

August 4, 2026

Morgan Simpson, Chief Compliance Officer
CalViva Health
7625 N. Palm Avenue, Suite 109
Fresno, CA 93711

Via E-mail

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Simpson:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of CalViva Health, a Managed Care Plan (MCP), from April 17, 2023 through April 28, 2023. The focused audit covered the period from April 1, 2022, through March 31, 2023.

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

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

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

Sincerely,

[Signature on file]
Dennis Hsieh, Chief



DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

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

Grace McGeough, Section Chief *Via E-mail*
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Anthony Martinez, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Jessica Delgado, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: CalViva Health

Review Period: 04/01/2022 – 03/31/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 04/17/2023 – 04/28/2023

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

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

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

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

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 Plan MOUs—Written Policies and Procedures The Plan did not follow its written policies and procedures outlined in its MOUs to address requirements for assessment, care coordination and exchange of medical information with the County MHP.	Develop new policy and procedure specific to BH Screening, Assessment, Care Coordination and Exchange of Medical Information. Develop and implement Joint CalViva Health and Mental Health Plans (MHP) Policies and Procedures using the established Policy Template. Revise staff training and reference tools to be consistent with policy and procedure. Execute 2024 BH DMC-MOUs with each county in the service area. Ensure training of all relevant staff (Manager, County Relations & MOU Compliance, and Regional Service Coordination Liaisons) on new process and procedures.	Policy & procedure, "Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information". Joint MHP P&P Template. "Medi-Cal SMH/SUDS & NSMH Services Assessment, Referral and Coordination of Care Processes-Desk Reference (DR)" Executed MOUs Evidence of training Staff roster with training completion dates.	10/01/2024 3/1/2025 Completed Draft joint MHP/MCP P&Ps for Fresno, Kings and Madera counties. 09/13/2024. 7/9/24 (Fresno County MOU) 8/27/24 Kings County MOU 2/6/25 Madera County MOU 11/8/2024	The following documentation supports the MCP's efforts to correct this finding: POLICY AND PROCEDURES » Updated P&P, "PH-029: Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information" (10/01/2024) which includes the MCP's process on the screening, assessment, care coordination, and exchange of medical information. The County MHP accepts referrals from the Plan's staff, providers, and members' self-referrals for determination of medical necessity for specialty mental health services. (PH-029 BH, Page 4, Page 5, Page 6). » Updated P&P's, "Joint MCP and MHP/ODS" (03/06/25) to demonstrate that the MCP has developed joint P&P's with Fresno, Kings, and Madera County for coordination of care. The drafted policies fulfill the coordination and data exchange requirements set forth by APL 23-029 (Specialty Mental Health Services Memorandum of Understanding) for Fresno, Kings, and Madera County. (Fresno County Joint MHP, Kings County MCP Joint MHP, Madera County MCP Joint MHP).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» "County Relations Quarterly Update" (Quarter 2, 2024 and Quarter 3, 2024) in which the MCP has prepared and presented to the QI/UM Committee a new quarterly report with results by month regarding compliance with Assessment, Referral & Care Coordination policies and procedures. Transition to quarterly after compliance is established. (County Relations Quarterly Update Q2 2024, pages 7-10. County Relations Quarterly Update Q3 2024, pages 7-10). » MOUs, "Fresno County, Kings County, Madera County" (February 2025) to demonstrate that the MCP has completed execution with the County Department Mental Health Services with each county. (2024 Fresno County MOU, 2024 Kings County BH MOU, CalViva Executed MOU MHP Madera). TRAINING » Meeting Agenda, "Behavioral Health Training Assessment, Care Coord & Exchange of Medical Information" (11/07/2024) and Sign-In Sheets to demonstrate that the MCP conducted training to staff on the Medi-Cal requirements related to referral tracking, monitoring, follow-up, and coordination of

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				care to deliver behavioral health care services. (Agenda – Train Assess Coordination Documentation Exchange). MONITORING AND OVERSIGHT » Excel Spreadsheet, “Assessment, Referral & Care Coordination Daily Monitoring Tool” (10/06/2024) to demonstrate that the MCP has implemented a monitoring process to track Medi-Cal Assessments, Referrals, and care coordination. The Daily Monitoring Tool tracks the following categories: Screening/Transition of Care Tool, Case Management/Care Coordination Referral, Follow-up for referred SMH/SUD or NSMH treatments, understand barriers and adjust. (Assessment Referral and Care Coordination Audit Tool). » “Behavioral Health Audit Tool” (10/06/2024) to demonstrate that the MCP has updated their audit tool to track that members receive SMHS from the County MHP and that they receive timely clinical appointments. The Audit Tool tracks the following: ○ Follow-up occurs to confirm that members receive SUD referred services. ○ Members receive SMHS from the County MHPs.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				○ Members referred for SMHS receive a timely clinical appointment. (BH Audit Tool – for MY 2024 Revised). » "Audit Notification Letter – Behavioral Health" (04/10/2025) to demonstrate that the MCP will conduct the annual oversight audit of Health Net's Behavioral Health function during April-June 2025. The Behavioral Health audit conducted will cover the period of January - December 2024. (Audit Notification Letter BH 2025). » "CalViva Health Audit Review Findings" (April – June 2025) to demonstrate that the MCP has conducted a Behavioral Health Oversight Audit. The MCP's Medical Management staff conducted an oversight audit of Health Net Community Solutions' Behavioral Health functions (formerly MHN) for the period January 1 to December 31, 2024. The audit, performed April 10 through June 10th, 2025, encompassed nine categories: Access & Availability of BH/SUD Services; Challenges Finding In-Network Providers; Utilization Management; Customer Service; Appeals & Grievances; Provider Referral Practices; Quality Assurance; Network Adequacy; and Health Equity & Cultural Competence. (2025 Behavioral Health Audit Summary & CAPs MY2024).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 2.1 is accepted.
2.2 SMHS—Care Management and Care Coordination The Plan did not coordinate care with the County MHPs for the appropriate management of member’s mental and physical health care.	Develop new policy and procedure specific to Care Coordination and Referral to Case Management. Revise staff training and reference tools to include expanded guidance and specificity on the steps taken to ensure case management and care coordination. Develop an Assessment, Referral & Care Coordination Monitoring Tool and Report. Conduct the 2025 (MY 2024) Behavioral Health Oversight Audit.	Policy & procedure, “Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information”. Update " BH SMH/SUDS & NSMH Services Assessment, Referral and Coordination of Care Processes-Desk Reference (DR)"and “Behavioral Health Case Management Referral Job Aid”. Monitoring Tool and CalViva Health Screening/TOC Tool, Case Management Referral, and Follow up for SUD Compliance Report	10/1/2024 09/13/2024 10/01/2024 (begin monitoring) 11/21/2024 1st Report Initiated 4/10/25 Completed 6/12/25	The following documentation supports the MCP’s efforts to correct this finding: POLICY AND PROCEDURES » Updated P&P, “PH-029: Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information” (10/01/2024) which includes the follow-up call process for SMHS, the timeliness of the follow-up calls, and how they should be documented. The Clinician will contact the member (and referring party if needed) as soon as possible, but no later than one business day after case assignment to gather info about which services are required and to help the member link to the needed services and clinical specialties. The Clinician will make at least 3 attempts to reach the member (or leave 3 voicemails) and refers the member to the County MHP for further assessment and treatment. To confirm that the member received timely clinical assessment and is linked to the needed services through the County, the clinician or admin designee will make and document at least 3 attempts to reach the member (or leave 3 voicemails) within 1 week of referral to County MHP. (PH-029 BH, Page 4, Page 9).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Completed BH Oversight Audit Summary with CAP		» Updated P&P's, "Joint MCP and MHP/ODS" (03/06/25) to demonstrate that the MCP has developed joint P&P's with Fresno, Kings, and Madera County for coordination of care. The drafted policies fulfill the coordination and data exchange requirements set forth by APL 23-029 (Specialty Mental Health Services Memorandum of Understanding) for Fresno, Kings, and Madera County. (Fresno County Joint MHP, Kings County MCP Joint MHP, Madera County MCP Joint MHP). » "County Relations Quarterly Update" (Quarter 2, 2024 and Quarter 3, 2024) in which the MCP has prepared and presented to the QI/UM Committee a new quarterly report with results by month regarding compliance with Assessment, Referral & Care Coordination policies and procedures. Transition to quarterly after compliance is established. (County Relations Quarterly Update Q2 2024, pages 7-10. County Relations Quarterly Update Q3 2024, pages 7-10). » MOUs, "Fresno County, Kings County, Madera County" (February 2025) to demonstrate that the MCP has completed execution with the County Department Mental Health Services with each county. (2024 Fresno

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				County MOU, 2024 Kings County BH MOU, CalViva Executed MOU MHP Madera). TRAINING » Meeting Agenda, "Behavioral Health Training Assessment, Care Coord & Exchange of Medical Information" (11/07/2024) and Sign-In Sheets to demonstrate that the MCP conducted training to staff on the Medi-Cal requirements related to referral tracking, monitoring, follow-up, and coordination of care to deliver behavioral health care services. (Agenda – Train Assess Coordination Documentation Exchange). MONITORING AND OVERSIGHT » Excel Spreadsheet, "Assessment, Referral & Care Coordination Daily Monitoring Tool" (10/06/2024) to demonstrate that the MCP has implemented a monitoring process to track Medi-Cal Assessments, Referrals, and care coordination. The Daily Monitoring Tool tracks whether the members received SMHS from the County MHP and the date the member attended their appointment. (Assessment Referral and Care Coordination Audit Tool). » "Behavioral Health Audit Tool" (10/06/2024) to demonstrate that the MCP has updated their audit tool to track that members receive SMHS from the County

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				MHP and that they receive timely clinical appointments. The Audit Tool tracks the following: ○ Follow-up occurs to confirm that members receive SUD referred services. ○ Members receive SMHS from the County MHPs. ○ Members referred for SMHS receive a timely clinical appointment. (BH Audit Tool – for MY 2024 Revised). » “Audit Notification Letter – Behavioral Health” (04/10/2025) to demonstrate that the MCP will conduct the annual oversight audit of Health Net’s Behavioral Health function during April-June 2025. The Behavioral Health audit conducted will cover the period of January - December 2024. (Audit Notification Letter BH 2025). » “CalViva Health Audit Review Findings” (April – June 2025) to demonstrate that the MCP has conducted a Behavioral Health Oversight Audit. The MCP’s Medical Management staff conducted an oversight audit of Health Net Community Solutions’ Behavioral Health functions (formerly MHN) for the period January 1 to December 31, 2024. The audit, performed April 10 through June 10th, 2025, encompassed nine categories: Access & Availability of BH/SUD Services;

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				Challenges Finding In-Network Providers; Utilization Management; Customer Service; Appeals & Grievances; Provider Referral Practices; Quality Assurance; Network Adequacy; and Health Equity & Cultural Competence. (2025 Behavioral Health Audit Summary & CAPs MY2024). The corrective action plan for finding 2.2 is accepted.
2.3 SUDS–Confirm Treatment The Plan did not confirm whether members received referred treatments for SUDS.	Develop a new policy and procedure specific to obtaining confirmation regarding members receiving referred services for SUD through the County Mental Health Plan. Revise staff training and reference tools to include expanded guidance regarding on the follow up required for members referred for SMHS/SUDs treatment to capture when and where members received referred treatment.	Policy & procedure, "Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information". "Medi-Cal SMH/SUDS & NSMH Services Assessment, Referral and Coordination of Care Processes-Desk Reference (DR)". Monitoring Tool and CalViva Health Screening/TOC Tool, Case Management Referral, and Follow up	10/1/2024 09/13/2024 10/01/2024 (begin monitoring) 11/21/2024 1st Report	The following documentation supports the MCP's efforts to correct this finding: POLICY AND PROCEDURES » Updated P&P, "PH-029: Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information" (10/01/2024) which includes the process to confirm that members received referred SUD treatments. The clinician will confirm by telephone call to member, or provider (or County MHP provided data feed, if applicable) whether members received referred SUD treatments provided by County Alcohol or Other Drug Program. If a member is not successfully linked to SUD treatment, the clinician must work with the members to understand and address barriers and adjust the referrals if warranted. The provider or the MCP should also attempt to connect with the provider to whom the member was referred to facilitate a warm

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Develop an Assessment, Referral & Care Coordination Monitoring Tool and Report.	for SUD Compliance Report		hand off for necessary treatment. Encourage the receiving provider to obtain releases from members for information exchange. (PH-029 BH, Page 9). » "County Relations Quarterly Update" (Quarter 2, 2024 and Quarter 3, 2024) in which the MCP has prepared and presented to the QI/UM Committee a new quarterly report with results by month regarding compliance with Assessment, Referral & Care Coordination policies and procedures. Transition to quarterly after compliance is established. (County Relations Quarterly Update Q2 2024, pages 7-10. County Relations Quarterly Update Q3 2024, pages 7-10). » MOUs, "Fresno County, Kings County, Madera County" (February 2025) to demonstrate that the MCP has completed execution with the County Department Mental Health Services with each county. (2024 Fresno County MOU, 2024 Kings County BH MOU, CalViva Executed MOU MHP Madera). TRAINING » Meeting Agenda, "Behavioral Health Training Assessment, Care Coord & Exchange of Medical Information" (11/07/2024) and Sign-In Sheets to demonstrate that the MCP conducted training to staff

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				on the Medi-Cal requirements related to referral tracking, monitoring, follow-up, and coordination of care to deliver behavioral health care services. (Agenda – Train Assess Coordination Documentation Exchange). MONITORING AND OVERSIGHT » Excel Spreadsheet, "Assessment, Referral & Care Coordination Daily Monitoring Tool" (10/06/2024) to demonstrate that the MCP has implemented a monitoring process to track Medi-Cal Assessments, Referrals, and care coordination. The Daily Monitoring Tool tracks the date members received SUD referred services. (Assessment Referral and Care Coordination Audit Tool). » "Behavioral Health Audit Tool" (10/06/2024) to demonstrate that the MCP has updated their audit tool to track that follow up occurs to confirm that members received SUD referred services. The Audit Tool tracks the following: » Follow-up occurs to confirm that members receive SUD referred services. ○ Members receive SMHS from the County MHPs.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				○ Members referred for SMHS receive a timely clinical appointment. (BH Audit Tool – for MY 2024 Revised). » "Audit Notification Letter – Behavioral Health" (04/10/2025) to demonstrate that the MCP will conduct the annual oversight audit of Health Net's Behavioral Health function during April-June 2025. The Behavioral Health audit conducted will cover the period of January - December 2024. (Audit Notification Letter BH 2025). » "CalViva Health Audit Review Findings" (April – June 2025) to demonstrate that the MCP has conducted a Behavioral Health Oversight Audit. The MCP's Medical Management staff conducted an oversight audit of Health Net Community Solutions' Behavioral Health functions (formerly MHN) for the period January 1 to December 31, 2024. The audit, performed April 10 through June 10th, 2025, encompassed nine categories: Access & Availability of BH/SUD Services; Challenges Finding In-Network Providers; Utilization Management; Customer Service; Appeals & Grievances; Provider Referral Practices; Quality Assurance; Network Adequacy; and Health Equity & Cultural Competence. (2025 Behavioral Health Audit Summary & CAPs MY2024).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 2.3 is accepted.
2.4 SUDS—Follow-up to Understand Barriers and Adjust The Plan did not have a process in place to follow-up with members, understand barriers, and make subsequent adjustments to referrals, if members did not receive SUD referred treatments.	Develop a policy and procedure to demonstrate and monitor existing processes to follow up with members to understand barriers to receiving SUD services and adjust referrals as needed. Modify staff training and reference tools to include specifically what information should be gathered and documented and when follow-up should be conducted (timeframes). Develop an Assessment, Referral & Care Coordination Monitoring Tool and Report.	Policy and Procedure, "Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information". "Medi-Cal Specialty Mental Health, Substance Use Disorder Services & Non-Specialty Mental Health and Assessment, Referral and Coordination of Care Processes Desk Reference". Monitoring Tool and CalViva Health Screening/TOC Tool, Case Management Referral, and Follow up for SUD Compliance Report.	10/1/2024 09/13/2024 10/01/2024 (begin monitoring) 11/21/2024 1 st Report	The following documentation supports the MCP's efforts to correct this finding: POLICY AND PROCEDURES » Updated P&P, "PH-029: Behavioral Health Screening, Assessment, Care Coordination and Exchange of Medical Information" (10/01/2024) which states that if the member is not linked to County services, the clinician will assist in identifying and addressing barriers as well as adjusting referrals, if needed. Additional follow-up with the member to ensure they received referred services may be required. If a member is not successfully linked to SUD treatment, the clinician must work with the members to understand and address barriers and adjust the referrals if warranted (PH-029 BH, Page 9). » "County Relations Quarterly Update" (Quarter 2, 2024 and Quarter 3, 2024) in which the MCP has prepared and presented to the QI/UM Committee a new quarterly report with results by month regarding compliance with Assessment, Referral & Care Coordination policies and procedures. Transition to quarterly after compliance is established. (County Relations Quarterly Update Q2 2024, pages 7-10.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				County Relations Quarterly Update Q3 2024, pages 7-10). » MOUs, "Fresno County, Kings County, Madera County" (February 2025) to demonstrate that the MCP has completed execution with the County Department Mental Health Services with each county. (2024 Fresno County MOU, 2024 Kings County BH MOU, CalViva Executed MOU MHP Madera). TRAINING » Meeting Agenda, "Behavioral Health Training Assessment, Care Coord & Exchange of Medical Information" (11/07/2024) and Sign-In Sheets to demonstrate that the MCP conducted training to staff on the Medi-Cal requirements related to referral tracking, monitoring, follow-up, and coordination of care to deliver behavioral health care services. (Agenda – Train Assess Coordination Documentation Exchange). MONITORING AND OVERSIGHT » Excel Spreadsheet, "Assessment, Referral & Care Coordination Daily Monitoring Tool" (10/06/2024) to demonstrate that the MCP has implemented a monitoring process to track Medi-Cal Assessments, Referrals, and care coordination. The Daily Monitoring Tool tracks the date of the attended appointment.

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				(Assessment Referral and Care Coordination Audit Tool). » “Behavioral Health Audit Tool” (10/06/2024) to demonstrate that the MCP has updated their audit tool to track that follow up occurs to confirm that members received County Mental Health Plan referred services and next steps taken with regard to the referral. The Audit Tool tracks the following: ○ Follow-up occurs to confirm that members receive SUD referred services. ○ Members receive SMHS from the County MHPs. ○ Members referred for SMHS receive a timely clinical appointment. (BH Audit Tool – for MY 2024 Revised). » “Audit Notification Letter – Behavioral Health” (04/10/2025) to demonstrate that the MCP will conduct the annual oversight audit of Health Net’s Behavioral Health function during April-June 2025. The Behavioral Health audit conducted will cover the period of January - December 2024. (Audit Notification Letter BH 2025). » “CalViva Health Audit Review Findings” (April – June 2025) to demonstrate that the MCP has conducted a Behavioral Health Oversight Audit. The MCP’s Medical

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Management staff conducted an oversight audit of Health Net Community Solutions’ Behavioral Health functions (formerly MHN) for the period January 1 to December 31, 2024. The audit, performed April 10 through June 10th, 2025, encompassed nine categories: Access & Availability of BH/SUD Services; Challenges Finding In-Network Providers; Utilization Management; Customer Service; Appeals & Grievances; Provider Referral Practices; Quality Assurance; Network Adequacy; and Health Equity & Cultural Competence. (2025 Behavioral Health Audit Summary & CAPs MY2024). The corrective action plan for finding 2.4 is accepted.

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 NEMT—Physician Certification Statement (PCS) Forms The Plan did not ensure that a copy of the PCS form is on file for all members receiving NEMT services.	Develop Transition Plan Revise the PCS Form Review/Update Transportation Policy to address deficiency Develop an Annual Transportation Oversight Audit Tool Develop Monthly PCS Monitoring Report Initiate and complete De-delegation of PCS form to Transportation Broker Update Semi-Annual scorecard review Policy/Process and tools	Completed Transition Plan DHCS-approved PCS Form Published Policy Ann. Oversight Audit Tool PCS form Monthly Reports Executed contract amendment Scorecard Summary Report	3/1/25 2/6/25 1/1/25 2/10/25 2/15/25 5/15/25 7/10/25	The following documentation supports the MCP's efforts to correct this finding: POLICY AND PROCEDURES » Plan policy "PH-062 NEMT Assistance and Coordination" was revised to include updates to its written process for PCS forms. Revisions included removing the "courtesy trip" provisions it had in place. With the removal, the Plan now verifies a PCS form is on file prior & all fields are completed by the provider, prior to fulfilling the NEMT request. (Policy, C. 1. – 5., pages 6-8) MONITORING AND OVERSIGHT » Plan procedure "Vendor Management Office Desktop: Transportation Vendor Scorecard Review" was updated to include the Plan's monitoring process when reviewing NEMT requests for PCS forms. The addition includes the review process for audit samples verifying if a PCS form was on file. If no PCS form on file, verifying the request was rightfully denied due to missing/incomplete PCS form. (Procedure, Section III: File Review, pages 1-2) » Sample report "Semi-Annual ModivCare Scorecard Review Tool" demonstrates how the Plan performs its PCS form reviews. The tracker includes whether or not a PCS form was on file, if the trip

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				was denied & if telephone authorization was required. (See Semi-Annual ModivCare Scorecard Review Tool) » Plan Quarterly Report “MOM 26 Quarterly Transportation Oversight Report” demonstrates the Plan’s review of findings/analysis from its semi-annual scorecard review. The results are shared with the transportation broker & CAP remediations are imposed, if necessary, based on broker performance. (See MOM 26 Quarterly Transportation Oversight Report_2024Q4) The corrective action plan for finding 3.1 is accepted.
3.2 NEMT—Delegating of PCS Forms Review and Approval The Plan inappropriately delegated the review and approval of the PCS form to its transportation broker.	Develop Transition Plan Review/Update Transportation Policy to address deficiency Develop an Annual Oversight Audit Tool Develop Monthly PCS Monitoring Report Initiate and complete De-delegation of PCS form to Transportation Broker	Completed Transition Plan Published Policy Ann. Oversight Audit Tool PCS Form Monthly Reports Executed contract amendment Scorecard Summary report	3/1/25 2/10/25 2/10/25 2/15/25 5/15/25 7/10/25	The following documentation supports the MCP’s efforts to correct this finding: POLICY AND PROCEDURES » Plan policy “PH-062 NEMT Assistance and Coordination” was revised to include updates to the policy that removed the language of the Plan delegating the review & approval of the PCS form to its transportation brokers. The Plan requires members or providers to make the request to the Plan directly, with the Plan reviewing & approving the request, prior to sending off to its transportation broker for assignment. It is the Plan’s responsibility to review the request for completeness, including that a PCS form is on file & is completed prior to

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	Update Semi-Annual scorecard review Policy/Process and tools			approving the services being requested. (PH-062 NEMT, C. NEMT PCS Forms, 1. – 5., pages 6-7) MONITORING AND OVERSIGHT » Plan provider notification “Provider Update” demonstrates the Plan making providers aware of the changes to NEMT & to submit PCS forms directly to the Plan. The notice provided dates & what transition will entail, also including contact information for making a request online or by phone. (See Provider Update (Send PCS Form to Plan)) » Plan letter “Transportation Update Member Letter” demonstrates the Plan’s efforts to notify its members of changes to their transportation benefits. The letter provides the members with important dates, what is changing & how this will affect them. (See DRAFT Transportation Update Member Letter) The corrective action plan for finding 3.2 is accepted.
3.3 Monitoring and Oversight of Transportation Broker The Plan inappropriately delegated its	Review/Update Transportation Policy to address deficiency Develop an Annual Oversight Audit Tool Develop Monthly PCS Monitoring Report	Published Policy Ann. Oversight Audit Tool PCS Form Monthly Reports	2/10/25 2/10/25 2/15/24 7/10/25	The following documentation supports the MCP’s efforts to correct this finding: POLICY AND PROCEDURES » Plan policy “PH-062 NEMT Assistance and Coordination” includes an oversight and monitoring section that includes information of how the Plan oversees & monitors its transportation broker. The policy states the Plan’s oversight

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obligations related to monitoring and oversight of its network providers and subcontractors.	Review Vendor Semi-Annual Scorecard	Scorecard Summary report		activities include monthly & quarterly review of periodic reports, plus an annual oversight audit. Each oversight method evaluates the broker's provider network to verify that the broker is only using Medi-Cal enrolled providers for NEMT & NMT services. (D. Oversight and Monitoring of Medi-Cal Transportation Benefit, 1. & 1.2, page 16) TRAINING » Provider notification "Provider Update" demonstrates how the Plan made providers aware of the changes to NEMT & the de-delegation of the broker now sending directly to the Plan. The notice provided dates & what transition will entail, also including that the providers should be contacting the Plan directly to arrange for transportation services. (See Provider Update (Send PCS Form to Plan)) » Plan letter "Transportation Update Member Letter" demonstrates the Plan's efforts to notify its members of changes to their transportation benefits. The letter provides the members with the direction changing from the broker, to directly sending or contacting the Plan, important dates, what is changing & how this will affect them. (See DRAFT Transportation Update Member Letter) MONITORING AND OVERSIGHT

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Plan procedure “Transportation Audit Tool” demonstrates the steps taken by the Plan to clearly outline the responsibilities of the Plan & of the transportation broker. The procedure includes how the Plan is responsible for the oversight & monitoring of the transportation broker. (CalViva Health Annual Transportation Oversight Audit, 1E Reporting, page 3) » Plan report “MOM 26 Quarterly Transportation Oversight Report 2024Q4” summarizes the transportation broker’s performance. This report demonstrates how the Plan is overseeing & monitoring delegated functions by the Plan. (See MOM 26 Quarterly Transportation Oversight Report_2024Q4_v1) » Sample report “Semi-Annual ModivCare Scorecard Review Tool” demonstrates how the Plan performs monitoring & oversight of the transportation broker. (See Semi-Annual ModivCare Scorecard Review Tool) The corrective action plan for finding 3.3 is accepted.
3.4 Monitoring and Oversight—Corrective Actions The Plan did not have a process to impose corrective action plans on its transportation	Review/Update Transportation Policy to address deficiency Develop an Annual Oversight Audit Tool/CAP	Published Policy Ann. Oversight Audit Tool	2/10/25 2/10/25	The following documentation supports the MCP’s efforts to correct this finding: POLICY AND PROCEDURES » Plan policy “PH-062 NEMT Assistance and Coordination” was revised to include a section for monitoring & oversight of the transportation benefit. The revisions included added language

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
broker and network providers.				that the Plan has a process in place to verify that the transportation broker is compliant. Policy states that the Plan will impose a CAP on the broker & network providers if non-compliance is identified. (Procedure, D. Oversight and Monitoring of Medi-Cal Transportation Benefit, 1. & 1.8, page 16) MONITORING AND OVERSIGHT » Plan report "MOM 26 Quarterly Transportation Oversight Report 2024Q4" demonstrates how the Plan is using data gathered through various monitoring activities to analyze & impose CAPs if necessary for its transportation broker & network providers. The report summarizes the transportation broker's performance. This report includes the findings/analysis of the overall performance & will include deficiencies identified & impose a CAP if necessary. (See MOM 26 Quarterly Transportation Oversight Report_2024Q4_v1) The corrective action plan for finding 3.4 is accepted.
3.5 Ambulatory Door-to-Door The Plan did not ensure its delegate, ModivCare, provided the appropriate level of	Review/Update Transportation Policy to address deficiency Update PCS Form Transportation Broker to update process to provide wheelchair	Published Policy DHCS-approved PCS Form "Training Alert 2.27.25" (regarding members	2/10/25 2/6/25 2/28/25 2/15/2025	The following documentation supports the MCP's efforts to correct this finding: POLICY AND PROCEDURES

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
service for members requiring ambulatory door-to-door service.	level of service for members requiring Ambulatory Door-to-Door assistance Develop Monthly PCS Monitoring Report Review Vendor's Semi-Annual Scorecard for proper door-to-door service	who require assistance being transported via NEMT (wheelchair) "LOS Job Aid 2.19.25" "E-mail Approval_Ambulatory Door to Door 2.28.25" (From the Plan to ModivCare to remove Ambulatory Door to Door (sedan) Level of Service while the contract amendment (Statement of Work) is being finalized.) PCS Form Monthly Reports Scorecard Summary report	7/10/25	» Plan policy "PH-062 NEMT Assistance and Coordination" was revised to include that ambulatory door-to-door services is only NEMT benefit. (II. POLICY, B. 10., page 3) TRAINING » Plan notification "Training Alert" demonstrates how the transportation broker, along with the Plan, provided staff training of the PCS form authorization process. This process includes verifying that forms are received by the Plan & that the appropriate mode of transportation is selected, including door-to-door assistance. This training notification was provided to all staff. (See Training Alert 2.27.25) » Plan manual "CalViva Health Transportation Booklet" demonstrates how the Plan made providers aware of the details of the transportation benefit. The manual includes ambulatory door-to-door assistance as part of the NEMT services. (2025 CalViva Health Transportation Booklet, page 2) » Plan notification "Transportation Update Member Letter" demonstrates how the Plan made members aware of PCS process changes. These changes included information about the ambulatory door-to-door assistance being a NEMT benefit. (See Transportation Update Member Letter) » Plan manual "Level of Service Job Aid" demonstrates how the Plan provided details for the different levels of service provided

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				for transportation. The manual includes door-to-door assistance & what that includes. (See LOS Job Aid 2.19.25) MONITORING AND OVERSIGHT » Revised PCS form “CalViva Physician Certification Statement Form” demonstrates how the Plan made changes to its PCS form to align with the door-to-door assistance being provided for all NEMT services. (See CALVIVA_Physician Certification Statement Form) » Plan report “MOM 26 Quarterly Transportation Oversight Report 2024Q4” demonstrates how the Plan is using data gathered through various monitoring activities to oversee that the transportation broker & network providers are providing ambulatory door-to-door assistance for all NEMT requests. The report summarizes the transportation broker’s performance. This report includes the findings/analysis of the overall performance & will include deficiencies identified. (See MOM 26 Quarterly Transportation Oversight Report_2024Q4_v1) » Sample report “Semi-Annual ModivCare Scorecard Review Tool” demonstrates how the Plan performs its PCS form reviews. The tracker includes a Level of Service component, if the trip was denied & if telephone authorization was required. (See Semi-Annual ModivCare Scorecard Review Tool) The corrective action plan for finding 3.5 is accepted.

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

Submitted by: Maria Sanchez

Title: Sr. Compliance Manager

Signed by: [Signature on file]

Date: 8/4/2025