CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 31, 2026

Julie Bomgren, Director, Medi-Cal Policy *Via E-mail*
Kaiser Foundation Health Plan, Inc.
1800 Harrison Street
Oakland, CA 94612

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Bomgren:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Kaiser Foundation Health Plan, Inc., a Managed Care Plan (MCP), from October 31, 2023 through November 9, 2023. The focused audit covered the period from November 1, 2022, through October 31, 2023.

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

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

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

Sincerely,

[Signature on file]
Dennis Hsieh, Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

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

Grace McGeough, 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)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Kaiser Foundation Health Plan, Inc

Review Period: 11/01/2022 – 10/31/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 10/31/2023 – 11/09/2023

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 SAC Confirmation of Referred Treatments for Substance Use Disorder The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and did not document when and where the services were received, as well as any next steps following treatment.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Policy Update** The Plan retired its regional Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to Treatment Policy effective June 23, 2022, which was active during the lookback period. KFHP implemented a statewide Medi-Cal Behavioral Mental Health Global Policy and Procedure effective May 8, 2024. KFHP revised Policy section 5.1.1.6 to include a standardized Substance Use Disorder (SUD) referral process that ensured all SUD referrals were	NCAL SABIRT P&P (retired) Statewide Medi-Cal Behavioral Mental Health Global P&P (refer to section 5.1.1.6) SAC MOU (active thru 2024) 2023 Focused Audit Workgroup Meetings 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral Health P_P_BHT CAP submission CLEAN.pdf 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral Health P_P_BHT CAP submission REDLINE.pdf 2.1, 2.2 SUDS Care Coordination Training_2025	12/31/2024, 3/9/2025 and 12/31/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Revised P&P, "Medi-Cal Behavioral Health Global Policy" (08/28/24) includes a section on standardized SUD referral process that demonstrates all SUD referrals are tracked, confirmed and documented. Policy states "Kaiser Permanente shall make good faith efforts to follow up with the Medi-Cal Member to understand barriers and make adjustments to the referrals if warranted. Kaiser Permanente must document outreach attempts and outcomes." (Section 5.1.1.6.). » Policy is specific to Plan responsibilities, but outlines MOU requirements, including specifying division of responsibilities between the Plan and the MHP and other service providers relating to coordination of care, non-duplication of services, and timeliness of care. The Plan will also collaborate with the MHP, Drug Medi-Cal, DMC-ODS to develop mechanisms to demonstrate secure exchange of medical information and when required by law, obtain member authorization (Section 5.7). » Plan is in active negotiations with Sacramento County on MOU terms utilizing the DHCS MOU template as a foundation. The focus is on increasing efficiency, transparency, and accountability

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	tracked, confirmed, and documented. **2. End-to-End SUD Referral Process** The Plan developed an End-to-End SUD Referral Process including tools, systems and processes for documenting and tracking SUD referrals to ensure services sought by members were received. The Plan implemented modifications to existing systems and resources to standardize its End-to-End SUD Referral Process, including monitoring services sought and received by the Plan's Medi-Cal members through ongoing case management and coordination with the County Behavioral Health Department. **3. Self-Monitoring Infrastructure** The Plan hired and trained staff to support process standardization and workflow implementation,	2.1, 2.2 SUDS Initial Reporting Self-Monitoring Infrastructure Charter_3.9.2025 2.1, 2.2 SUDS Reporting and Charter_4.4.2025.pdf 2.1 and 2.2 Evidence of Case Management and Care Coordination Compliance_4.9.2025.docx 2.1 and 2.2 Q4 2024 and Q1 2025 Data Reporting_Minutes for 2.4.25 and 3.4.25.pdf 2.1 and 2.2 Staff Training Attestation_4.4.25.pdf 2.1, 2.2 SUDS Reporting and Charter_5.9.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_6.6.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_7.7.2025.pdf		across the two systems of care. The Plan is also working to be in compliance with 42 CFR Part 2. Plan continues to provide quarterly reports to DHCS that demonstrate good faith effort to execute an MOU. Sacramento County previously placed on hold negotiations due to a lack of resources. As of 5/8/25, negotiations have resumed and include collaboration with other MCPs. All parties have agreed to execute the Specialty Mental Health Services and Alcohol and Substance Use Disorder Services (DMC-ODS) MOU separately from other MOU types. Execution is anticipated before end of the year. Note: Bi-weekly meetings have been established in order to seek agreement on MOU language. Current discussions are focused on data sharing logistics and funding a health information exchange platform. The consolidated MOU for San Diego County has been submitted and is currently under DHCS review. The MHP and DMC-ODS portions are being reviewed by BHOMD. DHCS has provided its preliminary feedback. Execution of MOU is on track. **TRAINING** » Power point, "Medi-Cal Alcohol & Substance Use Disorder Services (SUDS) Statewide Training" (1/2025) demonstrates the MCP has trained appropriate staff on MCP's SUD referral process and workflow. Training focused on the following:

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	including ongoing case management and coordination with the County. The Plan also launched a standard monthly internal reporting and monitoring protocol that included the review of baseline metrics. Additionally, the Plan continues its engagement with Sacramento County stakeholders to negotiate MOU terms based on the DHCS-provided DMC-ODS template with plan for completion by December 2025. As part of the End-to-End SUD Referral Process, the Plan collaborated with DHCS and Sacramento County to develop standardized tools, systems and protocols to coordinate care, share data, and track referrals in compliance with 42 CFR Part 2.	Updated Medi-Cal Behavioral Mental Health Global P & P SUD Referral Process Training Self-Monitoring Infrastructure Self-Monitoring Infrastructure Workgroup Charter Self-Monitoring Infrastructure Workgroup Minutes Self-Monitoring Results (Initial) ***Supporting Documentation to be provided in future updates:*** Final Executed MOU		Coordination of SUD services across delivery systems. Roles, responsibilities, and workflows. Patient consent and release of information. (2.1, 2.2 SUDS Care Coordination Training 2025). » Staff training attestation demonstrates the MCP is conducting SUDS workflow training for staff by county. (2.1 and 2.2 Staff Training Attestation_4.4.25) **MONITORING AND OVERSIGHT** » Plan is conducting internal reviews of SUD referrals in Sacramento and San Diego counties. Reviews focus on good faith efforts to confirm members receive referred treatment, next steps following treatment, barriers to treatment and whether members accept treatment. » "Self-Monitoring Infrastructure Workgroup Charter" demonstrates the MCP implemented a monitoring process to track number of SUD referrals and percentage of referred patients with good faith efforts made. (2.1, 2.2 SUDS Reporting and Charter_4.4.2025). Overall scope includes building on existing tools, systems, and processes for documenting and tracking of SUD referrals to demonstrate services sought are received. Metrics being tracked: Number of patients referred to county services

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				Number of successful care coordination follow ups. » Weekly Statewide BH & SUD Operations Meetings. Primary objective is to align on key initiatives for 2025, monitor, and review regulatory requirements and demonstrate consistent communication. **The corrective action plan for finding 2.1 SAC is accepted.**
2.1 SD Confirmation of Referred Treatments for Substance Use Disorder The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and did not document when and where services were received, and any next steps	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Policy Update** The Plan retired its regional Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to Treatment Policy effective June 23, 2022, which was active during the lookback period. KFHP implemented a statewide Medi-Cal Behavioral Mental Health	SCAL SABIRT P&P (retired) Statewide Medi-Cal Behavioral Mental Health Global P&P (refer to section 5.1.1.6) SD MOU (active thru 2024) 2023 Focused Audit Workgroup Meetings 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral Health P_P_BHT CAP submission CLEAN.pdf 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral	12/31/2024, 3/9/2025 and 9/30/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Revised P&P, "Medi-Cal Behavioral Health Global Policy" (08/28/24) to include a section on standardized SUD referral process that demonstrates all SUD referrals are tracked, confirmed and documented. Policy states "Kaiser Permanente shall make good faith efforts to follow up with the Medi-Cal Member to understand barriers and make adjustments to the referrals if warranted. Kaiser Permanente must document outreach attempts and outcomes." (2.1, 2.2 12.12.24 Global Medi-Cal Behavioral Health P P BHT CAP submission, Section 5.1.1.6.). » Policy is specific to Plan responsibilities, but outlines MOU requirements, including specifying division of responsibilities between the Plan and the MHP and other service providers relating to coordination of care, non-duplication of services, and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
following treatment.	Global Policy and Procedure effective May 8, 2024. KFHP revised Policy section 5.1.1.6 to include a standardized Substance Use Disorder (SUD) referral process that ensured all SUD referrals were tracked, confirmed, and documented. **2. End-to-End SUD Referral Process** The Plan developed an End-to-End SUD Referral Process including tools, systems and processes for documenting and tracking SUD referrals to ensure services sought by members were received. The Plan implemented modifications to existing systems and resources to standardize its End-to-End SUD Referral Process, including monitoring of services sought and received by the Plan's Medi-Cal members through ongoing case management and	Health P_P_BHT CAP submission REDLINE.pdf 2.1, 2.2 SUDS Care Coordination Training_2025 2.1, 2.2 SUDS Reporting and Charter_4.4.2025.pdf 2.1 and 2.2 Evidence of Case Management and Care Coordination Compliance_4.9.2025.docx 2.1 and 2.2 Q4 2024 and Q1 2025 Data Reporting_Minutes for 2.4.25 and 3.4.25.pdf 2.1 and 2.2 Staff Training Attestation_4.4.25.pdf 2.1, 2.2 SUDS Reporting and Charter_5.9.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_6.6.2025.pdf		timeliness of care. The Plan will also collaborate with the MHP, Drug Medi-Cal, DMC-ODS to develop mechanisms to demonstrate secure exchange of medical information and when required by law, obtain member authorization (Section 5.7). » Plan is in active negotiations with Sacramento County on MOU terms utilizing the DHCS MOU template as a foundation. The focus is on increasing efficiency, transparency, and accountability across the two systems of care. The Plan is also working to be in compliance with 42 CFR Part 2. Plan continues to provide quarterly reports to DHCS that demonstrates good faith effort to execute an MOU. Sacramento County previously placed on hold negotiations due to a lack of resources. As of 5/8/25, negotiations have resumed and includes collaboration with other MCPs. All parties have agreed to execute the Specialty Mental Health Services and Alcohol and Substance Use Disorder Services (DMC-ODS) MOU separately from other MOU types. Execution is anticipated before end of the year. Note: Bi-weekly meetings have been established in order to seek agreement on MOU language. Current discussions are focused on data sharing logistics and funding a health information exchange platform. The consolidated MOU for San Diego County has been submitted and is currently under DHCS review. The MHP and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	coordination with the County Behavioral Health Department. **3. Self-Monitoring Infrastructure** The Plan hired and trained staff to support process standardization and workflow implementation, including ongoing case management and coordination with the County. The Plan also launched a standard monthly internal reporting and monitoring protocol that included the review of baseline metrics. The plan continues to engage San Diego County stakeholders to negotiate MOU terms based on the DHCS-provided DMC-ODS MOU template. Execution is targeted for September 2025. As part of the End-to-End SUD Referral Process, the Plan collaborated with DHCS and the County of San Diego to inform development of new tools,	2.1, 2.2 SUDS Reporting and Charter_7.7.2025.pdf Updated Medi-Cal Behavioral Mental Health Global P & P SUD Referral Process Training Self-Monitoring Infrastructure Self-Monitoring Infrastructure Workgroup Charter Self-Monitoring Infrastructure Workgroup Minutes MOU-Quarterly-Reporting-Template-Ongoing-Submissions with WCM - KFHP Q4 2024_SD		DMC-ODS portions are being reviewed by BHOMD. DHCS has provided its preliminary feedback. Execution of MOU is on track. **TRAINING** » Power point, "Medi-Cal Alcohol & Substance Use Disorder Services (SUDS) Statewide Training" (1/2025) demonstrates the MCP has trained appropriate staff on MCP's SUD referral process and workflow. Training focused on the following: Coordination of SUD services across delivery systems. Roles, responsibilities, and workflows. Patient consent and release of information. (2.1, 2.2 SUDS Care Coordination Training 2025). » Staff training attestation demonstrates the MCP is conducting SUDS workflow training for staff by county. (2.1 and 2.2 Staff Training Attestation_4.4.25) **MONITORING AND OVERSIGHT** » Plan is conducting internal reviews of SUD referrals in Sacramento and San Diego counties. Reviews focus on good faith efforts to confirm members receive referred treatment, next steps following treatment, barriers to treatment and whether members accept treatment. » "Self-Monitoring Infrastructure Workgroup Charter" to demonstrate the MCP implemented a monitoring process to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	systems, and processes that ensure compliant data sharing and tracking under 42 CFR Part 2.	2.1, 2.2 SD MOU Execution Follow-up_5.8.2025 ***Supporting Documentation to be provided in future updates:*** Final Executed MOU		track number of SUD referrals and percentage of referred patients with good faith efforts made. (2.1, 2.2 SUDS Reporting and Charter_4.4.2025). Overall scope includes building on existing tools, systems, and processes for documenting and tracking of SUD referrals to demonstrate services sought are received. » Weekly Statewide BH & SUD Operations Meetings. Primary objective is to align on key initiatives for 2025, monitor, and review regulatory requirements and demonstrate consistent communication. **The corrective action plan for finding 2.1 SD is accepted.**
2.2 SAC Follow Up for Referred Substance Use Disorder Treatments The Plan did not follow up with members who did not receive referred treatments to understand barriers and make subsequent	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Policy Update** The Plan retired its regional Alcohol and Drug Screening, Assessment, Brief Intervention, and	NCAL SABIRT P&P (retired) Statewide Medi-Cal Behavioral Mental Health Global P&P (refer to section 5.1.1.6) SAC MOU (active thru 2024) 2023 Focused Audit Workgroup Meetings 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral	3/9/2025 and 12/31/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Revised P&P, "Medi-Cal Behavioral Health Global Policy" (08/28/24) to include a section on standardized SUD referral process that demonstrates all SUD referrals are tracked, confirmed and documented. Policy states "Kaiser Permanente shall make good faith efforts to follow up with the Medi-Cal Member to understand barriers and make adjustments to the referrals if warranted. Kaiser Permanente must document outreach attempts and outcomes." (2.1, 2.2 12.12.24 Global

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
adjustments to referrals.	Referral to Treatment Policy effective June 23, 2022, which was active during the audit lookback period. KFHP implemented a statewide Medi-Cal Behavioral Mental Health Global Policy and Procedure effective May 8, 2024. KFHP revised policy section 5.1.1.6 to include a standardized Substance Use Disorder (SUD) referral process that ensures all SUD referrals are tracked, confirmed, and documented. **2. End-to-End SUD Referral Process** The Plan developed its End-to-End SUD Referral Process, including tools, systems, and processes for documenting and tracking SUD referrals to ensure services sought by members were received. The Plan implemented modifications to existing systems	Health P_P_BHT CAP submission CLEAN.pdf 2.1, 2.2 12.12.24_Global Medi-Cal Behavioral Health P_P_BHT CAP submission REDLINE.pdf 2.1, 2.2 SUDS Care Coordination Training_2025 2.1, 2.2 SUDS Initial Reporting Self-Monitoring Infrastructure Charter_3.9.2025 2.1, 2.2 SUDS Reporting and Charter_4.4.2025.pdf 2.1 and 2.2 Evidence of Case Management and Care Coordination Compliance_4.9.2025.docx 2.1, 2.2 SUDS Reporting and Charter_5.9.2025.pdf		Medi-Cal Behavioral Health P P BHT CAP submission, Section 5.1.1.6.) » Plan is in active negotiations with Sacramento County on MOU terms utilizing the DHCS MOU template as a foundation. The focus is on increasing efficiency, transparency, and accountability across the two systems of care. The Plan is also working to be in compliance with 42 CFR Part 2. Plan continues to provide quarterly reports to DHCS that demonstrates good faith effort to execute an MOU. Sacramento County previously placed on hold negotiations due to a lack of resources. As of 5/8/25, negotiations have resumed and includes collaboration with other MCPs. All parties have agreed to execute the Specialty Mental Health Services and Alcohol and Substance Use Disorder Services (DMC-ODS) MOU separately from other MOU types. Execution is anticipated before end of the year. Note: Bi-weekly meetings have been established in order to seek agreement on MOU language. Current discussions are focused on data sharing logistics and funding a health information exchange platform. The consolidated MOU for San Diego County has been submitted and is currently under DHCS review. The MHP and DMC-ODS portions are being reviewed by BHOMD. DHCS has provided its preliminary feedback. Execution of MOU is on track. **TRAINING**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	and resources to standardize its End-to-End SUDS Referral Process, including monitoring of services sought and received by Medi-Cal Members through ongoing case management and coordination with the County Behavioral Health Department. **3. Self-Monitoring Infrastructure** The Plan hired and trained staff to support process standardization and workflow implementation, including ongoing case management and coordination with the County. The Plan also launched a standard monthly internal reporting and monitoring protocol that included the review of baseline metrics. Additionally, the Plan continues its engagement with Sacramento County stakeholders to negotiate MOU terms based on DHCS-provided DMC-ODS template with	2.1, 2.2 SUDS Reporting and Charter_6.6.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_7.7.2025.pdf 2.1 and 2.2 Q4 2024 and Q1 2025 Data Reporting_Minutes for 2.4.25 and 3.4.25.pdf 2.1 and 2.2 Staff Training Attestation_4.4.25.pdf 2.1, 2.2 SAC MOU Execution Meeting_5.8.2025.pdf Updated Medi-Cal Behavioral Mental Health Global P & P SUD Referral Process Training Self-Monitoring Infrastructure		» Power point, "Medi-Cal Alcohol & Substance Use Disorder Services (SUDS) Statewide Training" (1/2025) demonstrates the MCP has trained appropriate staff on MCP's SUD referral process and workflow. » Training focused on the following: Coordination of SUD services across delivery systems. Roles, responsibilities, and workflows. Patient consent and release of information. (2.1, 2.2 SUDS Care Coordination Training 2025). » Staff training attestation demonstrates the MCP is conducting SUDS workflow training for staff by county. (2.1 and 2.2 Staff Training Attestation_4.4.25) **MONITORING AND OVERSIGHT** » Plan is conducting internal reviews of SUD referrals in Sacramento and San Diego counties. Reviews focus on good faith efforts to confirm members receive referred treatment, next steps following treatment, barriers to treatment and whether members accept treatment. » "Self-Monitoring Infrastructure Workgroup Charter" to demonstrate the MCP implemented a monitoring process to track number SUD referrals and percentage of referred patients with good faith efforts made. (2.1, 2.2 SUDS Reporting and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	plan for completion by December 2025. As part of the End-to-End SUD Referral Process, the Plan collaborated with DHCS and Sacramento County to develop standardized tools, systems and protocols to coordinate care, share data, and track referrals in compliance with 42 CFR Part 2.	Self-Monitoring Infrastructure Workgroup Charter Self-Monitoring Infrastructure Workgroup Minutes 2.1, 2.2 Self-Monitoring Infrastructure Workgroup Charter_2024-2025.pptx 2.1, 2.2 Minutes_2023 Focused Audit Workgroup Meetings 11.27-12.11.2024.pdf Self-Monitoring Results (Initial) ***Supporting Documentation to be provided in future updates:*** Final Executed MOU		Charter_4.4.2025). Overall scope includes building on existing tools, systems, and processes for documenting and tracking of SUD referrals to demonstrate services sought are received. » Weekly Statewide BH & SUD Operations Meetings. Primary objective is to align on key initiatives for 2025, monitor, and review regulatory requirements and demonstrate consistent communication. **The corrective action plan for finding 2.2 SAC is accepted.**
2.2 SD Follow Up for Referred Substance Use	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified	SCAL SABIRT P&P (retired)	3/9/2025 and 9/30/2025	The following documentation supports the MCP's efforts to correct this finding:

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Disorder Treatments The Plan did not follow up with members who did not receive referred treatments to understand barriers and make subsequent adjustments to referrals.	deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Policy Update** The Plan retired its regional Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment Policy effective June 23, 2022, which had been active during the audit lookback period. KFHP implemented a statewide Medi-Cal Behavioral Mental Health Global Policy and Procedure effective May 8, 2024. KFHP revised Policy Section 5.1.1.6 to include a standardized Substance Use Disorder (SUD) referral process that ensured all SUD referrals were tracked, confirmed, and documented.	Statewide Medi-Cal Behavioral Mental Health Global P&P (refer to section 5.1.1.6) SD MOU (active thru 2024) 2023 Focused Audit Workgroup Meetings Updated Medi-Cal Behavioral Mental Health Global P & P SUD Referral Process Training 2.1, 2.2 SUDS Care Coordination Training_2025 2.1, 2.2 SUDS Initial Reporting Self-Monitoring Infrastructure Charter_3.9.2025 2.1, 2.2 SUDS Reporting and Charter_4.4.2025.pdf		**POLICIES AND PROCEDURES** » Revised P&P, "Medi-Cal Behavioral Health Global Policy" (08/28/24) includes a section on standardized SUD referral process that demonstrates all SUD referrals are tracked, confirmed and documented. Policy states "Kaiser Permanente shall make good faith efforts to follow up with the Medi-Cal Member to understand barriers and make adjustments to the referrals if warranted. Kaiser Permanente must document outreach attempts and outcomes." (Section 5.1.1.6.). » Policy is specific to Plan responsibilities, but outlines MOU requirements, including specifying division of responsibilities between the Plan and the MHP and other service providers relating to coordination of care, non-duplication of services, and timeliness of care. The Plan will also collaborate with the MHP, Drug Medi-Cal, DMC-ODS to develop mechanisms to demonstrate secure exchange of medical information and when required by law, obtain member authorization (Section 5.7). » Plan is in active negotiations with Sacramento County on MOU terms utilizing the DHCS MOU template as a foundation. The focus is on increasing efficiency, transparency, and accountability across the two systems of care. The Plan is also working to be in compliance with 42 CFR Part 2. Plan continues to provide quarterly reports to DHCS that demonstrates good faith effort to execute an MOU. Sacramento County previously placed on hold

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	2. End-to-End SUD Referral Process The Plan modified its existing systems and resources to establish a standardized End-to-End Substance Use Disorder Services (SUDS) Referral Process, which includes documentation and monitoring of services sought/received by the Plan's Medi-Cal members through case management and coordination with the County Behavioral Health Department. **3. Self-Monitoring Infrastructure** The Plan hired and trained staff to support process standardization and workflow implementation, including ongoing case management and coordination with the County. The Plan also launched a standard monthly internal reporting and monitoring	2.1 and 2.2 Evidence of Case Management and Care Coordination Compliance_4.9.2025.docx 2.1 and 2.2 Q4 2024 and Q1 2025 Data Reporting_Minutes for 2.4.25 and 3.4.25.pdf 2.1 and 2.2 Staff Training Attestation_4.4.25.pdf 2.1, 2.2 SUDS Reporting and Charter_5.9.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_6.6.2025.pdf 2.1, 2.2 SUDS Reporting and Charter_7.7.2025.pdf Self-Monitoring Infrastructure Self-Monitoring Infrastructure Workgroup Charter		negotiations due to a lack of resources. As of 5/8/25, negotiations have resumed and includes collaboration with other MCPs. All parties have agreed to execute the Specialty Mental Health Services and Alcohol and Substance Use Disorder Services (DMC-ODS) MOU separately from other MOU types. Execution is anticipated before end of the year. Note: Bi-weekly meetings have been established in order to seek agreement on MOU language. Current discussions are focused on data sharing logistics and funding a health information exchange platform. The consolidated MOU for San Diego County has been submitted and is currently under DHCS review. The MHP and DMC-ODS portions are being reviewed by BHOMD. DHCS has provided its preliminary feedback. Execution of MOU is on track. **TRAINING** » Power point, "Medi-Cal Alcohol & Substance Use Disorder Services (SUDS) Statewide Training" (1/2025). demonstrates the MCP has trained appropriate staff on MCP's SUD referral process and workflow. Training focused on the following: » Coordination of SUD services across delivery systems. Roles, responsibilities, and workflows.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	protocol that included the review of baseline metrics. The Plan continues to engage San Diego County stakeholders to negotiate MOU terms based on the DHCS-provided DMC-ODS MOU template. Execution is targeted for September 2025. As part of the End-to-End SUD Referral Process, the Plan collaborated with DHCS and the County of San Diego to inform development of new tools, systems, and processes that ensure compliant data sharing and tracking under 42 CFR Part 2.	Self-Monitoring Infrastructure Workgroup Minutes Self-Monitoring Results (Initial) ***Supporting Documentation to be provided in future updates:*** Final Executed MOU		Patient consent and release of information. (2.1, 2.2 SUDS Care Coordination Training 2025). » Staff training attestation demonstrates the MCP is conducting SUDS workflow training for staff by county. (2.1 and 2.2 Staff Training Attestation_4.4.25) **MONITORING AND OVERSIGHT** » Plan is conducting internal reviews of SUD referrals in Sacramento and San Diego counties. Reviews focus on good faith efforts to confirm members receive referred treatment, next steps following treatment, barriers to treatment and whether members accept treatment. » "Self-Monitoring Infrastructure Workgroup Charter" demonstrates the MCP implemented a monitoring process to track number of SUD referrals and percentage of referred patients with good faith efforts made. (2.1, 2.2 SUDS Reporting and Charter_4.4.2025). Overall scope includes building on existing tools, systems, and processes for documenting and tracking of SUD referrals to demonstrate services sought are received. Metrics being tracked: Number of patients referred to county services Number of successful care coordination follow ups.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Weekly Statewide BH & SUD Operations Meetings. Primary objective is to align on key initiatives for 2025, monitor, and review regulatory requirements and demonstrate consistent communication. **The corrective action plan for finding 2.2 SD is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 SAC Door-to-Door Assistance The Plan did not have a process in place to ensure door-to-door assistance was being provided for all members receiving NEMT services.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. NEMT Supplier Attestation** The Plan implemented an Attestation process for trip completions as a requirement for receiving a corresponding Vectorcare Request ID (mandatory NEMT claims adjudication). The Plans NEMT Supplier Attestation forms were distributed for execution by 12/31/2024. The Plan received executed attestations from all 22 contracted suppliers. The Plan finalized and distributed its Medical Transportation	NEMT Supplier Attestation Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure 3.1-3.3 SAC NEMT Supplier Attestation Form 3.1-3.3 SAC KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual 3.1 2025 NCAL NEMT Attestations Signed 3.1 California NEMT Supplier Monthly Data Summary	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "SAC KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities around door-to-door assistance. The manual states that the broker agrees to providing door-to-door assistance for NEMT requests for members. (3.1-3.3 SAC KP Medical Transportation Administrative Services Manual, Section 6 Joint Operations Committee, page 11) **MONITORING AND OVERSIGHT** » Plan attestation "SAC NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to affirm that they provide door-to-door assistance for members receiving NEMT services. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 SAC NEMT Supplier Attestation Form) » Signed attestations "NCAL NEMT Attestations Signed" demonstrates the forms being completed & utilized. (See 3.1 2025 NCAL NEMT Attestations Signed)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Administrative Services Manual to its 22 contracted suppliers. The Plan updated its Medical Transportation Services Administrative Manual to reflect policy updates to the attestation process. **2. Self-Monitoring Infrastructure** The Plan has implemented its self-monitoring structure by taking the following steps: -Providing NEMT Performance Data monthly to NEMT Suppliers. -Reinforcing timely door-to-door performance and expectations for supplier communication if a trip cannot be completed. This was done through distribution of the finalized Medical Transportation Administrative Services Manual and execution of the NEMT Supplier Attestation form by all 22 contracted suppliers.	3.1 2025 Additional NCAL NEMT Attestations Signed Self-Monitoring Results (NEMT Completion Report) Joint Operations Committee (JOC) Minutes with NEMT Suppliers		» Sample report "CA NEMT Supplier Monthly Data Summary" demonstrates how the Plan is overseeing through tracking monthly the number of types of rides received. (See 3.1 California NEMT Supplier Monthly Data Summary) » Sample report "2024 NEMT Member Grievance Rate" demonstrates how the Plan is monitoring throughout the year of completed NEMT rides & compared to the grievance rate to the completed rides. (See 3.1-3.4 California Completed NEMT Transports 2024 Report) » Quarterly meetings "NCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased {Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 NCAL JOC Meeting Minutes with NEMT Suppliers) **The corrective action plan for finding 3.1 SAC is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 SD Door-to-Door Assistance The Plan did not have a process in place to ensure door-to-door assistance was being provided for all members receiving NEMT services.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. NEMT Supplier Attestation** The Plan implemented an Attestation process for trip completions as a requirement for receiving a corresponding Vectorcare Request ID (mandatory NEMT claims adjudication). Revisions were made to incorporate the NEMT Supplier Attestation process for trip completions. The Plan distributed attestation forms to all 22 contracted NEMT suppliers and received all completed forms. The Plan updated its Medical Transportation Services Administrative Manual to reflect	NEMT Supplier Attestation Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure Self-Monitoring Results (NEMT Completion Report) Joint Operations Committee (JOC) Minutes with NEMT Suppliers 3.1-3.3 SD NEMT Supplier Attestation Form 3.1-3.4 SD KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "SD KP Medical Transportation Administrative Services Manual" includes sections detailing the monitoring & oversight of door-to-door assistance. Additionally, the manual includes that the Plan monitors & oversees the quality of medical transportation services delivered to the Plan's members on a quarterly basis through its Joint Operations Committee meetings. It is noted that the Plan will meet more regularly as needed. (3.1-3.4 SD KP Medical Transportation Administrative Services Manual, Section 6 Joint Operations Committee, page 11) **MONITORING AND OVERSIGHT** » Plan attestation "SAC NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to affirm that they provide door-to-door assistance for members receiving NEMT services. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 SD NEMT Supplier Attestation Form) » Signed attestations "NCAL NEMT Attestations Signed" demonstrates the forms being completed & utilized. (See 3.1 2025 SCAL NEMT Attestations Signed)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	policy updates to the attestation process. **2. Self-Monitoring Infrastructure** The Plan implemented its Self-Monitoring Infrastructure to increase oversight and address outlier instances of NEMT ride cancellations or service inadequacies. Components of this monitoring structure include: -Monthly distribution of NEMT performance data to all contracted NEMT Suppliers. -Reinforcement of expectations for timely door-to-door service and immediate notification to the Plan if a trip cannot be completed. This was communicated through the updated Medical Transportation Administrative Services Manual and the executed NEMT Supplier Attestation form confirming supplier agreement to uphold these standards.	Manual 3.1 2025 SCAL NEMT Attestations Signed 3.1 California NEMT Supplier Monthly Data Summary 3.1 2025 Additional SCAL NEMT Attestations Signed		» Sample report "CA NEMT Supplier Monthly Data Summary" demonstrates how the Plan is overseeing through tracking monthly the number of types of rides received. (See 3.1 California NEMT Supplier Monthly Data Summary) » Sample report "2024 NEMT Member Grievance Rate" demonstrates how the Plan is monitoring throughout the year of completed NEMT rides & compared to the grievance rate to the completed rides. (See 3.1-3.4 California Completed NEMT Transports 2024 Report) » Quarterly meetings "SCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased {Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 SCAL JOC Meeting Minutes with NEMT Suppliers) **The corrective action plan for finding 3.1 SD is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.2 SAC Monitoring of Door-to-Door Assistance The Plan did not monitor or oversee its network transportation providers. The Plan did not have monitoring activities to ensure network providers were providing door-to-door assistance for members receiving NEMT services.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Enhanced Transportation Network Oversight** The Plan implemented enhancements to increase Plan coordination and oversight of the Plan's transportation network to address outlier instances, including review of performance reports and member complaint reports, directly with NEMT/NMT suppliers. The Plan finalized and distributed the updated Medical Transportation Administrative Services Manual to all contracted NEMT suppliers as of 12/31/2024. This version included the NEMT Supplier Attestation process for trip completions.	Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure Self-Monitoring Results (Door-to-Door Assistance Rates Monitoring Results) Joint Operations Committee (JOC) Minutes with NEMT Suppliers 3.1-3.3 SAC NEMT Supplier Attestation Form 3.1-3.3 SAC KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "Sac KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities around door-to-door assistance. The manual states that the broker agrees to providing door-to-door assistance for NEMT requests for members. Additionally, the manual outlines that performance reports will be produced monthly to monitor trip completion, cancellation & no-show rates. (3.1-3.4 Sac KP Medical Transportation Administrative Services Manual, 4.2 Responsibilities, pages 6-7, 11-14, sections 4.1-4.2 & 6-8) **MONITORING AND OVERSIGHT** » Plan attestation "SAC NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to affirm that they provide door-to-door assistance for members receiving NEMT services. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 Sac NEMT Supplier Attestation Form) » Sample report "CA Completed NEMT Transports 2024 Report" demonstrates how the Plan is monitoring throughout the year of completed NEMT rides & compared to the grievance rate to the

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	2. Self-Monitoring Infrastructure The Plan implemented monitoring tool(s) and process(es) to increase Plan oversight of its managed transportation network to monitor transportation suppliers' door-to-door assistance for members receiving NEMT services. The Plan distributed the updated Medical Transportation Administrative Services Manual to all contracted NEMT suppliers as of 12/31/2024. This version included the NEMT Supplier Attestation process for trip completions. A monthly review of KP Statewide Transportation Grievance and Appeals report was implemented as of 12/31/2024. The Plan completed the validation of NEMT Completion data, including Door-to-Door Assistance, for 2024.	3.1 - 3.4 California Completed Transports 2024 report 3.1-3.3 KP Statewide Transportation Grievance and Appeals Report for November 2024 3.1 - 3.3 Q4 NCAL Meeting Minutes 3.1 - 3.3 NCAL JOC Meeting Minutes with NEMT Suppliers (Q1 2025)		completed rides. (See 3.1 – 3.4 California Completed NEMT Transports 2024 Report) » Sample report "KP Statewide Monthly Statewide Transportation Grievances and Appeals Report November 2024" demonstrates how the Plan is overseeing through tracking monthly the number of types of rides received. (See 3.1-3.3 KP Statewide Monthly Statewide Trasnpor GA Rpt Nov 2024) » Quarterly meetings "NCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 NCAL JOC Meeting Minutes with NEMT Suppliers) **The corrective action plan for finding 3.2 SAC is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	The Q1 2025 NCAL Joint Operations Committee (JOC) meeting with NEMT suppliers was held on February 12, 2025, during which door-to-door completion performance was reviewed.			
3.2 SD Monitoring of Door-to-Door Assistance The Plan did not monitor or oversee its network transportation providers. The Plan did not have monitoring activities to ensure network providers were providing door-to-door assistance for members receiving NEMT services.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Enhanced Transportation Network Oversight** The Plan implemented enhancements to increase Plan coordination and oversight of the Plan's transportation network to address outlier instances including review of performance reports and member complaint reports directly with NEMT/NMT suppliers.	Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure Self-Monitoring Results (Door-to-Door Assistance Rates Monitoring Results) Joint Operations Committee (JOC) Minutes with NEMT Suppliers 3.1 - 3.4 California Completed Transports 2024 report 3.1 - 3.3 SCAL JOC Meeting Minutes with NEMT Suppliers (Q1 2025).	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "SD KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities around door-to-door assistance. The manual states that the broker agrees to providing door-to-door assistance for NEMT requests for members. Additionally, the manual outlines that performance reports will be produced monthly to monitor trip completion, cancellation & no-show rates. (3.1-3.4 SD KP Medical Transportation Administrative Services Manual, 4.2 Responsibilities, pages 6-7, 11-14, sections 4.1-4.2 & 6-8) **MONITORING AND OVERSIGHT** » Plan attestation "SD NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	The Plan finalized and distributed the updated Medical Transportation Services Administrative Manual to all contracted suppliers as of 12/31/2024. This update included enhancements to increase coordination and oversight, including the addition of a new NEMT Supplier Attestation process for trip completions. **2. Self-Monitoring Infrastructure** The Plan implemented monitoring tool(s) and process(es) to increase Plan oversight of its managed transportation network to monitor transportation suppliers' door-to-door assistance for members receiving NEMT services. These included: - The Plan finalized and distributed the updated Medical Transportation Administrative Services Manual to all contracted NEMT suppliers as of 12/31/2024.	3.1-3.4 SD KP Medical Transportation Administrative Services Manual 3.1-3.4 SD NEMT Supplier All Town Transport 10.9.2024 Meeting 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual 3.1-3.3 KP Statewide Transportation Grievance and Appeals Report for November 2024		affirm that they provide door-to-door assistance for members receiving NEMT services. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 SD NEMT Supplier Attestation Form) » Sample report "CA Completed NEMT Transports 2024 Report" demonstrates how the Plan is monitoring throughout the year of completed NEMT rides & compared to the grievance rate to the completed rides. (See 3.1 – 3.4 California Completed NEMT Transports 2024 Report) » Sample report "KP Statewide Monthly Statewide Transportation Grievances and Appeals Report November 2024" demonstrates how the Plan is overseeing through tracking monthly the number of types of rides received. (See 3.1-3.3 KP Statewide Monthly Statewide Trasnpor GA RptNov 2024) » Quarterly meetings "SCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 SCAL JOC Meeting Minutes with NEMT Suppliers) **The corrective action plan for finding 3.2 SD is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	- The Plan implemented review of monthly KP Statewide Transportation Grievance and Appeals reports beginning 12/31/2024. -The Plan completed validation of 2024 NEMT Completions, including Door-to-Door Assistance, and has documented these results in the California Completed Transports 2024 Report. The Plan completed the 2024 Year-End NEMT Completion Report, including Door-to-Door Assistance, by March 2025. Validation was confirmed through the California Completed Transportation report.			
3.3 SAC **Monitoring of the Transportation Network Provider No Show Rates**	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following:	Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "Sac KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities, including monitoring no-show rates. The

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
The Plan did not conduct monitoring activities for the no-show rates of NEMT and NMT transportation providers.	**1. Enhanced Transportation Network Oversight** The Plan implemented enhancements to increase Plan coordination and oversight of the Plan's transportation network to address outlier instances including review of performance reports and member complaint reports directly with NEMT/NMT suppliers. The Plan finalized and distributed the updated Medical Transportation Services Administrative Manual to contracted suppliers as of 12/31/2024. The manual includes process enhancements for network oversight and monitoring, including: -A new NEMT Supplier Attestation process for trip completions and cancellations.	Self-Monitoring Results (Door-to-Door Assistance Rates Monitoring Results) Joint Operations Committee (JOC) Minutes with NEMT Suppliers 3.1-3.3 SAC NEMT Supplier Attestation Form 3.1-3.3 SAC KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual 3.1-3.3 KP Statewide Transportation Grievance and Appeals Report for November 2024 3.1 - 3.4 California Completed Transports 2024 report		manual states that the broker is responsible for producing monthly performance reports that monitor trip completion, cancellation & no-show rates. The Plan reviews these reports directly with NEMT/NMT providers at each quarterly meeting. (3.1-3.4 Sac KP Medical Transportation Administrative Services Manual, Sections 4.1-4.2 & 6-8, pages 6-7, 11-14) **TRAINING** » Quarterly meetings "SCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 NCAL JOC Meeting Minutes with NEMT Suppliers) **MONITORING AND OVERSIGHT** » Sample report "KP Statewide Monthly Statewide Transportation Grievances and Appeals Report November 2024" demonstrates how the Plan is monitoring for no show rates on a monthly basis. (3.1-3.3 KP Statewide Monthly Statewide Trasnpor GA Rpt Nov 2024) » Plan attestation "SAC NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to affirm that they will allow the Plan to monitor & oversee no-show performance rates & commits to self-reporting any no-show

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	-Oversight of no-show rates and enhanced coordination mechanisms. -Revised policies. The Plan distributed attestation forms to all 22 NEMT suppliers as of 12/31/2024. Final attestations were received from all NEMT suppliers and submitted. The Plan implemented monthly KP Statewide Transportation Grievance and Appeals report review in December 2024. **2. Self-Monitoring Infrastructure** The Plan implemented monitoring tool(s) and process(es) to increase Plan oversight of its managed transportation network to monitor no-show rates of NEMT/NMT suppliers. Monthly door-to-door assistance and trip completion monitoring processes were implemented in 2024.	3.1 - 3.3 Q4 NCAL Meeting Minutes 3.1-3.3 SAC NEMT Supplier Sept 2024 Silver Lining Vantage Wheelcare Express Meeting 3.1 - 3.3 NCAL JOC Meeting Minutes with NEMT Suppliers (Q1 2025).		incidents to the Plan. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 Sac NEMT Supplier Attestation Form) **The corrective action plan for finding 3.3 SAC is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Validation of 2024 trip completion data, including no-shows and assistance rates, has been completed. The Plan conducted a Joint Operating Committee (JOC) meeting with NEMT suppliers in Q1 2025 (2/12/2025). The Plan completed the 2024 Year-End NEMT Completion Report, including Door-to-Door Assistance, by March 2025.			
3.3 SD Monitoring Transportation Provider Network The Plan did not monitor the no-show rates of NEMT and NMT transportation providers.	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Enhanced Transportation Network Oversight** The Plan implemented enhancements to increase Plan coordination and oversight of the Plan's transportation network to	Updated Medical Transportation Services Administrative Manual Self-Monitoring Infrastructure Self-Monitoring Results (Door-to-Door Assistance Rates Monitoring Results) Joint Operations Committee (JOC) Minutes with NEMT Suppliers	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan manual "Sac KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities, including monitoring no-show rates. The manual states that the broker is responsible to produce monthly performance reports that monitor trip completion, cancellation & no-show rates. The Plan reviews these reports directly with NEMT/NMT providers at each quarterly meeting. (3.1-3.4 SD KP Medical Transportation Administrative Services Manual, Sections 4.1-4.2 & 6-8, pages 6-7, 11-14)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	address outlier instances including review of performance reports and member complaint reports directly with NEMT/NMT suppliers. The Medical Transportation Administrative Services Manual was updated and finalized to include process enhancements for supplier oversight and distributed as of 12/31/2024. A monthly review of KP Statewide Transportation Grievance and Appeals reports was implemented as of 12/31/2024. The Plan completed validation of 2024 NEMT trip completions, including door-to-door assistance. **2. Self-Monitoring Infrastructure** The Plan implemented monitoring tool(s) and process(es) to increase Plan oversight of its managed transportation network to monitor	3.1-3.3 SD NEMT Supplier Attestation Form 3.1-3.4 SD KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual 3.1-3.3 KP Statewide Transportation Grievance and Appeals Report for November 2024 3.1 - 3.4 California Completed Transports 2024 report 3.1 - 3.3 Q4 SCAL Meeting Minutes 3.1 - 3.3 SCAL JOC Meeting Minutes with NEMT Suppliers (Q1 2025).		**TRAINING** » Quarterly meetings "SCAL JOC Meeting Minutes with NEMT Suppliers" demonstrates how the Plan has increased Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT providers to review data, provide updates, etc. (See 3.1-3.3 SCAL JOC Meeting Minutes with NEMT Suppliers) **MONITORING AND OVERSIGHT** » Sample report "KP Statewide Monthly Statewide Transportation Grievances and Appeals Report November 2024" demonstrates how the Plan is monitoring for no show rates on a monthly basis. (3.1-3.3 KP Statewide Monthly Statewide Trasnpor GA Rpt Nov 2024) » Plan attestation "SAC NEMT Supplier Attestation Form" demonstrates how the Plan has implemented a process for trip completions. The form is used by transportation providers to affirm that they will allow the Plan to monitor & oversee no-show performance rates & commits to self-reporting any no-show incidents to the Plan. This attestation is used as a way to verify providers prior to taking on any request from the transportation broker. (See 3.1-3.3 SD NEMT Supplier Attestation Form) **The corrective action plan for finding 3.3 SD is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	no-show rates of NEMT/NMT suppliers. The Medical Transportation Administrative Services Manual was updated and finalized to include self-monitoring processes and the NEMT Supplier Attestation process and distributed as of 12/31/2024. Self-monitoring processes for door-to-door assistance tracking and trip completions were developed by 12/31/2024. The 2024 Year-End NEMT Completion Report, including door-to-door metrics, was submitted in March 2025. Ongoing monthly monitoring processes are operational and include no-show and trip cancellation tracking.	3.1-3.4 SD NEMT Supplier All Town Transport 10.9.24 Meeting		
3.4 SD Supplementing the	Kaiser Foundation Health Plan, Inc. ("KFHP" or "the Plan") is committed to addressing the identified	Updated Medical Transportation Services Administrative Manual	12/31/2024 and 3/9/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Transportation Network The Plan did not have the ability to supplement its transportation broker's transportation network.	deficiency and root cause to ensure full compliance with regulatory and contractual requirements through the following: **1. Enhanced Transportation Broker Network Oversight** The Plan implemented enhancements to increase Plan coordination and oversight of the Plan's transportation broker network to address outlier instances including review of performance reports and member complaint reports directly with NMT suppliers. Also, an enhanced interface with MTM to address service capabilities. The Plan finalized and distributed its Medical Transportation Administrative Services Manual to contracted suppliers as of 12/31/2024. The plan enhanced its interface with MTM, which included: -The Plan gained access to the MTM Client Summary Dashboard.	Self-Monitoring Infrastructure Self-Monitoring Results (MTM Service Capability Monitoring and Mitigation Results) Joint Operations Committee (JOC) Minutes with NEMT Suppliers 3.1-3.4 SD KP Medical Transportation Administrative Services Manual 3.1-3.4 Final Statewide KP Medical Transportation Administrative Services Manual 3.4 SD MTM Sample Monthly Performance Report 10.9.2024 Aug Data 3.4 SD MTM KP S CAL Monthly Client Summary		» Plan manual "Sac KP Medical Transportation Administrative Services Manual" includes sections detailing the transportation broker's responsibilities, including that the provider must make the Plan aware if they are unable to fulfill a scheduled transport immediately. The Plan requires the providers to update the Plan HUB to arrange an alternative provider that will meet the members time. (3.1-3.4 SD KP Medical Transportation Administrative Services Manual, Sections 4.1-4.2 & 6-8, pages 6-7, 11-14) **TRAINING** » Quarterly/monthly meeting materials demonstrate how the Plan has increased Plan oversight of its transportation network to address deficiencies/concerns. The Plan meets regularly with its NEMT/NMT providers to review data, provide updates, etc. (See 3.4 SCAL Q1 2025 JOC Meeting Minutes with MTM, 3.4 KP-MTM December 2024 Monthly Meeting Minutes & 3.1-3.4 SD NEMT Supplier All Town Transport 10.9.2024 Meeting) **MONITORING AND OVERSIGHT** » Plan report "CA Completed NEMT Transports 2024 Report" demonstrates how the Plan is monitoring throughout the year of completed NEMT rides & compared to the cancellation rate of rides. (See 3.1 – 3.4 California Completed NEMT Transports 2024 Report)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	-The Plan began monthly dashboard review in KP-MTM meetings. -MTM established direct integration with KP Member Services via METRS application to receive/respond to grievances. **2. Monitoring Infrastructure** The Plan implemented monitoring tool(s) and process(es) to increase Plan oversight of its transportation broker network to monitor network adequacy of NMT suppliers. The Plan implemented self-monitoring infrastructure, which included: -Monthly review of MTM's Monthly Client Summary Reports. -Validation of NEMT Completion and Door-to-Door Assistance Data for 2024. -Finalizing the MTM NMT Transports 2024 report.	Report for November 2024 3.4 KP-MTM December 2024 Monthly Meeting Minutes 3.4 Screenshot of MTM Client Summary Dashboard 3.1 – 3.4 California Completed Transports 2024 report 3.4 MTM NMT Transports 2024 report 3.4 SCAL Q1 2025 JOC Meeting Minutes with MTM		» Plan report "MTM NMT Transports 2024 Report" demonstrates how the Plan is monitoring throughout the year of completed NMT rides & compared to the cancellation rate of rides. (See 3.4 MTM NMT Transports 2024 Report) **The corrective action plan for finding 3.4 SD 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: Tori Gill

Title: Senior Manager, Medicaid Health Plan Compliance

Signed by: [Signature on file]

Date: 8/7/2025