CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

August 3, 2026

Matthew Levin *Via E-mail*
Vice President, Government Contracts
Molina Healthcare of California Partner Plan, Inc.
200 Oceangate, Suite 100
Long Beach, CA 90802

RE: Department of Health Care Services Focused Medical Audit

Dear Mr. Levin:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Molina Healthcare of California Partner Plan, Inc, a Managed Care Plan (MCP), from May 1, 2023 through May 12, 2023. The focused audit covered the period from May 1, 2022, through April 30, 2023.

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

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

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

Sincerely,

[Signature on file]

Dennis Hsieh, Chief
Managed Care Quality and Monitoring Division (MCQMD)
Department of Health Care Services

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

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

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

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Molina Healthcare of California Inc.

Review Period: 05/01/2022 – 04/30/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 05/01/2023 – 05/12/2023

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 Care Management and Care Coordination The Plan did not coordinate care with the County MHPs for the appropriate management of members' mental and physical health care.	P&P UM-56 was revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.1": Page 5 (Section III, A(5)(c)) Page 9 (Section III, A(6)(w)) Page 10 (Section III, A(6)(hh)) P&P CM-04: Case Management has been revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.1": Page 2 (Section II, A(1))	UM-56: Mental Health Services CM-04: Case Management 2.1.1.1 Memo 2.1.1.2 Behavioral Health Referrals Report 12.2.2024 2.1.1.3 BH QRG for CMs V11.4.2024_redacted	10/8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy UM 56 Mental Health Services and Policy CM-04 Case Management (Medi-Cal & Marketplace) were revised to clarify the language on members who accept care coordination from the MCP. » UM 56: For members who are referred for Care Management, the MHC Case Manager shall outreach to the member to assess for physical health and mental health needs. In accordance with All Plan Letter 22-028, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services (att. 18), the MHC Case manager will utilize Adult or Youth Screening tools to determine the appropriate mental health delivery system referral and facilitate linkage. » MHC will ensure availability of comprehensive case management services when indicated and requested internally (i.e., Contact Center, Behavioral Health Access Unit) by the PCP, the MHP, or the MCP mental health provider

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» CM 04: Molina provides Comprehensive Medical Case Management services to each member who has full benefit Medi-Cal primary coverage These services are provided by the Primary Care Provider (PCP) in collaboration with Molina to ensure the coordination of medically necessary health care services including waiver program or carved out (i.e., Mental Health Plan) services, the provision of preventive services in accordance with established standards and periodicity schedules, and continuity of care for members. It includes health risk assessment, treatment planning, coordination, referral, follow-up, and monitoring of appropriate services and resources required to meet an individual's health care needs. (UM-56 rL, CM-04). **TRAINING** » BH Referrals 2023 for CM and ECM, Behavioral Health Referrals Quick Reference Guide 2023, CA MOU Staff Training, No Wrong Door PPT and NWD Overview demonstrate the MCP has trained staff the APLs for NWD, Bifurcation between NSMHS and SMHS, and the DHCS bi-directional tools, as well as elements of NSMHS/SMHS, No Wrong Door, and bi-directional tools with case examples of how the MCP and MHP care coordinate together. The MCP also provided quick reference guides to assist appropriate staff. (2.1 Behavioral Health Referrals QRG 32023, 2.1 CA Medi-Cal

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				MOU Training 1-4 and 18-25, 2.1 No Wrong Door PPT, 2.1 NWD Overview) **MONITORING AND OVERSIGHT** » BH Referrals Report and BH Referrals Quick Reference Guide have a process in place to monitor care coordination by the MCP and MHP direct, daily communication. Each MHP has a varied process to confirm the closed loop requirement with most activities being done through secure email or shared file platform. (2.1.1.2 , 2.1 Behavioral Health Referrals QRG 32023) **The corrective action for finding 2.1 is accepted.**
2.2 Coordination of Non-Specialty Mental Health Services and Specialty Mental Health Services The Plan did not coordinate with the County MHPs to facilitate care transitions and guide	P&P UM-56 was revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.2": Page 5 (Section III, A(5)(d-e))	UM-56: Mental Health Services 2.2.1 Memo 2.2.2 BH QRG for CMs V11.4.2024_redacted Memo attached indicating staff training frequency	10/8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "UM-56: Mental Health Services" (10/08/2024) which states that any concurrent NSMHS and SMHS for adults, as well as children under 21 years of age, will be coordinated between the MCP and MHP to ensure member choice. The MCP will coordinate with MHPs to facilitate care transitions and guide referrals for members receiving NSMHS to transition to a SMHS provider in accordance with All Plan Letter 22-028, Adult and Youth Screening

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
referrals for members receiving NSMHS to transition to an SMHS provider and vice versa.				and Transition of Care Tools for Medi-Cal Mental Health Services. (UM-56 RL, Page 5). » Updated Desktop Procedures, "BH Referrals" (11/25/2024) to demonstrate that the MCP has a process to communicate with MHPs regarding the provision of SMHS and NSMHS. The MCP administers the DHCS Screening Tool to indicate the severity of impairment caused by a mental health condition and direct care accordingly. When the MCP links members with their County MHP, the MCP performs a warm hand off to the MHP/County, sends the Tool, and completes a Contact Form. (2.2.2). **TRAINING** » Memo Response from the MCP (12/03/2024) which states that the MCP conducts staff training, as well as training with the ECM providers on the use of the bi-directional tools, No Wrong Door, and the bifurcation between NSMHS and SMHS. The training is done at least annually, and as indicated for new staff. Training is regularly provided to the MCP's care management staff and BH Access Leads on new or updates to existing regulatory requirements such as All Plan Letters and Senate Bills (i.e., No Wrong Door, Bi-directional tools, NSMHS). (2.2.1). » PowerPoint Slides, "The Basics of Behavioral Health Screening & Referrals" (2023) to demonstrate that the MCP conducted staff

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				training in regard to Behavioral Health Basics, Substance Use Disorders, and Referrals and Tracking. (BH Referrals 2023 for CM and ECM). **MONITORING AND OVERSIGHT** » Memo Response from the MCP (12/03/2024) which states that Molina monitors and tracks care transitions (i.e., NSMHS to SMHS and vice versa) between the MCP and MHP, and vice versa, by use of the DHCS required bi-directional transition tool when identified by a Molina in-network provider for higher level of care. When alerted by the MCP's network provider(s), the MCP completes the transition tool, documents the transition tool through the health plan's EHR, and alerts the MHP of the transition tool through the varied communication process to coordinate care. (2.2.1). » "Behavioral Health Referrals and Medi-Cal Bi-Directional Tools" (11/25/2024) which demonstrates that the MCP has implemented a monitoring process to track care transitions and referrals for members receiving NSMHS to transition to an SMHS provider and vice versa. The MCP tracks and reports on how the MCP coordinates care for their member's behavioral health needs. The bi-directional tool, a process to submit Transition of Care Tools and complete closed-loop referrals, meets the minimum necessary data and information requirements to facilitate referrals and coordinate

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				care per the MOU (APL 23-029: Specialty Mental Health Services Memorandum of Understanding Template). (Behavioral Health Referrals QRG 32023). **The corrective action plan for finding 2.2 is accepted.**
2.3 Information Exchange with the Mental Health Plan The Plan did not follow the written policies and procedures in its MOUs for the exchange of medical information. The Plan did not ensure timely sharing of information with the County MHPs.	P&P UM-56 was revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.3": Page 2 (Section III, A(1)(d))	UM-56: Mental Health Services 2.3.1 Memo	10/8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "UM-56: Mental Health Services" (10/08/2024) which states that the MCP is responsible for coordination of care with the county mental health plan inclusive of timely exchange of medical information in accordance with the MOU. (UM-56 RL, Page 2). » Memo Response from the MCP (12/03/2024) which states that the MCP and the MHPs have established data exchange for the purpose of confirming members landing through claims, as well as obtaining visibility of the MCP's members receiving SMHS. The data confirms the service modality/type which identifies members who may be receiving concurrent/non-duplicative mental health services. (2.2.1). » "D.0075 Good Faith Efforts to Execute MOU Status Report" to demonstrate that the MCP is already engaged with DHCS around the implementation of new MOU templates and corresponding

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				shared P&Ps with county behavioral health. Each quarter the MCP provides detailed updates around the MCP's progress toward execution in a document titled "D.0075 Good Faith Efforts to Execute MOU Status Report". The Plan's most recent Quarter 4, 2024 submission was approved by MCOD Submissions on March 20, 2025. (3.20.25 Clarification Request Email to MACC). **TRAINING** » PowerPoint Slides, "CA Medi-Cal MOU Training" (2024) to demonstrate that the MCP conducted staff training to provide an overview of memorandums of understanding and the related programs and services for 2024. (CA Medi-Cal MOU Training). **MONITORING AND OVERSIGHT** » Memo Response from the MCP (12/03/2024) which demonstrates that the MCP has established a BH Access Unit to ensure timely sharing of information and data exchange between the Plan and County MHP. The BH Access Unit oversees the sharing of information and data exchange between the Plan and County MHP. (2.3.1). **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
2.4 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.	P&P UM-57 was revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.4": Page 3 (Section III, 8) Page 6 (Section III, 15(h)(iv))	UM-57: Alcohol and Drug Treatment Services 2.4.1.1 Memo 2.4.1.2 BH Referrals Report 2.4.1.3 QRG Behavioral Health Referrals 8.21.2023 2.4.1.4 BH Training Power Point	10/8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICES AND PROCEDURES** » Policy UM-57 Alcohol and Drug Treatment Services was updated to clarify the MCP's responsibility to make good faith efforts to coordinate with county SUD treatment provider and to follow up with members referred for SUD services to understand barriers and make subsequent adjustments to referrals as needed. (UM-57 rL) **TRAINING** » Behavioral Health Referrals and Medi-Cal Bi-Directional Tools QRG, Behavioral Health Basics Medi-Cal PPT, BH Referrals, General demonstrate MCP staff has been trained to follow-up with members to ensure they land within the MHP system of care. (2.4.1.3, 2.4.1.4, 2.5 Behavioral Health Referrals QRG 32023) **MONITORING** » BH Referrals Report is used by the MCP to monitor follow-up of screenings. (2.4 BH Referrals Report - 512022 to 4302023) **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
2.5 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 adjustments to the referrals.	P&P UM-57 was revised to address DHCS' audit findings. Revised language is tagged "DHCS Finding 2.5": Page 6 (Section III, 15(h)(iv))	UM-57: Alcohol and Drug Treatment Services 2.5.1.1 Memo 2.5.1.2 BH Referrals Report 2.5.1.3 QRG Behavioral Health Referrals 8.21.2023 2.5.1.4 BH Training Power Point	10/8/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICES AND PROCEDURES** » Policy UM-57 Alcohol and Drug Treatment Services was updated to clarify the MCP's responsibility to make good faith efforts to coordinate with county SUD treatment provider and to follow up with members referred for SUD services to understand barriers and make subsequent adjustments to referrals as needed. (UM-57 rL) » Behavioral Health Referrals and Medi-Cal Bi-Directional Tools QRG, Behavioral Health Basics Medi-Cal PPT, BH Referrals, General demonstrate MCP staff has been trained to follow-up with members to ensure they land within the MHP system of care. (2.4.1.3, 2.4.1.4, 2.5 Behavioral Health Referrals QRG 32023) **MONITORING** » BH Referrals Report is used by the MCP to monitor follow-up of screenings. (2.5 BH Referrals Report - 512022 to 4302023) **The corrective action plan for finding 2.5 is accepted.**
2.6 Screening, Assessment, Brief Intervention, and	P&P UM-57 was revised to address DHCS' audit findings. Page 4, item 11	UM-57: Alcohol and Drug Treatment Services	10/8/2024 On-going monitoring	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
Referral to Treatment The Plan did not ensure PCPs maintained documentation of SABIRT services.	Additionally, Molina monitors our PCP network via the DHCS FSR/MRR process to ensure SABIRT services are provided and documented in the PCP medical records. Adult and pediatric MRR criteria align with and support the SABIRT APL 21-014. When deficiencies are identified during the MRR a Corrective Action Plan (CAP) is required to evidence correction and the adequate delivery of SABIRT services. Subsequent monitoring and reviews will be conducted per the established DHCS MRR periodicity (APL 22-017) and as needed.	Examples of CAPs are provided to demonstrate the identification of deficiencies related to the See the attached examples of CAPs which address the absence and/or inadequate delivery of and/or documentation of SABIRT services and evidence of correction. This also includes addressing instances of not using approved assessment and screening tools, as well as a lack of referral to appropriate services.		» Policy UM 57 Alcohol Drug Treatment Services was updated to contain monitoring language for SABIRT services. (UM-57 rL) **MONITORING** » Examples of MMR CAPs demonstrate the MCP is monitoring documentation of SABIRT services through the medical record review process. The MCP validates the use of the screening tool for SABIRT services. (“Medical Record Review CAP” file 2.6.1) **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
		2.6.1_4004 Beyer Blvd San Ysidro_SD_CAP See pp. 4, 8, 9, 12, 13, 14 2.6.2_2085 Montiel Rd Se 102 San Marcos_SD_CAP See pp. 3, 5, 7, 8, 12, 13, 26-31, 33-39		
2.7 Mental Health Screening The Plan did not ensure that network PCPs conducted mental health screenings of members.	Molina monitors our PCP network via the DHCS FSR/MRR process to ensure mental health screenings are conducted and documented in the PCP medical records. When deficiencies are identified during the MRR a CAP is required to evidence correction which includes completing mental health screenings according to USPSTF, AAP/Bright Futures and ACOG recommendations, as well as the use of validated screening tools.	See the attached CAPs as examples of monitoring for the timely completion of mental health screenings, addressing the use of validated screening tools, necessary referrals and proper documentation in	On-going monitoring	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy UM-56 Mental Health Services includes language includes language that addresses the provision of mental health screenings in its current form. No revision was necessary. (UM-56 rL) **TRAINING** » Q3 2023 Newsletter demonstrates the MCP has trained providers on the MCP's Enhanced Behavioral Toolkit. The Toolkit highlights common conditions that may present in the primary care setting,

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Subsequent monitoring and reviews will be conducted per the established DHCS MRR periodicity (APL 22-017) and as needed.	the PCP medical record. » 2.7.1_4004 Beyer Blvd San Ysidro_SD_CAP See pp. 6, 12, 13, 14 » 2.7.2_2085 Montiel Rd Se 102 San Marcos_SD_CAP See pp. 4, 7, 13		including recommended standardized screening and assessment tools, interventions and resources. The Toolkit is also highlighted in the Provider Manual, Provider Orientation and Provider website. (2023-Third-Quarter-Provider-Newsletter- Medi-Cal 10-3-23) **MONITORING** » Examples of MMR CAPs demonstrate the MCP is monitoring PCPs for the provision of mental health screenings by PCPs through the MCP's FSR/MRR process. (file 2.7.1 and 2.7.2, Medical Record Review CAPs) **The corrective action for finding 2.7 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 Physician Certification Statement Forms The Plan did not ensure members had the required PCS forms for NEMT services.	Molinaupdatedits policies and procedures to ensure that PCS forms containing the minimum required information are obtained before providing NEMT services, except in cases where a member requires a covered, medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted in advance. In such scenarios, the member's provider will be required to submit a PCS form post-service. Molina updated its policies to ensure annual audits of Molina's transportation broker includes review of evidence to demonstrate PCS form submission prior to members receiving transportation services.	MCA-HCS-372.00.02 Medical Transportation Services Policy Addendum (All LOBs) MCA-DO-94.01 Transportation Vendor Oversight Procedure 2023 DHCS Audit CAP_3.1 Monitoring Evidence Memo_04-15-25 Molina_NEMT PCS Log_Non-LA_Jan-25 to Feb-25 2025 DHCS Audit_Molina_NEMT Log_March 2025	01/01/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "DO 94.01: Transportation Vendor Oversight Procedure" includes a section that states the Plan will verify that a copy of a current & completed PCS form is on file for all NEMT requests before NEMT transport is provided. (PROCEDURE, A., 1., g. (e), page 3) **TRAINING** » Plan procedure "MCA-HCS_371.00.02" demonstrates how the Plan notified all providers of changes to the Medical Transportation Services. The procedure document provides a State Variance Reference Table, outlining citations & requirements pertaining to the Transportation benefit. This procedural document was sent to all providers. (See MCA-HCS-372.00.02) **MONITORING AND OVERSIGHT** » Plan policy "DO 94.01: Transportation Vendor Oversight Procedure" states that the Plan monitors the PCS form status for

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				all NEMT services on a monthly basis. (PROCEDURE, C. Monitoring, 1. v., page 3) » Plan tracker "2025 DHCS Audit_Molina_NEMT Log_March 2025" demonstrates the tool being used by the Plan to track NEMT service requests. The tracker includes a component for whether the PCS form was received prior to the trip being completed. (See 2025 DHCS Audit_Molina_NEMT Log_March 2025) **The corrective action plan for finding 3.1 is accepted.**
3.2 Delegating the Review and Approval of the Physician Certification Statement Form The Plan delegated the review and approval of the PCS form to its transportation broker.	Molina updated its policies and procedures to ensure that all PCS forms received are reviewed for completion of the minimum required information prior to authorizing NEMT services, except in cases where a member requires a covered, medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted in advance. In such scenarios, the member's provider will be required to submit a PCS form post-service.	MCA-HCS-372.00.02 Medical Transportation Services Policy Addendum (All LOBs) 2023 DHCS Audit CAP_3.2 Monitoring Evidence Memo_04-15-25	01/01/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan procedure "MCA-HCS_371.00.02" includes revisions made to update that the Plan will be responsible for the review & approval of the PCS forms. Revisions made state that the Plan will not delegate the review & approval of the PCS form to its transportation brokers. Language includes that the Plan, nor the broker can modify the PCS form received from the patient's provider, as well as stating that the Plan will verify that a completed PCS form is on file prior to any services being rendered. (MCA-HCS-370.00.02, III. State Variances Reference Table, page 1-4)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				TRAINING » Plan procedure "MCA-HCS_371.00.02" demonstrates how the Plan notified all providers of changes to the Medical Transportation Services. The procedure document provides a State Variance Reference Table, outlining citations & requirements pertaining to the Transportation benefit. This procedural document was sent to all providers. (See MCA-HCS-372.00.02) **MONITORING AND OVERSIGHT** » Plan response "3.2 Monitoring Evidence Memo_04-15-25" demonstrates how the Plan is monitoring & overseeing the PCS form review & approval. Since the deficiency was identified, the Plan has implemented changes to its internal system in order for them to review & approve every PCS form with NEMT request. The Plan provided a sample PCS form to demonstrate the plan's review process on the portal utilized by the plan to store & review PCS forms. (See 2023 DHCS Audit CAP_3.2 Monitoring Evidence Memo_04-15-25) **The corrective action plan for finding 3.2 is accepted.**
3.3 Transportation Liaison The Plan did not have a direct line to	Molina updated its policy and procedure to reflect information about Molina's transportation liaison and the process for obtaining	MCA-HCS-372.00.02 Medical Transportation Services Policy Addendum (All LOBs)	01/01/2025	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
the transportation liaison and the transportation liaison did not process authorizations after business hours.	authorizations from Molina after business hours for transportation services.	2023 DHCS Audit CAP_3.3 Monitoring Evidence Memo_04-15-25		» Plan procedure "MCA-HCS_371.00.02" includes revisions made to update that a transportation liaison will be available for providers & members to contact for requesting, scheduling & tracking during & after business hours. Additionally, the transportation broker will maintain a dedicated phone line that is available 24/7 for providers & members. (MCA-HCS-370.00.02, III. State Variances Reference Table, page 4-5) **TRAINING** » Plan procedure "MCA-HCS_371.00.02" demonstrates how the Plan notified all providers of changes to the Medical Transportation Services. The procedure document provides a State Variance Reference Table, outlining citations & requirements pertaining to the Transportation benefit. This procedural document was sent to all providers. (See MCA-HCS-372.00.02) **MONITORING AND OVERSIGHT** » Plan document "Transportation Liaison Filing Confirmation" provides evidence of the Plan having a direct line to the transportation liaison for processing authorization during & after business hours. (See 3.3 Transportation Liaison Filing Confirmation) » Plan document "Monitoring Evidence Memo" demonstrates the Plan's submission & approval of the provided direct phone

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				numbers for the transportation liaison. The contact numbers were sent directly to DHCS. (See 3.3 Monitoring Evidence Memo) **The corrective action plan for finding 3.3 is accepted.**
3.4 Authorizing Urgent Non-Emergency Medical Transportation The Plan did not authorize urgent NEMT when the NEMT provider was late or did not arrive at the scheduled pick-up time to ensure the member did not miss their appointment.	Molina updated policies and procedures to document its auto-authorization process for urgent NEMT when an NEMT provider is late or does not arrive at the scheduled pick-up time. Additionally, Molina's transportation brokerupdated its policy and procedure related to the scheduling of urgent trips to reflect the scenarios covered by the auto-authorization process.	AL Trip Auth PnP American Logistics_Urgent Trip Authorizations Policy_09-16-2024 MCA-HCS-372.00.02 Medical Transportation Services Policy Addendum (All LOBs) 2023 DHCS Audit CAP_3.4 Monitoring Evidence Memo_04-15-25 MHCDO_NEMT Provider Delayed_No-Show Report_AL_Q1 2025	01/01/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan procedure "MCA-HCS_371.00.02" includes revisions made to include that the Plan will authorize urgent NEMT when the NEMT provider is late or did not arrive at the scheduled pick-up time. Procedure states the Plan will have a transportation liaison for providers & members to contact for requesting, scheduling, & tracking urgent/non-urgent NEMT transportation, both during & after business hours will be available. (MCA-HCS-370.00.02, III. State Variances Reference Table, page 4-5) **TRAINING** » Plan procedure "MCA-HCS_371.00.02" demonstrates how the Plan notified all providers of changes to the Medical Transportation Services. The procedure document provides a State Variance Reference Table, outlining citations & requirements pertaining to the Transportation benefit. This procedural document was sent to all providers. (See MCA-HCS-372.00.02)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				MONITORING AND OVERSIGHT » Plan report "NEMT Provider Delayed_No-Show Report_AL_Q1 2025" demonstrates the Plan's monitoring & oversight of when a provider was late or did not arrive at the scheduled pick-up time. The report highlights that the members did not receive another mode of transportation due to their appointment being rescheduled. (See MHCDO_NEMT Provider Delayed_No-Show Report_AL_Q1 2025) **The corrective action plan for finding 3.4 is accepted.**
3.5 Ambulatory Door-to-Door The Plan did not ensure the delegate, American Logistics, provided the appropriate level of service for members requiring ambulatory door-to-door service.	Molina updated its policies to include the review of transportation level of service validation during the transportation broker's annual audits. This review is designed to ensure its broker provides the appropriate level of service for members requiring ambulatory, door-to-door service.	MCA-DO-94.01 Transportation Vendor Oversight Procedure 2023 DHCS Audit CAP_3.5 Monitoring Evidence Memo_04-15-25 MHCDO_Transportation Level of Service Modification_Feb 2025	01/01/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "MCA-DO-94.01 Transportation Vendor Oversight Procedure" outlines the Plan's process for verifying the broker is providing the appropriate level of service for members requiring ambulatory door-to-door services. The procedure states that the Plan verifies the transportation broker/providers are not downgrading members' level of transportation from NEMT to NMT. This is monitored on a monthly basis through the *Transportation Level of Service Modification* tracker. (II. Procedure, A. Routine Audit and Follow-up Audits, 1. Audit Review Procedures, g. i. (e)(iii.), page 3)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				MONITORING AND OVERSIGHT » Plan report "Transportation Level of Service Modification" demonstrates how the Plan is monitoring for the appropriate level of service for members requiring ambulatory door-to-door service is being provided. The report includes the service type, providing evidence that ambulatory door-to-door service is being requested & fulfilled. (See MHCDO_Transportation Level of Service Modification_Feb 2025) *The Plan demonstrated efforts to remediate the finding through the corrective actions mentioned and ensure transportation brokers and/or providers are providing NEMT door-to-door service when prescribed. DHCS expects full compliance from the Plan with the next iteration of APL 22-008 within 90 days upon release. All door-to-door services must be provided under the NEMT benefit. Future audits will reassess the implementation and effectiveness of the corrective actions taken.* **The corrective action plan for finding 3.5 is accepted.**