchair vendors) and provides advisory

input to SCCHO's governing board. A work group of DME vendors, staffed by SCCHO Health Services Department, has convened out of the AHSAG to review and provide advisory input on wheelchair repair issues. All local DME wheelchair service vendors were invited to participate in this work group.

### **Interpretation of contract language as "gag clause"**

The COD reports a concern about SCCHO provider contract language which has been interpreted as a "gag clause" which would prevent providers and vendors from talking to the COD or to their patients about SCCHO's delivery of medical services. SCCHO understands the language of concern to be as excerpted from the Allied Health Services Agreement, Section 4.2:

If a disagreement arises between Allied Health Service Provider and SCCHO on any matter whatsoever, Allied Health Service Provider shall work directly with SCCHO towards a resolution and shall not involve Members in any matter concerning such disagreement.

As discussed with representatives of the COD, this provider contract language (which was approved by the State prior to its use) was not intended to prevent the provider from discussing a full scope of medical treatment or service options with the member. Instead, SCCHO's intent with this paragraph was to prevent situations in which a provider might inappropriately involve a member in a disagreement between the provider and SCCHO, and unduly alarm the member. For example, on rare occasions a provider may seek to involve a member in a dispute regarding SCCHO's payment policies, and this language was intended to discourage that possibility.

However, the argument has been made that Paragraph 4.2 could be read to require that if a disagreement arises between the provider and SCCHO on an issue regarding the type of care to be provided to the patient, the provider is not permitted to discuss the issue with the patient and can only communicate with the plan. The CMA's letter to the COD, dated October 2, 1998, states that SCCHO's language "could" be read as such. It is not SCCHO's intent to attempt to prevent the provider from discussing a full scope of medical care options with the member. To resolve the concern over Paragraph 4.2, SCCHO is deleting the last sentence from Paragraph 4.2, and this contract revision will be submitted to DHS later this month for legal review and approval. SCCHO will communicate this change to providers after it is approved by DHS.

### **Access to mental health services**

Medi-Cal mental health services are among several services which are excluded from SCCHO's contract with the State. Mental health services are provided to Medi-Cal beneficiaries through the County Health Services Agency Mental Health System (CMHS). A referral from a SCCHO PCP is not required in order for a member to access mental health services; members may self-refer. However a PCP can certainly

recommend and refer a member to mental health services, and SCCHO is concerned that the COD reports that some members are not appropriately referred by their PCPs.

In order to facilitate coordination between SCCHO providers and CMHS services, protocols have been developed for efficient communication on clinical matters. SCCHO PCPs have priority access to telephone consults with a CMHS psychiatrist to discuss mental health diagnostic and treatment issues. In addition, a protocol is in place for PCPs to refer members for prompt CMHS evaluation and referral to mental health providers as needed. These protocols have been developed in SCCHO's Physician Advisory Group in collaboration with CMHS, and have been communicated to all network physicians in the SCCHO Provider Newsletter.

While SCCHO Health Services staff are not providers, and therefore do not "make referrals", they will commonly communicate with a member's PCP or CMHS to recommend that a referral be made. Importantly, the member must also want to voluntarily access mental health services, unless their condition warrants involuntary psychiatric care.

### **Reports of fear of retaliation**

SCCHO is very concerned by the COD's report that members are not coming forward with complaints or concerns about their health care because the "are afraid of retaliation." The ability of SCCHO to communicate with members in order to resolve their concerns or problems is vital, so any reports of barriers to such communication are indeed a concern.

SCCHO prides itself on being a locally accountable agency that can respond to the needs of its community. SCCHO believes over the past three years it has demonstrated this commitment and ability. SCCHO members and representatives of the public sit on the governing board, and participate in SCCHO's Member Services Advisory Group. SCCHO employs local people who are dedicated to SCCHO's mission of improved access and quality of care. The assertion that members are afraid of retaliation by SCCHO or being labeled as "trouble makers" is of great concern.

SCCHO communicates with members by telephone, in interviews, through Member Surveys and Newsletters, and through agencies that work with members. Additionally, SCCHO has committed to developing a Member Advocate Program (MAP) to provide an external source of advocacy and support for SCCHO members. The MAP will be available to assist those members who may not feel comfortable requesting assistance directly from SCCHO.

SCCHO will contract with an outside agency to provide for the MAP program. SCCHO has solicited advisory input on the design of the MAP from a number of constituent groups. SCCHO is currently in the process of developing a Request for Proposal (RFP) for this program. Competing agencies will respond to a number of performance

obligations, including the ability to coordinate and work effectively with legal aid resources in the County.

SCCHO believes that its ongoing commitment to member service, outreach to members and community agencies, and development of a Member Advocate Program will continue to build confidence and trust for SCCHO's services among its members.

### **Recommendations from the Commission on Disabilities**

The cover letter from Mr. Charles Moody, County Health Services Agency Director, for this report summarizes the results of discussions with representatives from the COD on their recommendations.

SCCHO has benefited from sharing information and ideas on member services and satisfaction with the Commission on Disabilities, and looks forward to further collaboration to improve services to members.



# county of Santa Cruz

SUSAN A. MAURIELLO, J.D., COUNTY ADMINISTRATIVE OFFICER

701 OCEAN STREET, SUITE 520  
SANTA CRUZ, CA 95060  
(408) 454-2100 FAX: (408) 454-3420  
TDD: (408) 454-2123

November 18, 1998

Agenda. November 23, 1998

## BOARD OF SUPERVISORS

County of Santa Cruz  
701 Ocean Street  
Santa Cruz, C A 95060

Dear Members of the Board:

On August 25, 1998 your Board directed Health Services Agency and the Commission on Disabilities to meet to resolve several issues raised by the Commission relative to the operations of the Santa Cruz County Health Options (SCCHO).

In this regard, the Commission on Disabilities has prepared a report and recommendations (Attachment 1) for your Board's consideration. The Health Services Agency has worked with SCCHO to review this material and present their responses to the report of the Commission and to the recommendations presented (Attachment 2).

We are pleased to advise you that substantial progress has been achieved. While there are still some differences to be resolved, County Administrative Office staff believe that continued dialogue on these issues between the SCCHO, Health Services Agency and the Commission on Disabilities will continue to generate recommendations for program changes and improvements which are responsive to the Commission's concerns.

It is therefore **RECOMMENDED** that your Board accept and file these reports and take the actions listed by the Health Services Agency Administrator to address concerns raised by the Commission on Disabilities.

Very truly yours,

SUSAN A. MAURIELLO  
County Administrative Officer

cc: Health Services Agency  
SCCHO  
Commission on Disabilities

# 60