CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 31, 2026

Danita Carlson, Government Relations Director *Via E-mail*
Central California Alliance for Health
1600 Green Hills Road
Scotts Valley, CA 95066

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Carlson:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Central California Alliance for Health, a Managed Care Plan (MCP), from February 6, 2023 through February 17, 2023. The focused audit covered the period from November 1, 2021, through October 31, 2022.

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

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

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

Sincerely,

[Signature on file]

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

Enclosures: Attachment A (CAP Response Form)

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

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

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

Viktoriya Manzyuk, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
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: Central California Alliance for Health

Review Period: 11/01/2021 – 10/31/2022

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 02/06/2023 – 02/17/2023

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 the members.	1. Policy and Procedure Updates » *Alliance Policy #408-1305 - Behavioral Health Services*: This policy outlines the coordination efforts between the Alliance and the County Mental Health Plans (MHPs). » *Alliance Policy #405-1314 - Transitional Care Services*: This policy details care coordination responsibilities for high-risk members transitioning between settings or levels of care. » *Carelon/CHIPA UM 008.17 - Referral to Mental Health Plan (Medi-Cal)*: This policy defines the process for coordinating care for members who have undergone a screening or transition tool assessment. It specifies that, "After obtaining appropriate consent in accordance with accepted clinical practice standards,	Initial CAP Response: » 405-1314_Transitional Care Services.pdf » 408-1305_Behavioral Health Serivces.pdf » Carelon CM Audit tool.xlsx » CCAH-TX Team Meeting Template.docx » CCM 123.2CA Low Intensity Case Management-Care Coordination.pdf » CCM 124.2CA Medium Intensity Case Management-Care Coordination.pdf » CHIPA UM 008.17 Referral to Mental Health Plan - Medi-Cal.pdf	1. Complete: Q1 2023 2. Complete: Q1 2023 3. Complete: March 2024 4. Complete: 2/19/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan Policy, "408-1305: Behavioral Health Services" (1/11/24), The Alliance provides Comprehensive Medical Case Management Services, including coordination of care, to demonstrate the provision of all Medically Necessary services, whether those services are delivered by a contracted provider or out of network. Services may be provided through basic case, complex case, or Enhanced Care Management activities based on the medical needs of the Member (Behavioral Health Services" (408-1305_Behavioral Health Services, page 19) » Carelon/CHIPA P&P "UM 008.18: Referral to Mental Health Plan – Medi-Cal" (5/28/24), 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. Results of the screening tool are provided to Mental Health Plan or directly to a Mental Health Plan provider delivering SMHS services. (CHIPA UM 008.18 Referral to Mental Health Plan- Medi-Cal, page 7) » Carelon's SOP "Medi-Cal Screening and Transition Tool" implemented a process for coordinating care and tracking members transitioning between systems. Carelon will follow-up with County within 5 business days to confirm member is offered a timely intake appointment for a clinical assessment. If there is

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	referral coordination will include sharing the completed Adult or Youth Screening Tool and ensuring a timely clinical assessment is provided to the Member." » *Carelon's Medi-Cal Screening and Transition Tool Standard Operating Procedure (SOP)*: In response to *APL 22-028* related to screening and transition tools, the Alliance, Carelon, and County MHPs have established a process for coordinating care and tracking members transitioning between systems. This process is outlined in the *Screening and Transition SOP Template*, which was implemented in Q1 2023 and last updated on 6/27/24.This SOP clarifies that Carelon will "follow up with the County within 5 business days to confirm the member is offered a timely intake	» Screening and Transition - SOP Template.pdf » MOU Meeting Agenda Template.pdf » MOU Meeting Attendance Template.docx » MOU Meeting Minutes Template 1.docx » Quarterly Review Form 1.pdf CAP Update 12/10/2024: » CCAH-TX Team meeting 10-13-2023.docx » CCAH-TX Team meeting 11-8-2024.docx » CCAH-TX Team meeting 9-29-2023.docx		no referral or appointment provided by the County, Carelon will make one final attempt to reach the member. Carelon will collaborate with County/Health Plan if unable to reach members during the County/Carelon collaboration meeting. Carelon and County will share a retrospective monthly log to track referral outcomes bi-directionally to demonstrate completion of referral. (Screening and Transition - SOP Template) **MONITORING AND OVERSIGHT** » The Plan provided meeting minutes (9/29/23, 10/13/23, 11/8/24) which provide evidence of documented review and discussion of shared cases requiring care coordination, collaboration, and referrals related to both medical and behavioral health needs. (CCAH-TX Team meeting 9-29-2023, CCAH-TX Team meeting 10-13-2023, CCAH-TX Team meeting 11-8-2024) » Sample Audit Report, "Carelon CM Review" (12/20/24) as evidence that the MCP is conducting quarterly review of Carelon's compliance with referral follow-up. The audit addresses various components including timely access, assessments completed, follow up with referring provider and documentation. (Q2 2024 Carelon CM Review) **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
	appointment for a clinical assessment." » *Carelon's Case Management and Coordination Policies*: Policies CCM 123.2CA and CCM 124.2CA further reinforce Carelon's commitment to effective case management and care coordination for members. 2. Coordination Improvements To enhance coordination and ensure compliance with *Carelon/CHIPA UM 008.17 - Referral to Mental Health Plan (Medi-Cal)*, the Alliance and Carelon hold biweekly meetings. These meetings address shared cases requiring care coordination, collaboration, and referrals related to both medical and behavioral health needs. Attendees include the Alliance Behavioral Health (BH) team, the Alliance Care Management (CM) team	» Carelon CM Audit tool (Q1 2024) CAP Update 1/10/2025: » CCAH_Carelon-EXAMPLE Closed Loop Referral Report__blank » Q1 2024 Carelon CM Review.pdf » Q2 2024 Carelon CM Review.pdf		

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	(supervisors, RNs, and social workers for both adult and pediatric teams), and Carelon's Behavioral CM team, including the Applied Behavioral Analysis CM team. As requested by DHCS, meeting notes were provided in the CAP update on 12/10/2024. Additionally, a closed-loop tracking referral form and monitoring report have been implemented to ensure comprehensive oversight of referrals. The Plan also coordinates ad-hoc meetings with MHPs to discuss member needs, including ensuring closed-loop referrals. As requested by DHCS, an example of this report was provided in the CAP update on 1/10/2025. 3. Delegate Oversight As part of its formal Delegate Oversight process, the Alliance conducts quarterly CM oversight specifically			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	focused on Carelon's compliance with referral follow-up and resource connection. The Alliance's BH team also oversees the screening and transition tool files exchanged with each county MHP on a monthly basis. As requested by DHCS, Delegate Oversight audit results were provided in CAP updates on 12/10/2024 and 1/10/2025. 4. MOU Oversight The Alliance has executed the revised specialty mental health services (SMHS) MOUs (released in 2023) with the MHP in 4 out of 5 counties in which we operate and developed a robust MOU oversight process in line with *All Plan Letter (APL) 23-029* requirements. For Santa Cruz County, where a new MOU is not yet signed, the Plan continues to operate under the previous MOU and adhere			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	to all APLs and BHINs issued by DHCS, including conducting quarterly meetings to ensure coordination. The MOU Meeting Agenda Template addresses the following key topics: » Care coordination and referral concerns. » Collaboration effectiveness (strengths, barriers, and opportunities for improvement) » Strategies to prevent service duplication. » Member engagement challenges and successes MOUs, along with the dates and times of quarterly meetings, are available on the Alliance website. The first round of oversight monitoring for these requirements was initiated in Q4 2024, covering MOU activities from Q3 and Q4 2024, and			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	presented to the Plan's Compliance Committee in February 2025.			
2.2 Coordination of NSMHS and SMHS The Plan did not coordinate with the county MHPs to facilitate care transitions and guide referrals for members receiving NSMHS to transition to an SMHS provider and vice versa.	1. Policy and Procedure Updates During the audit period, *Plan Policy #408-1305 - Behavioral Health Services* outlined coordination efforts between the Alliance, Carelon, and the MHPs to facilitate care transitions and guide referrals for members receiving both NSMHS and SMHS concurrently. » Since then, *Policy #405-1306 - Community Care Coordination Services* has been updated to align with the *No Wrong Door for Mental Health Services* policy, which was issued in December of 2022, after the audit period concluded. This includes a procedure for referring members to Carelon for assessment to determine the appropriate mental health delivery system. Carelon completes the screening via	Initial CAP Response: » 405-1306_Community_Care_Coordination_Services_20231227.pdf » 408-1305_Behavioral_Health_ Services_202401.pdf » Carelon Beacon Screening and Transition -SOP.pdf » Carelon CM Audit tool.xlsx » CCAH_Carelon-EXAMPLE Closed Loop Referral Report__blank.xlsx » CHIPA UM 008.17 Referral to Mental Health Plan- Medi-Cal.pdf	1. Complete: 2023 2. Complete: 2023 3. Complete: March 2024 4. Complete: 2/19/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan Policy, "408-1305: Behavioral Health Services" (1/11/24), states any concurrent NSMHS and SMHS for adults, as well as children less than 21 years of age, must be coordinated between the Alliance, MBHO, and MHPs to demonstrate Member choice. The Alliance and the MBHO must coordinate with MHPs to facilitate care transitions and guide referrals for Members receiving NSMHS to transition to a SMHS provider and vice versa. (408-1305_Behavioral_Health_ Services_202401, page 9) » Plan Policy, "405-1306: Community Care Coordination Services" (12/27/23), states Alliance staff will refer members who have not been assessed to determine the appropriate mental health delivery system to Carelon to complete the Screening Tool and assure a closed loop referral. (408-1305_Behavioral_Health_ Services_202401, page 6) » Carelon's SOP "Medi-Cal Screening and Transition Tool" implemented a process for coordinating care and tracking members transitioning between systems. Carelon and County share a retrospective monthly log to track referral outcomes bi-directionally to demonstrate completion of referral. (Carelon Beacon Screening and Transition -SOP)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	the appropriate tool and ensures a closed-loop referral process. 2. Referral Process and Monitoring The Alliance has partnered with MHPs and Carelon to implement a referral process that includes follow-up monitoring via the *Youth and Adult Screening and Transition of Care Forms - Referral Tracker Report*. » This county-specific report is submitted monthly, by the 20th, for review and reconciliation. MHPs respond within 5-7 days, documenting updates and ensuring smooth transitions between NSMHS and SMHS providers. This ensures closed-loop referrals, with the new provider accepting the member's care, in line with *APL 22-005 - No Wrong Door for Mental Health Services*.	» MOU Meeting Agenda Template.pdf » MOU Meeting Attendance Template.docx » MOU Meeting Minutes Template 1.docx » Quarterly Review Form 1.pdf CAP Update 12/10/2024: » Carelon CM Audit tool (Q1 2024) CAP Update 1/10/2025: » Q1 2024 Carelon CM Review.pdf » Q2 2024 Carelon CM Review.pdf		**MONITORING AND OVERSIGHT** » CM Audit Tool, Referral Tracker Report Template and SOP for Medi-Cal Screening and Transition tool demonstrates the MCP has developed a process to coordinate with MHP to facilitate care transitions and guide referrals for members receiving both NSMHS and SMHS. (Carelon CM Audit tool, CCAH_Carelon-EXAMPLE Closed Loop Referral Report__blank, Carelon Beacon Screening and Transition -SOP) » Sample Audit Report, "Carelon CM Review" (12/20/24) as evidence that the MCP is conducting quarterly review of Carelon's compliance with referral follow-up. The audit addresses various components including timely access, assessments completed, follow up with referring provider and documentation. (Q2 2024 Carelon CM Review) **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
	» The report demonstrates that the MHP Coordination Standard Operating Procedure, referenced in the audit findings, has been fully implemented. Compliance is monitored by the Alliance through regular reviews conducted by BH Analysts. » Additionally, the Alliance, Carelon, and the 5 MHPs meet at least quarterly—and often monthly—to coordinate care and discuss MOU requirements. 3. Delegate Oversight As part of its formal Delegate Oversight process, the Alliance conducts quarterly CM oversight focused on Carelon's compliance with referral follow-up and resource connection. Additionally, the BH team maintains oversight of screening and transition tool files exchanged with each			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	county on a monthly basis. As requested by DHCS, Delegate Oversight audit results were provided in CAP updates on 12/10/2024 and 1/10/2025. 4. MOU Oversight The Alliance has executed the revised specialty mental health services (SMHS) MOUs (released in 2023) with the MHP in 4 out of 5 counties in which we operate and developed a robust MOU oversight process in line with *All Plan Letter (APL) 23-029* requirements. For Santa Cruz County, where a new MOU is not yet signed, the Plan continues to operate under the previous MOU and adhere to all APLs and BHINs issued by DHCS, including conducting quarterly meetings to ensure coordination. The MOU Meeting Agenda Template includes key discussion topics			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	such as: » Care coordination and referral concerns. » Collaboration effectiveness (strengths, barriers, and opportunities for improvement) » Strategies to prevent duplication of services. » Member engagement challenges and successes MOUs are available on the Alliance website, along with the dates and times of quarterly meetings. The first round of oversight monitoring for these MOUs was initiated in Q4 2024, covering MOU activities from Q3 and Q4 2024, and presented to the Plan's Compliance Committee in February 2025.			
2.3 Follow Up for Referred SUD Treatments The Plan did not make good faith	1. Policy and Procedure Updates » *Alliance Policy #405-1313 - Adult Complex Case Management* and *#405-1318 - Pediatric Complex Case*	Initial CAP Response: » 401-1502-Adult_Preventive_Care_202404.pdf	1. Complete: 2023, 10/1/2024 2. Complete: 2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated Plan policy, "408-1305: Behavioral Health Services" (1/11/24), demonstrates the MCP will make good faith efforts to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
efforts to confirm whether members received referred treatments for substance use disorders.	*Management* outline procedures for Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT). » *Alliance Policy #401-1502 - Adult Preventive Care* and *#401-1505 - Childhood Preventive Care* establish general expectations for SABIRT-related care provided by primary care providers (PCPs). » *Alliance Policy #408-1305 - Behavioral Health Services* now specifies that "The Alliance will make good faith efforts to confirm members are receiving referred treatments and document the details, including when, where, and the next steps following the treatment. If a member does not receive referred treatments, the Alliance will follow up to	» 401-1505-Childhood_Preventive_Care_20240425.pdf » 405-1313 Adult_Complex_Case_Management_20240104.pdf » 405-1314_Transitional_Care_Services_202405.pdf » 405-1318-Pediatric_Complex_Case_Management_20230421.pdf » 408-1305_Behavioral_Health_ Services_202401.pdf » Carelon Beacon Screening and Transition -SOP.pdf » CCAH_Carelon-EXAMPLE Closed Loop Referral Report__blank.xlsx	3. Complete: 2/19/2025	confirm members are receiving referred treatments and document the details, including when, where, and the next steps following the treatment. If a member does not receive referred treatments, the Alliance will follow up to assist in reducing barriers and adjust referrals if necessary. The Alliance will coordinate with the provider to whom the member was referred, ensuring a warm handoff for treatment. (408-1305_Behavioral_Health_ Services_202401, page 10) » Carelon SOP, "Medi-Cal Screening and Transition Tool" (6/27/24), demonstrates the delegate established a process of coordinating care and tracking members transitioning between systems. Carelon and County share a retrospective monthly log to track referral outcomes bi-directionally to demonstrate completion of referral. (Carelon Beacon Screening and Transition -SOP) » Workflow, "Beacon Care – Management Collaborative Workflow" demonstrates the delegate handling members reaching out for initial mental health care. (CM BH workflows) **MONITORING AND OVERSIGHT** » Carelon SOP, "SUD Referral Care Coordination" (9/5/24), as evidence the delegate established a process for staff to coordinate care for members that answered affirmatively to SUD needs during their Mental Health State screening tool. Delegate staff will confirm and note if the member accepted or declined a warm transfer to the County SUD line. Staff will make one outreach attempt within 30 calendar days of the screening being

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	assist in reducing barriers and adjust referrals if necessary. The Alliance will coordinate with the provider to whom the member was referred, ensuring a warm handoff for treatment." » *Carelon's Medi-Cal Screening and Transition Tool Standard Operating Procedure (SOP)*: In response to *APL 22-028* related to screening and transition tools, the Alliance, Carelon, and County MHPs have established a process for coordinating care and tracking members transitioning between systems. This process is outlined in the *Screening and Transition SOP Template*, which was implemented in Q1 2023 and last updated on 6/27/24. » Carelon's *SUD Referral Care Coordination SOP*, implemented Q4 2024,	» CM BH workflows.docx » MOU Meeting Agenda Template.pdf » MOU Meeting Attendance Template.docx » MOU Meeting Minutes Template 1.docx » Quarterly Review Form 1.pdf » SUD Referral Care Coordination SOP.pdf CAP Update 2/10/2025: » CCAH_Closed Loop Referral Report CAP Update 3/4/2025: » CCAH_Merced_Closed Loop Referral Report__2024.11.11_FINAL		complete to follow up and document the outcome. (SUD Referral Care Coordination SOP) » "Closed Loop Referral Report" demonstrates the delegate is monitoring members SUD referrals to county. The report tracks referral sent date, received date and outcome. (CCAH Merced Closed Loop Referral Report 2024.11.11 FINAL) **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
	outlines the protocols for conducting coordination of care activities for Medi-Cal members who accepted Substance Use Disorder referrals during their Mental Health State Screening Tool with Carelon. 2. Screening and Referral Process Carelon completes the DHCS Screening tool with members reaching out for initial mental health care through Carelon to ensure they are connected with the appropriate level and system of care. The final questions of the Screening tool address SUD needs and direct a referral be completed to the appropriate county DMC-ODS plan for services. These tracking tools are sent to the MHPs and the Plan at minimum monthly for oversight and ensuring continuity of care. As requested by DHCS, examples of the Plan's referral report were			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	provided with CAP updates on 2/10/2025 and 3/4/2025. In addition, the Alliance Care Management (CM) team screens for SUD needs in the member's initial assessment. When a member is identified as in need of SUD treatment, the Case Manager will offer linkage to the county MHP for SUD treatment services, as well as provide local community resources for substance use. The Case Manager will provide the county ACCESS number or conduct a warm transfer to the county ACCESS line based on the member's preference. The Case Manager then schedules a follow-up via phone to confirm linkage to the county for SUD treatment or identify barriers to care. When a member experiences barriers to obtaining SUD services through the county MHP, the Case Manager will reach out to the county provider			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	for additional care coordination and advocacy. 3. MOU Oversight The Alliance has executed the revised specialty mental health services (SMHS) MOUs (released in 2023) with the MHP in 4 out of 5 counties in which we operate and developed a robust MOU oversight process in line with All Plan Letter (APL) 23-029 requirements. For Santa Cruz County, where a new MOU is not yet signed, the Plan continues to operate under the previous MOU and adhere to all APLs and BHINs issued by DHCS, including conducting quarterly meetings to ensure coordination. The MOU Meeting Agenda Template addresses the following key topics: » Care coordination and referral concerns. » Collaboration effectiveness (strengths, barriers, and			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	opportunities for improvement) » Strategies to prevent service duplication. » Member engagement challenges and successes MOUs are available on the Alliance website, along with the dates and times of quarterly meetings. The first round of oversight monitoring for these MOUs was initiated in Q4 2024, covering MOU activities from Q3 and Q4 2024, and presented to the Plan's Compliance Committee in February 2025.			
2.4 SUDS Follow Up to Understand Barriers and Adjust The Plan did not have a process in place to follow up with members, understand barriers, and make subsequent	1. Policy and Procedure Updates *Alliance Policies #405-1313 - Adult Complex Case Management* and *#405-1318 - Pediatric Complex Case Management* require follow-up if a member does not receive referred SUD treatment. This includes understanding barriers and adjusting referrals if needed.	Initial CAP Response: » 405-1313 Adult_Complex_Case_Management_20240104.pdf » 405-1318-Pediatric_Complex_Case_Management_20230421.pdf	1. Complete: 2023, 10/1/2024 2. Complete: 2023 3. Complete: Q1 2023 4. Complete: March 2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy, "405-1313: Adult Complex Case Management" (1/4/24), demonstrates that Alliance makes good faith efforts to confirm whether members receive referred treatments and documents when, where, and any next steps following treatment. If a member does not receive referred treatments, the Alliance follows up with the member to assist in planning next steps in care coordination, identifies barriers and adjusts referrals, if

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
adjustments to referrals.	Both policies also incorporate SABIRT procedures. Carelon's *SUD Referral Care Coordination SOP*, implemented Q4 2024, outlines the protocols for conducting coordination of care activities for Medi-Cal members who accepted Substance Use Disorder referrals during their Mental Health State Screening Tool with Carelon. 2. Screening and Referral Process Carelon's process for SUD services follows the screening and transition tool process. Members are referred to one of the five county MHPs, and follow-up is tracked monthly by Carelon, the Plan, and MHPs. In addition, the Alliance Care Management (CM) team screens for SUD needs in the member's initial assessment. When a member is identified as in need of SUD treatment, the Case Manager will offer linkage to the county MHP for SUD treatment	» Carelon Beacon Screening and Transition -SOP.pdf » Carelon CM Audit tool.xlsx » CCAH-TX Team meeting template.docx » CM BH workflows.docx » SUD Referral Care Coordination SOP.pdf » MOU Meeting Agenda Template.pdf » MOU Meeting Attendance Template.docx » MOU Meeting Minutes Template 1.docx » Quarterly Review Form 1.pdf CAP Update 12/10/2024:	5. Complete: 2/19/2025	warranted. The Alliance attempts to connect with the provider to whom the member was referred to and facilitates a warm hand off to necessary treatment. (405-1313 Adult_Complex_Case_Management_20240104, page 5) » Policy, "405-1318: Pediatric Complex Case Management" (3/24/23) states the Alliance makes good faith efforts to confirm whether members receive referred treatments and documents when, where, and any next steps following treatment. If a member does not receive referred treatments, the Alliance follows up with the member to assist in planning next steps in care coordination, identifies barriers and adjusts referrals, if warranted. The Alliance attempts to connect with the provider to whom the member was referred to and facilitates a warm hand off to necessary treatment. (405-1318-Pediatric_Complex_Case_Management_20230421, page 7) » Carelon SOP, "SUD Referral Care Coordination" (9/5/24), demonstrates the delegate established a process for staff to coordinate care for members that answered affirmatively to SUD needs during their Mental Health State screening tool. The delegate staff will make an outreach to members referred to SUD to confirm they received treatment. Case Management services will be offered to support any barriers to linking to County SUD services. The information gathered and outcome will be documented in the member record and SUD Referral Log. (SUD Referral Care Coordination SOP) **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	services, as well as provide local community resources for substance use. The Case Manager will provide the county ACCESS number or conduct a warm transfer to the county ACCESS line based on the member's preference. The Case Manager then schedules a follow-up via phone to confirm linkage to the county for SUD treatment or identify barriers to care. When a member experiences barriers to obtaining SUD services through the county MHP, the Case Manager will reach out to the county provider for additional care coordination and advocacy. 3. Collaborative Meetings Carelon and the Plan meet biweekly in treatment team meetings to discuss member cases, including those related to SUD needs. The Plan and Carelon bring cases to these meetings as needed for ongoing	» CCAH-TX Team meeting 10-13-2023.docx » CCAH-TX Team meeting 11-8-2024.docx » CCAH-TX Team meeting 9-29-2023.docx » Carelon CM Audit tool (Q1 2024) CAP Update 1/10/2025: » Q1 2024 Carelon CM Review.pdf » Q2 2024 Carelon CM Review.pdf		» Carelon CM Audit Tool, Carelon CM Review demonstrate the MCP has developed a formal delegate oversight process. MCP conducts quarterly CM oversight focused on Carelon's compliance with referral follow-up and resource connection. (Carelon CM Audit tool (Q1 2024), Q2 2024 Carelon CM Review) **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
	collaboration on complex issues that extend beyond day-to-day operations. Additionally, the Plan coordinates ad-hoc meetings with MHPs to discuss member needs, including those related to SUDs, and ensuring closed-loop referrals. Tracking of screening and transition tools, including SUD referrals, occurs monthly between the Plan and the MHPs. As requested by DHCS, meeting notes were provided with the CAP update on 12/10/2024. 4. Delegate Oversight As part of its formal Delegate Oversight process, the Alliance conducts quarterly CM oversight specifically focused on Carelon's compliance with referral follow-up and resource connection. The Alliance's BH team also oversees the screening and transition tool files exchanged with each county on a monthly basis. As requested by DHCS, Delegate Oversight audit results were provided with			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	CAP updates on 12/10/2024 and 1/10/2025. 5. MOU Oversight The Alliance has executed the revised specialty mental health services (SMHS) MOUs (released in 2023) with the MHP in 4 out of 5 counties in which we operate and developed a robust MOU oversight process in line with All Plan Letter (APL) 23-029 requirements. For Santa Cruz County, where a new MOU is not yet signed, the Plan continues to operate under the previous MOU and adhere to all APLs and BHINs issued by DHCS, including conducting quarterly meetings to ensure coordination. The MOU Meeting Agenda Template covers topics such as: » Care coordination and referral concerns. » Collaboration effectiveness » Strategies to reduce service duplication.			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	» Member engagement challenges and successes MOUs are available on the Alliance website, along with the dates and times of quarterly meetings. The first round of oversight monitoring for these MOUs was initiated in Q4 2024, covering MOU activities from Q3 and Q4 2024, and presented to the Plan's Compliance Committee in February 2025.			
2.5 MOU Requirements The Plan failed to address policies and procedures covering assessment, care coordination, and the exchange of medical information with the county MHPs.	1. Policy Updates The Alliance has collaborated with county MHPs to execute revised DHCS MOU templates and conducted a gap assessment to identify plan and Carelon policies that address this requirement. The assessment confirmed that policy development efforts completed between 2022 and the issuance of findings, along with additional revisions made as part of the CAP, address this deficiency. Policies submitted with the	Initial CAP Response: » 408-1305_Behavioral_Health_ Services_202401.pdf » Carelon Beacon Screening and Transition -SOP.pdf » Draft policy 800-1111 Memoranda of Understanding.docx » MOU Meeting Agenda Template.pdf	1. Complete: 2/7/2025 2. Complete: 2/19/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » MOU, "800-1002: Memoranda of Understanding (MOU)" (12/31/24) was updated to address coordination of care and exchange of medical information. The Privacy Officer will coordinate with the agency the exchange of medical information, including confidentiality and Health Insurance Portability and Accountability Act (HIPAA) compliance. This policy was approved by MCOD on 1/7/2025. (800-1002 - Memoranda of Understanding) » Plan Policies, "408-1305: Behavioral Health Services" (01/11/24), and "401-1505: Childhood Preventative Care" (11/5/24) demonstrates the MCP has a process for assessing members for

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	12/10/2024 CAP update support assessment, care coordination, and the exchange of medical information with county MHPs. Updates to the Plan's MOU policy and a draft Data Sharing policy were submitted with the 1/10/2025 CAP Update. A final version of the Data Sharing policy was submitted with the CAP update on 2/10/2025. As requested by DHCS, the Plan submitted a comprehensive assessment highlighting relevant language within applicable policies and procedures as part of the CAP update on 5/30/2025. 2. MOU Oversight The Alliance has executed the revised specialty mental health services (SMHS) MOUs (released in 2023) with the MHP in 4 out of 5 counties in which we operate and developed a robust MOU oversight process in line with All Plan Letter (APL) 23-029 requirements. For Santa Cruz	» MOU Meeting Attendance Template.docx » MOU Meeting Minutes Template 1.docx » Quarterly Review Form 1.pdf CAP Update 12/10/2024: » 408-1305_Behavioral_Health_ Services_202401 (1).pdf » 408-1307-Dispute_Resolution_Process_Between_Mental_Health_Plans_and_MMC_202312.pdf » 800-1002_Memoranda_of_Understanding_8-20-24 Clean.pdf » Carelon Beacon Screening and		behavioral needs. and coordinating care for members who are receiving care from the MHPs. (408-1305 Behavioral Health Services, 401-1505-Childhood Preventive Care 11.05.24 RL) » Plan Policy, "105-4031: Data Sharing with County Mental Health Plans" (02/04/2025), demonstrates the MCP developed a process to share member data with County Mental health Plan to enable coordination of care for MCP members who are receiving services through the MCP and MHP. (105-4031 - Data Sharing with County Mental Health Plans) » Carelon Policy & Procedure, "UM 008.13CA: Refer to Mental Health Plan Medi-Cal" (05/28/24), and "Carelon SOP, "Medi-Cal Screening and Transition Tool" (6/27/24), demonstrates the delegate established a process for assessment, coordinating care and tracking members transitioning between systems. (UM 008.13CA Referral to Mental Health Plan- Medi-Cal, Carelon Beacon Screening and Transition -SOP) **MONITORING AND OVERSIGHT** » The MCP has executed MOUs with 4 out of 5 counties. MCP continues to demonstrate good faith efforts to execute MOU with Santa Cruz County. MCP has submitted activity log outlining discussions relating to MOU status. (Santa Cruz County SMHS MOU Activity Log, Santa Cruz County DMC-ODS MOU Activity Log) » The Plan provided compliance Committee Meeting Minutes (2/19/2025) which provide evidence of documented review and discussion of MOU Oversight Report.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	County, where a new MOU is not yet signed, the Plan continues to operate under the previous MOU and adhere to all APLs and BHINs issued by DHCS, including conducting quarterly meetings to ensure coordination. As requested by DHCS, the Plan provided documentation around the status of the Santa Cruz County MOU and evidence of oversight with the CAP update on 5/30/2025 The MOU Meeting Agenda Template covers topics such as: » Care coordination and referral issues. » Collaboration strengths, barriers, and improvement opportunities » Duplication of services » Member engagement successes and challenges MOUs are available on the Alliance website, along with the dates and times of quarterly	Transition -SOP Template (1) (002).pdf » CCMS 103A.7CA Disaster Management Business Continuity Plan for Carelon Behavioral Health of CA Client Members.docx » REDLINES UM 062.21CA Member Services Clinical Referral and Triage Process.docx » UM 008.13CA Referral to Mental Health Plan- Medi-Cal.docx » UM 024.8CA Coordination of Medical and BH Between Carelon Behavioral Health of California and Partner MCO.docx » UM 069.8CA Medi-Cal Alcohol and Drug		» "Q3-4 2024 MOU Oversight Report" as evidence the MCP is conducting quarterly review of MOU and monitoring the status of executed MOUs. (Q3 Q4 24 MOU Oversight Report) **The corrective action plan for finding 2.5 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	meetings. The first round of oversight monitoring for these MOUs were initiated in Q4 2024, covering MOU activities from Q3 and Q4 2024.	Abuse Coordination of Care.pdf CAP Update 1/10/2025: » 800-1002 Memoranda of Understanding 2024 Clean.pdf » 105-XXX BH SUD Data Sharing - Draft for external review.docx CAP Update 2/10/2025: » 105-4031 Data Sharing with County Mental Health Plans 2025 Clean CAP Update 3/4/2025: » Q3 Q4 24 MOU Oversight Report.pdf CAP Update 5/30/2025: » Question 1 Narrative - policies » UM 024.8CA Coordination of Medical and BH Between Carelon		

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Behavioral Health of California and Partner MCO » UM 008.13CA Referral to Mental Health Plan- Medi-Cal » 401-1505-Childhood_Preventive_Care_11.05.24_RL » UM 069.8CA Medi-Cal Alcohol and Drug Abuse Coordination of Care » UM 062.21CA Member Services Clinical Referral and Triage Process » Carelon Beacon Screening and Transition -SOP » 105-4031 - Data Sharing with County Mental Health Plans		

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		» 800-1002 - Memoranda of Understanding » 408-1305_Behavioral_Health_ Services » Question 2 - MOU Narrative » February 2025 Compliance Committee Agenda Packet » February 2025 Compliance Committee Minutes_FINAL » Q3 - 4 24 MOU Activity Report - Final » Santa Cruz County DMC-ODS MOU Activity Log » Santa Cruz County SMHS MOU Activity Log		

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.6 Screening, Assessment, Brief Intervention, and Referral to Treatment Services The Plan failed to ensure that members received SABIRT services, and that PCPs maintained documentation of SABIRT services.	1. Policy Updates *Alliance Policies #401-1502 - Adult Preventive Care* and *#401-1505 - Childhood Preventive Care* have been revised. *Policy #401-1505* was revised to include additional language about SABIRT documentation requirements, consistent with *Policy #401-1502 - Adult Preventive Care*. Revisions were submitted with the CAP update provided on 11/15/2024. 2. Internal Auditing Since the audit period, the Alliance has revised its workflow for internal auditing of SABIRT services conducted by PCPs during Initial Health Appointments (IHA) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. The procedure involves recording whether the screening was completed, and in cases where the result is positive, document if a follow up visit was	Initial CAP Response: » 2.6_Internal Tracking_IHA Q2 2024 Provider outreach_8.26.24.msg » 2.6_Internal Tracking_IHA Q4 2023_follow up Alcohol Screenings_2.6.24.msg » 2.6_Internal Tracking_Q2_2024_IHA Audit_CBIWG_06.25.24.pptx » 2.6_Internal Tracking_Q4 2023_EPSDT Audit_CBIWG_3.5.24.pptx » 2.6_InternalTracking_Q2 2024 EPSDT Audit_Final_CBIWG_07.23.24.pptx » 2.6_InternalTracking_Q4_2023_IHA	1. Complete: 2023, 11/05/2024 2. Complete: 7/31/2024 3. Complete: 11/14/2024 4. Complete: 10/2/2024 5. Complete: 3/2024, 7/2024, 8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan Policy, "401-1502: Adult Preventive Care" (4/25/24), was updated to include a section on requiring PCPs to offer Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to adolescents and adults (11 years and older), including pregnant persons. The addition includes that PCPs must retain documentation of SABIRT screening and services in the medical record. Anytime a member switches to a new PCP, the new PCP must attempt to retrieve all medical records from the prior provider including any that pertain to delivery of preventive services. (401-1502-Adult Preventive Care 202404, page 3) » Plan Policy, "401-1505: Childhood Preventive Care" (11/5/24), was updated to include a section on requiring PCPs to offer Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to adolescents and adults (11 years and older), including pregnant persons. The addition includes a section on training activities that MCP staff will conduct at least once every two years for required EPSDT services, medical record documentation and coding requirements. (401-1505-Childhood Preventive Care 11.05.24 RL, page 5, 14) **TRAINING** » Article in "Alliance Provider Digest" demonstrates the Plan informed Providers about upcoming IHA and EPSDT audits, raised

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	conducted within 30 days, whether a referral was initiated, or whether outreach to the member occurred to schedule an appointment. A new outreach report tracks which services were audited, recommendations, and requests for missing elements if applicable. Audited providers receive follow-up, training, and education. As requested by DHCS, work instructions were provided with CAP updates on 12/10/2024 and 3/4/2025. For referrals, the IHA audits completed over the last two audit periods showed no positive results and no referrals needed for Q2 2024 and Q4 2023. 3. Website Updates The Alliance website's Health Assessment resources were updated to provide additional information on SABIRT requirements for providers under *APL 21-014*. https://thealliance.health/for-	Audit_CBIWG_1.23.24.pptx » 2.6_New_ProviderNews_2024 Q4 IHA and EPSDT Audits_10.02.2024.docx » 2.6_New_Provider_IHA_Audit_Report_Example.pdf » 2.6_QIHEW Packet 8.29.24.pdf » 401-1502-Adult_Preventive_Care_202404.pdf » 401-1505-Childhood_Preventive_Care_20240425.pdf » 405-1318-Pediatric_Complex_Case_Management_20230421.pdf » 401-1201 - Quality Improvement Health		awareness, and clarified the audit process. (2.6 New Provider News 2024 Q4 IHA and EPSDT Audits 10.02.2024) » Updated website demonstrates the Plan provided additional information on SABIRT requirements for Providers. (https://thealliance.health/for-providers/manage-care/quality-of-care/health-assessments/) **MONITORING AND OVERSIGHT** » Workflow, "Initial Health Appointment (IHA) Audit Work Instructions" details the twice a year internal auditing process of SABIRT services conducted by PCPs during Initial Health Appointments. Provider outreach report tracks which services were audited, recommendations, and requests for missing elements if applicable. Audited providers receive follow-up, training, and education. (IHA Audit Work Instructions 2024 DHCS) » Sample report, "Provider Report Card" includes the results of the Plan's audit of IHA. The audits results included the number of alcohol/drug screening performed and the recommendation of submitting missing elements. (2.6 New Provider IHA Audit Report Example Redacted) » The plan provided sample audit report, "IHA Q4 2024" and meeting minutes (2/4/25) as evidence of documented review of discussion of IHA Q4 2024 audit results. **The corrective action plan for finding 2.6 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	providers/manage-care/quality-of-care/health-assessments/ 4. Provider Education A new article in the Alliance Provider Digest has been created to inform PCP providers about upcoming IHA and EPSDT audits, raise awareness, clarify the audit process, and promote accountability. 5. Oversight of Audit Results Audit results are presented at the d departmental Care-Based Incentive Workgroup, where they are reviewe discussed by Alliance leadership an Medical Directors for oversight. Thi includes discussion of actions taken improve compliance. Meeting sum are subsequently presented to the Improvement Health Equity Workg (QIHEW), and then to Quality Impro Health Equity Committee (QIHEC), composed of network providers. As requested by DHCS, audit results a meeting minutes were provided in	Equity Committee (QIHEC).pdf CAP Update 11/15/2024: » 401-1505-Childhood_Preventive_Care_11.05.24_RL CAP Update 12/10/2024: » IHA Audit Work Instructions_2024_DHCS » PROV_IHA_Audit_report_out CAP Update 1/10/2025: » EPSDT_Audit_Q2_2024_CBIWG » IHA_Audit_Q2_2024_CBIWG CAP Update 2/10/2025: » IHA Audit Q4_2024_Final_CBIWG_Redacted CAP Update 3/4/2025:		

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	updates on 1/10/2025, 2/10/2025, 3/4/2025.	» IHA Audit Work Instructions_2024_DHCS.pdf » PROV_IHA_Audit_report_out.pdf » 2025-02-04_CBIWG Meeting Notes		

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 Transportation Brokers – Supplement of Transportation Network The Plan does not have the ability to supplement its transportation network when the transportation broker's network is not sufficient.	1. Policy Updates The Plan's NMT policy indicates that the Plan can supplement the transportation network if the broker's network is not sufficient. 2. Addition of NMT Vendors The Plan directly contracted with two providers, Jacob's Heart and Janus, during this focused audit review period. The Alliance understands that this finding was issued as we did not provide copies of those contracts during the onsite audit, however, the Alliance maintains that it did successfully augment its transportation network as required by APL 22-008. In addition, the Plan's NMT vendor enhanced their fleet offerings in our service area to improve performance and safeguard for a sufficient transportation network.	» 200-2010 -Non-Medical_Transportation_20230823.pdf » DHCS_CTC_Fleet920241.pdf » NMT Transportation Contract_Jacob's Heart_CO2_SOW1_04.01.22_Final.pdf » NMT Transportation Documentation Jacob's Heart_GSA_BAA_SOW1_112619_FINAL.pdf » NMT Transportation Documentation_Janus_GSA_SOW1_080123_Final.pdf » NMT Transportation_Jacob's Heart_CO1 to SOW1_011421.pdf	1. Complete: 8/23/2023 2. Complete: 4/1/2022, 8/1/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated plan policy "200-2010 -Non-Medical_Transportation_20230823" includes revisions to include that the Plan can supplement the transportation network if the broker's network is not sufficient. (200-2010 Non-Medical Transportation, Transportations Brokers, page 7) **MONITORING AND OVERSIGHT** » The Plan added NMT transportation providers to its network in order to supplement the transportation network in the event that the broker's network is insufficient. The Plan directly contracted with two providers to address the deficiency. (See NMT Transportation Contract_Jacob's Heart_CO2_SOW1 & NMT Transportation Documentation_Janus_GSA_SOW1) » The Plan's NMT broker also improved its fleet offerings in the Plan's service areas to improve performance & safeguard for a sufficient transportation network. The broker's rideshare performance improved from 98% to 99.8% fulfillment since the audit period. Additionally, the completion rate rose from 17% to 86% with the addition of transportation providers to the broker's network since the audit period. (See DHCS_CTC_Fleet920241) **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
3.2 Ambulatory Door-to-Door The Plan did not ensure members were provided the appropriate level of service for members requiring ambulatory door-to-door service.	1. Screening and Triage for NEMT The finding indicated that the Plan's NMT provider was not contracted to provide the NEMT level of service during this audit review period. The Plan and its NMT transportation broker, Call the Car (CTC) utilize attestation scripts which are used to screen and triage members that may meet criteria for NEMT (non-emergency medical transportation). Additionally, the Plan included a workflow to demonstrate that where a member meets criteria for the NEMT level of service, that they are transferred to our in-house NEMT division that only provides NEMT services. The NEMT department monitors that the NEMT vendors provide the appropriate level of service. The Plan would like to note that that the NMT level of service only provides ambulatory services for curb to curb or door to door	» Alliance Attestation Script 5.2022.pdf » CCAH ATTESTATION CALL SCRIPT DLP 04162024.pdf » CCAH ATTESTATION CALL SCRIPT DLP 11012022.pdf » CCAH RESERVATIONS CALL SCRIPT DLP 04122024.pdf » CCAH RESERVATIONS CALL SCRIPT DLP 12222022.pdf » NEMT NonEmergency Medical Transportation Job Aid.pdf	1. Complete: 5/1/2022, 4/16/2024, 9/1/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan provided desktop procedure "CCAH Attestation Script" which demonstrates the steps taken to identify the proper mode of transportation for members, including members requiring ambulatory door-to-door service. The procedure includes the attestation scripts utilized to screen & triage members to an in-house NEMT division that only provides NEMT services. Additionally, the document demonstrates the NMT level of service only provides ambulatory services for curb to curb or door to door services & that the NMT door-to-door service is not intended to replace or downgrade NEMT services for members. (POLICY, pages 1-2) **TRAINING** » Plan job aid "Non-Emergency Medical Transportation Job Aid" demonstrates how the Plan has created a step-by-step instructional guide for staff to be able to refer members in need of NEMT services, including door-to-door assistance. (See Alliance Job Aid Template) **MONITORING AND OVERSIGHT** » Plan procedure "CCAH Attestation Call Script" demonstrates how the Plan screens/monitors for door-to-door assistance. The procedure includes the steps taken in order to verify eligibility for NEMT services, including door-to-door assistance. The Plan has several steps taken in order to verify door-to-door assistance is

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	designations. The NMT door to door service is not intended to replace or downgrade any members that meet criteria for NEMT services.			provided for all NEMT requests. (See CCAH Attestation Call Script DLP 04162024) **The corrective action plan for finding 3.2 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: Sara Halward

Title: Compliance Specialist III

Signed by: Jenifer Mandella, Chief Compliance Officer Mike Wang, MD, Interim Chief Medical Officer - [Signature on file}

Date: 8/7/2025