

January 14, 2026

Julie Bomgren
Medi-Cal Policy Director
Kaiser Foundation Health Plan, Inc.
1800 Harrison Ct
Oakland, CA 94612

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Bomgren:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Kaiser Foundation Health Plan, Inc., a Managed Care Plan (MCP), from November 12, 2024 through November 22, 2024. The audit covered the period from November 1, 2023, through October 31, 2024.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. The enclosed documents will serve as DHCS' final response to the MCP's CAP. The 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 DHCS from taking additional actions it deems necessary to address 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 the final CAP remediation document (Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please contact CAP Compliance personnel.

Sincerely,

[Signature on file]
Grace McGeough, Chief
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

Ms. Bomgren
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cc: Kelli Mendenhall, Branch Chief *Via E-mail*
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)

Viktoriya Manzyuk, Lead Analyst *Via E-mail*
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Aldo Flores, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Kaiser Foundation Health Plan, Inc.

Review Period: 11/01/2023 – 10/31/2024

Audit: DHCS Medical Audit

On-site Review: 11/12/2024 – 11/22/2024

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical 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 |
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| <p>2.1.1 Provision of Blood Lead Screening (Southern California)</p> <p>The Plan did not ensure the provision of blood lead screenings for members under six years of age.</p> | <p>In response to the finding that “the Plan did not ensure the provision of blood lead screenings for members under six years of age”, the Plan will implement the following actions:</p> <p>1. Policies - The Plan reviewed its policy on Blood Lead Screening requirements for young children, confirming adherence with regulatory and contractual requirements.</p> <p>2. Procedures - The Plan updated its protocol for blood lead screening outreach to include all Medi-Cal members up to age six. The protocol includes the following:</p> <p>a. Letter: A mailed notification emphasizes the importance of blood lead testing, provides instructions for obtaining a STAT lab order, and guides members on</p> | <p>1. Blood Lead Screening Requirements for Young Children Policy</p> <p>2a. BLS Care Gap Outreach</p> <p>2b. BLS Care Gap Communication</p> <p>3a. BLS Care Gap Outreach</p> <p>3b. BLS Care Gap Communication</p> <p>4a. Sample BLS Peds Meeting Agenda_February 2025.pdf</p> <p>4b. Sample BLS Peds Meeting</p> | <p>1a. Policy Approval (Internal Leadership); September 17, 2024</p> <p>1b. Policy Published (PolicyTech – KP Policy Library); September 24, 2024</p> <p>2. March 23, 2025</p> <p>3. March 23, 2025</p> <p>4. February 18, 2025 – May 1, 2025</p> <p>5. March 23, 2025</p> | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <p>» “BLS Care Gap Outreach” (05/29/2025) to demonstrate that the MCP has updated the logic for the Pediatric Lead Lab SureNet Initiative. Previously, the program targeted Medi-Cal patients 14 to 24 months who had not completed a lead test in the past 12 months. The updated logic expanded the criteria to include:</p> <p>Medi-Cal patients aged 12 to 24 months with no lead test completed since turning 12 months old.</p> <p>Patients aged 24 to 36 months with no lead test completed after 24 months of age.</p> <p>Patients aged 36 to 72 months with no lead test completed after 12 months of age.</p> <p>Once a lab order is placed, the patient's parents are notified via letter, email, and text message. If the lab remains incomplete after three months, an additional email reminder is sent. Lab orders expire after six months, at which point SureNet restarts the process-issuing a new lab order and repeating the notification cycle. (BLS Care Gap Outreach).</p> |

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| | <p>scheduling or walking in for testing.</p> <p>b. Email: An email reminder offers step-by-step instructions for scheduling lab appointments, highlights the priority status of the lab order, and includes contact information for further assistance.</p> <p>c. SMS: A brief, two-part message sequence prompts parents to authenticate with the child's year of birth, followed by a reminder of the test's importance and directions for scheduling.</p> <p>d. Care Gap Identification: An EHR-based alert ensures providers address blood lead screening at pediatric visits for members under six.</p> <p>3. Evidence of Implementation - The Plan implemented its updated protocol for blood lead screening</p> | <p>Agenda_March 2025.pdf</p> <p>4c. Sample BLS Peds Meeting Agenda_April 2025.pdf</p> <p>4d. Sample BLS APC Meeting Agenda_May 2025.pdf</p> <p>5. BLS Care Gap Outreach</p> <p>6a. SCAL QIHEC Agenda 2.26.25.pdf</p> <p>6b. SCAL QIHEC Agenda 04.23.25.pdf</p> <p>7a. SCAL QIHEC Agenda 2.26.25.pdf</p> | <p>6. February 26, 2025 - April 23, 2025</p> <p>7. February 26, 2025 - April 23, 2025</p> <p>8. February 18, 2025 – May 1, 2025</p> | <p>» "BLS Care Gap Communication" (05/29/2025) to demonstrate that the MCP will notify the member via text message, email, and a letter to assist in detecting unsafe blood lead levels. The MCP updated its protocol for blood lead screening outreach to include all Medi-Cal members up to age six. The pediatric lead screening campaign demonstrates that members receive orders for a blood lead test. (BLS Care Gap Communication).</p> <p>TRAINING</p> <p>» Meeting Agendas, "Pediatric Chiefs, Assistant Chiefs, & DA Meeting" (02/18/2025, 04/15/2025), "Family Medicine Chiefs of Service Meeting" (05/01/2025), and "SCPMG Pediatrics Operational Meeting" (03/26/2025) to demonstrate that the MCP has provided re-education to MCP staff, PCPs, and relevant delegates on the updated Blood Lead Screening Outreach Protocol, including covering care gap identification and multi-channel member outreach. (Sample BLS APC Meeting Agenda, Sample BLS Peds Meeting Agenda).</p> <p>MONITORING AND OVERSIGHT</p> <p>» Screenshot, "Pediatric Lead Screening" to demonstrate that the MCP has implemented a monitoring process to track outreach engagement and completion of blood lead tests. The MCP established self-monitoring processes to identify and flag Blood Lead Screening care gaps for members under age six at each pediatric visit. These flags are active at the point of care, viewable in</p> |

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| | <p>outreach to include all Medi-Cal members up to age six as of March 23, 2025. Evidence of implementation includes the following:</p> <ul style="list-style-type: none"> a. BLS Care Gap Outreach. Updated Outreach Protocol detailing step-by-step instructions for each touch type. b. BLS Care Gap Communication. Sample Letter/Email/SMS Templates illustrating the exact language and scheduling instructions provided to members. <p>Outcomes show the increase in orders in March 2025 and April 2025 and the age breakdown for the new population.</p> <p>4. Evidence of Training - Process updates related to Blood Lead Screening are communicated internally to providers and staff</p> | <p>7b. SCAL QIHEC Agenda 04.23.25.pdf</p> <p>8a. Sample BLS Peds Meeting Agenda_February 2025.pdf</p> <p>8b. Sample BLS Peds Meeting Agenda_March 2025.pdf</p> <p>8c. Sample BLS Peds Meeting Agenda_April 2025.pdf</p> <p>8d. Sample BLS APC Meeting Agenda_May 2025.pdf</p> <p>8e. Blood Lead Screening Requirements for</p> | | <p>the EHR, for use by the clinical care team to prompt screening discussions and address outstanding gaps during visits. Periodic reports are generated to confirm whether members are receiving and acting on these notifications. (BLS Care Gap Outreach).</p> <p>» Meeting Agenda, "SCAL Quality Improvement and Health Equity Committee (QIHEC)" (06/25/25) to demonstrate that the MCP's blood lead screening performance is reviewed every other month at the Southern California Quality Improvement and Health Equity Committees (QIHEC) meetings as part of the MCP's ongoing monitoring of the Lead Screening in Children, Managed Care Accountability Set (MCAS) aligned measure. Blood Lead Screening compliance is a standing agenda item for ongoing oversight and accountability. (SCAL QIHEC Agenda 06.25.25).</p> <p>The corrective action plan for finding 2.1.1 (SCAL) is accepted.</p> |

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| | <p>through standard channels, including departmental meetings. See <i>BLS Pediatrics Meeting Agendas</i>.</p> <ul style="list-style-type: none"> a. The Plan has provided re-education to MCP staff, PCPs, and relevant delegates on the updated Blood Lead Screening Outreach Protocol (covering care gap identification and multi-channel member outreach). b. Attendee Logs/Attestations will confirm all targeted individuals received the information. c. Any meeting agendas or recorded sessions used to discuss the updated procedures are maintained as supporting evidence. <p>This approach ensures key stakeholders understand the Plan's processes for identifying and</p> | Young Children Policy | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>closing blood lead screening care gaps.</p> <p>5. Process for Self-Monitoring - To support ongoing monitoring of screening compliance the Plan established self-monitoring processes to identify and flag Blood Lead Screening care gaps for members under age six at each pediatric visit. These flags are active at the point of care, viewable in the EHR, for use by the clinical care team to prompt screening discussions and address outstanding gaps during visits.</p> <p>a. Monitoring: The Plan tracks outreach engagement (e.g., letters sent, emails delivered, SMS responses) and completion of blood lead tests in its system. Periodic reports are generated to confirm whether members are</p> | | | |

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| | <p>receiving and acting on these notifications.</p> <p>Additionally, progress of the CAP, including review of MCAS performance measures and progress toward Blood Lead Screening compliance is an agenda item at the upcoming QIHEC meetings scheduled on June 10, 2025 and August 12, 2025 in NCAL as well as June 25, 2025 and August 27, 2025 in SCAL. The co-chairs have committed to maintaining this topic as a standing agenda item for ongoing oversight and accountability.</p> <p>6. Evidence of Self-Monitoring Deployment – Established self-monitoring processes were communicated in the Plan’s Q1 and Q2 2025 Quality Improvement and Health Equity Committee (QIHEC).</p> | | | |

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| | <p>7. Evidence of Periodic Reviews (ongoing self-monitoring) - Ongoing self-monitoring is conducted through review of MCAS (Managed Care Accountability Set) measure performance at quarterly Quality Improvement and Health Equity Committee (QIHEC) meetings to verify that implementation of enhanced Blood Lead Screening protocols are effective.</p> <p>8. Evidence of Oversight Infrastructure - Oversight of Blood Lead Screening compliance is integrated into existing leadership and committee structures through review of MCAS (Managed Care Accountability Set) measure performance at quarterly Quality Improvement and Health Equity Committee (QIHEC) meetings. In addition, oversight is supported by the Blood Lead Screening for</p> | | | |

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| | Young Children Policy, which outlines roles and responsibilities for ensuring compliance with blood lead screening requirements. | | | |
| <p>2.3.1 Provision of Behavioral Health Treatment Services (Southern California)</p> <p>The Plan did not ensure the provision of BHT services for members under 21 years of age.</p> | <p>In response to the finding that “the Plan did not ensure the provision of BHT services for members under 21 years of age”, the Plan will implement the following actions:</p> <p>1. Policies - The Plan has reviewed its existing policies related to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Behavioral Health Treatment (BHT) and confirmed alignment with APL 23-010 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21.</p> <p>The root cause—insufficient tracking and monitoring of authorized BHT hours—is specifically addressed within these key policies:</p> | <p>1a. SC.HPHO.071 Responsibilities for BHT Coverage Medi-Cal Under 21 Policy, Section 5.5 (Pg 11-13)</p> <p>1b. SC. HPHO.089 Medi-Cal for Kids and Teens (MCKT) Policy, Section 5.3 (Pg 4-5)</p> <p>2. To be provided: Redlined revised BHT Monitoring Process</p> <p>3. To be provided:</p> | <p>1. Completed</p> <p>2. June 30, 2025 (Initial draft)</p> <p>July 31, 2025 (Pilot draft)</p> <p>September 30, 2025 (Final approved process)</p> <p>3. June 30, 2025 (Initial draft)</p> <p>July 31, 2025 (Pilot draft)</p> <p>September 30, 2025 (Final approved process)</p> | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » P&P, “SC. HPHO.071: Responsibilities for Behavioral Health Treatment Coverage for Medi-Cal Members Under the Age of 21” (effective 8/30/23), stated that the Plan will provide and cover, or arrange, as appropriate, all medically necessary EPSDT services, including BHT services when they are covered under Medicaid. The Plan has primary responsibility to provide all medically necessary BHT services as outlined in the Plan’s approved treatment plan. (DHCS Medical Audit Report, (Issued 4/24/25), page 13) » P&P, “SC.HPHO.089: Medi-Cal for Kids and Teens (MCKT)” (effective 1/1/24) states the Plan’s obligation under EPSDT to coordinate covered BHT services with delegated entities. (2.3.1 SC.HPHO.089_Medi-Cal for Kids and Teens (MCKT) Policy (1), pages 4-5) » DTP, “ DHCS APL 23-010 Behavioral Health Treatment (BHT) Monitoring & Reporting” (11/18/25) demonstrates that the MCP |

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| | <p>a. SC. HPHO.071, Responsibilities for Behavioral Health Treatment Coverage for Medi-Cal Members Under the Age of 21 (pages 11–13)</p> <ul style="list-style-type: none"> Clarifies the Plan’s responsibility to track authorized vs. utilized BHT hours. Impact on Root Cause: Establishes clear escalation pathways and accountability measures for BHT services. <p>b. SC. HPHO.089 Medi-Cal for Kids and Teens (MCKT) (pages 4–5)</p> <ul style="list-style-type: none"> Reinforces Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) obligations, including the Plan’s responsibility | <p>Redlined revised BHT Monitoring Process</p> <p>4. To be provided: BHT Monitoring Memo Final approved BHT Monitoring Process Annual Quality Letter</p> <p>5. To be provided: Redlined revised BHT Monitoring Process</p> <p>6-8. To be provided:</p> | <p>4. September 30, 2025, to October 29, 2025</p> <p>5. June 30, 2025 (Initial draft) July 31, 2025 (Pilot draft) September 30, 2025 (Final approved process)</p> <p>6-8. September 30, 2025 (Pilot Monitoring Summary) October 29, 2025 (Final Monitoring Summary)</p> | <p>monitors the delivery of BHT services to Medi-Cal members under age 21 through bi-monthly random chart reviews, escalation protocols, barrier analysis and corrective action tracking. (2.3.1 BHT Monitoring Process Desktop Guide 11.18.2025)</p> <p>TRAINING</p> <ul style="list-style-type: none"> » Communication Memo, “Behavioral Health Therapy (BHT) 6-Month Re-Authorization Monitoring Process” (9/30/25) demonstrates the MCP informed its staff and delegates of implementation of a new monitoring review process that is documented in chart at 6-month re-authorization. In addition, the memo emphasized alignment with its existing BHT and EPSDT policies. (2.3.1 BHT Monitoring Communication Memo SCPMG Med-Cal BHT-ASD Program_9.30.25) » “2024-2025 All Staff Annual Letter” (12/19/24) demonstrates the MCP commitment to sustained provider education and regulatory compliance. (2.3.1 BHT_2024-2025 All Staff Annual Letter_12.19.2024) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » “KP SCAL BHT Grievance & Chart Review Tracking” demonstrates monthly chart reviews are being conducted. For the month of November, no escalations or corrective actions were required. (2.3.1 BHT Monthly Monitoring Review Summary_11.17.25) » The Plan provided meeting minutes (5/20/25) which provide evidence of documented review and discussion of the program audit |

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| | <p>to coordinate covered BHT services with delegated entities.</p> <ul style="list-style-type: none"> ○ Impact on Root Cause: Emphasizes timely coordination of medically necessary services and sets out expectations for monitoring members' treatment plans. <p>2. Procedures - The Plan will update its BHT Monitoring Process for tracking and monitoring of authorizations and utilization of BHT services to help ensure approved BHT services are received by the member in accordance with treatment plans and actions to address when BHT services are not made available to the member in accordance with the recommended and approved BHT treatment hours.</p> | Monthly Monitoring Review Summary | | <p>findings and corrective actions to address its BHT Monitoring. (2.3.1 BHT Oversight Minutes 5.20.25, page 2)</p> <p>» Meeting Minutes, "South California Access Committee" (7/28/25) to demonstrate that the MCP has reported and reviewed quarterly members access to initial appointment for ABA assessment surveys report. The results demonstrate progressive improvement in access to services across each quarter. No barriers were identified, as the MCP improved provider coverage to accommodate seasonal fluctuations observed between Q4 and Q1. The Plan is committed to continuing monitoring survey responses trends. When any indicators do not meet the target, an action plan will be included. (2.3.1 July 2025 Access Committee Meeting Minutes BHT, page 14-16)</p> <p>The corrective action plan for finding 2.3.1 (SCAL) is accepted.</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>3. Evidence of Implementation - The Plan will implement its updated BHT Monitoring Process for tracking and monitoring of authorizations and utilization of BHT services to help ensure approved BHT services are received by the member in accordance with treatment plans and actions to address when BHT services are not made available the member in accordance with the recommended and approved BHT treatment hours.</p> <p>4. Evidence of Training - The Plan will disseminate a BHT Monitoring communication memo with its updated BHT Monitoring Process as follows:</p> <p>Date(s) Audience Scope</p> <p>September 30, 2025 – October 29, 2025</p> <ul style="list-style-type: none"> BHT Monitoring Communication Memo | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <ul style="list-style-type: none">○ The Plan will distribute a concise memo outlining its updated BHT Monitoring Process and reinforcing its existing BHT and EPSDT policies.○ Target audience includes Plan staff, PCPs, and relevant delegates.• Annual Quality Letter<ul style="list-style-type: none">○ The existing annual quality letter will continue to include reminders on BHT and EPSDT policies, ensuring providers and practitioners receive continuous and consistent guidance. Documentation & Oversight <ul style="list-style-type: none">• Attendance/attestation records and distribution logs will be maintained to verify completion. | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>5. Process for Self-Monitoring - The Plan will update its BHT Monitoring Process. This process will track authorized versus utilized BHT hours for members under 21, identify potential service gaps, and facilitate timely follow-up. The Plan will maintain internal documentation to demonstrate that the monitoring process is in use.</p> <p>6. Evidence of Self-Monitoring Deployment - The Plan will implement its updated BHT Monitoring Process for tracking and monitoring of authorizations and utilization of BHT services to help ensure approved BHT services are received by the member in accordance with treatment plans and actions to address when BHT services are not made available the member in accordance with the recommended and approved BHT treatment hours.</p> <p>7. Evidence of Periodic Reviews (ongoing self-monitoring) - The Plan</p> | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>will conduct regular reviews of BHT authorization and utilization data to validate the effectiveness of corrective actions. These periodic reviews will include monitoring reports, and any corrective action logs will be maintained to address identified deficiencies. Detailed steps of the updated BHT Monitoring Process will be reserved for the Final Monitoring Report.</p> <p>8. Evidence of Oversight Infrastructure - The Plan will implement its updated BHT Monitoring Process into existing committees and governance processes. The Plan will provide organizational charts and meeting agendas/minutes within the Monthly Monitoring Report Review Summary to demonstrate how BHT service delivery is regularly reviewed and addressed.</p> | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| <p>2.4.1 Continuity of Care Request Completion Timeline (Southern California)</p> <p>The Plan did not ensure that COC requests from members were completed within required timelines.</p> | <p>In response to the finding that “the Plan did not ensure that COC requests from members were completed within required timelines”, the Plan will implement the following actions:</p> <p>1. Policies - Considering the Plan’s identified root cause (incorrect report logic and application of erroneous report parameters), the Plan did not identify gaps in the existing policy. The Plan’s processing timeframes are compliant with DHCS requirements as documented in its Completion of Covered Services policy on pages 13 and 14, as approved by DHCS November 1, 2023.</p> <p>2. Procedures - Considering the Plan’s identified root cause (incorrect report logic and application of erroneous report parameters), the Plan reviewed its existing National Medicaid Encounter Reporting (NMER) reporting processes and updated the</p> | <p>1. 2.4.1. KP Completion of Covered Services Policy_DHCS App 2023-11 vFINAL Attachment B.pdf</p> <p>2a. 2.4.1. NMER Combined FY-WCM Reporting Process Flow.docx</p> <p>2b. 2.4.1. NMER Combined FY-WCM Reporting Process Narrative.docx</p> <p>3a. 2.4.1. S12 Continuity of Care Approved Report - UPDATED 2025-04-28.pdf</p> | <p>1. November 1, 2023, for Medi-Cal.</p> <p>2. March 21, 2025.</p> <p>3. April 28, 2025; May 12, 2025.</p> <p>4. March 21, 2025; April 28, 2025.</p> <p>5. Draft policy will be completed and submitted for this CAP by October 29, 2025, at the latest.</p> <p>6. May 22, 2025</p> <p>7. May 12, 2025; May 22, 2025.</p> | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Policy and Procedure for Facilitating Completion of Covered Services to New and Current Enrollees timeframes comply with DHCS requirements. (2.4.1. KP Completion of Covered Services Policy_DHCS App 2023-11 vFINAL Attachment B) » 2025 NMER Combined FY and WCM COC Reporting Process Narrative and NMER Combined Foster Youth and WCM COC Report Process Flow demonstrate the MCP updated its reporting logic and parameters. » Draft Policy “Continuity of Care Expansion Member File Report Filtering” was developed to incorporate monitoring and reporting process for COC requests. (2.4.1 Draft Continuity of Care Expansion Member File Report Filtering Policy) <p>TRAINING</p> <ul style="list-style-type: none"> » COC Hub NMER Daily Regulatory Sprint Huddle from 3/21/25 demonstrates the MCP trained staff on the updated NMER reporting process flow and corresponding narrative. (2.4.1 2025 CoC Hub + NMER Daily Regulatory Sprint Huddle - Attendance report 3-21-25) <p>MONITORING AND OVERSIGHT</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>reporting logic to accurately reflect processing timeframes.</p> <p>3. Evidence of Implementation - On April 28, 2025, The Plan re-generated the November 2023 – October 2024 Continuity of Care Approved and Denied Reports with the correct reporting logic and parameters to reflect the correct CoC initial request date.</p> <p>The Plan reviewed its corrected reports and validated that all CoC requests were processed timely.</p> <p>The Plan also utilized the correct report logic and generated a report for CoC requests processed from January 1, 2025, through April 28, 2025.</p> <p>4. Evidence of Training - The updated NMER reporting process flow and corresponding narrative was socialized with the NMER team during a meeting held on March 21, 2025, and it was validated that the workflow</p> | <p>3b. 2.4.1. S12 Continuity of Care Denied Report - UPDATED 2025-28-04.pdf</p> <p>3c. 2.4.1. 2025 YTD Continuity of Care Approved and Denied Report - UPDATED MAY 2025.pdf</p> <p>4a. 2.4.1. S12 Continuity of Care Approved Report - UPDATED 2025-04-28.pdf</p> <p>4b. 2.4.1. S12 Continuity of Care Denied Report -</p> | <p>8. May 22, 2025; Draft policy will be completed and submitted for this CAP by October 29, 2025, at the latest.</p> | <p>» Updated COC Reports from 11/2023 – 10/2024 and New 1/2025 – 4/28/2025 used the updated logic and parameters to revise the old reports and the 2025 report. The new logic and parameter allow reports to reflect the accurate COC initial request date. The MCP reviewed its corrected reports and validated that all CoC requests were processed timely. On going monthly reports will continue (2.4.1. 2025 YTD Continuity of Care Approved and Denied Report - UPDATED MAY 2025, 2.4.1. S12 Continuity of Care Approved Report - UPDATED 2025-04-28, 2.4.1. S12 Continuity of Care Denied Report - UPDATED 2025-28-04)</p> <p>» Weekly COC Hub Meeting Minutes from May & June 2025 demonstrate the MCP is Reviewing processing timeframes, verifying that all requests were processed timely and accordance with regulatory standards. (2.4.1 May 2025 CoC Hub + NEMR Agile Workstream Meeting Minutes, 2.4.1 2023-24 COC Data Process and Reporting Flow 2024-01-01, 2.4.1 June 2025 CoC Hub + NEMR Agile Workstream Meeting Minutes)</p> <p>» Workstream Meeting Minutes from 5/22/25 and 2025 COC Approved Denied Report demonstrates the MCP reviews the COC Report twice weekly in the CoC workstream performance meetings with CoC leadership and NMER. (2.4.1. 2025 YTD Continuity of Care Approved and Denied Report - UPDATED MAY 2025, 2.4.1 Workstream meeting minutes 2025-05-22 COC CAP)</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>would be strictly followed for reporting processing timeframes for all received member files.</p> <p>The updated Approved and Denied Reports evidences the NMER team's understanding of the correct reporting logic by retroactively applying the logic to show the correct CoC processing timeframes for Southern California members during the November 2023 – October 2024 audit period.</p> <p>5. Process for Self-Monitoring - The Plan reviews its 2025 YTD Continuity of Care Approved and Denied Report, showing CoC approval and denial timeliness, twice weekly on Mondays and Thursdays in the CoC workstream performance meetings with CoC leadership and NMER. The Plan is developing a Policy and Procedure to include this process.</p> <p>The NMER Reporting Process Flow and Narrative documents are in the</p> | <p>UPDATED 2025-28-04.pdf</p> <p>4c. 2025 CoC Hub + NMER Daily Regulatory Sprint Huddle - Attendance report 3-21-25.csv</p> <p>5. N/A</p> <p>6. 2.4.1. 2025 YTD Continuity of Care Approved and Denied Report - UPDATED MAY 2025.pdf</p> <p>7a. 2.4.1. 2025 YTD Continuity of Care Approved and Denied Report -</p> | | The corrective action plan for finding 2.4.1 (SCAL) is accepted. |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|--|--|---|---------------|
| | <p>process of being formally adopted into a Policy and Procedure.</p> <p>6. Evidence of Self-Monitoring Deployment - In accordance with the "Process for Self-Monitoring", the Plan reviews the updated 2025 YTD Continuity of Care Approved and Denied Report, to monitor CoC approval and denial timeliness, twice weekly on Mondays and Thursdays in the CoC workstream performance meetings with CoC leadership and NMER.</p> <p>The Plan will submit the CoC processing timeframe report submitted monthly.</p> <p>7. Evidence of Periodic Reviews (ongoing self-monitoring) - The updated report was reviewed on May 22, 2025, in the CoC workstream performance meeting with CoC leadership and NMER.</p> | <p>UPDATED MAY 2025.pdf</p> <p>7b. Workstream meeting minutes 2025-05-22 COC CAP.docx</p> <p>8. Workstream meeting minutes 2025-05-22 COC CAP.docx</p> | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|--|--|--|---|--|
| | <p>No remediation was required as no outliers were identified in the updated report.</p> <p>8. Evidence of Oversight Infrastructure - The Plan reviews its 2025 YTD Continuity of Care Approved and Denied Report, showing CoC approval and denial timeliness, twice weekly on Mondays and Thursdays in the CoC workstream performance meetings with CoC leadership and NMER. The Plan is developing a Policy and Procedure to include this process.</p> <p>The NMER Reporting Process Flow and Narrative documents are in the process of being formally adopted into a Policy and Procedure.</p> | | | |
| 2.7.1 Early and Periodic Screening, Diagnostic, and Treatment | In response to the finding that “the Plan did not ensure members received EPSDT benefits in accordance with the AAP/Bright Futures Periodicity Schedule”, the Plan will implement the | 1a. Medi-Cal for Kids and Teens (MCKT) Policy | 1. March 7, 2025 2. Ongoing through August 7, 2025 | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|--|--|---|---|
| <p>Requirements (Northern California)</p> <p>The Plan did not ensure members received EPSDT benefits in accordance with the AAP/Bright Futures Periodicity Schedule.</p> | <p>following actions:</p> <p>1. Policies - The Plan revised its <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy to align with AAP/Bright Futures periodicity schedule and Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (EPSDT) requirements in accordance with DHCS policy as set forth in APL 23-005. The Plan's final updated policy was submitted to DHCS on March 7, 2025.</p> <p>2. Procedures - The Plan leveraged its <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy revisions to inform development of provider and staff Frequently Asked Questions (FAQs) to reinforce awareness and standardize clinical understanding of EPSDT periodicity.</p> | <p>(See pages 3 (sections 5.1.5 and 5.1.6), 6 (section 5.3.4.1.1), and 7 (section 5.4.3.3)).</p> <p>1b. Medi-Cal for Kids and Teens Policy_ REDLINE (See pages 3 (sections 5.1.5 and 5.1.6), 6 (section 5.3.4.1.1), and 7 (section 5.4.3.3))</p> <p>2a. SCPMG Bright Futures FAQs</p> <p>2b. TPMG Bright Futures FAQs</p> <p>3a. Medi-Cal for Kids and Teens</p> | <p>Ongoing through August 7, 2025</p> <p>3. Policy Revision: March 7, 2025</p> <p>FAQ Development: April 7, 2025</p> <p>Dissemination: Ongoing through August 7, 2025</p> <p>4. EPSDT Provider Training Completion Rate as of May 21, 2025.</p> <p>Policy Revision: March 7, 2025</p> | <p>» For members under age 21, the Plan is required to provide a more robust range of medically necessary services than they do for adults that include standards set forth in federal and state law specific to EPSDT. This includes contractual obligations to provide EPSDT in accordance with the MCP contract, APL 23-009, and the AAP/Bright Futures periodicity schedule.</p> <p>» The Plan updated Policy MCKT (Medi-Cal for Kids and Teens 3/7/25) to address services mandated by federal and state law and as set forth by DHCS. The policy outlines the Plan's approach to EPSDT services, including screenings, preventive, and medically necessary diagnostic and treatment services. The Plan will use current AAP Bright Futures periodicity schedule and guidelines when delivering care to members under age 21, including health and developmental screening services, physical examinations, dental services, vision and hearing services.</p> <p>» The Plan released Well Child Visits Periodicity Schedule FAQs which outlines Medi-Cal requirements for Pediatric Well Child visits and requires Medi-Cal providers offer all preventive care visits in accordance with the Bright Futures/American Academy of Pediatrics schedule. The schedule outlines recommended well-child visit frequency, screenings, immunizations, and other preventive health services from birth to 21 (SCPMG Bright Futures FAQ 1 and TPMG Bright Futures FAQ).</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|---|---|---|
| | <p>A finalized plan to disseminate FAQs to the Plan's Network Providers is in progress.</p> <p>3. Evidence of Implementation - The Plan's <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy was revised on March 7, 2025.</p> <p>The Plan developed Frequently Asked Questions (FAQs) regarding the Plan's obligations to provide Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal members under the age of 21 to align with the Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care as set forth in the Plan's contractual obligations and outlined in DHCS policy guidance within APL 23-005.</p> <p>A finalized plan to disseminate both the Policy and FAQs to the Plan's Network Providers is in progress.</p> | <p>Policies and Procedures</p> <p>3b. SCPMG Bright Futures FQs</p> <p>3c. TPMG Bright Futures FAQs</p> <p>4a. EPSDT Training Completion Summary</p> <p>4b. Medi-Cal for Kids and Teens Policies and Procedures</p> <p>4c. SCPMG Bright Futures FAQs</p> <p>4d. TPMG Bright Futures FAQs</p> | <p>FAQ Development: April 7, 2025</p> <p>Dissemination: Ongoing through August 7, 2025</p> <p>5. Self-Monitoring Process established: April 8, 2025</p> <p>Self-Monitoring Process completion: August 7, 2025</p> <p>6. Self-Monitoring Process deployed: April 8, 2025</p> | <p>TRAINING AND EDUCATION</p> <ul style="list-style-type: none"> » Physician and staff training and education materials (Timeline: /8/25 – 8/7/25). The Well Child Visits Periodicity FAQs were designed by the Plan to help physicians and staff understand and clarify expectations for well-child visit timing as outlined in the updated policy. Provider training, policy and the FAQs will be distributed to relevant physicians and staff through established communication channels such as meeting forums, postings, and/or email communications. Training materials will be strategically shared to demonstrate awareness and adherence to the updates in Plan policy, guidelines, and the Bright Futures periodicity schedule (MCKT-Provider-Training-BD-June-2024). » The Plan completed its Physician and staff training and Education activities in June 2025. Training included presentations and materials shared with TPMG and SCPMG, highlighting well-child visit compliance gaps, state requirements, and the AAP Bright Futures schedule, along with supporting FAQs and policy updates. » The Plan also completed a comprehensive review of its member-facing communication materials. This review aligns with the Plan's commitment to meeting all regulatory and contractual obligations under APL 23-005 and the MCP contract with DHCS. The Plan verified the following DHCS-mandated Medi-Cal for Kids and Teens |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|--|--|--|
| | <p>4. Evidence of Training - The Plan will continue to implement DHCS EPSDT <i>Provider Training</i> where the Plan's Network Provider compliance has now exceeded 70% as of May 21, 2025.</p> <p>The Plan developed Frequently Asked Questions (FAQs) regarding the Plan's obligations to provide Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal members under the age of 21 to align with the Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care as set forth in the Plan's contractual obligations and outlined in DHCS policy guidance within APL 23-005.</p> <p>A finalized plan to disseminate both the Policy and FAQs to the Plan's Network Providers is in progress.</p> <p>5. Process for Self-Monitoring - The Plan has an established self-monitoring process led by the</p> | <p>5-8a. NCAL QIHEC February 2025 Agenda</p> <p>5-8b. NCAL QIHEC April 2025 Agenda</p> <p>5-8c. SCAL QIHEC February 2025 Agenda</p> <p>5-8d. SCAL QIHEC April 2025 Agenda</p> <p>5-8e. Medi-Cal Statewide Well-Care Visit Performance (MY 2024) - WCV, W30-6+, W30-2+</p> | <p>Self-Monitoring Process completion: August 7, 2025 As of May 16, 2025</p> <p>7. Self-Monitoring Process deployed: April 8, 2025 Self-Monitoring Process completion: August 7, 2025 As of May 16, 2025</p> <p>8. Self-Monitoring Process deployed: April 8, 2025</p> | <p>materials are distributed to new Medi-Cal members within 7 days of enrollment and annually.</p> <p>Child Brochure – Medi-Cal for Kids and Teens: Preventive and Treatment Services from Birth to Age 21.</p> <p>Teen Brochure – Medi-Cal for Kids and Teens: Preventive and Treatment Services for Teens to Young Adults to Age 21.</p> <p>Medi-Cal for Kids and Teens: Your Medi-Cal Rights Letter</p> <p>MONITORING AND OVERSIGHT</p> <p>» The Plan is expanding implementation of the Bright Futures Periodicity Schedule with a focus on establishing achievable timelines and measurable milestones to demonstrate compliance. Monitoring includes the review and tracking of the Managed Care Accountability Set (MCAS) measure performance related to EPSDT. EPSDT compliance has been added as a standing agenda item for both the QIHEC meetings for NCAL and SCAL.</p> <p>» Well-Child Visit Performance (MY 2024) Minimum Performance Level/High Performance Level Child and Adolescent Well-Care Visits: First 15 months and First 15-30 months measures.</p> <p>The corrective action plan for finding 2.7.1 (NCAL) is accepted.</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|--|--------------------------|--|---------------|
| | <p>Northern and Southern California Quality Improvement and Health Equity Committees (QIHEC) which report to regional Quality Oversight Committees.</p> <p>Monitoring currently includes review and tracking of Managed Care Accountability Set (MCAS) measure performance related to EPSDT, including:</p> <ul style="list-style-type: none"> A. Child and Adolescent Well – Care Visits (WCV) B. Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits (W30-6+) C. Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2+) <p>Additionally, progress of the CAP, including review of MCAS performance measures and progress toward EPSDT compliance is an</p> | | <p>Self-Monitoring Process completion:</p> <p>August 7, 2025</p> <p>As of May 16, 2025</p> | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>agenda item at the upcoming QIHEC meetings scheduled on June 10, 2025 and August 12, 2025 in NCAL as well as June 25, 2025 and August 27, 2025 in SCAL. The co-chairs have committed to maintaining this topic as a standing agenda item for ongoing oversight and accountability.</p> <p>6. Evidence of Self-Monitoring Deployment - The Plan is actively deploying monitoring processes through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+).</p> <p>7. Evidence of Periodic Reviews (ongoing self-monitoring) - The Plan is actively deploying monitoring processes through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+).</p> <p>8. Evidence of Oversight Infrastructure - The Plan is actively deploying monitoring processes</p> | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+). | | | |
| 2.7.1 Early and Periodic Screening, Diagnostic, and Treatment Requirements (Southern California) The Plan did not ensure members received EPSDT benefits in accordance with the AAP/Bright Futures Periodicity Schedule. | In response to the finding that “the Plan did not ensure members received EPSDT benefits in accordance with the AAP/Bright Futures Periodicity Schedule”, the Plan will implement the following actions: 1. Policies - The Plan revised its <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy to align with AAP/Bright Futures periodicity schedule and Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (EPSDT) requirements in accordance with DHCS policy as set forth in APL 23-005. The Plan’s final updated policy was submitted to DHCS on March 7, 2025. | 1a. Medi-Cal for Kids and Teens (MCKT) Policy (See pages 3 (sections 5.1.5 and 5.1.6), 6 (section 5.3.4.1.1), and 7 (section 5.4.3.3)). 1b. Medi-Cal for Kids and Teens Policy_ REDLINE (See pages 3 (sections 5.1.5 and 5.1.6), 6 (section 5.3.4.1.1), and 7 (section 5.4.3.3)) | 1. March 7, 2025 2. Ongoing through August 7, 2025 Ongoing through August 7, 2025 3. Policy Revision: March 7, 2025 FAQ Development: April 7, 2025 Dissemination: Ongoing through August 7, 2025 | The following documentation supports the MCP’s efforts to correct this finding: POLICIES AND PROCEDURES » For members under age 21, the Plan is required to provide a more robust range of medically necessary services than they do for adults that include standards set forth in federal and state law specific to EPSDT. This includes contractual obligations to provide EPSDT in accordance with the MCP contract, APL 23-009, and the AAP/Bright Futures periodicity schedule. » The Plan updated Policy MCKT (Medi-Cal for Kids and Teens 3/7/25) to address services mandated by federal and state law and as set forth by DHCS. The policy outlines the Plan’s approach to EPSDT services, including screenings, preventive, and medically necessary diagnostic and treatment services. The Plan will use current AAP Bright Futures periodicity schedule and guidelines when delivering care to members under age 21, including health and developmental screening services, physical examinations, dental services, vision and hearing services. |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|--|--|---|
| | <p>2. Procedures - The Plan leveraged its <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy revisions to inform development of provider and staff Frequently Asked Questions (FAQs) to reinforce awareness and standardize clinical understanding of EPSDT periodicity.</p> <p>A finalized plan to disseminate FAQs to the Plan’s Network Providers is in progress.</p> <p>3. Evidence of Implementation - The Plan’s <i>Medi-Cal for Kids and Teens (MCKT)</i> Policy was revised on March 7, 2025.</p> <p>The Plan developed Frequently Asked Questions (FAQs) regarding the Plan’s obligations to provide Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal members under the age of 21 to align with the Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care as set</p> | <p>2a. SCPMG Bright Futures FAQs</p> <p>2b. TPMG Bright Futures FAQs</p> <p>3a. Medi-Cal for Kids and Teens Policies and Procedures</p> <p>3b. SCPMG Bright Futures FQs</p> <p>3c. TPMG Bright Futures FAQs</p> <p>4a. EPSDT Training Completion Summary</p> <p>4b. Medi-Cal for Kids and Teens Policies and Procedures</p> | <p>4. EPSDT Provider Training Completion Rate as of May 21, 2025.</p> <p>Policy Revision: March 7, 2025</p> <p>FAQ Development: April 7, 2025</p> <p>Dissemination: Ongoing through August 7, 2025</p> <p>5. Self-Monitoring Process established: April 8, 2025</p> <p>Self-Monitoring Process completion:</p> | <p>» The Plan released Well Child Visits Periodicity Schedule FAQs which outlines Medi-Cal requirements for Pediatric Well Child visits and requires Medi-Cal providers offer all preventive care visits in accordance with the Bright Futures/American Academy of Pediatrics schedule. The schedule outlines recommended well-child visit frequency, screenings, immunizations, and other preventive health services from birth to 21 (SCPMG Bright Futures FAQ 1 and TPMG Bright Futures FAQ).</p> <p>TRAINING AND EDUCATION</p> <p>» Physician and staff training and education materials (Timeline: /8/25 – 8/7/25). The Well Child Visits Periodicity FAQs were designed by the Plan to help physicians and staff understand and clarify expectations for well-child visit timing as outlined in the updated policy. Provider training, policy and the FAQs will be distributed to relevant physicians and staff through established communication channels such as meeting forums, postings, and/or email communications. Training materials will be strategically shared to demonstrate awareness and adherence to the updates in Plan policy, guidelines, and the Bright Futures periodicity schedule (MCKT-Provider-Training-BD-June-2024).</p> <p>» The Plan completed its Physician and staff training and Education activities in June 2025. Training included presentations and materials shared with TPMG and SCPMG, highlighting well-child visit</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | <p>forth in the Plan’s contractual obligations and outlined in DHCS policy guidance within APL 23-005.</p> <p>A finalized plan to disseminate both the Policy and FAQs to the Plan’s Network Providers is in progress.</p> <p>4. Evidence of Training - The Plan will continue to implement DHCS EPSDT <i>Provider Training</i> where the Plan’s Network Provider compliance has now exceeded 70% as of May 21, 2025.</p> <p>The Plan developed Frequently Asked Questions (FAQs) regarding the Plan’s obligations to provide Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal members under the age of 21 to align with the Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care as set forth in the Plan’s contractual</p> | <p>4c. SCPMG Bright Futures FAQs</p> <p>4d. TPMG Bright Futures FAQs</p> <p>5-8a. NCAL QIHEC February 2025 Agenda</p> <p>5-8b. NCAL QIHEC April 2025 Agenda</p> <p>5-8c. SCAL QIHEC February 2025 Agenda</p> <p>5-8d. SCAL QIHEC April 2025 Agenda</p> <p>5-8e. Medi-Cal Statewide Well-Care Visit Performance (MY</p> | <p>August 7, 2025</p> <p>6. Self-Monitoring Process deployed: April 8, 2025</p> <p>Self-Monitoring Process completion: August 7, 2025</p> <p>As of May 16, 2025</p> <p>7. Self-Monitoring Process deployed: April 8, 2025</p> <p>Self-Monitoring Process completion: August 7, 2025</p> | <p>compliance gaps, state requirements, and the AAP Bright Futures schedule, along with supporting FAQs and policy updates.</p> <p>» The Plan also completed a comprehensive review of its member-facing communication materials. This review aligns with the Plan’s commitment to meeting all regulatory and contractual obligations under APL 23-005 and the MCP contract with DHCS. The Plan verified the following DHCS-mandated Medi-Cal for Kids and Teens materials are distributed to new Medi-Cal members within 7 days of enrollment and annually.</p> <p>Child Brochure – Medi-Cal for Kids and Teens: Preventive and Treatment Services from Birth to Age 21.</p> <p>Teen Brochure – Medi-Cal for Kids and Teens: Preventive and Treatment Services for Teens to Young Adults to Age 21.</p> <p>Medi-Cal for Kids and Teens: Your Medi-Cal Rights Letter</p> <p>MONITORING AND OVERSIGHT</p> <p>» The Plan is expanding implementation of the Bright Futures Periodicity Schedule with a focus on establishing achievable timelines and measurable milestones to demonstrate compliance. Monitoring includes the review and tracking of the Managed Care Accountability Set (MCAS) measure performance related to EPSDT. EPSDT compliance has been added as a standing agenda item for both the QIHEC meetings for NCAL and SCAL.</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|-----------------------------|--|--|
| | <p>obligations and outlined in DHCS policy guidance within APL 23-005.</p> <p>A finalized plan to disseminate both the Policy and FAQs to the Plan's Network Providers is in progress.</p> <p>5. Process for Self-Monitoring - The Plan has an established self-monitoring process led by the Northern and Southern California Quality Improvement and Health Equity Committees (QIHEC) which report to regional Quality Oversight Committees.</p> <p>Monitoring currently includes review and tracking of Managed Care Accountability Set (MCAS) measure performance related to EPSDT, including:</p> <ul style="list-style-type: none"> D. Child and Adolescent Well – Care Visits (WCV) E. Well-Child Visits in the First 30 Months of Life—0 to 15 | 2024) - WCV, W30-6+, W30-2+ | <p>As of May 16, 2025</p> <p>8. Self-Monitoring Process deployed: April 8, 2025</p> <p>Self-Monitoring Process completion: August 7, 2025</p> <p>As of May 16, 2025</p> | <p>» Well-Child Visit Performance (MY 2024) Minimum Performance Level/High Performance Level Child and Adolescent Well-Care Visits: First 15 months and Firs 15-30 months measures.</p> <p>The corrective action plan for finding 2.7.1 (SCAL) is accepted.</p> |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|--|--------------------------|---|---------------|
| | <p>Months—Six or More Well-Child Visits (W30-6+)</p> <p>F. Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2+)</p> <p>Additionally, progress of the CAP, including review of MCAS performance measures and progress toward EPSDT compliance is an agenda item at the upcoming QIHEC meetings scheduled on June 10, 2025 and August 12, 2025 in NCAL as well as June 25, 2025 and August 27, 2025 in SCAL. The co-chairs have committed to maintaining this topic as a standing agenda item for ongoing oversight and accountability.</p> <p>6. Evidence of Self-Monitoring Deployment - The Plan is actively deploying monitoring processes through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+).</p> | | | |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|--------------------------|---|---------------|
| | <p>7. Evidence of Periodic Reviews (ongoing self-monitoring) - The Plan is actively deploying monitoring processes through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+).</p> <p>8. Evidence of Oversight Infrastructure - The Plan is actively deploying monitoring processes through regular reviews of EPSDT performance using MCAS-aligned measures (WCV, W30-6+, W30-2+).</p> | | | |

*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: *Tori Gill*

Title: Senior Manager, Medicaid Health Plan Compliance, Kaiser Permanente

Signed by: [Signature on file]

Date: 5.29.25