



State of California—Health and Human Services Agency
Department of Health Care Services



2021 Annual Network Certification
Drug Medi-Cal Organized Delivery System
(DMC-ODS)
Corrective Action Plan Report

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1. Background and Overview

The Department of Health Care Services (DHCS) contracts with 31 Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans to provide a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced-based practices in substance abuse treatment, and coordinates with other systems of care.

This approach provides the beneficiary with access to the care needed in order to achieve sustainable recovery. DMC-ODS Plans will demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system health care costs. In California, there are 31 DMC-ODS Plans that require an annual network adequacy certification and one DMC-ODS regional model comprised of seven counties partnering to provide DMC-ODS services.

Each DMC-ODS Plan must maintain and monitor a provider network adequate to serve, within scope of practice set forth under State law, the population of adults and children/youth Medi-Cal beneficiaries eligible for DMC-ODS services. A DMC-ODS Plan must meet or exceed network capacity requirements and proportionately adjust the number of network providers to support any anticipated changes in enrollment and the expected utilization.

Federal regulations require each DMC-ODS Plan to submit to DHCS data and documentation on which the State bases its certification that the DMC-ODS Plan has complied with the State's requirements for availability and accessibility of services, including the adequacy of the provider network, as set forth in Title 42 Code of Federal Regulations (CFR) parts 438.68 and 438.206, and WIC 14197.1(c).

DHCS certifies the network of each DMC-ODS Plan and submits assurances of adequacy to the Centers for Medicare and Medicaid Services (CMS). DHCS reviews state and DMC-ODS data and information, including network data submissions by the DMC-ODS Plans, to conduct an analysis of the adequacy of each DMC-ODS network. DHCS conducts a comprehensive review of each DMC-ODS' provider network in accordance with the annual network certification requirements set forth in Title 42 CFR part 438.207.

DHCS reviews each DMC-ODS's compliance in the following areas:

- I. Time and Distance Standards – Geographic Access Mapping;
- II. Network Capacity and Composition – Availability of Services;
- III. Mandatory Provider Type - American Indian Health Facility (AIHF)

In November 2021, 30 DMC-ODS Plans conditionally passed the network certification requirements, meaning the DMC-ODS did not meet the network adequacy requirements in one or more areas. 11 DMC-ODS Plans were out of compliance in language capacity, which is reviewed as part of Network Capacity and Composition – Availability of Services for not submitting an updated contract. Of those 11 DMC-ODS Plans, 10 resolved their language capacity compliance deficiency by submitting required documentation. These findings are not included in the corrective action plan (CAP) table, which starts on page eight.

DHCS evaluated the performance of the DMC-ODS Plans in each of the areas listed above to determine compliance with requirements. DMC-ODS Plans that did not meet requirements in one or more areas are subject to ongoing monitoring and are required to complete a CAP to improve access to substance use disorder treatment services for beneficiaries

This report identifies the DMC-ODS Plans that are under a CAP due to non-compliance with the applicable network certification requirements. The report also includes the county's response to the CAP.¹ Additionally, this report fulfills the requirements of WIC 14197.1(c), to annually publish on the DHCS website a report that details the results of DHCS' annual network certification of the counties.

2. Drug Medi-Cal Organized Delivery System Network Certification Corrective Action Plan Requirements

In November 2021, DHCS notified DMC-ODS Plans, in writing, of the results of the annual network certification. The DMC-ODS Plans determined to conditionally pass the network certification requirements were required to complete and submit a CAP detailing actions the DMC-ODS Plan would immediately implement to ensure compliance with the requirements. The deadline to submit documentation to resolve CAPs was March 1, 2022.

DMC-ODS Plans that do not meet the network certification standards and are unable to provide beneficiaries with timely access to necessary services within the applicable time or distance standards must adequately and timely cover these services with out-of-network providers. The DMC-ODS Plan must permit out-of-network access for as long as the DMC-ODS Plan's provider network is unable to provide the services in accordance with the standards set forth within federal regulations and state requirements.

The DMC-ODS Plans' CAPs were required to address procedures for ensuring beneficiaries are informed and have access to out-of-network providers. The CAPs also

¹ Welfare and Institutions Code (WIC) 14197(f)(3)

include the provision of training to the DMC-ODS' 24/7 Access line staff, and other front-line staff who provide information to beneficiaries regarding appointments, as well as any staff responsible for processing authorization requests (including those of subcontractors), to ensure staff who interact with beneficiaries are aware of and trained on processing appointments including out-of-network access. The DMC-ODS Plans were further required to submit training materials and call center scripts to demonstrate compliance with these CAP requirements.

3. Drug Medi-Cal Organized Delivery System Subject to Corrective Actions

As aforementioned, 30 Plans were non-compliant with network adequacy requirements. Of the 30 DMC-ODS Plans, 28 provided documentation demonstrating a resolution to their deficiencies. Those counties are as follows:

1. Alameda DMC-ODS
2. Contra Costa DMC-ODS
3. El Dorado DMC-ODS
4. Fresno DMC-ODS
5. Imperial DMC-ODS
6. Kern DMC-ODS
7. Los Angeles DMC-ODS
8. Merced DMC-ODS
9. Monterey DMC-ODS
10. Napa DMC-ODS
11. Nevada DMC-ODS
12. Orange DMC-ODS
13. Partnership DMC-ODS
14. Placer DMC-ODS
15. Riverside DMC-ODS
16. San Benito DMC-ODS
17. San Bernardino DMC-ODS
18. San Diego DMC-ODS
19. San Joaquin DMC-ODS
20. San Luis Obispo DMC-ODS
21. San Mateo DMC-ODS
22. Santa Barbara DMC-ODS
23. Santa Clara DMC-ODS
24. Santa Cruz DMC-ODS
25. Stanislaus DMC-ODS
26. Tulare DMC-ODS
27. Ventura DMC-ODS
28. Yolo DMC-ODS

The following 2 counties remained non-compliant in one or more required area(s):

1. Sacramento DMC-ODS
2. San Francisco DMC-ODS

If a county failed to timely complete corrective actions by March 2022, and remains out of compliance with network adequacy requirements, the county is subject to additional corrective actions, including administrative and financial sanctions. DHCS has the authority to impose administrative and financial sanctions when DHCS determines a county has failed to comply with requirements in federal or state statutes, regulations, and/or the terms of the County contract.²

The status of each CAP, as well as the specific areas of non-compliance and the county's response to the CAP, are detailed in this report. DHCS will update the CAP status as the counties complete corrective actions to the Department's satisfaction. The status of each county's CAP is current as of June 2022.

Questions regarding the contents of this report can be directed to: NAOS@dhcs.ca.gov

² WIC § 14712, subd. (e) and § 14713, subd. (a); Cal. Code Regs, tit. 9, § 1810.380, subd. (b) and § 1810.385.

Alameda Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time and Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|----------------------------|-----------------------------------|---|---|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The DMC-ODS Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet adult OTP standard. | DHCS approved an alternative access standard request for time or distance standards for Fiscal Year (FY) 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time and Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|----------------------------|-----------------------------------|--|---|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standards for FY 2021-2022. |

| Network Certification CAP Summary | | | | | |
|--|-----------|----------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time and Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Contra Costa Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time and Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|----------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth outpatient standard. | The Plan met the time or distance standard by submitting supporting documentation. |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--|------------------------|----------------------------|-----------------------------------|---|--|
| Service Type | Age Group | Time and Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth outpatient standard. | The Plan met the time or distance standard by submitting supporting documentation. |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

El Dorado Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity and composition to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met the capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet adult OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Fresno Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|---|--------------------------------|
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Imperial Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|---|--------------------------------|
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Kern Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Los Angeles Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

| Network Certification CAP Summary | | | | | |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

| Network Certification CAP Summary | | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult OTP standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standards for FY 2020/2021.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Merced Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult OTP standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> The Plan met time and distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|---|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time and distance standard by submitting supporting documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Monterey Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth Outpatient Treatment standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth intensive outpatient treatment standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Napa Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Nevada Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------------|---------------------------|-----------------------------------|--|---|
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Orange Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | DHCS approved an alternative access standard request for capacity and composition for FY 2022-2023. DHCS will continue monitoring progress through subsequent certification periods. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|---|
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth Outpatient Treatment standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance</u> The Plan met time or distance standards by submitting supporting documentation.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth Outpatient Treatment standard.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standards by submitting supporting documentation.</p> |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Capacity & Composition:</u> DHCS approved an alternative access standard request for capacity and composition for FY 2022-2023. DHCS will continue monitoring progress through subsequent certification periods.</p> |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time or distance standards by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Partnership HealthPlan of California

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet adult OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient treatment standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standards by submitting supporting documentation.</p> |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth IOT standard.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|---|
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | <p>The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p>DHCS approved an alternative access standard request for capacity and composition for FY 2022-2023. DHCS will continue monitoring progress through subsequent certification periods.</p> |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth OTP standard.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|---|---|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Capacity & Composition:</u> DHCS approved an alternative access standard request for capacity and composition for FY 2022-2023. DHCS will continue monitoring progress through subsequent certification periods.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Placer Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------------|---------------------------|-----------------------------------|---|---|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY 2020/2021. | Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY 2020/2021. | Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Riverside Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--------------------------------|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | <u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|---|---|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Conditional Pass | <p>The Plan did not submit a detailed, updated explanation of its contracting efforts with the AIHF(s) within its geographical boundaries.</p> | <p>The Plan demonstrated contracting efforts with the AIHF(s) by submitting supporting documentation.</p> |

Sacramento Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

| Network Certification CAP Summary | | | | | |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan did not expand its capacity to serve beneficiaries. The Plan remains out of compliance. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

| Network Certification CAP Summary | | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth Outpatient Treatment standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standards for FY 2020/2021.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

San Benito Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|---|---|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |

| Network Certification CAP Summary | | | | | |
|-----------------------------------|------------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard.</p> <p><u>Capacity & Composition:</u> No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition:</u> Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation.</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

San Bernardino Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may resubmit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet adult IOT standard. | The Plan met time and distance standard by submitting supporting documentation. |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may resubmit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may resubmit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may resubmit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | <u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | <u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|---|---|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | <u>Capacity & Composition:</u> No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | <u>Capacity & Composition:</u> Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|----------------------------------|--|---|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | DHCS is unable to determine capacity and composition compliance from data as reported. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard.</p> <p><u>Capacity & Composition:</u> No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022.</p> <p><u>Capacity & Composition:</u> Plan successfully demonstrated fulfillment of the milestones and activities as required in the approved CRP, including deliverable documentation.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

San Francisco Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan did not submit required documentation to resolve capacity and composition standard. The Plan remains out-of-compliance. |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan did not submit required documentation to resolve capacity and composition standard. The Plan remains out-of-compliance. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

San Joaquin Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

| Network Certification CAP Summary | | | | | |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult outpatient standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult outpatient standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult outpatient standard. | The Plan met time or distance standard by submitting supporting documentation. |

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|---|---|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |

| Network Certification CAP Summary | | | | | |
|--|------------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

San Luis Obispo Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

| Network Certification CAP Summary | | | | | |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------------|---------------------------|-----------------------------------|---|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

San Mateo Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may resubmit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the adult OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The Plan submitted a CAP Resolution Proposal (CRP) subsequently approved by DHCS during FY2020/2021. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Santa Barbara Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------------|---------------------------|-----------------------------------|--|--------------------------------|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Santa Clara Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|--|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Santa Cruz Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

| Network Certification CAP Summary | | | | | |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Stanislaus Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------|------------------------|---------------------------|-----------------------------------|---|--|
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|--|--|
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition</u> DHCS approved an alternative access standard request for capacity and composition for FY 22/23. DHCS will continue monitoring progress through subsequent certification periods.</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------|------------------------------|---------------------------|-----------------------------------|---|--|
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | DHCS approved an alternative access standard request for capacity and composition for FY 22/23. DHCS will continue monitoring progress through subsequent certification periods. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard.</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation.</p> <p><u>Capacity & Composition</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |

| Network Certification CAP Summary | | | | | |
|--|-----------|---------------------------|-----------------------------------|---|--------------------------------|
| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Tulare Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------|------------------------|---------------------------|-----------------------------------|---|---|
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022.</p> <p><u>Capacity & Composition:</u> The Plan met capacity and composition standard by submitting supporting documentation.</p> |
| Intensive Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth OTP standard. | DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |

Ventura Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Drug Medi-Cal Organized Delivery System Corrective Action Plan Report

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Children/ Youth (0-17) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Children/ Youth (0-17) | N/A | Pass | No corrective action required. The standard is met. | Not Applicable |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Pass | The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet children/youth OTP standard. | The Plan met time or distance standard by submitting supporting documentation. |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | N/A | No corrective action required. The standard is met. | Not Applicable |

Yolo Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|-------------|---------------------------|-----------------------------------|--|--|
| Outpatient Treatment | Adult (18+) | Pass | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Intensive Outpatient Treatment (IOT) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |
| Residential | Adult (18+) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan met capacity and composition standard by submitting supporting documentation. |
| Opioid Treatment Program (OTP) | Adult (18+) | Pass | Pass | No corrective action required. The standard is met. | Not Applicable |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|----------------------|------------------------|---------------------------|-----------------------------------|---|--|
| Outpatient Treatment | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022.</p> <p><u>Capacity & Composition:</u> The Plan submitted a CAP Resolution Proposal (CRP) and received a subsequently approved Alternative Access Standard for capacity and composition for the current certification period, extending through June 30th of the next fiscal year. DHCS will monitor the Plan's progress towards satisfactory completion of the CRP milestone items.</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------------|------------------------|---------------------------|-----------------------------------|---|--|
| Intensive Outpatient Treatment (IOT) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard</p> <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Time or Distance:</u> DHCS approved an alternative access standard request for time or distance standard for FY 2021-2022.</p> <p><u>Capacity & Composition:</u> The Plan submitted a CAP Resolution Proposal (CRP) and received a subsequently approved Alternative Access Standard for capacity and composition for the current certification period, extending through June 30th of the next fiscal year. DHCS will monitor the Plan's progress towards satisfactory completion of the CRP milestone items.</p> |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--------------------------------|------------------------------|---------------------------|-----------------------------------|--|---|
| Residential | Children/ Youth (0-17) | N/A | Conditional Pass | The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement. | The Plan submitted a CAP Resolution Proposal (CRP) and received a subsequently approved Alternative Access Standard for capacity and composition for the current certification period, extending through June 30th of the next fiscal year. DHCS will monitor the Plan's progress towards satisfactory completion of the CRP milestone items. |
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <u>Time or Distance:</u> The Plan does not meet the time or distance standard. The Plan must submit alternative access standards request to meet the children/youth outpatient standard | <u>Time or Distance:</u> The Plan met time or distance standard by submitting supporting documentation. |

Network Certification CAP Summary

| Service Type | Age Group | Time or Distance Standard | Capacity and Composition Standard | Description of Initial Findings (November 2021) | Plan CAP Response (March 2022) |
|--|------------------------|---------------------------|-----------------------------------|--|---|
| Opioid Treatment Program (OTP) | Children/ Youth (0-17) | Conditional Pass | Conditional Pass | <p><u>Capacity & Composition:</u> The Plan must expand its capacity to serve beneficiaries. The Plan may re-submit documentation to meet this requirement.</p> | <p><u>Capacity & Composition:</u> The Plan submitted a CAP Resolution Proposal (CRP) and received a subsequently approved Alternative Access Standard for capacity and composition for the current certification period, extending through June 30th of the next fiscal year. DHCS will monitor the Plan's progress towards satisfactory completion of the CRP milestone items.</p> |
| Mandatory Provider Type – American Indian Health Facilities (AIHF) | | | Pass | No corrective action required. The standard is met. | Not Applicable |