CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

August 4, 2026

Danielle Ogren, *Via E-mail*
Sr. Director of Regulatory Affairs and Compliance
Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Ogren

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Partnership Health Plan of California, a Managed Care Plan (MCP), from December 4, 2023 through December 15, 2023. The focused audit covered the period from July 1, 2022, through June 30, 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)
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)

Grace McGeough, Section Chief *Via E-mail*
Process Compliance Section
Managed Care Monitoring Branch
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Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
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Maria Angel, Lead Analyst *Via E-mail*
Audit Monitoring Unit
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DHCS - Managed Care Quality and Monitoring Division (MCQMD)

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

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Partnership Health Plan of California

Review Period: 07/01/2022 – 06/30/2023

Audit: 2023 Focused Audit of Behavioral Health & Transportation Services

On-site Review: 12/04/2023 – 12/15/2023

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 its members.	The Plan is implementing various actions to address gaps in coordination between mental and physical health services. Key steps include: 1. **Policy Updates:** Policy MCUP 3028 will be revised to include a closed-loop referral process, ensuring appointments are scheduled and outcomes are tracked. The policy will also require follow-up with members to identify barriers if appointments are not completed. 2. **Procedure Updates:** The Plan is working with its delegate, Carelon, to update the Standard Operating Procedure (SOP) and the Closed Loop Referral Tracker. This will ensure the appointment dates	Includes redlined policies, updated SOPs, referral trackers, and SharePoint screenshots.	MCUP3028 updates fully implemented on 1/8/2025, Carelon SOP fully implemented on 5/6/2025, Updated CL Referral Tracker implemented on 4/21/2025, PARTNERSHIP staff began utilizing new tracker to outreach county staff and members to confirm appointment attendance/barrier to ensure closed loop on	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The Plan's Policy & Procedure MCUP3028, "PARTNERSHIP HEALTHPLAN OF CALIFORNIA POLICY / PROCEDURE" (8/14/24) was updated to detail the MCP's responsibilities for coordinating care between Non-Specialty Mental Health Services (NSMHS) and Specialty Mental Health Services (SMHS) or County level SUD treatment services. (MCUP3028 redline draft, page 5, section 4.d.(4)) » Additionally, MCUP3028 describes the process to confirm fulfillment of members' appointments by directly contacting members, or having its delegate Carelon contact members. Results of referrals are monitored monthly using referral trackers between the Plan, or its delegate, and each Mental Health Plan (MHP). (MCUP3028 redline draft, page 5, sections 4.d.(4) & (5)) **TRAINING** » Carelon "MediCal Screening and Transition Tool, Standard Operating Procedure" SOP Number 1 (5/6/2025) demonstrates that the Plan has procedures and training in place to educate on the Screening and Transition Tool for behavioral health services to members. (Carelon Screening and Transition -SOP)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	are tracked, and outreach efforts are made to members if appointment verification cannot be obtained. 3. **Documentation Submission:** The updated referral tracker will be modified to include specific appointment dates and follow-up actions. Supporting documentation such as the Member Notice, updated Provider Manual, and screenshots of the SharePoint site will be submitted to demonstrate implementation. 4. **Self-Monitoring:** A continuous self-monitoring infrastructure is being developed. The referral tracker will be hosted on a secure SharePoint site for easier access and monitoring, and updates will be provided quarterly to demonstrate progress.		2/10/2025	» Carelon and County jointly share a monthly log to track referral outcomes bi-directionally to verify completion of referral. (Carelon Screening and Transition -SOP) **MONITORING AND OVERSIGHT** » The Plan provided multiple sample 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. (PHCCarelonWeekly - 4.3.2025, 4.10.2025, 4.17.2025, 5.8.2025, 5.15.2025 and 5.22.2025) » Sample monthly tracking report to include tabs for "Carelon to County - Screening and Transition of Care Tool," and "County to Carelon – Screening and Transition of Care Tool" which demonstrates a continuous self-monitoring infrastructure to track referral outcomes. (Monthly Referral tracker 2.1, 2.2, 2.3) **The corrective action plan for finding 2.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Oversight Infrastructure: Monitoring tools and processes, including desktop and internal monitoring, will be developed to ensure continuous oversight of the corrective action plan (CAP).			
2.2 SUDS—Confirmation of Referred Treatments The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and document when, where, and any next steps following treatment.	The Plan is taking several actions to address gaps in confirming and documenting SUDS treatments: • **Policy Updates:** Policy MCUP 3028 will be revised to include a closed-loop referral process for SUDS treatments. This includes setting appointments, tracking outcomes, and following up with members if appointments are not completed to identify barriers. • **Procedure Updates:** The Plan is working with its delegate, Carelon, to update the Standard Operating Procedure (SOP) and the Closed Loop Referral Tracker. The updated procedures will ensure appointment dates are tracked,	Includes redlined policies, updated SOPs, referral trackers, SharePoint screenshots, and monitoring tools.	1. Partnership has revised MCUP3028, now known as MPBP8003, to include the coordinated efforts to connect members to SUD services, follow up with members who lack connection with a provider, and ensure good faith efforts are made to arrange for next steps following service	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The Plan's Policy & Procedure MCUP3028, "PARTNERSHIP HEALTHPLAN OF CALIFORNIA POLICY / PROCEDURE" (8/14/24) was updated to detail the MCP's responsibilities for coordinating care between Non-Specialty Mental Health Services (NSMHS) and Specialty Mental Health Services (SMHS) or County level SUD treatment services. (MCUP3028 redline draft, page 5, section 4.d.(4)) » Additionally, MCUP3028 describes the process to confirm fulfillment of members' appointments by directly contacting members, or having its delegate Carelon contact members. Results of referrals are monitored monthly using referral trackers between the Plan, or its delegate, and each Mental Health Plan (MHP). (MCUP3028 redline draft, page 5, sections 4.d.(4) and (5)) **TRAINING**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	and outreach is conducted when appointment verification is not obtained. • **Documentation Submission:** The Monthly Referral Tracker will be updated to include specific appointment dates and follow-up actions. Relevant documents, such as the Member Notice, updated Provider Manual, and website, will be submitted to demonstrate implementation. • **Self-Monitoring:** The Plan has developed a continuous self-monitoring infrastructure by hosting the referral trackers on a secure SharePoint site. The Plan will also update written procedures to include internal auditing processes to ensure referrals are completed and follow-up actions are taken. **Oversight Infrastructure:** The Plan will submit desktop and internal		delivery. Completed 1/8/2025. 2. Partnership's delegate has supplied an updated SOP reflecting the collection of data related to SUD services which are tracked in the revised closed loop referral tracker. Completed 5/6/2025 3. Partnership staff implemented changes to the closed loop referral tracker to improve collection of data related to outreach efforts to	» Carelon "MediCal Screening and Transition Tool, Standard Operating Procedure" SOP Number 1 (5/6/2025) demonstrates that the Plan has procedures and training in place to educate on the Screening and Transition Tool for behavioral health services to members. (Carelon Screening and Transition -SOP) » Carelon and County jointly share a monthly log to track referral outcomes bi-directionally to verify completion of referral. (Carelon Screening and Transition -SOP) **MONITORING AND OVERSIGHT** » The Plan provided multiple sample 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. (PHCCarelonWeekly - 4.3.2025, 4.10.2025, 4.17.2025, 5.8.2025, 5.15.2025 and 5.22.2025) » Sample monthly tracking report to include tabs for "Carelon to County - Screening and Transition of Care Tool," and "County to Carelon – Screening and Transition of Care Tool" which demonstrates a continuous self-monitoring infrastructure to track referral outcomes. (Monthly Referral tracker 2.1, 2.2, 2.3) **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
	monitoring tools to ensure continuous oversight and review of the corrective action plan (CAP) and to detect future non-compliance.		county staff and members to confirm appointment attendance or barriers and meet closed loop referral requirements. Completed 4/21/2025. 4. SUD referrals are included in the oversight and monitoring of the closed loop referral tracker. Completed 2/10/2025. 5. SUD referrals are included in the oversight and monitoring of the closed loop referral tracker.	

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
			Completed 2/10/2025.	
2.3 SUDS—Follow-up to Understand Barriers The Plan did not follow up with members who did not receive referred treatments to understand barriers and make subsequent adjustments to referrals where warranted.	The Plan is taking several actions to address gaps in confirming and documenting SUDS treatments: 1. **Policy Updates:** Policy MCUP 3028 will be revised to strengthen the closed-loop referral process for SUDS treatments. This includes ensuring that appointments are set, outcomes are tracked, and follow-up is conducted with members if appointments are not completed to identify any barriers preventing care. 2. **Procedure Updates:** The Plan is collaborating with its delegate, Carelon, to update the Standard Operating Procedure (SOP) and the Closed Loop Referral Tracker. These updates will ensure that appointment dates are	Includes redlined policies, updated SOPs, referral trackers, SharePoint screenshots, and monitoring tools.	1. Partnership has revised MCUP3028, now known as MPBP8003, to include the coordinated efforts to connect members to SUD services, follow up with members who lack connection with a provider, and ensure good faith efforts are made to arrange for next steps following service delivery. Completed 1/8/2025 2. Partnership's	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The Plan's Policy & Procedure MCUP3028, "PARTNERSHIP HEALTHPLAN OF CALIFORNIA POLICY / PROCEDURE" (8/14/24) was updated to detail the MCP's responsibilities for coordinating care between Non-Specialty Mental Health Services (NSMHS) and Specialty Mental Health Services (SMHS) or County level SUD treatment services. (MCUP3028 redline draft, page 5, section 4.d.(4)) » Additionally, MCUP3028 describes the process to confirm fulfillment of members' appointments by directly contacting members, or having its delegate Carelon contact members. Results of referrals are monitored monthly using referral trackers between the Plan, or its delegate, and each Mental Health Plan (MHP). (MCUP3028 redline draft, page 5, sections 4.d.(4) and (5)) **TRAINING** » Carelon "MediCal Screening and Transition Tool, Standard Operating Procedure" SOP Number 1 (5/6/2025) demonstrates that the Plan has procedures and training in place to educate on the Screening and Transition Tool for behavioral health services to members. (Carelon Screening and Transition -SOP)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	documented and that outreach to members occurs when appointment verification cannot be obtained from providers. 3. **Documentation Submission:** The Monthly Referral Tracker will be updated to include specific appointment dates and follow-up actions. Additionally, relevant documents such as the Member Notice, updated Provider Manual, and the updated website will be submitted to demonstrate implementation of these changes. 4. **Self-Monitoring:** The Plan has established a continuous self-monitoring system by hosting referral trackers between county MHPs, Carelon, and the Plan on a secure SharePoint site. This site will facilitate easier access,		delegate has supplied an updated SOP reflecting the collection of data related to SUD services which are tracked in the revised closed loop referral tracker. Completed 5/6/2025. 3. Partnership staff implemented changes to the closed loop referral tracker to improve collection of data related to outreach efforts to county staff and members to confirm appointment	» Carelon and County jointly share a monthly log to track referral outcomes bi-directionally to verify completion of referral. (Carelon Screening and Transition -SOP) **MONITORING AND OVERSIGHT** » The Plan provided multiple sample 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. (PHCCarelonWeekly - 4.3.2025, 4.10.2025, 4.17.2025, 5.8.2025, 5.15.2025 and 5.22.2025) » Sample monthly tracking report to include tabs for "Carelon to County - Screening and Transition of Care Tool," and "County to Carelon – Screening and Transition of Care Tool" which demonstrates a continuous self-monitoring infrastructure to track referral outcomes. (Monthly Referral tracker 2.1, 2.2, 2.3) **The corrective action plan for finding 2.3 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	review, and monitoring of referral data. Written procedures will also be updated to include internal auditing processes to ensure that referrals are completed and that necessary follow-up actions are taken. **Oversight Infrastructure:** The Plan will submit desktop and internal monitoring tools to ensure consistent oversight and review of the corrective action plan (CAP). This will help detect any future instances of non-compliance and ensure that corrective measures are effective.		attendance or barriers and meet closed loop referral requirements. Completed 4/21/2025. 4. SUD referrals are included in the closed loop referral tracker, within a separate tab and shared through the Sharefile exchange with Carelon and county BHPs. Completed 2/10/2025. 5. SUD referrals are included in the oversight and monitoring of the closed loop	

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
			referral tracker. Completed 2/10/2025.	
2.4 Plan's MOU—Policies and Procedures The Plan did not comply with its Policies and procedures for the management of members care, including screening, assessment, care coordination, and the exchange of medical information. The Plan's MOU failed to address, screening, assessment, care coordination, and the exchange of medical information.	The Plan is addressing gaps in executing MOUs and improving the monitoring of referrals: 1. **Policy and MOU Updates:** The Plan is executing MOUs according to the new DHCS template with all 24 county MHPs, aligning with APL 18-015. The Plan is actively working on these MOUs and ensuring they meet updated regulatory requirements, including the use of screening and transition tools. These updates are currently on track and ongoing. 2. **Procedure Updates:** The monthly Closed Loop Referral Tracker and the SOP from the Plan's delegate, Carelon, will be updated to	Includes redlined policies, updated SOPs, referral trackers, SharePoint screenshots, and monitoring tools.	MCCP2036 fully implemented on 2/10/2025, Carelon SOP fully implemented on 5/6/2025, Updated CL Referral Tracker implemented on 4/21/2025, PARTNERSHIP staff began utilizing new tracker to outreach county staff and members to confirm appointment attendance/barrier to ensure closed loop on	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » "Memorandum of Understanding (MOU) Requirements For Medi-Cal Managed Care Plans and Third-Party Entities", Policy Number: MCCP2036 (3/12/25), was updated to include requirements of APL 18-015 which now addresses screening, assessment, care coordination and exchange of medical information with the county MHP. (MCCP 2036 Memorandum of Understanding for Medi-Cal Managed Care Plans and Third Party Entities.) **TRAINING** » Carelon "MediCal Screening and Transition Tool, Standard Operating Procedure" SOP Number 1 (5/6/2025) demonstrates that the Plan has procedures and training in place to educate on the Screening and Transition Tool for behavioral health services to members. (Carelon Screening and Transition -SOP) » Carelon and County jointly share a monthly log to track referral outcomes bi-directionally to verify completion of referral. (Carelon Screening and Transition -SOP)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	include the specific date of each appointment and follow-up processes. This will ensure that outreach to members occurs if an appointment cannot be verified by the provider. Updates to Carelon's SOP are on track and are expected to be completed by 1/1/2025. 3. **Monitoring and Results Submission:** The Plan will enhance its monitoring of referrals to ensure connections to care are made. Tracked results relevant to the corrective action plan (CAP) will be provided, with results expected by 3/31/2025. This will include monitoring tools and submission of relevant documentation. 4. **Self-Monitoring and Documentation Submission:** To demonstrate continuous		2/10/2025	**MONITORING AND OVERSIGHT** » The Plan provided multiple sample 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. (PHCCarelonWeekly - 4.3.2025, 4.10.2025, 4.17.2025, 5.8.2025, 5.15.2025 and 5.22.2025) » Sample monthly tracking report to include tabs for "Carelon to County - Screening and Transition of Care Tool," and "County to Carelon – Screening and Transition of Care Tool" which demonstrates a continuous self-monitoring infrastructure to track referral outcomes. (Monthly Referral tracker 2.1, 2.2, 2.3) **The corrective action plan for finding 2.4 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	monitoring, the Plan will provide quarterly updates outlining progress on CAP remediation activities, starting 3/31/2025 and continuing through CAP closure. These updates will be supported by relevant documentation such as the MOU policy and results from internal monitoring efforts. **Oversight Infrastructure:** The Plan is developing desktop and internal monitoring tools to strengthen oversight of the CAP and ensure that all corrective actions are implemented effectively. These tools are expected to be in place by 1/1/2025 and will help detect and prevent future non-compliance.			

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—Provision of Door-to-Door Assistance The Plan did not have a process in place to ensure that door-to-door assistance was being provided for all members receiving NEMT services.	PARTNERSHIP is taking several actions to address gaps in the Non-Emergency Medical Transportation (NEMT) program and ensure compliance with the requirement for door-to-door assistance: **Policy Update:** PARTNERSHIP has updated Policy MCCP2016 to ensure compliance with the APL. Section III has been revised to include definitions for Door-to-Door Service and Door-Through-Door Service. In addition, Section VI. B. 1 has been added to specify that transportation providers are required to offer door-to-door or door-through-door services for all authorized NEMT services. This revised policy was approved effective 1/8/2025. **Supporting Documentation:** The updated PARTNERSHIP Policy	Includes redlined PARTNERSHIP Policy MCCP2016, Attestation Process Training Document, After-Ride Survey results, updated phone scripts, website updates, flyers, and the desktop procedure for administering After-Ride Surveys.	Policy updates were approved effective 1/8/2025. Training and oversight adjustments were implemented by October 2024, and After-Ride Survey results were provided by 11/10/2024.	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MCCP2016 Transportation Policy for NEMT & NMT)" includes a section for the NEMT requirements. The section includes language that transportation providers are required to provide door-to-door or door-through-door service for all authorized NEMT services. (VI. Policy/Procedure, B. Non-Emergency Medical Transportation (NEMT), 1. Page 4) **TRAINING** » Plan materials "Transportation Flyer" demonstrates the materials distributed to members regarding the Plan's transportation services. The flyer outlines the parameters for NEMT services, including language that all types of NEMT offered by the Plan include door-to-door service. (See TransportationFlyer_ENG_Draft2.7.25, page 1) » Plan phone script "Trip Setting NEMT" demonstrates how the Plan has re-educated staff on how to set NEMT trips. The script was updated to include a reminder to staff to inform all members requesting NEMT services, that if their assigned transportation provider fails to provide door-to-door services for authorized NEMT rides, to report and/or file a grievance for any failure to do so to the

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	MCCP2016 is supported by narrative documents that address findings 3.1 and 3.2, providing further context for how these updates meet regulatory requirements. Additionally, PARTNERSHIP has developed a training document (MCCP2016 Attestation Process) and materials like phone script changes, website updates, and flyer modifications to demonstrate effective oversight of these requirements. **After-Ride Surveys:** PARTNERSHIP has implemented a process to conduct After-Ride Surveys to gather feedback on the door-to-door service provided. The first survey period covers trips completed in September 2024. These survey results will help monitor service quality and ensure compliance. **Survey Administration Procedures:** Procedures for administering and reviewing After-Ride Surveys have			Plan. (Trip Setting NEMT, Member Disclaimer, page 1) » Plan attestation document "How to Attest Trips" demonstrates the process taken by all transportation providers. Providers are required to electronically attest that each trip, including NEMT rides, was completed, before it is released for claim submission. Additionally, all NEMT provider contracts explicitly state the requirement to provide door-to-door service. (See DHCS Focused Audit 20232 Narrative Finding 3.1 & 3.2) **MONITORING AND OVERSIGHT** » Plan survey "NEMT Survey" demonstrates how the Plan is monitoring for the provision of door-to-door assistance. The survey includes how the Plan conducts an after-ride survey for all transportation providers who have completed at least one NEMT trip in the previous month. Surveys are conducted with no less than 5% of the NEMT members they served. At minimum, the survey asks whether the transportation provider delivered door-to-door service. Reports detailing the surveyed members, applicable transportation providers, and survey results will be maintained by the Plan. (See 9.2024 – NEMT Survey – Completed) **The corrective action plan for finding 3.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	been developed. This process will help PARTNERSHIP continually assess whether members are receiving the required level of service. **Ongoing Monitoring:** PARTNERSHIP will store and regularly review After-Ride Survey results to identify any issues or trends related to door-to-door service. The results from the September 2024 survey will be used to improve service delivery where necessary.			
3.2 NEMT—Monitoring and Oversight of Door-to-Door Assistance The Plan did not conduct monitoring activities to verify that the NEMT providers are providing door-to-door assistance for all members receiving	PARTNERSHIP is taking several actions to address gaps in the Non-Emergency Medical Transportation (NEMT) program and ensure compliance with the requirement for door-to-door assistance: **Policy Update:** PARTNERSHIP has updated Policy MCCP2016 to ensure compliance with the APL. Section III has been revised to include definitions for Door-to-Door Service and Door-Through-Door	Includes redlined PARTNERSHIP Policy MCCP2016, Attestation Process Training Document, After-Ride Survey results, updated phone scripts, website updates, flyers, and the	Policy updates were approved effective 1/8/2025. Self-monitoring and oversight adjustments will continue through October 2024, with After-Ride Survey results	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MCCP2016 Transportation Policy for NEMT & NMT)" includes a section for the NEMT requirements. The section includes language that transportation providers are required to provide door-to-door or door-through-door service for all authorized NEMT services. (VI. Policy/Procedure, B. Non-Emergency Medical Transportation (NEMT), 1. Page 4) **TRAINING** » Plan procedure "Door-to-Door Service NEMT Desktop" demonstrates

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
NEMT services.	Service. Additionally, Section VI. B. 1 has been added to specify that transportation providers are required to offer door-to-door or door-through-door services for all authorized NEMT services. This revised policy was approved effective 1/8/2025. **Supporting Documentation:** The updated PARTNERSHIP Policy MCCP2016 is accompanied by narrative documents that address findings 3.1 and 3.2, providing further context for how these updates meet regulatory requirements. Additionally, PARTNERSHIP has developed a training document (MCCP2016 Attestation Process) and supporting materials such as phone script changes, website updates, and flyer modifications to demonstrate effective oversight of these requirements. **After-Ride Surveys:** PARTNERSHIP has implemented a	desktop procedure for administering After-Ride Surveys.	submitted by 11/10/2024.	how the Plan is monitoring & overseeing door-to-door assistance. The procedure includes how the Plan reviews After-Ride Survey results to identify any issues or trends related to door-to-door service. The survey results will assist in monitoring service quality & verifying provider compliance. (See Door to Door Service NEMT Desktop) **MONITORING AND OVERSIGHT** » Plan survey "NEMT Survey" demonstrates how the Plan is monitoring for the provision of door-to-door assistance. The survey includes how the Plan conducts an after-ride survey for all transportation providers who have completed at least one NEMT trip in the previous month. Surveys are conducted with no less than 5% of the NEMT members they served. At minimum, the survey asks whether the transportation provider delivered door-to-door service. Reports detailing the surveyed members, applicable transportation providers, and survey results will be maintained by the Plan. (See 9.2024 – NEMT Survey – Completed) **The corrective action plan for finding 3.2 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	process to conduct After-Ride Surveys to gather feedback on the door-to-door service provided. The first survey period will cover trips completed in September 2024. These survey results will assist in monitoring service quality and ensuring compliance. **Survey Administration Procedures:** Procedures for administering and reviewing After-Ride Surveys have been developed. This process will help PARTNERSHIP continually assess whether members are receiving the required level of service. **Ongoing Monitoring:** PARTNERSHIP will store and regularly review After-Ride Survey results to identify any issues or trends related to door-to-door service. The results from the September 2024 survey will be used to enhance service delivery as necessary.			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.3 NEMT - Scheduling and Timely Access The Plan did not ensure that NEMT members do not miss their appointments if the NEMT provider is late or does not arrive at the scheduled pick-up time for the members.	PARTNERSHIP is taking several actions to address gaps identified in the audit findings related to the Non-Emergency Medical Transportation (NEMT) program: **1. Policy Update:** PARTNERSHIP has updated Policy MCCP2016, specifically Section VI. A. 7. to address the gap contributing to the audit finding. This revised policy was approved effective 1/8/2025. **2. Procedure Update:** PARTNERSHIP is revising procedures to address the audit findings. Specific revisions related to this corrective action have been detailed in the narrative document associated with finding 3.3. **3. Document Submission:** PARTNERSHIP has submitted relevant documents to demonstrate implementation, including the	Includes the redlined version of PARTNERSHIP Policy MCCP2016, updated procedures highlighting relevant revisions, the updated Member Notice, Provider Manual, and transportation flyers. 3.1, 3.2, and 3.3 will provide further context and evidence for the corrective actions. Post Ride Failure Monitoring results will be documented and	Policy updates were approved effective 1/8/2025. Continuous self-monitoring processes was established by 12/1/2024.	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MCCP2016 Transportation Policy for NEMT & NMT)" includes a section stating that if an approved transport is disrupted due to the assigned transportation provider arriving late or failing to arrive, the Plan will provide urgent authorization for a replacement ride to be scheduled. (VI. Policy/Procedure, A. General Transportation Program Rules, page 2) **TRAINING** » Plan procedure "Ride Recovery" demonstrates how the Plan created a new procedure to outline its ride recovery process. The procedure was distributed to call center staff for education on the process. (See Ride Recovery Desktop) **MONITORING AND OVERSIGHT** » Plan procedure "Ride Recovery" demonstrates how the Plan created a new procedure to outline its ride recovery process. Procedure states that ride recovery must be offered for all failed rides caused by the Plan scheduling, provider no-shows or late providers. (See Ride Recovery Desktop) » Plan procedure "Post Ride Failure Report" demonstrates how the Plan developed a post-ride monitoring process in order to identify rides in which members didn't receive their scheduled ride resulting in a missed appointment. The results identify the at fault

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	updated Member Notice, updated Provider Manual, and updated transportation flyer. **4. Self-Monitoring Infrastructure:** PARTNERSHIP has submitted documents to demonstrate continuous self-monitoring infrastructure to detect and prevent future non-compliance. This includes written procedures for self-monitoring and internal auditing processes. **5. Effective Oversight Infrastructure:** PARTNERSHIP has submitted relevant documents to demonstrate an effective oversight infrastructure. This includes policies and procedures (P&P), organizational charts, and applicable agenda items or committee and Board meeting minutes. **6. Ongoing Monitoring:** PARTNERSHIP will continue to monitor grievance data to identify trends	stored for accountability, with specific reports reflecting trends from 4/1/2023 to 6/30/2023.		transportation provider(s), of which those demonstrating a high rate of failure will see daily capacity reductions, corrective action plans and/or termination from the network. (See Post Ride Monitoring Report Desktop) » Sample report "Processed Post Ride Failure Report" demonstrates the Plan's implementation of the Post Ride Failure Desktop process for tracking post ride failures/at fault transportation providers. (See Processed Post Ride Failure Report) **The corrective action plan for finding 3.3 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	related to failed rides. The monitoring report will reflect transportation provider grievance tracking from 4/1/2023 to 6/30/2023.			

*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.

Signed by: [Signature on File]