

August 4, 2026

Robert Franco, Chief Compliance Officer
Gold Coast Health Plan
711 E. Daily Dr., Suite 106
Camarillo, CA 93010

Via E-mail

RE: Department of Health Care Services Focused Medical Audit

Dear Mr. Franco:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Gold Coast Health Plan, a Managed Care Plan (MCP), from July 31, 2023 through August 11, 2023. The focused audit covered the period from June 1, 2022, through May 31, 2023.

DHCS is closing this 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 focused 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]



Mr. Franco
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Dennis Hsieh, Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)
Attachment B
Final Audit Report

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

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Process Compliance Section
Managed Care Monitoring Branch
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Nicole Cortez, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Gold Coast Health Plan

Review Period: 06/01/2022 – 05/31/2023

Audit: 2023 Focused Audit of Behavioral Health and Transportation Services

On-site Review: 07/31/2023 – 08/11/2023

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 Care Management and Care Coordination The Plan did not ensure the provision of coordination of care to deliver mental health care services to members.	GCHP is currently taking the following actions to remediate: GCHP has been working with Carelon (GCHP's Mental Health Delegate) to ensure a referral tracking and reporting system is in place and monitored for referrals to SMHS through the Ventura County Behavioral Health Agency (VCBH). This also includes referrals from VCBH to GCHP and Carelon for NSMHS. 1. Carelon updated their policies and procedures around referral of services to VCBH. 2. Carelon developing tracking tool for referrals to VCBH and for referrals from VCBH. 3. Carelon administered education and training to its provider network on the Screening and Transition Tool.	2.1 – BH-006 Mental Health Services Policy.pdf 2.1 – HS-019 Care Coordination for SUD Services Policy.pdf 2.1 Carelon Policy UM008.17 Referral to Mental Health Plan – Medi-Cal.pdf 2.1 Carelon Screening and Transition – SOP.pdf	1. 6/27/2024 2. 11/25/2024 3. 11/2023 4. 2/25/2025	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>BH-006 Mental Health Services Policy (5/20/2024), implemented 6/27/2024</u> » The Plan's Policy states it provides Comprehensive Medical Case Management Services, including coordination of care, and the provision of all medically necessary services, whether those services are delivered within or outside of the Plan's provider network. The Plan will coordinate all medically necessary care for Members, with active collaboration with Ventura County Behavioral Health (VCBH), including locating, arranging, and following up to demonstrate services were rendered to the Member. <u>HS-019 Care Coordination for SUD Services Policy (3/6/24), pages 2-3, implemented 11/25/2024</u> » The Plan's Policy describes a process for coordinating care with VCBH for the appropriate management of members' mental and physical health care. The Plan will coordinate with VCBH to refer members for services in or out of contracted service area as per the VCBH MOU.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	4. GCHP, Carelon, and VCBH developed monthly meeting to review care coordination and referral tracking reports. 5. GCHP will develop an auditing and monitoring process for referral tracking reports.			<u>Carelon Policy UM008.17 Referral to Mental Health Plan - Medi-Cal (5/28/24), page 7, implemented 11/2023</u> » The Delegate’s Policy states that referral coordination will include sharing the completed Adult or Youth Screening Tool and following up to demonstrate that a timely clinical assessment has been provided to the Member. Results of the screening tool are either given to or verbally communicated to the Mental Health Plan or directly to a Mental Health Plan provider delivering SMHS services. TRAINING <u>Carelon Provider Screening and Transition - SOP, implemented 2/25/2025</u> » The Plan provided evidence of staff training on the Behavioral Health Job Aid Manual (BH Process JAM Training, 10/30/2023), which addressed changes in documentation of BH and SUD loop-closures and includes a list of attendees. Delegate’s “Provider Screening and Transition – SOP”, demonstrates that the Delegate administered training to educate on the new Screening and Transition Tool training for behavioral health services to members (Carelon Provider Screening and Transition Tool Training). MONITORING AND OVERSIGHT

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<u>Care Coordination Meeting Agenda and Minutes (9/16/2024, 10/21/2024, and 11/18/2024)</u> » The Plan provided its monthly meeting minutes to demonstrate documented review and discussion of shared cases requiring care coordination, collaboration, and referrals related to both medical and behavioral health needs. <u>GCHP Screening Tracker Report (2/24/2025)</u> » The Plan developed a continuous monitoring system for tracking referral outcomes to VCBH and Carelon that generates reports with detailed member information, date of referral, 1st available appointment, outcome, and recent case/appointment notes. . To demonstrate implementation, the Plan provided a sample monthly tracking report. These reports are reviewed monthly at the Care Coordination Meetings between the Plan, Carelon, and VCBH. The corrective action plan for finding 2.1 is accepted.
2.2 Referral Loop Closure The Plan did not ensure that the referral loop was closed, and that the	GCHP is currently taking the following actions to remediate: GCHP has been working with Carelon (GCHP's Mental Health Delegate) to ensure a referral tracking and reporting system is in place and	2.1 – BH-006 Mental Health Services Policy.pdf 2.1 – HS-019 Care	6/27/2024 11/25/2024 11/2023 2/25/2025	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>BH-006 Mental Health Services Policy (5/20/2024),page 5, implemented 6/27/2024</u>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
new provider accepted the care of members receiving NSMHS to SMHS and vice versa.	monitored for referrals to SMHS through the Ventura County Behavioral Health Agency (VCBH). This also includes referrals from VCBH to GCHP and Carelon for NSMHS. 1. Carelon updated their policies and procedures around referral of services to VCBH. 2. Carelon developing tracking tool for referrals to VCBH and for referrals from VCBH. 3. Carelon administered education and training to its provider network on the Screening and Transition Tool. 4. GCHP, Carelon, and VCBH developed monthly meeting to review care coordination and referral tracking reports. GCHP will develop an auditing and monitoring process for referral tracking reports.	Coordination for SUD Services Policy.pdf 2.1 Carelon Policy UM008.17 Referral to Mental Health Plan – Medi-Cal.pdf 2.1 Carelon Screening and Transition – SOP.pdf		» The Plan’s Policy states that the Plan and Ventura County Behavioral Health (VCBH) will coordinate to facilitate care transitions and guide referrals for Members receiving NSMHS to transition to a SMHS provider and vice versa, ensuring that the referral loop is closed, and the new provider accepts the care of the Member. <u>GCHP Ventura Closed Loop Referral Report, 7/11/2024, implemented 10/1/2023</u> » GCHP Ventura Closed Loop Referral Report, 7/11/2024 demonstrates Carelon and the County will share a retrospective monthly log to track referral outcomes bi-directionally to demonstrate completion of referral. Carelon will make three attempts to reach the member and coordinate referral with the County. TRAINING <u>Carelon Case Management Department CLR training, 09/27/24</u> » Carelon Case Management Department CLR training demonstrates that the Plan administered training to educate on incoming County and Plan referrals, processes of coordinating care with County when member contacts County and reviewing transitions of care of members.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<u>VCBH Care Coordination Dept SUD Training 11/26/24 and VCBH Outpatient Clinical Dept SUD Training 11/27/24</u> » The Plan provided evidence VCBH conducts monthly training for County Coordination Team and Outpatient Clinical Team. The Plan's Care Management and Behavioral Health Department staff have also completed the trainings. MONITORING AND OVERSIGHT <u>GCHP Ventura Closed Loop Referral Final Report,, 07/11/2024</u> » Screening and Transition of Care Tool, demonstrates the Plan implemented a tracker to log monthly referrals exchanged between the County and Carelon, and Carelon to County. The report contains key dates and member information, highlighting the referrals that both parties were expected to receive. <u>GCHP-VCBH Joint Operations Meeting Agenda 02/20/2025 and VCBH-Carelon-GCHP Care Coordination Meeting 02/10/2025</u> » The plan provided evidence that meetings with the Plan, VCBH and Carelon are held regarding Care Coordination to discuss reports and problem solve around Behavioral Health access barriers. The corrective action plan for finding 2.2 is accepted.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.3 Substance Use Disorder Services - Good Faith Effort to Confirm Treatment The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and did not document when, where, and any next steps following treatment.	GCHP is currently taking the following actions to remediate: GCHP has been working with Carelon (GCHP's Mental Health Delegate) to ensure a referral tracking and reporting system is in place and monitored for referrals to SMHS for SUD treatment through the Ventura County Behavioral Health Agency (VCBH). 1. Carelon updated their Medi-Cal Screening and Transition of Care Tool to perform a warm transfer to VCBH for SUD assessment. 2. Carelon will train staff on updated screening tool process for SUD referrals to VCBH. 3. GCHP to develop auditing and monitoring mechanisms for BH Referrals from and to Carelon.		1. 11/25/2024 2. 11/25/2024 3. 2/25/2024	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>Carelon Policy UM 008.17 Referral to Mental Health Plan- Medi-Cal, pages 6 & 7, implemented 10/1/2024</u> » The Delegate's policy was updated to include revisions to its BHT services process. The revisions include that "After obtaining appropriate consent in accordance with accepted standards of clinical practice, referral coordination will include sharing the completed Adult or Youth Screening Tool and following up to demonstrate a timely clinical assessment has been made available to the Member." The Plan also added that good faith effort is made to follow-up with the County within 5 business days to confirm the member is offered a timely appointment for clinical assessment. TRAINING <u>BH Process JAM Training, 10/30/2024</u> » The Plan conducted BH Process Case Management training (10/30/24) demonstrating that the Plan updated BH screening processes and procedures to GCHP staff. <u>VCBH Care Coordination Dept SUD Training 11/26/24 and VCBH Outpatient Clinical Dept SUD Training 11/27/24</u>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» The Plan provided evidence VCBH conducts monthly training for County Coordination Team and Outpatient Clinical Team. The Plan's Care Management and Behavioral Health Department staff have also completed the trainings. <u>VCBH-Carelon-GCHP Care Coordination Meeting Agenda (with minutes), 01/13/25</u> » Monthly Care Coordination meetings are conducted with VCBH, Carelon and Plan to facilitate care coordination and address systemic barriers and address issues that impact members. MONITORING AND OVERSIGHT <u>GCHP Ventura Closed Loop Referral Report, Final, 01/11/2025</u> » Sample report "County to Carelon Behavioral Health, Inc. - Screening and Transition of Care Tool" demonstrates, the Plan, Carelon, and VCBH monitors closed loop referrals. Behavioral Health referral oversight and collaboration processes are managed between the Plan, Carelon, and VCBH. <u>VCBH-Carelon-GCHP Care Coordination Meeting Agenda (with minutes), 01/13/25</u> » Monthly Care Coordination meetings are conducted with VCBH, Carelon and Plan to facilitate care coordination and address systemic barriers and address issues that impact members.

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 Substance Use Disorder Services - Follow Up to Understand Barriers The Plan did not have a process in place to follow up with members, understand barriers, and make subsequent adjustments to referrals.	GCHP is currently taking the following actions to remediate: GCHP has been working with Carelon (GCHP's Mental Health Delegate) to ensure a referral tracking and reporting system is in place and monitored for referrals to SMHS for SUD treatment through the Ventura County Behavioral Health Agency (VCBH). 1. Carelon updated their Medi-Cal Screening and Transition of Care Tool to perform a warm transfer to VCBH for SUD assessment. 2. Carelon will train staff on updated screening tool process for SUD referrals to VCBH. 3. GCHP to develop auditing and monitoring mechanisms for BH Referrals from and to Carelon.		1. 11/25/2024 2. 11/25/2024 3. 2/25/2024	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <u>Carelon Policy UM 008.17 Referral to Mental Health Plan- Medi-Cal, page 7, implemented 10/1/2024</u> » Delegate's Policy UM 8.17 Referral to Mental Health Plan - Medi-Cal was updated to include revisions to its BHT services process. The revisions include that "After obtaining appropriate consent in accordance with accepted standards of clinical practice, referral coordination will include sharing the completed Adult or Youth Screening Tool and following up to demonstrate a timely clinical assessment has been made available to the Member". The Plan also added that case managers coordinate member care and facilitate care transitions or additional services. The case managers demonstrates that the referral process has been completed, that the member has been connected with a provider, the provider accepts the care of the member, and medically necessary services have been made available to the member. MONITORING AND OVERSIGHT

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<u>GCHP Ventura Closed Loop Referral Report, Final, 01/11/2025</u> » Sample report "County to Carelon Behavioral Health, Inc. - Screening and Transition of Care Tool" demonstrates, the Plan, Carelon, and VCBH monitors closed loop referrals. Behavioral Health referral oversight and collaboration processes are managed between the Plan, Carelon, and VCBH. <u>VCBH-Carelon-GCHP Care Coordination Meeting 2/10/2025 and GCHP-VCBH Joint Operations Meeting Agenda 2/20/2025)</u> » The Plan provided evidence of regular reoccurring meetings with VCBH and Carelon regarding Care Coordination to discuss reports developed and problem solve around Behavioral Health access barriers as they arise. 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—Monitoring of Door-to-Door Assistance The Plan did not conduct monitoring activities to verify that NEMT providers are providing door-to-door assistance for members receiving NEMT services.	GCHP is currently taking the following actions to remediate: GCHP is working with our transportation vendor, Ventura Transit System (VTS), on developing policies, procedures, and reporting around performance of door-to-door services for NEMT services specified in APL 22-008. 1. Ventura Transit System (VTS) to development policy and procedure for door-to-door services. 2. VTS to provide monthly validation report for NEMT door-to-door services. 3. GCHP to update auditing and monitoring procedures to include reviewing monthly reporting and validation audits. 4. GCHP to perform additional monitoring through updating	3.1 HS-047 NEMT-NMT Policy.pdf	1. 11/25/2024 2. 1/25/2025 3. 2/25/2025 4. 2/25/2025	The following documentation supports the MCP’s efforts to correct this finding: POLICIES AND PROCEDURES <u>IV. Procedure, K. NEMT/NMT Monitoring and Oversight, 2., c., page 7</u> » Plan policy “HS-047 NEMT & NMT” includes a section on the monitoring activities it performs no less than quarterly, which includes monitoring NEMT services for door-to-door assistance provided to members. MONITORING AND OVERSIGHT <u>GCHP Door to Door Monitoring JAM, Procedures, page 1-2</u> » Plan procedure “Delegation Oversight: Door to Door Services” demonstrates the Plan’s process of monitoring door-to-door services provided by its delegates to verify services are being rendered. The process includes monthly member surveys, monthly Joint Operating Meetings, weekly door-to-door services report, monitoring vendor P&Ps & conducting audits of door-to-door as necessary. <u>Medical Transportation Provider Oversight P&P, Field Monitoring, page 6</u>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	member transportation phone survey questions to include ones specific to door-to-door services for NEMT services.			» Vendor policy “Medical Transportation Provider Oversight Policy & Procedure” was revised to include a section for the monitoring of door-to-door services. The section includes that the transportation vendor may randomly conduct observations of drivers to verify contractual & regulatory requirements are being met, including that drivers are performing NEMT door-to-door services. <u>VTs Service Report – Feb 2/24/2025</u> » Sample service report “VTs Service Report – Feb. 2025” demonstrates the type of trip report that is produced monthly. The report was updated to include the data to confirm that assistance, which includes door to door, was provided for each service provided. On a monthly basis, this report is shared at the Joint Operating Meeting. <u>GCHP Transportation Survey D2D Results 03/02/25-03/08/25</u> » Sample report “GCHP Transportation Survey D2D Results” demonstrates the weekly report produced that provides scheduled visits for the following week. The Plan utilizes this report when conducting transportation survey questions. The report shows the outcome of the survey. <u>VTs Transportation Survey Questions</u> » Sample survey “VTs Transportation Survey Questions” demonstrates the survey questions the Plan is asking members

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				at random, about their NEMT service with the transportation vendor, verifying that door-to-door services were provided. <u>Monitoring Deficiency Ltr – VTS – Door-to-Door Survey Results, pages 1-7</u> » Vendor letter “Monitoring Deficiency Letter – VTS – Door-to-Door Survey Results” demonstrates the Plan’s implementation of corrective action due to the deficiencies identified during its weekly survey of members. The letter calls out the total of members who received NEMT services for the week prior & the total of members identified issues with door-to-door services the vendor provided. The letter includes the action required & due date to the Plan to address the deficiencies, as well as the findings themselves for the vendor to review. <u>GCHP Compliance Committee CAP Update, page 4</u> » “GCHP Compliance Committee CAP Update” includes evidence of the Plan addressing with the Joint Operating Committee regarding deficiencies identified, actions taken & the current state of the findings. The corrective action plan for finding 3.1 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: Robert Franco **Title:** Chief Compliance Officer **Date:** 10/07/2024

Signed by: Jeffrey Yarges **Title:** Senior Director Compliance **Date:** 10/07/2024

