Managed Care Program Annual Report (MCPAR) for California: California Department of Health Care Services Behavioral Health Drug Medi-Cal Organized Delivery System (DMC-ODS)

Due date 12/27/2024	Last edited 12/24/2024	Edited by Farrah Samimi	Status Submitted
	Indicator	Response	
	Exclusion of CHIP from MCPAR	Not Selected	
	Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.		

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name	California
	Auto-populated from your account profile.	
A2a	Contact name	Farrah Samimi
	First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	Farrah.Samimi@dhcs.ca.gov
A3a	Submitter name	Farrah Samimi
	CMS receives this data upon submission of this MCPAR report.	
A3b	Submitter email address	farrah.samimi@dhcs.ca.gov
	CMS receives this data upon submission of this MCPAR report.	
A4	Date of report submission	12/26/2024
	CMS receives this date upon submission of this MCPAR report.	

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date	07/01/2023
	Auto-populated from report dashboard.	
A5b	Reporting period end date	06/30/2024
	Auto-populated from report dashboard.	
A6	Program name	California Department of Health Care Services
	Auto-populated from report dashboard.	Behavioral Health Drug Medi-Cal Organized Delivery System (DMC-ODS)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Alameda
	Contra Costa
	El Dorado
	Fresno
	Humboldt
	Imperial
	Kern
	Los Angeles
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Monterey
	Napa
	Nevada
	Orange
	Placer
	Riverside
	Sacramento
	San Benito
	San Bernardino
	San Diego
	San Francisco
	San Joaquin
	San Luis Obispo
	San Mateo
	Santa Barbara

Santa Clara
Santa Cruz
Shasta
Siskiyou
Solano
Stanislaus
Tulare
Ventura
Yolo
Lassen

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Alameda
	Contra Costa
	El Dorado
	Fresno
	Humboldt
	Imperial
	Kern
	Lassen
	Los Angeles
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Monterey
	Napa
	Nevada
	Orange
	Placer
	Riverside
	Sacramento
	San Benito
	San Bernardino
	San Diego
	San Francisco
	San Joaquin
	San Luis Obispo
	San Mateo

Santa Barbara
Santa Clara
Santa Cruz
Shasta
Siskiyou
Solano
Stanislaus
Tulare
Ventura
Yolo

Add In Lieu of Services and Settings (A.9)



⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs other than short term stays in an Institution for Mental Diseases (IMD) are authorized for this managed care program. Enter the name of each ILOS offered as it is identified in the managed care plan contract(s). Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Not answered

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment	14,855,663
	Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	
BI.2	Statewide Medicaid managed care enrollment	96,753
	Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	

Topic III. Encounter Data Report

Indicator	Response
Data validation entity	Proprietary system(s)
Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	
HIPAA compliance of proprietary system(s) for encounter data validation	Yes
Were the system(s) utilized fully HIPAA compliant? Select one.	
	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information. HIPAA compliance of proprietary system(s) for encounter data validation Were the system(s) utilized fully

Topic X: Program Integrity

BX.1 Payment risks between the state and plans

Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program.

Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.

The State's program integrity activities involve reviewing encounter data and claims for anomalies and questionable billing patterns under both the managed care plan (MCP) model and fee-for-service (FFS) model. The State performs data analytics to detect fraudulent activities, suspicious providers, and emerging fraud trends within the Medi-Cal program. Actionable leads generated from data analytics and case development efforts are then prioritized and investigated for suspected fraud, waste and abuse. The conclusion of these investigations may result in criminal referrals to the State's Medicaid Fraud Control Unit (MFCU) and/or administrative actions (e.g., educational letter, sanctions, penalties, overpayment recovery) taken against the provider. Recent cases involve prescription drugs and hospice services. Risks identified involving prescription drugs cases are phantom claims (billing for prescriptions not dispensed), unauthorized automatic refills, and dispensing of expensive alternatives to generic drugs. Risks identified involving hospice cases are services not rendered (false claims), kickbacks, false diagnosis, and identity theft. In addition to requiring each MCP to maintain a comprehensive program integrity plan to combat fraud, waste and abuse the State conducts annual managed care contract compliance audits. The results of these audits are used in part by the State to achieve its managed care contract oversight and monitoring objectives. Audit results are used to pursue Corrective Action Plans (CAP) from MCPs, and support sanctions and penalties imposed on non-compliant plans when warranted.

BX.2 Contract standard for overpayments

Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.

State requires the return of overpayments

BX.3

Location of contract provision stating overpayment standard

DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment, I, Section H. Additional Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).

Program Integrity Safeguards, 5. Program Integrity Requirements (42 CFR §438.608).

BX.4 Description of overpayment contract standard

Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.

Per their Contract with the State and Information Notice 19-034, Counties are required to specify the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse. The counties and any subcontractor or any network provider of the County shall report to the Department within 60 calendar days when it has identified an overpayment. The Counties are not permitted to retain some or all of the recoveries of overpayments. Counties must report annually to the Department on their recoveries of overpayments.

BX.5 State overpayment reporting monitoring

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a) (7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

Per Information Notice 19-034 Counties are required to submit a report of overpayments that have been voided from Short Doyle Medi-Cal adjudication system annually by the last day of February for the prior State Fiscal Year. The Short Doyle County Support team tracks and logs submissions of the reports from the county plans.

BX.6 Changes in beneficiary circumstances

Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

DHCS receives the change status from counties through their data entry submissions in the State's MEDS system.

BX.7a Changes in provider circumstances: Monitoring plans

Does the state monitor whether plans report provider "for cause" terminations in a

Yes

timely manner under 42 CFR 438.608(a)(4)? Select one.

BX.7b Changes in provider circumstances: Metrics

No

Does the state use a metric or indicator to assess plan reporting performance? Select one.

BX.8a Federal database checks: Excluded person or entities

Nο

During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.9a Website posting of 5 percent or more ownership control

No

Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.

BX.10 Periodic audits

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.

No such audits were conducted during the reporting year.

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	Drug Medi Cal – Organized Delivery System Contract
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2022
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.dhcs.ca.gov/provgovpart/Pages/co unty-implementation-plans.aspx
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Prepaid Inpatient Health Plan (PIHP)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-forservice should not be listed here.	Behavioral health
C11.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	Yes, by Service Area.
C11.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per	96,753

month during the reporting year (i.e., average member months).

C11.6 Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

1. Peer Support Services (PSS) program implementation and requirements. BHINs 21-041, 22-006, 22-018 2. Community-Based Mobile Crisis Intervention Services benefit is a critical component of an effective behavioral health crisis continuum of care. Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Services are designed to provide relief to members experiencing a behavioral health crisis, including through deescalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Per BHIN 23-025, services are covered and reimbursable prior to determination of a mental health or SUD diagnosis, or a determination that the beneficiary meets access criteria for SMHS, DMC and/or DMC-ODS services. 3. Language from BHIN 23-001 added for Prohibition of county wait lists. 4. MCPAR Grievance and Appeal Reporting provided language from CPOMBD from BHIN 22-070. 5. Revised Beneficiary Handbook Requirements to align with MCPAR. 6. Language added for Quality Improvement and Health Equity Committee (QIHEC). 7. Aligned DMC-ODS boilerplate with MHP boilerplate regarding excluded providers. 8. California received approval to provide Contingency Management services as part of its CalAIM 1115 Demonstration Waiver. The benefit is available to 24 Drug Medi-Cal Organized Delivery System counties that have opted into the benefit. Eligible Medi-Cal members participate in a structured 24-week outpatient program, followed by six or more months of additional recovery support services. Individuals are able to earn motivational incentives in the form of low-denomination gift cards, with a retail value determined per treatment episode.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	Uses of encounter data For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Policy making and decision support
C1III.2	Criteria/measures to evaluate MCP performance What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Use of correct file formats
C1III.3	Encounter data performance criteria contract language Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	DMC-ODS Intergovernmental Agreement FF (2-3)

C1III.4 Financial penalties contract language

Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.

On page 156 - Article III(MM)(8) Failure to Meet Reporting Requirements CAPS language outlines expectations i. Failure to meet required reporting requirements shall result in: a. DHCS shall issue a Notice of Deficiency to Contractor regarding specified providers with a deadline to submit the required data and a request for a CAP to ensure timely reporting in the future. DHCS shall approve or reject the CAP or request revisions to the CAP, which shall be resubmitted to DHCS within 30 days. b. If the Contractor has not ensured compliance with the data submission or CAP request within the designated timeline, then DHCS may withhold funds until all data is submitted. DHCS shall inform the Contractor when funds shall be withheld. -Page 163 - Article III(VV)(1)(ii) VV. Performance Provisions 1. Monitoring i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this Agreement. Monitoring criteria shall include, but not be limited to: a. Whether the quantity of work or services being performed conforms to this Exhibit, b. Whether the Contractor has established and is monitoring appropriate quality standards. c. Whether the Contractor is abiding by all the terms and requirements of this Agreement. d. Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by using a Secure Managed File Transfer system specified by DHCS. ii. Failure to comply with the above provisions shall constitute grounds for DHCS to suspend or recover payments, subject to the Contractor's right of appeal, or may result in termination of this Agreement or both. In DMC-ODS (Ex. A Att. 1) -Page 22 - Article II(C)(5)(iv) authoizes financial penalties for this failure: iv. The Department may impose administrative and monetary sanctions, including the temporary withhold of federal financial participation and realignment payments on the Contractor for violations of the terms of this contract, and applicable federal and state law and regulations, or the state plan or approved waivers, or for other good cause in accordance with W&I Code § 14197.7 and guidance issued

by the Department pursuant to subdivision (r) of W&I Code § 14197.7.

C1III.5 Incentives for encounter data quality

Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.

No barriers experienced

N/A

C1III.6 Barriers to collecting/validating encounter data

Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	State's definition of "critical incident", as used for reporting purposes in its MLTSS program	N/A
	If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	
C1IV.2	State definition of "timely" resolution for standard appeals Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	Plans are to resolve standard appeals within 30 calendar days of receipt. Plans may extend the resolution timeframes for appeals by up to 14 calendar days if either of the following two conditions apply: a. The beneficiary requests the extension; or, b. The Plan demonstrates, to the satisfaction of DHCS upon request, that there is a need for additional information and how the delay is in the beneficiary's best interest.
C1IV.3	State definition of "timely" resolution for expedited appeals Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	For expedited resolution of an appeal and notice to the beneficiary and provider, Federal regulations require the Plan to resolve the appeal within 72 hours from receipt of the appeal. Plans may extend the timeframe for expedited appeals resolution by 14 calendar days in accordance with federal regulations.

C1IV.4 State definition of "timely" resolution for grievances

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

Plans shall comply with the established timeframe of 90 calendar days for resolution of grievances, except as noted below. -The timeframe for resolving grievances related to disputes of a Plan's decision to extend the timeframe for making an authorization decision shall no exceed 30 calendar days. -Federal regulations allow the Plan to extend the timeframe for an additional 14 calendar days if the beneficiary requests the extension or the Plan shows (to the satisfaction of DHCS, upon request) that there is need for additional information and how the delay is in the beneficiary's interest.

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	Gaps/challenges in network adequacy What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.	1) The Department of Health Care Services (DHCS) Behavioral Health (BH) is challenged by the length of time it takes to complete analyses of network adequacy data for the network capacity and composition section, as well as the time or distance data due to rudimentary data collection tools. 2) DHCS BH is challenged with collecting data from the Drug Medi-Cal Organized Delivery System (DMC-ODS) plans on the Timely Access Data Tool due to expanding compliance metrics in all levels of urgency. 3) DHCS BH collects language line contracts or invoices in order to determine compliance with language capabilities.
C1V.2	State response to gaps in network adequacy How does the state work with MCPs to address gaps in network adequacy?	1) DHCS BH has proposed and is currently implementing a standardized, uniform collection system for DMC-ODS provider network data reporting which will allow for expanded tracking and monitoring of the full array of DMC-ODS services as well as increased frequency of analyses. 2) DHCS BH is exploring options to automate the collection of timely access data from the DMC-ODS plans and providers. 3) For the upcoming SFY 2024-25, DHCS BH initiated a standardized data collection method to evaluate language

capabilities. DHCS BH is in the process of evaluating the data to develop a quantitative methodology for determining compliance.

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



C2.V.1 General category: General quantitative availability and accessibility standard

1/6

C2.V.2 Measure standard

The maximum time to travel: Large counties is 30 minutes Medium counties is 60 minutes Small counties is 75 minutes Rural counties is 90 minutes

C2.V.3 Standard type

Maximum time to travel

C2.V.4 ProviderC2.V.5 RegionC2.V.6 PopulationBehavioral healthLarge countiesAdult and pediatricMedium counties

Small counties Rural

counties

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

2/6

C2.V.2 Measure standard

The maximum distance to travel: Large counties is 15 miles Medium counties is 30 miles Small counties is 45 miles Rural counties is 60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	Large counties	Adult and pediatric
	Medium counties	
	Small counties Rural	
	counties	

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods



C2.V.1 General category: General quantitative availability and accessibility standard

3/6

C2.V.2 Measure standard

Reported maximum number of members must exceed the reported expected utilization for all modalities: Outpatient Treatment Services and Intensive Outpatient Treatment Services, Residential Treatment Services and Narcotic Treatment Programs/Opioid Treatment Programs

C2.V.3 Standard type

Service Availability/Service Fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population		
Behavioral health	N/A	Adult and pediatric		

C2.V.7 Monitoring Methods

DHCS BH methodology calculates anticipated need for DMC-ODS and county reported collection tool that captures site detail to determine if the DMC-ODS are service availability.

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

4/6

C2.V.2 Measure standard

Outpatient SUD 10 Days

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population		
Behavioral health	N/A	Adult and pediatric		

C2.V.7 Monitoring Methods

DHCS BH utilizes timely access data tool to monitor appointment data for new members.

C2.V.8 Frequency of oversight methods



C2.V.1 General category: General quantitative availability and accessibility standard

5/6

C2.V.2 Measure standard

Opioid Treatment Programs 3 Days

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	N/A	Adult and pediatric

C2.V.7 Monitoring Methods

DHCS BH utilizes timely access data tool to monitor appointment data for new members.

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: Exception to quantitative standard

6/6

C2.V.2 Measure standard

DHCS BH approves or denies alternative access standards (i.e. exceptions) based on four requirements: 1) Identifying at least two out network providers 2) Seasonal considerations 3) Terrain (i.e. mountains) 4) telehealth (DMC-ODS counties must allow in-person services when requested by members and provide transpiration).

C2.V.3 Standard type

DHCS BH approves DMC-ODS counties exceptions request on a case by case basis due to the unique challenges found in the State of California and in the county.

C2.V.4 Provider C2.V.5 Region

Behavioral health Time or Dista

Time or Distance Standards: Large counties Medium counties Small counties Rural

counties

C2.V.6 PopulationAdult and pediatric

C2.V.7 Monitoring Methods

DHCS BH collects and validates supporting documentation to approve or deny alternative access standards by demonstrating good faith efforts to contract with out of network providers. For telehealth validation, DHCS BH reviews provider collection tool. For terrain considerations, DHCS BH utilizes geomapping though the Environmental Systems Research Institute.

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://www.dhcs.ca.gov/individuals/Pages/SUD _County_Access_Lines.aspx
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, inperson, and via auxiliary aids and services when requested.	The Drug Medi-Cal Organized Delivery System Intergovernmental Agreement states the requirement for counties to offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities. This ensures services be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.
C1IX.3	How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	DHCS evaluates the quality, effectiveness, and efficiency through annual compliance monitoring activities, quarterly 24/7 access line test calls, grievance and appeal reporting, annual consumer perception survey and annual external quality reviews.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure	No
	Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	Does this program include MCOs?	Yes
	If "Yes", please complete the following questions.	
C1XII.5	Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?	Yes
	(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	
C1XII.6	Did the State or MCOs complete the most recent parity analysis(es)?	State
C1XII.7a	Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?	No
	(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	
C1XII.8	When was the last parity analysis(es) for this program completed?	10/02/2017
	States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).	
C1XII.9	When was the last parity analysis(es) for this program	10/02/2017

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a

In the last analysis(es) conducted, were any deficiencies identified?

Yes

C1XII.10b

In the last analysis(es) conducted, describe all deficiencies identified.

Deficiencies were identified and DHCS issued policy guidance through Information Notices (IN). 1. DHCS found deficiencies in the authorization processes and timeframes for specialty mental health services. The deficiencies were addressed via IN 22-016 and IN 22-017. 2. DHCS found deficiencies in the Statewide Credentialing Policy. The deficiencies were addressed via IN 22-070. 3. DHCS found deficiencies in the Statewide Continuity of Care Policy. The deficiencies were addressed via IN 18-059. 4. DHCS found deficiencies in the network adequacy standards. The standard for time and distance and timely access to care was aligned through the Statewide Network Adequacy Standards statute and addressed via IN 22-070. DHCS found deficiencies in the Standardize Notice of Action Forms and disclosure requirements. The deficiencies were addressed via IN 18-010E, IN 22-036, and IN 22-070.

C1XII.11a

As of the end of this reporting period, have these deficiencies been resolved for all plans?

Yes

C1XII.12a

Has the state posted the current parity analysis(es) covering this program on its website?

Yes

The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report.

States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

C1XII.12b

Provide the URL link(s).

Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.

https://www.dhcs.ca.gov/formsandpubs/Pages/MentalHealthParity.aspx#:~:text=Parity%20compliance%20requires%20that%20the,prescription%20drugs%2C%20and%20emergency%20services.

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment	Alameda
	Enter the average number of individuals enrolled in the plan per month during the reporting	1,203
	year (i.e., average member months).	Contra Costa
	mentals).	2,302
		El Dorado
		572
		Fresno
		5,787
		Humboldt
		924
		Imperial
		918
		Kern
		3,409
		Los Angeles
		21,778
		Marin
		580
		Mariposa
		100
		Mendocino
		457
		Merced
		969
		Modoc

N/A

М	0	n	t	e	r	e	V

1,155

Napa

182

Nevada

621

Orange

5,980

Placer

924

Riverside

5,356

Sacramento

4,844

San Benito

182

San Bernardino

3,879

San Diego

11,833

San Francisco

3,149

San Joaquin

1,728

San Luis Obispo

1,514

921

Santa Barbara

2,138

Santa Clara

2,866

Santa Cruz

1,186

Shasta

1,236

Siskiyou

141

Solano

995

Stanislaus

2,103

Tulare

2,011

Ventura

2,395

Yolo

369

Lassen

N/A

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1)

0% 0%

Contra Costa

El Dorado

0%

Fresno

0%

Humboldt

0%

Imperial

0%

Kern

0%

Los Angeles

0.1%

Marin

0%

Mariposa

0%

Mendocino

0%

Merced

0%

Modoc

N/A

Monterey

0%

Napa
0%
Nevada
0%
Orange
0%
Placer
0%
Riverside
0%
Sacramento
0%
San Benito
0%
San Bernardino
0%
San Diego
0.1%
San Francisco
0%
San Joaquin
0%
San Luis Obispo
0%

San Mateo

Santa Barbara

0%

Santa Clara

0%

Santa Cruz

0%

Shasta

0%

Siskiyou

0%

Solano

0%

Stanislaus

0%

Tulare

0%

Ventura

0%

Yolo

0%

Lassen

N/A

D11.3 Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid

Alameda

1.2%

Contra Costa

enrollment in any type of 2.4% managed care? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid managed care enrollment (B.I.2)

El Dorado

0.6%

Fresno

6%

Humboldt

1%

Imperial

0.9%

Kern

3.5%

Los Angeles

22.5%

Marin

0.6%

Mariposa

0.1%

Mendocino

0.5%

Merced

1%

Modoc

N/A

Monterey

1.2%

Napa

0.2% Nevada 0.6% Orange 6.2% Placer

1%

Riverside

5.5%

Sacramento

5%

San Benito

0.2%

San Bernardino

4%

San Diego

12.2%

San Francisco

3.3%

San Joaquin

1.8%

San Luis Obispo

1.6%

San Mateo

1%

Santa Barbara

2.2%
Santa Clara
3%
Santa Cruz
1.2%
Shasta
1.3%
Siskiyou
0.1%
Solano
1%
Stanislaus
2.2%
Tulare
2.1%
Mandana
Ventura
2.5%
Yolo
I OIO

0.4%

Lassen

N/A

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR)	Alameda
Per 42 C Managed Report n informat performat PIHP, an experien If MLR da this repo data lags calculate	What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual	0%
	Report must provide information on the Financial	Contra Costa
	performance of each MCO, PIHP, and PAHP, including MLR	0%
	If MLR data are not available for	El Dorado
	this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and	0%
	indicate the reporting period in item D1.II.3 below. See Glossary	Fresno
	in Excel Workbook for the regulatory definition of MLR.	0%
	Write MLR as a percentage: for example, write 92% rather than 0.92.	Humboldt
	0.92.	0%
		Imperial
		0%
		Kern
		0%
		Los Angeles
		0%
		Marin
		0%
		Mariposa
		0%
		Mendocino
		0%
		Merced
		0%

Modoc

Monterey
0%
Napa
0%
Nevada
0%
Orange
0%
O /U
Placer
0%
Riverside
0%
Sacramen
0%
San Benit
0%
C
San Berna
0%
San Diego
o%
O 70
San Franc
0%
-
San Joaqu
00/

ара % evada range % lacer % iverside % cramento % n Benito % an Bernardino % an Diego % an Francisco % an Joaquin 0%

San Luis Obispo

0%
San Mateo
0%
Santa Barbara
0%
Santa Clara
0%
Santa Cruz
0%
Shasta
0%
Siskiyou
-
0%
0%
0% Solano
0% Solano 0%
0% Solano 0% Stanislaus
O% Solano O% Stanislaus O%
O% Solano O% Stanislaus O% Tulare
O% Solano O% Stanislaus O% Tulare O%
O% Solano O% Stanislaus O% Tulare O% Ventura

D1II.1b

Level of aggregation

Alameda

Lassen

0%

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Contra Costa

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

El Dorado

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Fresno

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Humboldt

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Imperial

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards

is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Kern

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Los Angeles

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Marin

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Mariposa

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Mendocino

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a

list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Merced

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Modoc

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Monterey

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Napa

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Nevada

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to

Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Orange

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Placer

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Riverside

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Sacramento

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Benito

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Bernardino

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Diego

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Francisco

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Joaquin

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

San Luis Obispo

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Santa Barbara

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Santa Clara

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Santa Cruz

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Shasta

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Siskiyou

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards

is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Solano

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Stanislaus

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Tulare

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Ventura

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Yolo

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a

list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

Lassen

Other, specify – DHCS is unable to collect this information since Medical Loss Ratio Standards is not applicable to behavioral health. The 1915(b) waiver, approved by CMS, contains a list of 42 CFR 438 sections that do not apply to Mental Health Plans and Drug Medi-Cal Organized Delivery System counties.

D1II.2 Population specific MLR description

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.

Alameda

N/A

Contra Costa

N/A

El Dorado

N/A

Fresno

N/A

Humboldt

N/A

Imperial

N/A

Kern

N/A

Los Angeles

N/A

Marin

N/A

Mariposa

N/A

Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A
Orango
Orange
N/A
Placer
N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A
San Bernardino
N/A

San Diego

N/A

San Francisco
N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Cruz
N/A
Shasta
N/A
Siskiyou
N/A
Solono
Solano
N/A
Stanislaus
N/A
Tulare
N/A
Ventura

		N/A
		Wala
		Yolo
		N/A
		Lassen
		N/A
D1II.3	MLR reporting period	Alameda
	discrepancies	No
	Does the data reported in item D1.II.1a cover a different time	NO
	period than the MCPAR report?	Contra Costa
		No
		El Dorado
		No
		Fresno
		No
		Humboldt
		No
		Imperial
		No
		Kern
		No
		Los Angeles

No

Marin

No

Mariposa

No

Mendocino

No

Merced
No
Modoc
No
••
Monterey
No
Napa
No
Nevada
No
Orange
No
Placer
No
Riverside
No
Sacramento
No
San Benito
No No
San Bernardino
No
San Diego
No

San Francisco

No

San Joaquin
No
San Luis Obispo
No
San Mateo
No
Santa Barbara
No
Santa Clara
No
Santa Cruz
No
Shasta
No
Siskiyou
No
Solano
Solano
No
Stanislaus
No
INO
Tulare
No
Ventura
No

Yolo

No

Lassen

No

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	Definition of timely	Alameda
encounter data submissions Describe the state's standard for timely encounter data	12 months	
	submissions used in this program.	Contra Costa
If reporting frequencies and standards differ by type of encounter within this program, please explain.	12 months	
	El Dorado	
	12 months	
		Fresno
		12 months
		Humboldt
		12 months
		Imperial
		12 months
		Kern
		12 months
		Los Angeles
		12 months
		Marin
		12 months
		Mariposa
		12 months
		Mendocino
		12 months
		Merced
		12 months
		Modoc

Napa
12 months
Nevada
12 months
Orange
12 months
Placer
12 months
Riverside
12 months
Sagramente
Sacramento
12 months
San Benito
12 months
San Bernardino
12 months
San Diego
12 months
San Francisco
12 months

San Joaquin
12 months
San Luis Obispo

12 months

Monterey 12 months

12 months
San Mateo
12 months
Santa Barbara
12 months
Santa Clara
12 months
Santa Cruz
12 months
Shasta
12 months
Siskiyou
12 months
Solano
12 months
Stanislaus
12 months
Tulare
12 months
Ventura
12 months
Yolo
12 months
Lassen
12 months

D1III.2 Share of encounter data submissions that met state's timely submission

requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Alameda

47.614%

Contra Costa

99.536%

El Dorado

99.973%

Fresno

99.675%

Humboldt

99.882%

Imperial

99.993%

Kern

99.489%

Los Angeles

99.508%

Marin

99.944%

Mariposa

100%

Mendocino

99.797%

Merced

99.937%

Modoc

100%

N 8 8 9

Monterey

99.88%

Napa

86.385%

Nevada

99.939%

Orange

99.974%

Placer

99.961%

Riverside

98.199%

Sacramento

99.961%

San Benito

99.701%

San Bernardino

99.941%

San Diego

99.977%

San Francisco

99.93%

San Joaquin

99.998%

San Luis Obispo

99.665%

San Mateo

99.994%

Santa Barbara

99.99%

Santa Clara

99.111%

Santa Cruz

99.952%

Shasta

99.861%

Siskiyou

99.869%

Solano

99.361%

Stanislaus

99.723%

Tulare

99.966%

Ventura

99.846%

Yolo

99.125%

Lassen

100%

D1III.3

Share of encounter data submissions that were HIPAA compliant

Alameda

NR

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Contra Costa

67.56%

El Dorado

93.87%

Fresno

99.55%

Humboldt

60.03%

Imperial

94.17%

Kern

87.74%

Los Angeles

50.79%

Marin

75.32%

Mariposa

93.63%

Mendocino

57.76%

Merced

81.09%

Modoc

NR

Monterey

91.04%

Napa
91.74%
Nevada
84.58%
Orange
NR
Placer
51.13%
Riverside
98.06%
Sacramento
82.03%
San Benito
69.4%
San Bernardino

72.98%

San Diego

98.56%

San Francisco

81.76%

San Joaquin

85.32%

San Luis Obispo

64.86%

San Mateo

85.38%

Santa Barbara
70.22%
Santa Clara
66.29%
Santa Cruz
NR
Shasta
74.52%
Siskiyou
NR
Solano
50.94%
Stanislaus
88.88%
Tulare
99.36%
55.5670
Ventura
95.97%
Yolo
92.38%
Lassen
NR



⚠ Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level)	Alameda
	Enter the total number of	0
appeals resolved during the reporting year. An appeal is "resolved" at the	Contra Costa	
	plan level when the plan has issued a decision, regardless of	
whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the	El Dorado 0	
	beneficiary (or the beneficiary's representative) chooses to file a	Fresno 10
request for a State Fair Hearing or External Medical Review.		
	Humboldt	
		0
		Imperial
		1
		Kern
		0
		Los Angeles
		145
		Marin
		0
		Mariposa 0
		Mendocino
		0
		Merced
		9
		Modoc

0

Monterey

3
Napa
0
Marrada
Nevada
0
Orange
3
Placer
0
Riverside
0
_
Sacramento
13
San Benito
0
San Bernardino
5
San Diego
39
San Francisco
6
San Joaquin
3

San Luis Obispo

San Mateo

0

Santa Barbara

1

Santa Clara

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Santa Cruz

9

Shasta

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Siskiyou

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Solano

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Stanislaus

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Tulare

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Ventura

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Yolo

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Lassen

0

D1IV.1a

Appeals denied

Alameda

Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

N/A Kern Marin Mariposa

N/A **Contra Costa** N/A **El Dorado** N/A Fresno N/A

Humboldt

Imperial N/A

N/A

Los Angeles N/A

N/A

N/A

Mendocino N/A

Merced N/A

Modoc N/A

Monterey

N/A

Napa
N/A

Nevada
N/A

Orange
N/A

Placer
N/A

Riverside
N/A

Sacramento
N/A

San Benito

N/A

San Bernardino

N/A

San Diego

N/A

San Francisco

N/A

San Joaquin

N/A

San Luis Obispo

N/A

San Mateo

Santa	Bar	ba	ra

N/A

Santa Clara

N/A

Santa Cruz

N/A

Shasta

N/A

Siskiyou

N/A

Solano

N/A

Stanislaus

N/A

Tulare

N/A

Ventura

N/A

Yolo

N/A

Lassen

N/A

D1IV.1b Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If

Alameda

N/A

Contra Costa

you choose not to respond prior to June 2025, enter "N/A".	N/A
	El Dorado
	N/A
	Fresno
	N/A
	Humboldt
	N/A
	Imperial
	N/A
	Kern
	N/A
	Los Angeles
	N/A
	Marin
	N/A
	Mariposa
	N/A
	Mendocino
	N/A
	Merced
	N/A
	Modoc
	N/A
	Monterey
	N/A

Napa

N/A **Nevada**

N/A Orange N/A **Placer** N/A Riverside N/A Sacramento N/A San Benito N/A San Bernardino N/A San Diego N/A **San Francisco** N/A San Joaquin N/A San Luis Obispo N/A San Mateo N/A

Santa Barbara

N/A

Santa	Clara
-	

N/A

Santa Cruz

N/A

Shasta

N/A

Siskiyou

N/A

Solano

N/A

Stanislaus

N/A

Tulare

N/A

Ventura

N/A

Yolo

N/A

Lassen

N/A

D1IV.1c Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

Alameda

N/A

Contra Costa

N/A

El Dorado

N/A
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Nevada

Fresno	
N/A	
Humboldt	
N/A	
Imperial	
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Kern	
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Los Angeles	
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Marin	
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Mariposa	
N/A	
Mendocino	
N/A	
Merced	
N/A	
Modoc	
N/A	
Monterey	
N/A	
Napa	
N/A	

N/A

N/A

Orange N/A **Placer** N/A Riverside N/A Sacramento N/A San Benito N/A San Bernardino N/A San Diego N/A San Francisco N/A

San Joaquin

San Luis Obispo N/A

San Mateo N/A

Santa Barbara N/A

Santa Clara

N/A
Santa Cruz
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Shasta
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Cialdinau
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Solano
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Stanislaus
N/A
Tulare
N/A
Ventura
N/A
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Yolo
N/A
Lassen
N/A

D1IV.2 Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

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Contra Costa

0

El Dorado

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Fresno

Humboldt
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Imperial
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Kern
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Los Angeles
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Marin
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Mariposa
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Mendocino
Mendocino 0
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Merced 0 Modoc 0 Monterey
Merced 0 Modoc 0
Merced 0 Modoc 0 Monterey
Merced 0 Modoc 0 Monterey 0
Merced 0 Modoc 0 Monterey 0 Napa 0
Merced 0 Modoc 0 Monterey 0 Napa

Orange

Placer

Riverside
0
Sacramento
5
San Benito
0
San Bernardino
0
San Diego
1
Con Francisco
San Francisco
0
San Joaquin
0
San Luis Obispo
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San Mateo
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Santa Barbara
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Santa Clara
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Santa Cruz

Shasta

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Siskiyou

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Solano

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Stanislaus

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Tulare

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Ventura

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Yolo

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Lassen

0

D1IV.3 Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Alameda

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Contra Costa

N/A

El Dorado

N/A

Fresno

N/A

Humboldt

N/A N/A

Placer

Imperial Kern N/A **Los Angeles** N/A Marin N/A Mariposa N/A Mendocino N/A Merced N/A Modoc N/A Monterey N/A Napa N/A Nevada N/A Orange N/A

N/A

Riverside

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Sacramento
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IN/A
San Benito
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San Bernardino
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N/A
Can Francisco
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San Joaquin
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San Luis Obispo
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Santa Barbara
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Santa Cruz
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Shasta

N/A

Siskiyou

N/A

Solano

N/A

Stanislaus

N/A

Tulare

N/A

Ventura

N/A

Yolo

N/A

Lassen

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months

Alameda

N/A

Contra Costa

N/A

El Dorado

N/A

Fresno

N/A

Humboldt

N/A

Imperial

of the reporting year, enter The appeal and critical incident do not have to have been "related" to the same issue they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

N/A Kern N/A **Los Angeles** N/A Marin N/A Mariposa N/A Mendocino N/A Merced N/A Modoc N/A Monterey N/A Napa N/A

Nevada N/A Orange N/A **Placer** N/A

Riverside

N/A

Sacramento
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San Benito
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Santa Cruz
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Siskiyou
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	Solano
	N/A
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Standard appeals for which	Alameda
timely resolution was provided	0
Enter the total number of standard appeals for which	Contra Costa
timely resolution was provided by plan within the reporting	0
year. See 42 CFR §438.408(b)(2) for requirements related to timely	El Dorado
resolution of standard appeals.	0
	Fresno
	10
	Humboldt
	0

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D1IV.5a

Los Angeles
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Marin
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Mariposa
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Mendocino
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Modoc
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Monterey
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Napa
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Placer
Placer 0
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0 Riverside
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Sacramento

San Benito
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San Francisco
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San Joaquin
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Santa Clara 0 Santa Cruz 9 Shasta 0

Solano

Stanislaus

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Tulare

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Ventura

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Yolo

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Lassen

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D1IV.5b Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.

See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Alameda

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Contra Costa

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El Dorado

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Solano
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Stanislaus

Tulare

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Ventura

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Yolo

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Lassen

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D1IV.6a Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.

(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Alameda

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Contra Costa

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El Dorado

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Fresno

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Humboldt

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Imperial

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Kern

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Los Angeles

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Mariposa
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Mendocino
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Merced
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Monterey
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Napa
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Nevada
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Orange
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Placer
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Riverside
0
Sacramento
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San Benito
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San Bernardino

San Diego 5
San Francisco 0
San Joaquin
San Luis Obispo
San Mateo 0
Santa Barbara 0
Santa Clara 0
Santa Cruz 0
Shasta 0
Siskiyou 0
Solano 0
Stanislaus 0

Tulare

Ventura

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Yolo

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Lassen

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D1IV.6b Resolved appeals related to reduction, suspension, or termination of a previously

authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Alameda

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Contra Costa

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El Dorado

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Fresno

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Humboldt

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Kern

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San Francisco
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San Joaquin
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San Luis Obispo
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San Mateo
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Santa Barbara
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Santa Clara
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Santa Cruz
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Siskiyou
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Solano
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Stanislaus
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Tulare
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Ventura

Yolo

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Lassen

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D1IV.6c Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Alameda

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Contra Costa

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El Dorado

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Ventura 0

Yolo

Lassen

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D1IV.6d Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

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Contra Costa

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El Dorado

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Fresno

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Humboldt

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Imperial

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Kern

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Los Angeles

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Mariposa

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Mendocino

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Santa Barbara
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Santa Cruz
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Shasta
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Solano
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Stanislaus
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Tulare
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Lassen

D1IV.6e Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

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Contra Costa

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El Dorado

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Fresno

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Los Angeles

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Mariposa

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D1IV.6f Resolved appeals related to plan denial of an enrollee's right to request out-ofnetwork care Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 4 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCC

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of O).	Fresno N/A
	Humboldt
	Imperial N/A
	Kern N/A
	Los Angele N/A
	Marin N/A
	Mariposa 0
	Mendocin o
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San Francisco
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San Joaquin
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San Luis Obispo
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	Santa Barbara
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	Santa Clara
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	Santa Cruz
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	Shasta
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	Siskiyou
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	Solano
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	Stanislaus
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	Tulare
	N/A
	Ventura
	N/A
	Yolo
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Enter the total number of appeals resolved by the plan	(
during the reporting year that	(
were related to the plan's denial of an enrollee's request	
to dispute a financial liability.	ı
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Contra Costa

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Solano
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Stanislaus
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Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
to inpatient behavioral health services – those should be		Alameda N/A
	appeals resolved by the plan	
		Contra Costa
	inpatient care, including	N/A
		El Dorado
	•	N/A
	services – those should be included in indicator D1.IV.7c. If	Fresno
	the managed care plan does not cover general inpatient	N/A
not cover general inpatient services, enter "N/A".		Humboldt
		N/A
		Imperial
		N/A
		Kern
		N/A
		Los Angeles
		Los Angeles N/A
		Marin
		N/A
		Mariposa
		N/A
	Mendocino	
	N/A	
	Merced	
	N/A	
		Modoc

N/A

N/A

Monterey

Napa
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Nevada
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Orange
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Placer
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Directal
Riverside
N/A
Sacramento
N/A
N/A
San Benito
N/A
San Bernardino
N/A
San Diego
N/A
San Francisco
N/A
San Joaquin
N/A
San Luis Obispo

San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Cruz
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Shasta
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Siskiyou
N/A
Solano
N/A
Stanislaus
N/A
Tulare
N/A
Ventura
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Yolo
N/A
Lassen
N/A

D1IV.7b Resolved appeals related to general outpatient services

Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".

Alameda

N/A

Contra Costa

N/A

El Dorado

N/A

Fresno

N/A

Humboldt

N/A

Imperial

N/A

Kern

N/A

Los Angeles

N/A

Marin

N/A

Mariposa

N/A

Mendocino

N/A

Merced

N/A

Modoc

N/A

N/A
Napa
N/A
Nevada
N/A
Orange N/A
Placer
N/A
Riverside
N/A
Sacramento
N/A
San Benito
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San Bernardino
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San Diego
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San Francisco
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San Joaquin
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San Luis Obispo
N/A

Monterey

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0	Alameda		
	N/A		
	Lassen		
	N/A		
	Yolo		
	N/A		
	Ventura		
	N/A		
	Tulare		
	N/A		
	Stanislaus		
	N/A		
	Solano		
	18// (
	Siskiyou N/A		
	Cialdinan		
	N/A		
	Shasta		
	N/A		
	Santa Cruz		
	N/A		
	Santa Clara		
	N/A		
	Santa Barbara		
	N/A		
	San Mateo		

Enter the total number of appeals resolved by the plan during the reporting year that 0 were related to inpatient mental health and/or substance use services. If the El Dorado managed care plan does not cover inpatient behavioral health services, enter "N/A". 0 4 0 1 0 145 0 0 0 0

Contra Costa

Fresno

Humboldt

Imperial

Kern

Los Angeles

Marin

Mariposa

Mendocino

Merced

Modoc

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Monterey

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San Francisco
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	Stanislaus
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	Tulare
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	Ventura
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	Yolo
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	Lassen
	0
Resolved appeals related to	Alameda
outpatient behavioral health	0
services	
Enter the total number of appeals resolved by the plan	Contra Costa
during the reporting year that were related to outpatient mental health and/or	0
mental health and/or substance use services. If the	
SUBSTRICT USC SCIVICES, II LITE	

D1IV.7d

managed care plan does not cover outpatient behavioral health services, enter "N/A".		

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El Dorado Humboldt Imperial

Los Angeles

Monterey

Napa 0

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Orange
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Placer
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Riverside
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Sacramento
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San Benito
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San Bernardino
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San Diego
8
San Francisco
6
San Joaquin
3
San Luis Obispo
1
San Mateo
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Santa Barbara
1

Nevada

	Santa Clara
	0
	Santa Cruz
	9
	Shasta
	0
	Siskiyou
	0
	Solano
	0
	Stanislaus
	0
	Tulare
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	Wantana
	Ventura
	1
	Yolo
	1
	Lassen
	0
Resolved appeals related to	Alameda
covered outpatient	N/A
prescription drugs	
Enter the total number of appeals resolved by the plan	Contra Costa
during the reporting year that were related to outpatient	N/A
prescription drugs covered by	
the managed care plan. If the managed care plan does not	El Dorado
cover outpatient prescription drugs, enter "N/A".	N/A

D1IV.7e

N/A
Humboldt
N/A
Imperial
N/A
Kern
N/A
Los Angeles
N/A
Marin
N/A
Mariposa
N/A
Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A

Fresno

Placer
N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A
San Bernardino
N/A
Can Diago
San Diego
N/A
San Francisco
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San Jaaquin
San Joaquin
N/A
San Luis Obispo
N/A
Can Makaa
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A

Orange

N/A

	Santa Cruz
	N/A
	Shasta
	N/A
	Siskiyou
	N/A
	Solano
	N/A
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Dogolyand appeals valated to	Alameda
Resolved appeals related to skilled nursing facility (SNF)	N/A
services	N/A
Enter the total number of appeals resolved by the plan	Contra Costa
during the reporting year that	N/A
were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	
	El Dorado
	N/A
	Fresno
	N/A
	IVA

D1IV.7f

N/A
Imperial
N/A
Kern
N/A
Los Angeles
N/A
Marin
N/A
Mariposa
N/A
Mendocino
N/A
Merced
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Modoc
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Monterey
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Napa
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Nevada
N/A
Orange
N/A

Humboldt

N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A
San Bernardino
N/A
San Diogo
San Diego N/A
San Francisco N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Swin
Santa Cruz N/A

Placer

	Shasta
	N/A
	Siskiyou
	N/A
	Solano
	N/A
	Stanislaus
	N/A
	Tulare
	N/A
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Resolved appeals related to long-term services and	Alameda
supports (LTSS)	N/A
Enter the total number of	Contra Costa
appeals resolved by the plan during the reporting year that	N/A
were related to institutional	
LTSS or LTSS provided through home and community-based	El Dorado
(HCBS) services, including	N/A
personal care and self-directed services. If the managed care	
plan does not cover LTSS	Fresno
services, enter "N/A".	N/A
	Humboldt
	N/A

D1IV.7g

N/A
Kern
N/A
Los Angeles
N/A
Marin
N/A
IN/A
Mariposa
N/A
Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A
Orange
N/A
Placer
N/A

Imperial

Sacramento
N/A
San Benito
N/A
San Bernardino
N/A
San Diego
N/A
San Francisco
N/A
San Joaquin
N/A
IV/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Cuur
Santa Cruz
N/A
Shasta
N/A
IW/A

Riverside

N/A

	Siskiyou
	N/A
	Solano
	N/A
	Charleton
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Resolved appeals related to	Alameda
dental services	N/A
Enter the total number of	
appeals resolved by the plan during the reporting year that	Contra Costa
were related to dental services. If the managed care plan does	N/A
not cover dental services, enter "N/A".	
	El Dorado
	N/A
	Fresno
	N/A
	Humboldt
	N/A
	Imperial
	N/A

D1IV.7h

N/A
Los Angeles
N/A
Marin
N/A
Mariposa
N/A
Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A
Orange
N/A
Placer
N/A
Riverside
N/A

Kern

N/A
San Benito
N/A
San Bernardino
N/A
San Diego
N/A
San Francisco
N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara N/A
Santa Clara
N/A
Santa Cruz
N/A
Shasta
N/A
Siskiyou
N/A

Sacramento

	N/A
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Baselyad ayyasılayısladıdı.	Alamada
Resolved appeals related to non-emergency medical	Alameda N/A
	14/7 (
transportation (NEMT) Enter the total number of	
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the	Contra Costa N/A
transportation (NEMT) Enter the total number of appeals resolved by the plan during the reporting year that	Contra Costa
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A Fresno
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A Fresno N/A
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A Fresno N/A Humboldt N/A
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A Fresno N/A Humboldt
Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not	Contra Costa N/A El Dorado N/A Fresno N/A Humboldt N/A Imperial

Solano

D1IV.7i

N/A
B. direction
Marin
N/A
Mariposa
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Mendocino
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Merced
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Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A
Orange
N/A
Placer
N/A
Riverside
N/A
Sacramento
N/A

Los Angeles

N/A
San Bernardino
N/A
San Diego
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Can Francisco
San Francisco N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Cruz
N/A
Shasta
N/A
Siskiyou
N/A
Solano
N/A

San Benito

	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
Resolved appeals related to	Alameda
other service types	N/A
Enter the total number of appeals resolved by the plan during the reporting year that	Contra Costa
were related to services that do not fit into one of the categories listed above. If the	N/A
managed care plan does not cover services other than those	El Dorado
in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".	N/A
	Fresno
	N/A
	Humboldt
	N/A
	Imperial
	N/A
	Kern
	N/A
	Los Angeles
	N/A

Stanislaus

D1IV.7j

N/A
Mariposa
N/A
Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey N/A
IV/A
Napa
N/A
Nevada
N/A
Orange
N/A
Placer
N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A

Marin

N/A
San Diego
N/A
San Francisco
N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara N/A
IV/A
Santa Cruz
N/A
Shasta
N/A
Siskiyou
N/A
Solano
N/A
Stanislaus
N/A

San Bernardino

Tulare
N/A
Ventura
N/A
Yolo
N/A
Lassen
N/A

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests	Alameda
Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	2	
	Contra Costa	
	0	
		El Dorado
		0
		Fresno
		0
		Humboldt
		0
		Imperial
		0
		Kern
		0
		Los Angeles
		Marin 0
		Mariposa 0
		O .
		Mendocino
		0
		Merced
		0
		Modoc

Monterey
0
Napa
0
Nevada
0
Orange
0
Placer
0
Riverside
0
Sacramento
1
San Benito
0
San Bernardino
1
San Biana
San Diego
0
San Francisco
0
U
San Joaquin
2
San Luis Obispo

San Mateo
0
Santa Barbara
0
Santa Clara
0
Santa Cruz
0
Shasta
0
Siskiyou
0
Solano
0
Stanislaus
0
Tulare
1
Ventura
0
Yolo
0
Lassen
0

D1IV.8b	State Fair Hearings resulting	Alameda
	in a favorable decision for the enrollee	0
	Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable	Contra Costa 0
	to the enrollee.	
		El Dorado
		0
		Fresno
		0
		Humboldt
		0
		Imperial
		0
		Kern
		0
		Las Auralas
		Los Angeles
		Marin
		0
		Mariposa
		0
		Mendocino
		0
		Merced
		0
		Modoc
		0

Monterey
0
Napa
0
Nevada
0
Orange
0
Placer
0
Riverside
0
Sacramento
0
San Benito
0
San Bernardino
0
San Diego
0
San Francisco
0
San Joaquin
0
San Luis Obispo
0

San Mateo 0 Santa Barbara 0 Santa Clara 0 Santa Cruz 0 Shasta 0 Siskiyou 0 Solano 0 **Stanislaus** 0 **Tulare** 0 Ventura 0 Yolo 0 Lassen 0

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Contra Costa 0
	El Dorado
	0
	Fresno
	0
	Humboldt
	0
	Imperial
	0
	Kern
	0
	Los Angeles
	0
	Marin
	0
	Mariposa
	0
	Mendocino
	0
	Merced
	0
	Modoc

l Dorado resno Humboldt Imperial Kern Los Angeles Marin Mariposa Mendocino Merced Modoc 0 Monterey

0

0
Nevada
0
Orange
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Placer
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Riverside
0
Sacramento
0
San Benito
0
San Bernardino
0
San Diego
0
San Francisco
0
San Joaquin
0
San Luis Obispo
0
San Mateo
0

Napa

		Santa Barbara
		0
		Santa Clara
		0
		Santa Cruz
		0
		Shasta
		0
		Siskiyou
		0
		Solano
		0
		Stanislaus
		0
		Tulare
		0
		Ventura
		0
		Vale
		Yolo
		0
		Lassan
		Lassen
		0
D1IV.8d	State Fair Hearings retracted	Alameda
	prior to reaching a decision Enter the total number of State	0
	Fair Hearing decisions retracted (by the enrollee or the	
	(by the enrollee or the representative who filed a State	Contra Costa
	Fair Hearing request on behalf	0
	of the enrollee) during the	

reporting year prior to reaching a decision.

0 Fresno 0 Humboldt 0 Imperial 0 Kern 0 Los Angeles 0 Marin 0 Mariposa 0 Mendocino 0 Merced 0 Modoc 0 Monterey 0 Napa

0

El Dorado

0
Orange
0
Placer
0
Riverside
0
Sacramento
0
San Benito
0
San Bernardino
0
San Diego
0
San Francisco
0
San Joaquin
0
San Luis Obispo
0
San Mateo
0
Santa Barbara
0

Nevada

	Santa Clara
	0
	Santa Cruz
	0
	Shasta
	0
	Siskiyou
	0
	Solano
	0
	Stanislaus
	0
	Tulare
	0
	Ventura
	0
	Yolo
	0
	Lassen
	0
External Medical Reviews	Alameda
resulting in a favorable decision for the enrollee	N/A
If your state does offer an external medical review process, enter the total number of external medical review	Contra Costa
	N/A
decisions rendered during the	
reporting year that were partially or fully favorable to	El Dorado
the enrollee. If your state does not offer an external medical	N/A
review process, enter "N/A".	

D1IV.9a

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).		

N/A
Hum N/A
Impe N/A
Kern N/A
Los A
Mari N/A
Mari N/A
Men N/A
Mero N/A
Mod N/A
Mon N/A
Napa N/A
5.1 .

Fresno

N/A
Imperial
N/A
Kern
N/A
IWA
Los Angeles
N/A
Marin
N/A
Mariposa
N/A
Mendocino
N/A
IN/A
TW/A
Merced
Merced
Merced N/A
Merced N/A Modoc
Merced N/A
Merced N/A Modoc N/A
Merced N/A Modoc N/A Monterey
Merced N/A Modoc N/A
Merced N/A Modoc N/A Monterey N/A
Merced N/A Modoc N/A Monterey
Merced N/A Modoc N/A Monterey N/A
Merced N/A Modoc N/A Monterey N/A Napa
Merced N/A Modoc N/A Monterey N/A Napa
Merced N/A Modoc N/A Monterey N/A Napa N/A

Placer
N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A
San Bernardino
N/A
Can Diago
San Diego
N/A
San Francisco
N/A
San Jaaquin
San Joaquin
N/A
San Luis Obispo
N/A
Can Makaa
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A

Orange

N/A

	Santa Cruz
	N/A
	Shasta
	N/A
	Siskiyou
	N/A
	Solano
	N/A
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	v. 1
	Yolo
	N/A
	Lassen
	N/A
External Medical Reviews	Alameda
resulting in an adverse decision for the enrollee	N/A
If your state does offer an	Contra Costa
external medical review process, enter the total number	N/A
of external medical review	IV/A
decisions rendered during the	El Dorado
reporting year that were adverse to the enrollee. If your	N/A
state does not offer an external	
medical review process, enter	Fresno
"N/A". External medical review is	N/A
defined and described at 42	14// \

D1IV.9b

External medical review is defined and described at 42

CFR §438.402(c)(i)(B).		

N N

Humboldt		
N/A		
Imperial		
N/A		
Kern		
N/A		
IN/A		
Los Angeles		
N/A		
Marin		
N/A		
Mariposa		
N/A		
Mendocino		
N/A		
Merced		
N/A		
Modoc		
N/A		
Monterey		
N/A		
Mana		

Napa N/A

levada		
I/A		

Orange	
N/A	

N/A
Riverside
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Sacramento
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San Benito
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San Bernardino
N/A
San Diogo
San Diego N/A
San Francisco N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Swin
Santa Cruz N/A

Placer

Shasta
N/A
Siskiyou
N/A
Solano
N/A
Stanislaus
N/A
Tulare
N/A
Ventura
N/A
Yolo
N/A
Lassen
N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved	Alameda
	Enter the total number of grievances resolved by the plan	11
	during the reporting year. A grievance is "resolved" when	Contra Costa
	it has reached completion and been closed by the plan.	16
		El Dorado
		3
		Fresno
		55
		Humboldt
		0
		Improvial
		Imperial 8
		O
		Kern
		66
		Los Angeles
		318
		Marin
		0
		Mariposa
		5
		Mendocino
		0
		Merced
		8
		Modoc

Monterey
2
Napa
1
Nevada
1

Orange66

Placer 32

Riverside 86

Sacramento 11

San Benito 0

San Bernardino 9

San Diego 165

San Francisco 12

San Joaquin 6

San Luis Obispo

San Mateo

6

Santa Barbara

14

Santa Clara

14

Santa Cruz

11

Shasta

4

Siskiyou

5

Solano

5

Stanislaus

16

Tulare

2

Ventura

6

Yolo

22

Lassen

2

D1IV.11

Active grievances

Alameda

Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.

0 **Contra Costa El Dorado** Fresno Humboldt Imperial Kern **Los Angeles** Marin Mariposa

Merced

Monterey

0

Napa
0
Nevada
0
O .
Orange
8
Placer
0
Riverside
0
Sacramento
3
San Benito
0
San Bernardino
2
San Diego
32
San Francisco
0
San Joaquin
0
San Luis Obispo
1

San Mateo

3

2

Santa Clara

2

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

0

Stanislaus

0

Tulare

0

Ventura

1

Yolo

0

Lassen

0

D1IV.12 Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the

Alameda

N/A

Contra Costa

reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

N/A N/A Fresno N/A N/A **Imperial** N/A Kern N/A N/A

El Dorado

Humboldt

Los Angeles

Marin

N/A

Mariposa

N/A

Mendocino

N/A

Merced

N/A

Modoc

N/A

Monterey

N/A

Napa

N/A **Nevada**

N/A Orange N/A **Placer** N/A Riverside N/A Sacramento N/A San Benito N/A San Bernardino N/A San Diego N/A **San Francisco** N/A San Joaquin N/A San Luis Obispo N/A San Mateo N/A

Santa Barbara

N/A

Sa	nta	C	L	ra
Sa	III.a	L	a	

N/A

Santa Cruz

N/A

Shasta

N/A

Siskiyou

N/A

Solano

N/A

Stanislaus

N/A

Tulare

N/A

Ventura

N/A

Yolo

N/A

Lassen

N/A

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on

Alameda

N/A

Contra Costa

N/A

El Dorado

behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance

during the reporting year, and

grievance preceded the filing of

whether the filing of the

the critical incident.

N/A

Fresno

Fresno

N/A

Humboldt

N/A

Imperial

N/A

Kern

N/A

Los Angeles

N/A

Marin

N/A

Mariposa

N/A

Mendocino

N/A

Merced

N/A

Modoc

N/A

Monterey

N/A

Napa

N/A

Nevada

N/A

N/A

Orange N/A **Placer** N/A Riverside N/A Sacramento N/A San Benito N/A San Bernardino N/A San Diego N/A San Francisco N/A

San Joaquin

San Luis Obispo N/A

San Mateo N/A

Santa Barbara N/A

Santa Clara

N/A

Santa Cruz

N/A

Shasta

Siskiyou

Solano

Stanislaus

N/A

N/A

N/A

N/A

Tulare

Ventura

N/A

N/A

Yolo

N/A

N/A

Lassen

D1IV.14 Number of grievances for which timely resolution was provided

Enter the number of grievances

for which timely resolution was provided by plan during the reporting year.
See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Alameda

11

Contra Costa

16

El Dorado

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Fresno

Humboldt
0
Imperial
8
Kern
66
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Los Angeles
314
Maria
Marin
0
Mariposa
3
3
Mendocino
0
Merced
8
Modoc
0
Monterey
2
Napa
1
Novada
Nevada
1

Orange

66 Placer 32 Riverside 86 Sacramento 11 San Benito 0 San Bernardino 9 San Diego 165 San Francisco 12

San Joaquin

6

San Luis Obispo

11

San Mateo

2

Santa Barbara

14

Santa Clara

14

Santa Cruz

Shasta

4

Siskiyou

5

Solano

5

Stanislaus

9

Tulare

0

Ventura

6

Yolo

22

Lassen

2

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	Resolved grievances related	Alameda
	to general inpatient services Enter the total number of	N/A
	grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not	Contra Costa
		N/A
		El Dorado
		N/A
	cover this type of service, enter "N/A".	Fresno
	IWA .	N/A
		Humboldt
		N/A
		Imperial
		N/A
		Kern
		N/A
		Los Angeles
		N/A
		Marin
		N/A
		Mariposa
		N/A
		Mendocino
		N/A
		Merced
		N/A
		Modoc

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Ventura

N/A

Yolo

N/A

Lassen

D1IV.15b Resolved grievances related to general outpatient services

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Alameda

N/A

Contra Costa

N/A

El Dorado

N/A

Fresno

N/A

Humboldt

N/A

Imperial

N/A

Kern

N/A

Los Angeles

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	Shasta
	N/A
	Santa Cruz
	IW/A
	Santa Clara N/A
	N/A
	Santa Barbara
	N/A
	San Mateo

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or 0 substance use services. If the managed care plan does not cover this type of service, enter 1 "N/A". 18 0 0 2 27 0 0 0 0

Contra Costa

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	Tulare
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	Ventura
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	W.I.
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Resolved grievances related	Alameda
to outpatient behavioral	11
health services	••
Enter the total number of grievances resolved by the plan	Contra Costa
during the reporting year that	16
were related to outpatient mental health and/or substance use services. If the	

D1IV.15d

managed care plan does not	El Dorado
managed care plan does not cover this type of service, enter "N/A".	2
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		Siskiyou
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		Ventura
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		Yolo
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D1IV.15e	Resolved grievances related	Alameda
	to coverage of outpatient	N/A
	prescription drugs	IV/A
	Enter the total number of	Contra Costa
	grievances resolved by the plan during the reporting year that	N/A
	were related to outpatient prescription drugs covered by	IVA
	the managed care plan. If the	El Dorado
	managed care plan does not cover this type of service, enter	N/A
	"N/A".	1 1// 1

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	Solano
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	Stanislaus
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	Tulare
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	Ventura
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	Yolo
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	Lassen
	N/A
Resolved grievances related	Alameda
to skilled nursing facility (SNF) services	N/A
Enter the total number of	
grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	Contra Costa
	N/A
	El Dorado
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	Fresno
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D1IV.15f

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	Ventura
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	Yolo
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	Lassen
	N/A
Decelved substance valeted	Alameda
Resolved grievances related to long-term services and	N/A
supports (LTSS)	N/A
Enter the total number of grievances resolved by the plan	Contra Costa
during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	N/A
	El Dorado
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	Ventura
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	Yolo
	N/A
	Lassen
	N/A
Resolved grievances related to dental services	Alameda
Enter the total number of	N/A
grievances resolved by the plan during the reporting year that	Contra Costa
were related to dental services.	N/A
If the managed care plan does not cover this type of service,	IV/A
enter "N/A".	El Dorado
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	Tulare
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	Ventura
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	Yolo
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	Lassen
	N/A
Basaland missanan walatad	Alamada
Resolved grievances related to non-emergency medical transportation (NEMT)	Alameda N/A
Enter the total number of grievances resolved by the plan	Contra Costa
during the reporting year that were related to NEMT. If the	N/A
managed care plan does not cover this type of service, enter "N/A".	El Dorado
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	Ventura
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	Lassen
	N/A
Resolved grievances related	Alameda
to other service types Enter the total number of	N/A
grievances resolved by the plan during the reporting year that	Contra Costa
were related to services that do not fit into one of the categories listed above. If the	N/A
managed care plan does not cover services other than those	El Dorado
in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".	N/A
	Fresno
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	Humboldt
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	Imperial
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	Los Angeles
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Stanislaus

D1IV.15j

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San Bernardino

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Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	Resolved grievances related	Alameda
	to plan or provider customer service	0
	Enter the total number of grievances resolved by the plan	Contra Costa
	during the reporting year that were related to plan or	3
	provider customer service. Customer service grievances	El Dorado
	include complaints about interactions with the plan's	3
	Member Services department, provider offices or facilities,	Fresno
	plan marketing agents, or any other plan or provider representatives.	15
		Humboldt
		0
		Imperial
		1
		Kern
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		Los Angeles
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		Marin
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		Mariposa
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		Mendocino
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		Merced
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Santa Barbara Santa Clara Santa Cruz Shasta Siskiyou Solano Stanislaus Tulare Ventura Yolo Lassen O	San Mateo
Santa Clara 0 Santa Cruz 1 Shasta 1 Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	0
Santa Clara 0 Santa Cruz 1 Shasta 1 Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	
Santa Clara 0 Santa Cruz 1 Shasta 1 Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	Santa Barbara
Santa Cruz Shasta Shasta Siskiyou Solano Stanislaus Tulare Ventura Yolo Lassen	0
Santa Cruz Shasta Shasta Siskiyou Solano Stanislaus Tulare Ventura Yolo Lassen	
Santa Cruz 1 Shasta 1 Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	Santa Clara
Shasta Siskiyou Solano Stanislaus Tulare Ventura 1 Yolo 12 Lassen	0
Shasta Siskiyou Solano Stanislaus Tulare Ventura 1 Yolo 12 Lassen	
Shasta 1 Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	Santa Cruz
Siskiyou Solano Stanislaus Tulare Ventura 1 Yolo 12 Lassen	1
Siskiyou Solano Stanislaus Tulare Ventura 1 Yolo 12 Lassen	
Siskiyou 2 Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	Shasta
Solano 2 Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	1
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Stanislaus 7 Tulare 0 Ventura 1 Yolo 12 Lassen	Solano
Tulare 0 Ventura 1 Yolo 12 Lassen	2
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Tulare 0 Ventura 1 Yolo 12 Lassen	Stanislaus
Ventura 1 Yolo 12 Lassen	7
Ventura 1 Yolo 12 Lassen	
Ventura 1 Yolo 12 Lassen	Tulare
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Yolo 12 Lassen	Ventura
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12 Lassen	
Lassen	Yolo
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D1IV.16b	Resolved grievances related to plan or provider care management/case management	A
	Enter the total number of grievances resolved by the plan during the reporting year that	C
	were related to plan or provider care management/case	E
	management. Care management/case management grievances include complaints about the	F 1
	timeliness of an assessment or complaints about the plan or provider care or case	Н
	management process.	0
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Monterey

San Mateo 3 Santa Barbara 0 Santa Clara 6 Santa Cruz 0 Shasta 3 Siskiyou 3 Solano 3 Stanislaus 2 **Tulare** 0 Ventura 0 Yolo 2 Lassen 2

D1IV.16c

Resolved grievances related to access to care/services from plan or provider

Alameda

0

Enter the total number of grievances resolved by the plan during the reporting year that 0 were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-0 network providers, excessive travel or wait times, or other access issues. 11 0 0 10 12 0 3 0

Contra Costa

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D1IV.16d	Pesolved grievances related	Alameda
u	Resolved grievances related to quality of care	2
	Enter the total number of	۷
	grievances resolved by the plan	Contra Costa
	during the reporting year that were related to quality of care.	8
	Quality of care grievances include complaints about the	O
	c.ddc complaints about the	

effectiveness, efficiency, equity, patient-centeredness, safety, 0 and/or acceptability of care provided by a provider or the plan. 38 0 7 20 2 0 4 0 2 0 1

Kern

El Dorado Fresno Humboldt Imperial **Los Angeles** Marin Mariposa

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San Joaquin 5
San Luis Obispo
San Mateo
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Santa Barbara
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Nevada

	Santa Clara
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	Santa Cruz
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	Shasta
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	Siskiyou
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	Solano
	0
	Stanislaus
	3
	Tulare
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	Ventura
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	Yolo
	7
	Lassen
	0
Resolved grievances related	Alameda
to plan communications	0
Enter the total number of	
grievances resolved by the plan	Contra Costa
during the reporting year that were related to plan	0
communications.	
Plan communication grievances	El Dorado
include grievances related to the clarity or accuracy of	0
enrollee materials or other plan	

D1IV.16e

communications or to an enrollee's access to or the 1 accessibility of enrollee materials or plan communications. 0

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Fresno Humboldt Imperial Kern Los Angeles Marin

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		Ventura
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		Yolo
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		Lassen
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D1IV.16f	Resolved grievances related	Alameda
	to payment or billing issues	0
	Enter the total number of	
	grievances resolved by the plan during the reporting year that were filed for a reason related	Contra Costa
	were filed for a reason related	0
	to payment or billing issues.	
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		Fresno
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O Santa Clara O

Placer

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Shasta 0 Siskiyou 0 Solano 0 Stanislaus 0 **Tulare** 0 **Ventura** 2 Yolo 0 Lassen 0 Alameda 1 grievances resolved by the plan **Contra Costa** 0 **El Dorado** 0 Fresno grievances reported in this row 0 submitted to the managed care Humboldt

D1IV.16g

Resolved grievances related

during the reporting year that were related to suspected

Suspected fraud grievances

include suspected cases of financial/payment fraud

perpetuated by a provider, payer, or other entity. Note:

should only include grievances

plan, not grievances submitted

to another entity, such as a state Ombudsman or Office of

the Inspector General.

Enter the total number of

to suspected fraud

fraud.

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Kern
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Los Angeles
2
Marin
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Mariposa
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Merced
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Monterey
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	Yolo
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	Lassen
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Resolved grievances related	Alameda
to abuse, neglect or	Alameda
to abuse, neglect or exploitation	
to abuse, neglect or	
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that	0
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect	O Contra Costa 1
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation	O Contra Costa
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases	O Contra Costa 1
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases	Contra Costa 1 El Dorado 0 Fresno
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0 Fresno 1
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0 Fresno 1 Humboldt
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0 Fresno 1
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0 Fresno 1 Humboldt 0
to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual	Contra Costa 1 El Dorado 0 Fresno 1 Humboldt

D1IV.16h

1
Los Angeles
12
Marin
0
Mariposa
0
Mendocino
0
Merced
1
Modoc
0
Monterey
0
Mana
Napa
0
Nevada
0
Orange
3
Placer
0
Riverside
0
U

Kern

Sacramento
1
San Benito
0
San Bernardino
0
San Diego
0
San Francisco
0
San Joaquin
0
San Luis Obispo
0
San Mateo
3
Santa Barbara
0
Santa Clara
3
Santa Cruz
0
Shasta
0
Siskiyou
0

	0
	Stanislaus
	0
	Tulare
	0
	Ventura
	0
	Yolo
	0
	Lassen
	0
Resolved grievances related	Alameda
to lack of timely plan response to a service authorization or appeal	0
(including requests to	Contra Costa
expedite or extend appeals) Enter the total number of	0
grievances resolved by the plan during the reporting year that	El Dorado
were filed due to a lack of timely plan response to a service authorization or appeal	0
request (including requests to expedite or extend appeals).	Fresno
	4
	Humboldt
	0
	Imperial
	0
	Kern
	0

Solano

D1IV.16i

0
Marin
0
Mariposa
3
Mendocino
0
Merced 0
U .
Modoc
0
Monterey
0
Napa
0
Nevada 0
· ·
Orange
0
Placer 0
Riverside
1
Sacramento 0
U

Los Angeles

0
San Bernardino
0
San Diego
0
San Francisco
0
San Joaquin
0
San Luis Obispo
0
San Mateo
0
Santa Barbara
0
Santa Clara
0
Santa Civir
Santa Cruz
Shasta
0
Siskiyou
0
Solano
0

San Benito

Stanislaus

0

Tulare

0

Ventura

0

Yolo

0

Lassen

0

D1IV.16j Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Alameda

0

Contra Costa

Ω

El Dorado

0

Fresno

2

Humboldt

0

Imperial

0

Kern

0

Los Angeles

0

0
Mariposa
0
Mendocino
0
Merced
0
Modoc
0
Monterey
0
Napa
0
Nevada
0
Orange
0
Placer
0
Riverside
0
Sacramento
1
•
San Benito
0

Marin

0
San Diego
0
Can Francisco
San Francisco
San Joaquin
0
San Luis Obispo
0
San Mateo
0
Santa Barbara
0
Santa Clara
0
Santa Cruz
0
Shasta
0
Siskiyou
0
Solano
0
Stanislaus
0

San Bernardino

		Ventura
		0
		Yolo
		0
		Lassen
		0
D1IV.16k	Resolved grievances filed for	Alameda
	other reasons	8
	Enter the total number of	-
	grievances resolved by the plan during the reporting year that were filed for a reason other	Contra Costa
	were filed for a reason other than the reasons listed above.	3
	than the reasons listed above.	
		El Dorado
		0
		Fresno
		8
		Humboldt
		0
		Imperial
		0
		Kern
		21
		Los Angeles
		12
		Marin
		0

Tulare

0

Mendocino
0
Merced
2
Modoc
0
Monterey
0
Napa
1
Nevada
0
Orango
Orange 6
Placer
17
Riverside
70
Sacramento
3
San Benito
0
San Bernardino
2

Mariposa

0

San Diego
24
San Francisco
2
San Joaquin
1
San Luis Obispo
5
San Mateo
0
Santa Barbara
3
Sauta Claus
Santa Clara
1
Santa Cruz
2
Shasta
0
Siskiyou
0
Solano
0
Stanislaus
4
Tulare
0

Ventura
0
Yolo
3
Lassen
0

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit 1 / 16 for Alcohol and Other Drug Abuse or Dependence (7 Days)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority, Measures--NCQA/CMS D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

20.1%

Contra Costa

18.2%

El Dorado

31.6%

Fresno

16.6%

Humboldt

26.1%

Imperial

28.1%

Kern
16.7%
Los Angeles
14.2%
Marin
23.8%
Mariposa
22.0%
Mendocino
32.6%
Merced
17.9%
Modoc
35.5%
Monterey
29.4%
25.470
Napa
17.3%
Nevada
30.9%
Orange
12.8%

Placer

23.6%
Riverside
14.4%
Sacramento
19.9%
San Benito
19.4%
13.470
San Bernardino
16.7%
San Diego
18.8%
San Francisco
17.8%
San Joaquin
18.1%
San Luis Obispo
27.2%
San Mateo
22.8%
22.0 /v
Santa Barbara
20.7%

Santa Clara

18.2%

Santa Cruz
18.9%
Shasta
28.9%
Siskiyou
16.2%
Solano
16.7%
Stanislaus
18.4%
Tulare
20.1%
Ventura
64.1%
Yolo
22.3%
Lassen
24.1%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit 2 / 16 for Alcohol and Other Drug Abuse or Dependence (30 Days)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A D2.VII.6 Measure Set D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range DMC-ODS Priority Yes Measures--NCQA/CMS **D2.VII.8 Measure Description** NCQA/CMS measure spec **Measure results** Alameda 29.7% **Contra Costa** 28.3% **El Dorado** 44.4% Fresno 25.0% Humboldt 37.5% Imperial 38.8% Kern 24.5%

Los Angeles

21.9%

Marin 37.4%

Mariposa
32.2%
Mendocino
41.7%
41.776
Merced
26.3%
20.5%
Modoc
51.6%
Monterey
39.9%
Napa
27.6%
Nevada
43.6%
Orange
20.4%
Placer
36.0%
Riverside
22.9%
Sacramento
29.5%
23.370

San Benito

30.9%
San Bernardino
23.8%
23.070
San Diego
28.6%
San Francisco
29.2%
San Joaquin
25.2%
San Luis Obispo
38.4%
San Mateo
32.6%
32.070
Santa Barbara
31.3%
Santa Slava
Santa Clara
28.1%
Santa Cruz
30.3%
Shasta
39.8%
Siskiyou

28.5%

Solano

23.9%

Stanislaus

26.1%

Tulare

29.9%

Ventura

69.5%

Yolo

33.0%

Lassen

33.1%



D2.VII.1 Measure Name: Pharmacotherapy of Opioid Use Disorder

3/16

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority

Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

7.1%

Contra Costa
7.5%
El Dorado
9.9%
Fresno
15.9%
Humboldt
16.7%
Imperial 15.8%
13.6%
Kern
16.5%
Los Angeles
12.8%
Marin
11.6%
Mariposa
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)
Mendocino 13.6%
13.6%

Merced 24.1%

Modoc * (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.) Monterey 11.9% Napa 11.2% Nevada 9.8% Orange 11.8%

Placer 12.2%

Riverside

12.4%

Sacramento

13.1%

San Benito

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

San Bernardino

16.9%

San Diego
15.2%
San Francisco
13.5%
San Joaquin
19.7%
San Luis Obispo
17.3%
San Mateo
17.7%
Santa Barbara
14.4%
Santa Clara
6.5%
Santa Cruz
13.7%
Shasta
14.4%
Siskiyou
15.8%
Solano
14.8%

Stanislaus

19.0%

Ventura

19.4%

16.2%

Yolo

17.7%

Lassen

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use **Disorder (Overall)**

4/16

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A

D2.VII.6 Measure Set DMC-ODS Priority

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

Measures--NCQA/CMS

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

70.0%

Contra Costa
70.3%
El Dorado
73.2%
Fresno
52.3%
Humboldt
69.5%
Imperial
39.4%
Kern
50.9%
Los Angeles
50.2%
Marin
55.3%
Mariposa
34.2%
Mendocino
59.3%
Merced
62.6%

Modoc

66.7%
Monterey
52.0%
Napa
54.9%
Nevada
63.7%
0
Orange 5.4.00%
54.9%
Placer
70.1%
Riverside
39.2%
Sacramento
71.8%
San Benito
55.7%
San Bernardino
37.1%
San Diego
54.1%
San Francisco

71.2%

San Joaquin
71.1%
San Luis Obispo
63.7%
03.7%
San Mateo
59.8%
Santa Barbara
68.4%
Santa Clara
58.2%
30.270
Santa Cruz
68.7%
Shasta
70.2%
Siskiyou
55.1%
Solano
52.5%
Stanislaus
66.6%
Tulare
60.5%

Ventura

	59.6%	
	Yolo	
	61.8%	
	Lassen	
	45.9%	
⊘ Complete	D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder (Buprenorphine)	5 / 16
		5 / 16

D2.VII.3 National Quality D2.VII.4 Measure Reporting and D2.VII.5 Programs Forum (NQF) number Cross-program rate: QPHM, EDIM N/A D2.VII.6 Measure Set D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range DMC-ODS Priority Yes Measures--NCQA/CMS **D2.VII.8 Measure Description** NCQA/CMS measure spec Measure results Alameda 37.3% **Contra Costa** 40.2%

El Dorado

60.8%

Fresno 10.6%

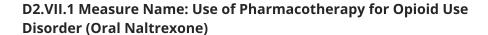
Humboldt	
49.6%	
Imperial	
16.0%	
Kern	
17.4%	
Los Angeles	
26.7%	
Marin	
28.7%	
Mariposa	
28.8%	
Mendocino	
45.8%	
Merced	
22.4%	
Modoc	
66.7%	
Monterey	
33.3%	
Napa	
45.5%	

Nevada

49.0%
Outside
Orange
31.2%
Placer
42.0%
Riverside
21.5%
Sacramento
28.4%
San Benito
40.9%
San Bernardino
18.8%
San Diego
25.6%
San Francisco
29.5%
San Joaquin
18.2%
San Luis Obispo
29.8%
San Mateo

39.7%

Santa Barbara
32.5%
Santa Clara
38.8%
Santa Cruz
36.6%
30.070
Shasta
41.0%
Siskiyou
40.7%
Solano
26.4%
25.470
Stanislaus
26.0%
Tulare
21.1%
Ventura
23.1%
23.170
Yolo
30.1%
Lassen
41.8%



6/16



D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality

Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority Measures--NCQA/CMS D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

1.3%

Contra Costa

1.5%

El Dorado

1.9%

Fresno

1.6%

Humboldt

1.7%

Imperial

2.7%

Kern

1.9%

Los Angeles 2.5% Marin

Mariposa

2.7%

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Mendocino

1.6%

Merced

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Modoc

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Monterey

4.6%

Napa

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Nevada

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Orange
2.1%
Placer
1.7%
Riverside
2.3%
Sacramento
1.3%
San Benito
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)
San Bernardino
1.5%
San Diego
3.2%
San Francisco
1.1%
San Joaquin
1.2%
San Luis Obispo
3.1%

San Mateo

3.2%

Santa Barbara
3.2%
Santa Clara
2.0%
Santa Cruz
4.2%
Shasta
3.1%
Siskiyou
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)
(less than 17) in the data.
Solano
1.6%
Stanislaus 1 20/
1.2%
Tulare
1.4%
Ventura
2.4%
Yolo
2.1%
2.170

Lassen

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder (Long-Acting Injectable)

7/16

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

DMC-ODS Priority

Yes

period: Date range

Measures--NCQA/CMS

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

0.5%

Contra Costa

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

El Dorado

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Fresno

0.8%

Humboldt

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Imperial

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Kern

0.7%

Los Angeles

2.0%

Marin

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Mariposa

0.0%

Mendocino

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Merced

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Modoc

0.0%

Monterey

1.7%

Napa

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Nevada

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Orange

0.6%

Placer

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Riverside

1.4%

Sacramento

0.4%

San Benito

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

San Bernardino

0.6%

San Diego

1.3%

San Francisco

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

San Joaquin

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

San Luis Obispo

2.0%

San Mateo

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Santa Barbara

1.8%

Santa Clara

1.0%

Santa Cruz

2.7%

Shasta

0.7%

Siskiyou

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Solano

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Stanislaus

1.0%

Tulare

0.0%

Ventura

1.7%

Yolo

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Lassen

0.0%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder (Methadone)

8/16

D2.VII.2 Measure Domain

Behavioral health care

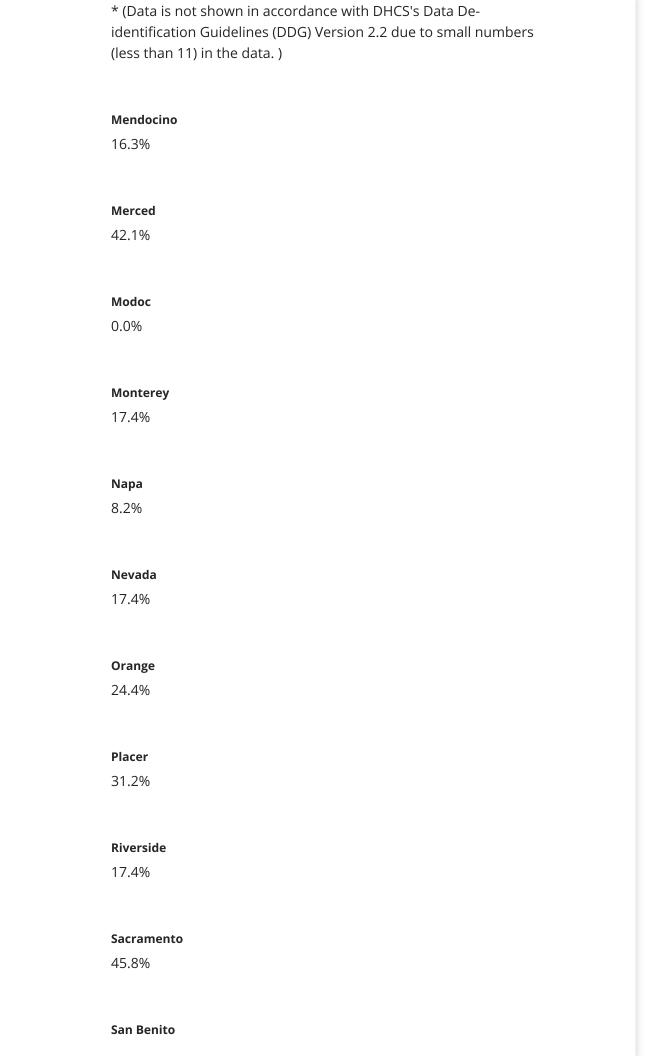
D2.VII.3 National Quality Forum (NQF) number D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A

	D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
	Yes
D2.VII.8 Measure Description	
NCQA/CMS measure spec	
Measure results	
Alameda	
33.8%	
Contra Costa	
31.5%	
El Dorado	
13.5%	
Fresno	
41.2%	
Humboldt	
23.0%	
Imperial	
22.6%	
Kern	
34.4%	
Los Angeles	
22.8%	
Marin	

Mariposa



15.9%
Can Daynaydina
San Bernardino 19.1%
19.1%
San Diego
28.5%
San Francisco
46.9%
San Joaquin
55.0%
San Luis Obispo
33.5%
San Mateo
20.2%
Santa Barbara
37.4%
Santa Clara
18.8%
Santa Cruz
32.9%
Shasta
32.9%
Siskiyou

15.2%

_			
50	ıa	n	O

27.3%

Stanislaus

44.0%

Tulare

40.8%

Ventura

37.3%

Yolo

32.1%

Lassen

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 9 / 16 **Disorder Treatment (Initiation--All)**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality

Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority Measures--NCQA/CMS D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda	
15.3%	
Contra Costa	
12.9%	
12.370	
El Dorado	
24.7%	
Fresno	
13.9%	
13.370	
Humboldt	
18.1%	
Imperial	
22.5%	
Kern	
18.0%	
Los Angeles	
14.1%	
Marin	
18.3%	
Mariposa	
18.0%	
Mendocino	
16.1%	

Merced

18.3%	
Modoc	
16.4%	
Monterey	
22.1%	
22.170	
Napa	
13.6%	
Nevada	
21.1%	
Orange	
19.0%	
13.070	
Placer	
19.9%	
Riverside	
12.9%	
Sacramento	
17.7%	
San Benito	
19.4%	
San Bernardino	
10.3%	
San Diego	

15.8%

San Francisco
12.8%
San Joaquin
11.6%
San Luis Obispo
23.5%
23.370
San Mateo
21.0%
Santa Barbara
19.8%
Santa Clara
13.4%
Santa Cruz
25.1%
Shasta
11.9%
Siskiyou
14.8%
Solano
13.4%
Stanislaus
15.5%

Tulare

17.4%
Ventura
33.1%
Yolo
13.5%
Lassen
13.0%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 10 / 16 **Disorder Treatment (Initiation--Alcohol)**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality

Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority

Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

13.5%

Contra Costa

14.3%

El Dorado

24.1%

Fresno
12.6%
Humboldt
20.2%
Imperial
26.0%
Kern
19.4%
Los Angeles
14.9%
Marin
19.3%
Mariposa
27.7%
Mendocino
18.2%
Merced
17.7%
Modoc
43.0%
Monterey
21.3%

Napa

13.8%	
Nevada	
20.4%	
Orange	
17.5%	
17.570	
Placer	
18.3%	
Riverside	
11.3%	
Sacramento	
15.3%	
13.370	
San Benito	
20.8%	
San Bernardino	
10.3%	
San Diego	
13.8%	
San Francisco	
14.4%	
San Joaquin	
13.1%	
San Luis Obispo	

19.6%

San Mateo
21.7%
Santa Barbara
18.4%
Santa Clara
12.1%
12.170
Santa Cruz
23.6%
Shasta
14.5%
Sightiyay
Siskiyou 18.8%
10.070
Solano
14.4%
Stanislaus
15.4%
Tulare
17.6%
17.070
Ventura
37.1%
Yolo
16.4%

Lassen



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 11 / 16 **Disorder Treatment (Initiation--Opioid)**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

Cross progr

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A

D2.VII.6 Measure Set

DMC-ODS Priority
Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

37.0%

Contra Costa

27.3%

El Dorado

40.8%

Fresno

22.8%

Humboldt

35.2%

Imperial

15.1%

Los Angeles
23.8%
Marin
30.6%
Mariposa
* (Data is not shown in accordance with DHCS's Data De- identification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)
Mendocino
23.8%
Merced
26.6%
Modoc
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)
Monterey
33.3%
Napa
22.8%
Nevada
34.8%

Kern 24.2%

Orange
35.1%
Placer
35.3%
Riverside
18.1%
Sacramento
41.6%
San Benito
33.3%
San Bernardino
17.5%
San Diego
34.1%
San Francisco
28.9%
2013 70
San Joaquin
31.5%
San Luis Obispo
41.7%
San Mateo
31.9%

Santa Barbara

37.4%
Santa Clara
27.3%
Santa Cruz
36.6%
Shasta
29.6%
Siskiyou
35.1%
Solano
19.2%
Stanislaus
29.7%
Tulare
28.1%
Ventura
35.2%
Yolo 2.4.10/
24.1%
Lassen
15.1%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 12 / 16 **Disorder Treatment (Initiation--Other)**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

Cross

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A

D2.VII.6 Measure Set

DMC-ODS Priority
Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

9.7%

Contra Costa

8.6%

El Dorado

18.2%

Fresno

13.5%

Humboldt

9.8%

Imperial

25.4%

Kern

15.6%

Los Angeles
11.4%
Marin
13.6%
Mariposa
15.9%
Mendocino
11.8%
Merced
17.2%
17.290
Modoc
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)
Monterey
17.9%
Napa
10.7%
Nevada
17.2%
Orange
14.8%

Placer

16.8%

Riverside	
12.2%	
Sacramento	
12.7%	
San Benito	
15.8%	
San Bernardino	
8.5%	
San Diego	
12.3%	
San Francisco	
6.5%	
San Joaquin	
8.1%	
San Luis Obispo	
23.2%	
San Mateo	
17.8%	
Santa Barbara	
16.1%	
Santa Clara	
12.1%	

Santa Cruz

22.5%
Shasta
6.5%
0.5%
Siskiyou
8.5%
Solano
11.0%
11.070
Stanislaus
11.1%
Tulare
15.5%
Ventura
28.9%
Yolo
9.1%
Lassen
13.8%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 13 / 16 Disorder Treatment (Engagement--All)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

N/A

DMC-ODS Priority MeasuresNCQA/CMS	period: Date range Yes
D2.VII.8 Measure Description	
NCQA/CMS measure spec	
Measure results	
Alameda	
5.0%	
Contra Costa	
5.0%	
El Dorado	
8.4%	
Fresno	
6.5%	
Humboldt	
5.0%	
Imperial	
11.0%	
Kern	
9.0%	
Los Angeles	
5.6%	
Marin	
6.1%	

Mariposa

9.4%
Mendocino
5.5%
Merced
6.8%
Modoc
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)
Monterey
8.3%
Napa
5.5%
Nevada
8.6%
Orange
7.7%
Placer
9.7%
Riverside
5.4%

Sacramento

7.7%

San Benito

9.6%	
San Bernardino	
4.3%	
San Diego	
6.5%	
San Francisco	
3.0%	
San Joaquin	
5.3%	
3.570	
San Luis Obispo	
10.6%	
San Mateo	
6.0%	
0.0%	
Santa Barbara	
9.9%	
Santa Clara	
5.4%	
Santa Cruz	
6.8%	
Shasta	
4.7%	
Siskiyou	

5.6%

Solano 4.9% Stanislaus 5.5% Tulare 6.8% Ventura 8.9% Yolo 5.3%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 14 / 16 Disorder Treatment (Engagement--Alcohol)

D2.VII.2 Measure Domain

Lassen 3.3%

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority
Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda	
4.4%	
Contra Cost	:a
5.2%	
El Dorado	
6.9%	
Fresno	
4.9%	
Humboldt	
4.1%	
Imperial	
10.7%	
Kern	
9.3%	
Los Angeles	;
5.5%	
Marin	
5.7%	
Mariposa	
* (Data is r	not shown in accordance with DHCS's Data De-
identificati	on Guidelines (DDG) Version 2.2 due to small numbers
(less than	11) in the data.)

Mendocino

5.9%

Merced
6.7%
Modoc
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)
Monterey
6.5%
Napa
4.3%
No. of the control of
Nevada
7.8%
Overage
Orange
6.2%
Placer
7.4%
7.770
Riverside
4.7%
Sacramento
7.0%
San Benito
10.1%

San Bernardino

3.6%

San Diego
5.2%
San Francisco
3.4%
San Joaquin
5.5%
3.3%
San Luis Ohisno
San Luis Obispo
8.3%
San Mateo
5.5%
Santa Barbara
9.1%
Santa Clara
4.5%
Santa Cruz
6.8%
Shasta
6.5%
Siskiyou
5.5%
Solano
5.0%
5.670

Stanislaus

Tulare

6.7%

Ventura

9.3%

Yolo

6.1%

Lassen

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 15 / 16 Disorder Treatment (Engagement--Opioid)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority
Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

Measure results

Alameda

10.0%

Contra Costa
7.4%
El Dorado
17.0%
Fresno
8.5%
Humboldt
10.4%
Imperial
7.6%
Kern
9.3%
Los Angeles
6.7%
Marin
11.6%
Mariposa
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)
(1655 that Fry III the data.)
Mendocino 5.3%

Merced

9.2%

Modoc * (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.) Monterey 14.9%

Napa

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

Nevada

8.5%

Orange

15.4%

Placer

13.3%

Riverside

5.3%

Sacramento

13.4%

San Benito

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)

San Bernardino

5.6%

San Diego
16.3%
San Francisco
6.8%
San Joaquin
10.9%
San Luis Obispo
17.6%
17.0%
San Mateo
7.7%
Santa Barbara
13.8%
Santa Clara
9.1%
Santa Cruz
9.7%
5.7 %
Shasta
10.2%
Siskiyou
14.9%
Colons
Solano
6.5%

Stanislaus

10.1	%
------	---

Tulare

8.8%

Ventura

10.0%

Yolo

6.3%

Lassen

* (Data is not shown in accordance with DHCS's Data Deidentification Guidelines (DDG) Version 2.2 due to small numbers (less than 11) in the data.)



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use 16 / 16 Disorder Treatment (Engagement--Other)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

DMC-ODS Priority
Measures--NCQA/CMS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

NCQA/CMS measure spec

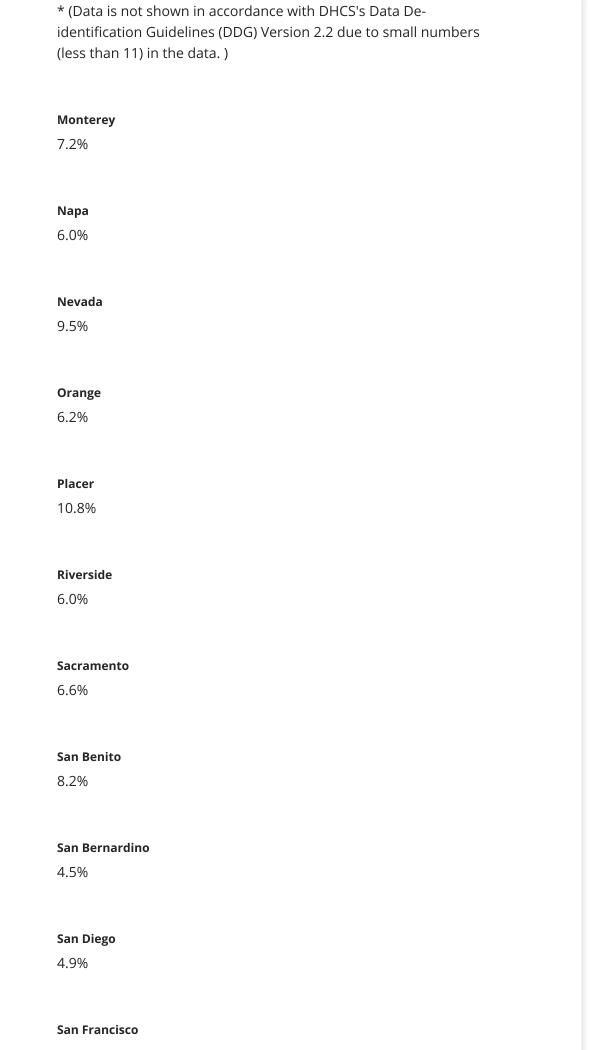
Measure results

Alameda

3.8%

Contra Costa
4.2%
El Dorado
6.2%
0.270
Fresno
7.6%
7.070
Humboldt
3.8%
Imperial
13.6%
Kern
8.7%
Los Angeles
5.4%
Marin
4.8%
Mariposa
10.6%
Mendocino
5.2%
Merced
6.5%

Modoc



1.4%
San Joaquin
4.4%
San Luis Ohisna
San Luis Obispo 11.4%
11.4%
San Mateo
6.0%
Santa Barbara
9.7%
Santa Clara
5.4%
Santa Cruz
5.8%
3.670
Shasta
2.5%
Siskiyou
4.0%
Solomo
Solano
4.4%
Stanislaus
4.1%
Tulare

6.5%

Ventura
8.3%
Yolo
4.5%
Lassen
* (Data is not shown in accordance with DHCS's Data De-
identification Guidelines (DDG) Version 2.2 due to small numbers
(less than 11) in the data.)

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



D3.VIII.1 Intervention type: Corrective action plan

1/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Placer

Availability of DMC-ODS

Services; Quality
Assurance and
Performance

Improvement; Program

Integrity

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 3, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, ii-iv; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

Sanction details

D3.VIII.5 Instances of non-

compliance

5

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/03/2023

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

2/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Monterey

Availability of DMC-ODS Services; Coordination of Care Requirements; Quality Assurance and Performance

Improvement; Access

and Information Requirements; Beneficiary Rights and Protections

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 3, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, J, 3; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, C, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, C, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, C, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, C, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, D, 1, i-iii, a-b

Sanction details

D3.VIII.5 Instances of noncompliance

N/A

13

D3.VIII.7 Date assessed

07/03/2023

D3.VIII.8 Remediation date noncompliance was corrected

D3.VIII.6 Sanction amount

Yes, remediated 05/07/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

3 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

Orange

Availability of DMC-ODS

Services; Quality

Assurance and

Performance

Improvement; Access

and Information

Requirements

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 14, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, xi; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii; Intergovernmental Agreement Exhibit A, Attachment, III, CC, 18, i; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v

Sanction details

D3.VIII.5 Instances of non-

compliance

8

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/14/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 11/22/2023

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

4/86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

Kern

Availability of DMC-ODS

Services; Quality

Assurance and

Performance

Improvement

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 19, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

N/A

2

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

5/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Integrity

Los Angeles

Availability of DMC-ODS
Services; Coordination of
Care Requirements;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements;
Beneficiary Rights and
Protections; Program

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 21, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, I, 3; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, i-ii, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, iii; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, II, L, 1-3, i-iii; Intergovernmental Agreement Exhibit A, Attachment I, II, L, 4, j, a-f; Intergovernmental Agreement Exhibit A, Attachment I, II, E, 7, i-ii; Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, vii; Intergovernmental Agreement Exhibit A, Attachment III, NN, 3

Sanction details

D3.VIII.5 Instances of noncompliance **D3.VIII.6 Sanction amount**

N/A

16

D3.VIII.7 Date assessed

07/21/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 05/14/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

6/86

D3.VIII.2 Plan performance

Nevada

D3.VIII.3 Plan name

Availability of DMC-ODS Services; Coordination of

Care Requirements;

Quality Assurance and

Performance

Improvement; Access

and Information

Requirements;

Beneficiary Rights and

Protections; Program

Integrity

D3.VIII.4 Reason for intervention

"Corrective action plan (CAP) issued on July 31, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, J, 3; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, b; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, i-ii, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, I; Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, i-ii, a-e; Intergovernmental Agreement Exhibit A, Attachment I, II, SS, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, SS, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, vii; Exhibit A, Attachment I, III, G, 3, viii; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, vii; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment, III, MM, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 1; Intergovernmental Agreement Exhibit A, Attachment I, II, E, 8, i-iii, a-e, i-iv; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, ixiii; Intergovernmental Agreement Exhibit A, Attachment I, II, D, 1, i-iii, a-b; Intergovernmental Agreement Exhibit A, Attachment I, II, L, 1-3, i-iii; Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, vii"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

26

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

07/31/2023

Yes, remediated 06/18/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

7/86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

Yolo

Availability of DMC-ODS

Services; Quality

Assurance and

Performance

Improvement; Program

Integrity

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on August 2, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, vi, d, i-vi; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 4, vi-x; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, b; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, SS, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, vii; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

N/A

11

D3.VIII.7 Date assessed

08/02/2023

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

8 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Modoc

Availability of DMC-ODS

Services; Coordination of

Care Requirements;

Access and Information

Requirements

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on August 17, 2023 for noncompliance with the following: BHIN 21-071 Level of Care Determination; Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

4

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date non-

compliance was corrected

Yes, remediated 04/08/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.2 Plan performance

issue

Integrity

El Dorado

D3.VIII.3 Plan name

Availability of DMC-ODS Services; Coordination of Care Requirements; Quality Assurance and Performance Improvement; Program

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on August 14, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, ii-iv; Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, iv; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

Sanction details

D3.VIII.5 Instances of non-

compliance

8

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/14/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 06/11/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

10/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Mendocino

Availability of DMC-ODS Services; Coordination of Care Requirements; Access and Information Requirements

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on August 17, 2023 for noncompliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, I; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v

Sanction details

D3.VIII.5 Instances of non-

compliance

3

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 04/03/2023

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

11/86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Solano

Availability of DMC-ODS Services: Coordination of Care Requirements; Quality Assurance and Performance Improvement; Access and Information

Requirements

D3.VIII.4 Reason for intervention

Corrective action plan (CAP) issued on July 3, 2023 for noncompliance with the following: BHIN 21-071 Level of Care Determination; Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xvi, a; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, V

Sanction details

D3.VIII.5 Instances of noncompliance

9

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 05/07/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

12/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Humboldt

Availability of DMC-ODS

Services Quality

Assurance and

Performance Access and

Information

Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 8/17/2023, for non-compliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v;Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2;Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

6

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

08/17/2023

Yes, remediated 03/25/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

13 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Siskiyou

Availability of DMC-ODS Services Coordination of Care Requirements Quality Assurance and Performance Improvement

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 8/17/2023, for non-compliance with the following: Welfare & Institutions Code 14184.402(e); Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

Sanction details

D3.VIII.5 Instances of non-

compliance

6

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 12/21/2023

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

14/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Napa

Availability of DMC-ODS Services Coordination of Care Requirements Quality Assurance and Performance

Improvement Access and Information

Requirements Program Integrity

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 8/23/2023, for non-compliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, I, 3; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi; Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i; Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, vii; Exhibit A, Attachment I, III, G, 3, viii; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 1-2; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, iii; Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, vii; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v; Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b;

Sanction details

D3.VIII.5 Instances of noncompliance

16

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/23/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 06/04/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

15 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue Santa Barbara

Availability of DMC-ODS **Services Quality**

Assurance and

Performance

Improvement

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 8/22/2023, for non-compliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f

Sanction details

D3.VIII.5 Instances of non-

compliance

2

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/22/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 04/17/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

16/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Santa Cruz

Availability of DMC-ODS
Services Coordination of
Care Requirements
Quality Assurance and
Performance
Improvement Access
and Information

Requirements

Beneficiary Rights and

Protections

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 8/25/2023, for non-compliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment, III, MM, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 1; Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii; Intergovernmental Agreement Exhibit A, Attachment I, II, L, 4, j, a-f;

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

N/A

7

D3.VIII.7 Date assessed

08/25/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 04/25/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

17 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Diego

Patient Selection and

Orientation Test or

Analysis Records for

Illicit Drug Use Patient

Treatment Plans

Program Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 9/1/2023, for non-compliance with the following: 22 CCR Drug Medi-Cal Substance Use Disorder Services. § 51341.1(h)(7); 9 CCR § 10165(a)(5); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(f) (3); 9 CCR § 10305(f)(1)(2); Intergovernmental Agreement, Exhibit A, Attachment I: III.AA.3.iii

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$2,113.14

6

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

11/27/2023

Yes, remediated 11/27/2023

D3.VIII.9 Corrective action plan

Yes



D3.VIII.2 Plan performance

D3.VIII.3 Plan name

Los Angeles

issue

Preadmission Requirements

Medication

Administration and

Dispensing Test or

Analysis Records for

Illicit Drug Use Patient

Treatment Plans Fair

Hearing Rights Program

Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 9/6/2023, for non-compliance with the following: 9 CCR \S 10170(a)(b)(1-8); 9 CCR \S 10355(h); 9 CCR \S 10260(a) (b); 9 CCR \S 10386; 9 CCR \S 10355(g)(h); 9 CCR \S 10310(e); 9 CCR \S 10165(a) (5); 9 CCR \S 10345(d)(4)(B); 9 CCR \S 10305(e)(1)(2)(3); 9 CCR \S 10420(a); Intergovernmental Agreement, Exhibit A, Attachment I; III.AA.3.iii

Sanction details

D3.VIII.5 Instances of non-

compliance

۵

D3.VIII.6 Sanction amount

\$6,458.19

D3.VIII.7 Date assessed

09/06/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 12/07/2023

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

19/86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Monterey

Preadmission

Requirements

Medication

Administration and

Dispensing Test or

Analysis Records for

Illicit Drug Use Patient

Treatment Plans

Program Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 10/11/2023, for non-compliance with the following: 9 CCR § 10215(e); 9 CCR § 10260(a)(b); 9 CCR § 10355(h); 9 CCR § 10355(g)(h); 9 CCR § 10345(d)(4)(B); 9 CCR § 10305(e)(f); 9 CCR § 10305(f)(3); Intergovernmental Agreement, Exhibit A, Attachment I; III.AA.3.iii; Intergovernmental Agreement, Exhibit A, Attachment I; III.GG.3.ii.a

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

\$1,764.89

D3.VIII.7 Date assessed

10/11/2023

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

20 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Francisco

Medication

Administration and

Dispensing Test or

Analysis Records for

Illicit Drug Use Program

Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 11/09/2023, for non-compliance with the following: 9 CCR § 10350(a)(b)(c); 9 CCR § 10165(a)(5); 9 CCR § 10345(d) (4)(B); Intergovernmental Agreement, Exhibit A, Attachment I; III.A.1.iv; Intergovernmental Agreement, Exhibit A, Attachment I; III.AA.3.iii

Sanction details

D3.VIII.5 Instances of non-

4

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/09/2023

compliance

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 04/30/2024



D3.VIII.1 Intervention type: Corrective action plan

21 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Alameda

Preadmission

Requirements

Medication

Administration and

Dispensing Test or

Analysis Records for

Illicit Drug Use Patient

Treatment Plans

Program Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 11/20/2023, for non-compliance with the following: 9 CCR § 10170(a)(b)(1-8); 9 CCR § 10210(c)(2)(3); 9 CCR § 10210(c)(4)(A)(B); 9 CCR § 10210(c)(5); 9 CCR § 10165(a)(2); 9 CCR § 10270(a) (1)(2); 9 CCR § 10270(a)(3); 9 CCR § 10165(a)(2); 9 CCR § 10355(h); 9 CCR § 10260(a)(b); 9 CCR § 10355(c)(4); 9 CCR § 10295; 9 CCR § 10355(g)(h); 9 CCR § 10165(a)(5); 9 CCR § 10345(d)(4)(B); 9 CCR § 10305(g); 9 CCR § 10305(f)(1)(2); Intergovernmental Agreement, Exhibit A, Attachment I; III.AA.3.iii; Intergovernmental Agreement, Exhibit A, Attachment I; III.GG.3.ii.a

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$11,850.81

16

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

11/20/2023

Yes, remediated 06/19/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue Placer

Coverage and

Authorization of Services

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 11/27/2023, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, I, 1, iv-v; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g)

Sanction details

D3.VIII.5 Instances of non-**D3.VIII.6 Sanction amount**

compliance

N/A

2

D3.VIII.7 Date assessed

11/27/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 04/05/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

23 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

San Mateo Availability of DMC-ODS

Services Quality

Assurance and

Performance

Improvement Coverage

and Authorization of

Services Program

Integrity

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 12/07/2023, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, C, 3, i-ix; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, II, 9; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g); DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 6, ad; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal

Requirements, H, 5, ii, g; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, NN, 3; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, e; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, HH, 1; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, v, a-c; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, OO, 1;

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

8

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

12/07/2023

Yes, remediated 06/19/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

24 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

Tulare

issue

Availability of DMC-ODS

Services Quality

Assurance and

Performance

Improvement Coverage

and Authorization of

Services Beneficiary

Rights and Protections

Program Integrity

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 12/15/2023, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, G, 3, ix; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, II, 9; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, E, 9, ii; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, I, 1, i-iii; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g); DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, G, 7, i-iii; 42 CFR § 438.416; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, a, v; DMC-ODS

Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, a, vi; DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, h; DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, HH, 2, ii;

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

10

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-

12/15/2023

compliance was corrected Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

25 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

San Bernardino

Medication

Administration and

Dispensing Test or

Analysis Records for

Illicit Drug Use Patient

Treatment Plans

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 1/08/2024, for non-compliance with the following: 9 CCR § 10355(h); 9 CCR § 10260(a)(b); 9 CCR § 10165(a)(5); 9 CCR § 10345(d)(4)(B); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(g);

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$2,180.85

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

01/08/2024

Yes, remediated 08/01/2024

D3.VIII.9 Corrective action plan



26 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Merced

Access and Information

Requirements

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 1/10/2024, for non-compliance with the following: DMC-ODS Contract, Exhibit A, Attachment I, Section 3(xi)

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

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D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

01/10/2024

Yes, remediated 07/19/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

27 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

San Joaquin

Test or analysis records

for illicit drug use;

Patient treatment plans

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 1/25/2024, for non-compliance with the following: 9 CCR § 10165(a)(5); 9 CCR § 10345(d)(4)(B); 9 CCR § 10305(e) (1)(2)(3)"

Sanction details

D3.VIII.5 Instances of noncompliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/25/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 07/10/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

28 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

Contra Costa

"Preadmission

Requierments; Patient

Selection and

Orientation; Medication Administration and

Dispensing; Test or

analysis records for illicit

drug use; Patient treatment plans;

Progress notes; Staffing

requirements"

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 1/25/2024, for non-compliance with the following: 9 CCR § 10210(a)(1)(2); 9 CCR § 10210(a)(3)(A-J); 9 CCR § 10210(a)(5)(6); 9 CCR § 10165(a)(2); 9 CCR § 10270(a)(2); 9 CCR § 10215(a)(b); 9 CCR § 10215(c); 9 CCR § 10270(a)(1)(2); 22 CCR Drug Medi-Cal Substance Use Disorder Services. § 51341.1(h)(7); 9 CCR § 10305(g); 9 CCR § 10305(h); 9 CCR § 10355(h); 9 CCR § 10260(a)(b); 9 CCR § 10295; 9 CCR § 10185; 9 CCR § 10310(e); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10345 (b); 9 CCR § 10345(d)(1) (2)3); 22 CCR § 51341.1(m)(1)(A)"

Sanction details

D3.VIII.5 Instances of noncompliance

16

D3.VIII.6 Sanction amount

\$9,982.32

D3.VIII.7 Date assessed

01/25/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 05/24/2024



29 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Riverside

Patient Selection and

Orientation; Medication

Administration and

Dispensing; Test or

analysis records for illicit

drug use; Patient treatment plans; Progress Notes

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 2/14/2024, for non-compliance with the following: 22 CCR Drug Medi-Cal Substance Use Disorder Services. § 51341.1(h)(7); 9 CCR § 10305(h); 9 CCR § 10355(h); 9 CCR § 10355(c)(4); 9 CCR § 10345(d)(4)(B); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(f)(3); 9 CCR § 10305(h); 9 CCR § 10345(d)(1)(2)3);"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$461.20

10

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-

02/14/2024

compliance was correctedRemediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Compliance letter

30 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Access and Information Requirements; Coverage

Contra Costa

and Authorization of Services:

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 2/15/2024, for non-compliance with the following: DMC-ODS Contract, Exhibit A, Attachment I, Section (G)(3) (xi); 750-MH Behavioral Health Access Line Service Availability and Telephone Logs for Mental Health Services (Revised 12/02/2019); 750-AOD, Behavioral Health Access Line Substance Use Disorder (SUD) Treatment Admission (Revised 07/17/2017); DMC-ODS Contract, Exhibit A, Attachment I, Sections (DD)(15)(i) –(xiii)) and (DD)(18); DMC-ODS Contract, Exhibit A, Attachment I, Sections (DD)(16)(i) –(v)) & (DD) (18);"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

3

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

02/15/2024

Yes, remediated 05/07/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

31 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Orange

Program Integrity

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 2/28/2024, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, h; 42 CFR §455.23"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

1

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

02/28/2024

Yes, remediated 04/02/2024

Yes



D3.VIII.1 Intervention type: Corrective action plan

32 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Sacramento

Preadmission requirements; Medication administration and dispensing; Test or analysis records for illicit drug use;

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 3/1/2024, for non-compliance with the following: 9 CCR § 10210(c)(4)(A)(B); 9 CCR § 10355(c)(2); 9 CCR § 10310€"

Sanction details

D3.VIII.5 Instances of non- D3.VIII.6 Sanction amount

compliance

\$0

3

D3.VIII.7 Date assessed D3.VIII.8 Remediation date non-

03/01/2024 compliance was corrected

Yes, remediated 04/11/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

33 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Contra Costa

Patient selection and orientation; Medication administration and dispensing; Test or analysis records for illicit

drug use; patient treatment plans

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 3/28/2024, for non-compliance with the following: 9 CCR § 10305(d); 9 CCR § 10355(h); 9 CCR § 10260(a)(b); 9 CCR § 10355(d)(3); 9 CCR § 10355(c)(4); 9 CCR § 10165(a)(5); 9 CCR § 10345(d)(4) (B); 9 CCR § 10305(a); 9 CCR § 10305(f)(1)(2);"

Sanction details

D3.VIII.5 Instances of non-

compliance

7

D3.VIII.6 Sanction amount

\$3,091.32

D3.VIII.7 Date assessed

03/28/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 07/12/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

34 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Stanislaus

Coverage and Authorization of Services; Program Integrity

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 4/23/2024, for non-compliance with the following: DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g); DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, v, a-c; "

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

N/A

2

D3.VIII.7 Date assessed

03/29/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress



35 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

San Joaquin

Availability of DMC-ODS Services; Coverage and Authorization of Services; Program

Integrity;

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 3/29/2024, for non- compliance with the following: DMC-ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, E, 5, I, a, i-ii; DMC ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, E, 9, ii; DHCS Information Notice 18-019; 0107.0015, Credentialing (revised October 27, 2021); DMC-ODS Contract, Exhibit A, Attachment I, Section III Program Specifications, XX, 3, i-ii; DMC ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, E, 9, ii; DMC-ODS Contract, Exhibit A, Attachment I, Section III Program Specifications, XX, 4, v; DMC ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, E, 9, ii; DMC-ODS Contract, Exhibit A, Attachment I, Section III Program Specifications, DD, 5, i; DMC ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, E, 9, ii; 2010.001.0, No Unlawful Use – Drug Free Workplace Substance Use Disorder Treatment Providers (issue date December 13, 2019); DMC-ODS Contract, Exhibit A, Attachment I, Section II Federal Requirements, H, 5, ii, a, iv; Compliance Plan (revised November 15, 2021); "

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

N/A

5

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

03/29/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



36 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Riverside

Preadmissions

Requirements; Patient

treatment plans;

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 4/24/2024, for non- compliance with the following: 9 CCR § 10215(a)(b); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(f) (3)"

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

\$1,064.56

3

D3.VIII.7 Date assessed

04/24/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 07/02/2024

D3.VIII.9 Corrective action plan

Yes

OComplete

D3.VIII.1 Intervention type: Corrective action plan

37 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

San Bernardino

Progress notes; Staffing

requirements

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 5/7/2024, for non- compliance with the following: 9 CCR § 10345(a); 22 CCR § 51341.1(m)(1)(A); "

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$32.40

2

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/07/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

38 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Fresno

Preadmission

requirements; Patient

selection and

orientation; Medication

administration and

dispensing; Patient

treatment plans;

Progress notes;

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 5/7/2024, for non- compliance with the following: 9 CCR § 10270(a)(1)(2); 9 CCR § 10305(d); 9 CCR § 10355(c)(4); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(f)(3); 9 CCR § 10165(c)(2)"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$3,088.24

6

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-

compliance was corrected

05/07/2024

Yes, remediated 07/24/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

39 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Tulare

Preadmission requirements;

Medication administration and dispensing; Patient treatment plans; Staffing requirements

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 5/24/2024, for non- compliance with the following: 9 CCR § 10170(a)(b)(1-8); 9 CCR § 10165(a)(2); 9 CCR § 10270(a) (1)(2); 9 CCR § 10355(h); 9 CCR § 10260(a)(b); 9 CCR § 10355(c)(4); 9 CCR § 10305(g)(h); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(f)(3); 9 CCR § 10305(g); 9 CCR § 10305(h); 9 CCR § 10305(f)(1)(2); 22 CCR § 51341.1(m)(1)(A)"

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$8,908.17

11

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/24/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

40 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Kern

Preadmission

requirements; Patient

selection and

orientation;

Detoxification; Test or

analysis records for illicit

drug use; Patient treatment plans;

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 5/28/2024, for non- compliance with the following:9 CCR § 10215(a)(b); 9 CCR § 10305(g); 9 CCR § 10310(e); 9 CCR § 10305(e)(1)(2)(3); 9 CCR § 10305(e)(4); 9 CCR § 10305(f)(3)"

Sanction details

D3.VIII.5 Instances of noncompliance

6

D3.VIII.6 Sanction amount

\$1,292.68

D3.VIII.7 Date assessed

05/28/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

41 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Lassen

Availability of DMC-ODS Services; Coordination of Care Requirements; Access and Information Requirements

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 8/17/2023, for non- compliance with the following: BHIN 21-071 Level of Care Determination; Welfare & Institutions Code 14184.402(e); Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; BHIN 21-001; Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 2, i-ii, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 2, iv; Perinatal Practice Guidelines Section B, 4; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i; Adolescent Best Practices Guide 3.1.6 Case Management and Care Coordination; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v; "

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

N/A

8

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 02/23/2024

D3.VIII.9 Corrective action plan



42 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Shasta

Availability of DMC-ODS
Services; Coordination of
Care Requirements;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 8/17/2023, for non- compliance with the following: Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv; Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v; Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2; BHIN 21-001; Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i; Adolescent Best Practices Guide 3.1.6 Case Management and Care Coordination; Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6, i, a-d; Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v; "

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

7

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

08/17/2023

D 1: .:

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue Fresno

Medication administration and dispensing

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 11/15/2023, for non- compliance with the following: 9 CCR § 10355(h); 9 CCR § 10260(a)(b)"

Sanction details

D3.VIII.5 Instances of non-

compliance

\$0

1

D3.VIII.7 Date assessed

11/15/2024

D3.VIII.8 Remediation date noncompliance was corrected

D3.VIII.6 Sanction amount

Yes, remediated 05/29/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

44 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue El Dorado

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

N/A

compliance

3

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/07/2024

Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan



45 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Lassen

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

13

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/08/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

46 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Mendocino

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/09/2024

Yes, remediated 08/13/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

47 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Benito

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with

the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

2

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

05/10/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

48 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Joaquin

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with

the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

6

D3.VIII.7 Date assessed

05/11/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 07/16/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

49 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Mateo

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

D3.VIII.7 Date assessed

05/12/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 09/03/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

50 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Santa Cruz

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

N/A

4

D3.VIII.7 Date assessed

05/13/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

51 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Shasta

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

12

D3.VIII.7 Date assessed

05/14/2024

D3.VIII.8 Remediation date noncompliance was corrected

Yes, remediated 07/02/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

52 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

Solano

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

compliance

N/A

6

D3.VIII.7 Date assessed

05/15/2024

D3.VIII.8 Remediation date noncompliance was corrected

D3.VIII.6 Sanction amount

Yes, remediated 07/29/2024

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

53 / 86

D3.VIII.2 Plan performance D

D3.VIII.3 Plan name

issue

Alameda

"1) Time or Distance Standard: Opioid

Treatment Programs 2)
Timely Access Standard:
Opioid Treatment

Programs"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs adult and youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance **D3.VIII.6 Sanction amount**

\$0

3

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date noncompliance was corrected Remediation in progress

D3.VIII.9 Corrective action plan



54 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

El Dorado

"1) Time or Distance Standards: Opioid Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed expected utilization for residential treatment services. 3) Timely Access Standards: Opioid Treatment Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for adult and youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

D3.VIII.6 Sanction amount \$0

5

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/01/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



55 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Fresno

Capacity and

Composition: Provider capacity must exceed expected utilization for residential treatment services.

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with the capacity and composition for residential treatment services for youth (BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

1

D3.VIII.7 Date assessed

10/04/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

56 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Imperial

Timely Access Standard: Outpatient SUD Services

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041).

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

\$0

2

D3.VIII.7 Date assessed

10/03/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

57 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Los Angeles

"1) Time or Distance

Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed

expected utilization for

opioid treatment programs. "

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for opioid treatment programs for youth (BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

2

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/08/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



58 / 86



D3.VIII.2 Plan performance issue

Marin

D3.VIII.3 Plan name

"1) Capacity and
Composition: Provider
capacity must exceed
expected utilization for
outpatient treatment
services, intensive
outpatient treatment
services, and residential
treatment. 2) Timely
Access Standards:
Opioid Treatment

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for youth, intensive outpatient treatment services for youth, and residential treatment services for youth (BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

Programs"

D3.VIII.5 Instances of noncompliance

\$0

.

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/08/2024

Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

59 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

"1) Time or Distance Standards: Opioid Merced

Treatment Programs 2)
Capacity and
Composition: Provider
capacity must exceed
expected utilization for
opioid treatment
programs and
residential treatment
services. 3) Timely
Access Standards:
Outpatient SUD Services
and Opioid Treatment
Programs"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for opiod treatment programs for youth and residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult, and opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

60 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

"1) Time or Distance

Standards: Outpatient Services and Opioid Treatment Programs 2)
Capacity and
Composition: Provider
capacity must exceed
expected utilization for
residential treatment
services. "

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services for youth and opioid treatment programs for youth (Welfare and Institution Code 14197(c)(4)(A) (B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for residential treatment services for youth (BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

3

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

61 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Napa

"1) Time or Distance Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for outpatient treatment

services, opioid

treatment programs,

and residential

treatment services. 3)

Timely Access Standards:

Outpatient SUD Services

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, opiod treatment programs for youth, and residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance D3.VIII.6 Sanction amount

\$0

6

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/21/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

62 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Nevada

"1) Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services. 2) Reporting "

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with timely access standards for residential treatment services for youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041).
2) Plan was placed on corrective action plan for non-compliance with

language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of non-

compliance

\$0

2

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

63 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Orange

Timely Access Standards: Outpatient SUD Services and Opioid Treatment Programs

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth, and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

4

D3.VIII.7 Date assessed

compliance was corrected

D3.VIII.8 Remediation date non-

10/22/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Placer

"1) Time or Distance
Standards: Outpatient
Services 2) Capacity and
Composition: Provider
capacity must exceed
expected utilization for
residential treatment
services. 3) Timely
Access Standards:
Opioid Treatment
Programs"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services for youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

3

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

65 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Humboldt

"1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment services, opioid treatment programs and residential treatment services. 3) Timely Access Standards: Outpatient SUD Services and Opioid Treatment Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

17

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.6 Sanction amount

\$0

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.2 Plan performance issue

"1) Time or Distance Standards: Outpatient Services and Opioid

Treatment Programs 2)
Capacity and
Composition: Provider
capacity must exceed
expected utilization for
outpatient treatment
services, intensive
outpatient treatment
services, opioid
treatment programs and
residential treatment
services. 3) Timely

Access Standards:

Outpatient SUD Services and Opioid Treatment Programs 4) Reporting"

D3.VIII.3 Plan name

Lassen

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

17

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.6 Sanction amount

\$0

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan



67 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Mendocino

"1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services, intensive

outpatient treatment

services, opioid

treatment programs and

residential treatment

services. 3) Timely

Access Standards:

Outpatient SUD Services

and Opioid Treatment

Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

17

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

68 / 86

D3.VIII.2 Plan performance issue

Modoc

D3.VIII.3 Plan name

"1) Time or Distance

Standards: Outpatient

Services and Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services, intensive

outpatient treatment

services, opioid

treatment programs and

residential treatment

services. 3) Timely

Access Standards:

Outpatient SUD Services

and Opioid Treatment

Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and

opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of non-

compliance

\$0

17

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.8 Remediation date non-

compliance was corrected

D3.VIII.6 Sanction amount

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

69 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Shasta

"1) Time or Distance

Standards: Outpatient

Services and Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services, intensive

outpatient treatment

services, opioid

treatment programs and

residential treatment

services. 3) Timely

Access Standards:

Outpatient SUD Services

and Opioid Treatment

Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and

opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

\$0

17

D3.VIII.7 Date assessed

compliance was corrected

D3.VIII.8 Remediation date non-

D3.VIII.6 Sanction amount

10/09/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

70 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Siskiyou

"1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed expected utilization for outpatient treatment services, intensive outpatient treatment

services, opioid

treatment programs and residential treatment

services. 3) Timely

Access Standards: **Outpatient SUD Services** and Opioid Treatment Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

17

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.6 Sanction amount

\$0

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

Solano

D3.VIII.3 Plan name

D3.VIII.2 Plan performance issue

"1) Time or Distance Standards: Outpatient

Services and Opioid

Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed

71 / 86

expected utilization for outpatient treatment services, intensive outpatient treatment services, opioid treatment programs and residential treatment services. 3) Timely Access Standards: Outpatient SUD Services and Opioid Treatment Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services adult and youth, and opioid treatment programs adult and youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and youth, intensive outpatient treatment services for adult and youth, opioid treatment programs for adult and youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

17

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.6 Sanction amount

\$0

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue Riverside

Timely Access Standards:

Opioid Treatment

Programs

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

compliance

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

Sacramento

73 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name issue

"1) Time or Distance

Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services, opioid

treatment programs and

residential treatment

services. 3) Timely

Access Standards:

Opioid Treatment

Programs "

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult, opioid treatment programs for youth, and residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for opioid treatment programs for youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of non-

compliance

\$0

5

D3.VIII.7 Date assessed

10/29/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

74 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

services.

San Benito

Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient services for residential treatment for youth (BHIN 23-041).

Sanction details

D3.VIII.5 Instances of noncompliance **D3.VIII.6 Sanction amount**

\$0

1

D3.VIII.7 Date assessed

10/21/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

75 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

San Bernardino

Timely Access Standards: Outpatient SUD Services and Opioid Treatment Programs

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth, and opioid treatment programs for youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

3

D3.VIII.7 Date assessed

10/29/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

76 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

San Diego

Time or Distance Standards: Opioid Treatment Programs

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

1

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/25/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

77 / 86

D3.VIII.2 Plan performance D3.VIII.3 Plan name

issue

San Francisco

Capacity and Composition: Provider

capacity must exceed expected utilization for residential treatment

services.

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient services for residential treatment services for youth (BHIN 23-041).

\$0

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

1

D3.VIII.7 Date assessed

10/07/2024

compliance

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan



D3.VIII.1 Intervention type: Corrective action plan

78 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

"1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2)

Capacity and Composition: Provider capacity must exceed expected utilization for residential treatment services. 3) Timely Access Standards:

Outpatient SUD

Services"

San Joaquin

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services for youth, and opioid treatment programs for youth. (Welfare and Institution Code 14197(c)(4)(A) (B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date noncompliance was corrected

10/22/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

79 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

San Luis Obispo

"1) Time or Distance Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed expected utilization for opioid treatment programs."

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for youth. (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for opioid treatment programs for youth (BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

\$0

D3.VIII.7 Date assessed

10/25/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

80 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name Santa Clara

"1) Time or Distance Standards: Opioid Treatment Programs 2)

Capacity and

Composition: Provider capacity must exceed

expected utilization for opioid treatment programs and residential treatment services. 3) Timely Access Standards:
Outpatient SUD Services and Opioid Treatment Programs "

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs for adult and youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for opioid treatment programs for youth, and residential treatment services for adult and youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth, and opioid treatment programs for adult and youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

9

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

81 / 86

D3.VIII.2 Plan performance issue

. .

D3.VIII.3 Plan name

"1) Capacity and Composition: Provider capacity must exceed expected utilization for outpatient treatment services and residential

treatment services. 2)

Santa Cruz Capacity and Timely Access Standards: Outpatient SUD Services and Opioid Treatment Programs"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for adult and residential treatment for youth (BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth, and opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). "

Sanction details

D3.VIII.5 Instances of noncompliance

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/25/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

OComplete

D3.VIII.1 Intervention type: Corrective action plan

82 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Stanislaus

"1) Time or Distance

Standards: Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

opioid treatment

programs and

residential treatment

services. 3) Timely

Access Standards:

Outpatient SUD Services

and Opioid Treatment

Programs 4) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for opioid treatment programs youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for opioid treatment programs for youth, and residential treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standards for outpatient SUD services for adult and youth, and opioid treatment programs for adult (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 4) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: DMC-ODS Contract Exhibit A, Attachment I, K5 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/25/2024

D3.VIII.8 Remediation date noncompliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

OComplete

D3.VIII.1 Intervention type: Corrective action plan

83 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Tulare

"1) Time or Distance

Standards: Outpatient

Services and Opioid

Treatment Programs 2)

Capacity and

Composition: Provider

capacity must exceed

expected utilization for

outpatient treatment

services and opioid

treatment services."

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services youth and opioid

treatment programs youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for youth and opioid treatment programs for youth (BHIN 23-041)."

Sanction details

D3.VIII.5 Instances of noncompliance **D3.VIII.6 Sanction amount** \$0

4

D3.VIII.7 Date assessed

10/25/2024

D3.VIII.8 Remediation date non-

compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

84 / 86

D3.VIII.2 Plan performance D

D3.VIII.3 Plan name

issue

Ventura

Time or Distance Standards: Outpatient

Services and Opioid Treatment Programs

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services youth and opioid treatment programs youth (Welfare and Institution Code 14197(c)(4)(A)(B) and with BHIN 23-041).

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

\$0

2

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-

10/07/2024

compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan



D3.VIII.1 Intervention type: Corrective action plan

85 / 86

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Yolo

"1) Time or Distance Standards: Outpatient Services and Opioid Treatment Programs 2) Capacity and

Capacity and
Composition: Provider
capacity must exceed
expected utilization for
outpatient treatment
services and intensive
outpatient treatment
services. 3) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the time or distance standards for outpatient services youth and opioid treatment programs adult and youth (Welfare and Institution Code 14197(c) (4)(A)(B) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the capacity and composition for outpatient treatment services for youth and intensive outpatient treatment services for youth (BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with mandatory provider type with the following: DMC-ODS Contract Exhibit A, Attachment I, B4 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of noncompliance

\$0

6

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date noncompliance was corrected
Remediation in progress

D3.VIII.6 Sanction amount

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

86 / 86

D3.VIII.2 Plan performance

D3.VIII.3 Plan name

issue

Tulare

Mobile Crisis

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/7/2024, for non-compliance with the following: BHIN 23-025

Sanction details

D3.VIII.5 Instances of non-

D3.VIII.6 Sanction amount

compliance

N/A

7

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-

05/16/2024

Yes, remediated 07/03/2024

compliance was corrected

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	Alameda 8 Contra Costa 10
		El Dorado
		2
		Fresno
		5
		Humboldt
		2
		Imperial
		7
		Kern 3
		5
		Los Angeles
		45
		Marin
		9
		Mariposa
		1
		Mendocino
		6
		Merced
		4
		Modoc

Monterey 4
Napa 4
Nevada 3
Orange
Placer
Riverside 5
Sacrament
San Benito
San Berna i
San Diego 10
San Franci
San Joaqui 5

Napa
4
Nevada
3
Orange
6
Placer
1
Riverside
5
Sacramento
4
4
San Benito
1
San Bernardino
8
San Diego
10
San Francisco
14
San Joaquin
5

San Luis Obispo

San Mateo
1
Santa Barbara
1
1
Santa Clara
4
Santa Cruz
1
Shasta
6
Siskiyou
6
Solano
6
Characteria
Stanislaus
10
Tulare
1
Ventura
2
Vala
Yolo 1
I
Lassen
6

D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	Alameda 0 Contra Costa 0
		El Dorado 0
		Fresno 3
		Humboldt
		0 Imperial
		0
		Kern 7
		Los Angeles 0
		Marin 0
		Mariposa
		Mendocino Mendocino
		0 Merced
		0
		Modoc 0

Napa
0
Nevada
0
Orange
1
Placer
0
Riverside
0
Sacramento
0
San Benito
0
San Bernardino
0
Can Diago
San Diego
0
San Francisco
0
San Joaquin
23
San Luis Obispo
15

Monterey

0

San Mateo 4 Santa Barbara 2 Santa Clara 3 Santa Cruz 0 Shasta 0 Siskiyou 0 Solano 0 Stanislaus 0 **Tulare** 0 Ventura 0 Yolo 1 Lassen 0

What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Contra Costa

0:1,000

El Dorado

0:1,000

Fresno

0.52:1,000

Humboldt

0:1,000

Imperial

0:1,000

Kern

2.05:1,000

Los Angeles

0:1,000

Marin

0:1,000

Mariposa

0:1,000

Mendocino

0:1,000

Merced

0:1,000

Modoc

0:0

Monterey

0:1,000

Napa 0:1,000 Nevada 0:1,000 Orange 0.17:1,00

Nevada		
0:1,000		
Orange		
0.17:1,000		

Placer 0:1,000 Riverside

0:1,000	
Sacramento	

0:1,000		

San Benito	
0:1,000	

San Bernardino	
0:1,000	

San Diego	
0:1,000	

San Francisco	
0:1,000	

San Joaquin		
13.31:1,000		

San Luis Obispo	
9.91:1,000	

San Mateo	
4.34:1,000	

Santa Barbara 0.94:1,000 Santa Clara 1.05:1,000 Santa Cruz 0:1,000 Shasta 0:1,000 Siskiyou 0:1,000 Solano 0:1,000 **Stanislaus** 0:1,000 **Tulare** 0:1,000 Ventura 0:1,000 Yolo 2.71:1,000 Lassen 0:0 Alameda 0

D1X.4 Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Contra Costa

0

0
Fresno
2
Humboldt
0
Imperial
0
Kern 7
Los Angeles
1
Marin
Marin 0
Mariposa
0
Mendocino
0
Merced
0
Modoc
0
Monterey
0
Napa
0

El Dorado

Orange
1
Placer
0
Riverside
0
Sacramento
0
San Benito
0
San Bernardino
O 0
U
San Diego
0
San Francisco
0
Can Incomin
San Joaquin
8
San Luis Obispo
15
San Mateo
3
Santa Barbara
2

Nevada

0

	Santa Clara
	3
	Santa Cruz
	0
	Shasta
	0
	Siskiyou
	0
	Solano
	0
	Stanislaus
	0
	Tulare
	0
	Ventura
	0
	Yolo
	0
	Lassen
	0
Ratio of resolved program	Alameda
integrity investigations to enrollees	0:1,000
What is the ratio of program integrity investigations resolved	Contra Costa
by the plan in the past year to the average number of	0:1,000
individuals enrolled in the plan per month during the reporting	
year (i.e., average member	El Dorado
months)? Express this as a ratio per 1,000 beneficiaries.	0:1,000

D1X.5

0.35:1,000 Humboldt 0:1,000

Fresno

Imperial 0:1,000 Kern 2.05:1,000 **Los Angeles** 0.05:1,000 Marin 0:1,000 Mariposa 0:1,000 Mendocino 0:1,000 Merced 0:1,000 Modoc 0:0 Monterey 0:1,000 Napa 0:1,000 Nevada 0:1,000

Orange 0.17:1,000 Placer 0:1,000

Riverside

0:1,000

Sacramento

0:1,000

San Benito

0:1,000

San Bernardino

0:1,000

San Diego

0:1,000

San Francisco

0:1,000

San Joaquin

4.63:1,000

San Luis Obispo

9.91:1,000

San Mateo

3.26:1,000

Santa Barbara

0.94:1,000

Santa Clara

1.05:1,000

Santa Cruz 0:1,000 Shasta 0:1,000 Siskiyou 0:1,000 Solano 0:1,000 **Stanislaus** 0:1,000 **Tulare** 0:1,000 Ventura 0:1,000 Yolo 0:1,000 Lassen 0:0 Alameda Makes referrals to the State Medicaid Agency (SMA) only **Contra Costa** Makes some referrals to the SMA and others directly to the MFCU **El Dorado** Makes referrals to the SMA and MFCU concurrently

D1X.6

Referral path for program

What is the referral path that the plan uses to make program integrity referrals to the state?

Fresno

integrity referrals to the

state

Select one.

Makes some referrals to the SMA and others directly to the MFCU

Humboldt

Makes some referrals to the SMA and others directly to the MFCU

Imperial

Makes referrals to the SMA and MFCU concurrently

Kern

Makes referrals to the SMA and MFCU concurrently

Los Angeles

Makes some referrals to the SMA and others directly to the MFCU

Marin

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Mariposa

Makes referrals to the SMA and MFCU concurrently

Mendocino

Makes some referrals to the SMA and others directly to the MFCU

Merced

Makes referrals to the SMA and MFCU concurrently

Modoc

Makes some referrals to the SMA and others directly to the MFCU

Monterey

Makes some referrals to the SMA and others directly to the MFCU

Napa

Makes referrals to the SMA and MFCU concurrently

Nevada

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Orange

Makes referrals to the State Medicaid Agency (SMA) only

Placer

Makes some referrals to the SMA and others directly to the MFCU

Riverside

Makes referrals to the SMA and MFCU concurrently

Sacramento

Makes some referrals to the SMA and others directly to the MFCU

San Benito

Makes some referrals to the SMA and others directly to the MFCU

San Bernardino

Makes referrals to the State Medicaid Agency (SMA) only

San Diego

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

San Francisco

Makes some referrals to the SMA and others directly to the MFCU

San Joaquin

Makes some referrals to the SMA and others directly to the MFCU

San Luis Obispo

Makes referrals to the State Medicaid Agency (SMA) only

San Mateo

Makes some referrals to the SMA and others directly to the MFCU

Santa Barbara

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Santa Clara

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Santa Cruz

Makes some referrals to the SMA and others directly to the MFCU

Shasta

Makes some referrals to the SMA and others directly to the MFCU

Siskiyou

Makes some referrals to the SMA and others directly to the MFCU

Solano

Makes some referrals to the SMA and others directly to the MFCU

Stanislaus

Makes referrals to the Medicaid Fraud Control Unit (MFCU) only

Tulare

Makes referrals to the SMA and MFCU concurrently

Ventura

Makes referrals to the SMA and MFCU concurrently

Yolo

Makes some referrals to the SMA and others directly to the MFCU

Lassen

Makes some referrals to the SMA and others directly to the MFCU

D1X.7 Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

Alameda

Not applicable

Contra Costa

Not applicable

El Dorado

Not applicable

Fresno

Not applicable

Humboldt

Not applicable

Imperial

Not applicable

Kern

Not applicable

Los Angeles

Not applicable

Marin

0

Mariposa

Merced
Not applicable
Modoc
Not applicable
Monterey
Not applicable
Napa
Not applicable
Nevada
0
Orange
Not applicable
Placer
Not applicable
Riverside
Not applicable
Sacramento
Not applicable
San Benito
Not applicable
San Bernardino
Not applicable
San Diego

Not applicable

Mendocino

Not applicable

San Francisco

Not applicable

San Joaquin

Not applicable

San Luis Obispo

Not applicable

San Mateo

Not applicable

Santa Barbara

0

Santa Clara

0

Santa Cruz

Not applicable

Shasta

Not applicable

Siskiyou

Not applicable

Solano

Not applicable

Stanislaus

0

Tulare

Not applicable

Ventura

Yolo Not applicable Lassen Not applicable Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa Not applicable		Not applicable
Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humbolt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Yolo
Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Lassen
Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		
made to the state in the past year. Enter the count of referrals made. Contra Costa Not applicable El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa	Enter the count of program	0
referrals made. El Dorado Not applicable Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa	made to the state in the past	Contra Costa
Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable	referrals made.	Not applicable
Fresno Not applicable Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable		El Dorado
Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Humboldt Not applicable Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Fresno
Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Imperial Not applicable Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Humboldt
Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Kern Not applicable Los Angeles Not applicable Marin Not applicable Mariposa		Imperial
Los Angeles Not applicable Marin Not applicable Mariposa		Not applicable
Los Angeles Not applicable Marin Not applicable Mariposa		Kern
Marin Not applicable Mariposa		Not applicable
Marin Not applicable Mariposa		Los Angeles
Not applicable Mariposa		Not applicable
Mariposa		Marin
		Not applicable
Not applicable		Mariposa
		Not applicable

Mendocino

D1X.7

Modoc
Not applicable
Monterey
Not applicable
Napa
Not applicable
Nevada
Not applicable
Orange
0
Placer
Not applicable
Riverside
Not applicable
Sacramento
Not applicable
San Benito
Not applicable
San Bernardino
0
Can Biana
San Diego
Not applicable
San Evanciese
San Francisco

Not applicable

Not applicable

Merced

San Luis Obispo		
4		
San Mateo		
Not applicable		
Santa Barbara		
Not applicable		
Santa Clara		
Not applicable		
Santa Cruz		
Not applicable		
Shasta		
Not applicable		
Siskiyou		
Not applicable		
Solano		
Not applicable		
Stanislaus		
Not applicable		
Tulare		
Not applicable		
Ventura		
Not applicable		

Not applicable

San Joaquin

Not applicable

Not applicable

Lassen

Not applicable

D1X.7 Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Alameda

Not applicable

Contra Costa

Not applicable

El Dorado

0

Fresno

Not applicable

Humboldt

Not applicable

Imperial

0

Kern

2

Los Angeles

Not applicable

Marin

Not applicable

Mariposa

0

Mendocino

Not applicable

Merced

Modoc

Not applicable

Monterey

Not applicable

Napa

0

Nevada

Not applicable

Orange

Not applicable

Placer

Not applicable

Riverside

0

Sacramento

Not applicable

San Benito

Not applicable

San Bernardino

Not applicable

San Diego

Not applicable

San Francisco

Not applicable

San Joaquin

San Luis Obispo
Not applicable
San Mateo
Not applicable
Santa Barbara
Not applicable
Santa Clara
Not applicable
Santa Cruz
Not applicable
Shasta
Not applicable
Siskiyou
Not applicable
Solano
Not applicable
Stanislaus
Not applicable
Tulare
0
Ventura
0
Yolo
Not applicable
Lassen

Not applicable

D1X.7 Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.

Alameda

Not applicable

Contra Costa

0

El Dorado

Not applicable

Fresno

0

Humboldt

0

Imperial

Not applicable

Kern

Not applicable

Los Angeles

1

Marin

Not applicable

Mariposa

Not applicable

Mendocino

0

Merced

Not applicable

Modoc

0
Monterey
0
Nana
Napa
Not applicable

Nevada

Not applicable

Orange

Not applicable

Placer

0

Riverside

Not applicable

Sacramento

0

San Benito

0

San Bernardino

Not applicable

San Diego

Not applicable

San Francisco

0

San Joaquin

1

San Luis Obispo

Not applicable San Mateo 2 Santa Barbara Not applicable Santa Clara Not applicable Santa Cruz 0 Shasta 0 Siskiyou 0 Solano 0 Stanislaus Not applicable Tulare Not applicable Ventura Not applicable Yolo 0 Lassen

0

D1X.8 Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Alameda

0:1,000

Contra Costa

0:1,000

El Dorado

0:1,000

Fresno

0:1,000

Humboldt

0:1,000

Imperial

0:1,000

Kern

0.59:1,000

Los Angeles

0.05:1,000

Marin

0:1,000

Mariposa

0:1,000

Mendocino

0:1,000

Merced

0:1,000

Modoc

0:0

0:1,000 Napa 0:1,000 Nevada 0:1,000

Monterey

Orange 0:1,000



Placer		
0:1,000		

Riverside	
0:1,000	

Sacramento
0:1,000

San Benito	
0:1,000	

San Bernardino	
0:1,000	

San Diego		
0:1,000		

San Francisco		
0:1,000		

San Joaquin	
0.58:1,000	

San Luis Obispo)
2.64:1,000	

San Mateo

2.17:1,000

Santa Barbara

0:1,000

Santa Clara

0:1,000

Santa Cruz

0:1,000

Shasta

0:1,000

Siskiyou

0:1,000

Solano

0:1,000

Stanislaus

0:1,000

Tulare

0:1,000

Ventura

0:1,000

Yolo

0:1,000

Lassen

0:0

D1X.9a: Plan overpayment reporting

to the state: Start Date

Alameda

07/01/2022

What is the start date of the reporting period covered by the

plan's latest overpayment recovery report submitted to the state?	

Contra Costa

07/01/2022

El Dorado

07/01/2022

Fresno

07/01/2022

Humboldt

07/01/2022

Imperial

07/01/2022

Kern

07/01/2022

Los Angeles

07/01/2022

Marin

07/01/2022

Mariposa

07/01/2022

Mendocino

07/01/2022

Merced

07/01/2022

Modoc

07/01/2022

Monterey

07/01/2022

Napa 07/01/2022 Nevada 07/01/2022 Orange

Placer

07/01/2022

07/01/2022

Riverside

07/01/2022

Sacramento

07/01/2022

San Benito

07/01/2022

San Bernardino

07/01/2022

San Diego

07/01/2022

San Francisco

07/01/2022

San Joaquin

07/01/2022

San Luis Obispo

07/01/2022

San Mateo

07/01/2022

Santa Barbara 07/01/2022 Santa Clara 07/01/2022 Santa Cruz 07/01/2022 Shasta 07/01/2022 Siskiyou 07/01/2022 Solano 07/01/2022 **Stanislaus** 07/01/2022 **Tulare** 07/01/2022 Ventura 07/01/2022 Yolo 07/01/2022 Lassen 07/01/2022 Alameda

D1X.9b: Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

06/30/2023

Contra Costa

06/30/2023

El Dorado 06/30/2023 Fresno 06/30/2023 Humboldt 06/30/2023 **Imperial** 06/30/2023 Kern 06/30/2023 **Los Angeles** 06/30/2023 Marin 06/30/2023 Mariposa

06/30/2023

Mendocino

06/30/2023

06/30/2023

06/30/2023

Monterey

06/30/2023

06/30/2023

Napa

Merced

Modoc

Nevada 06/30/2023 Orange 06/30/2023

Placer

06/30/2023

Riverside

06/30/2023

Sacramento

06/30/2023

San Benito

06/30/2023

San Bernardino

06/30/2023

San Diego

06/30/2023

San Francisco

06/30/2023

San Joaquin

06/30/2023

San Luis Obispo

06/30/2023

San Mateo

06/30/2023

Santa Barbara

06/30/2023

Santa Clara 06/30/2023 Santa Cruz 06/30/2023 Shasta 06/30/2023 Siskiyou 06/30/2023 Solano 06/30/2023 **Stanislaus** 06/30/2023 **Tulare** 06/30/2023 **Ventura** 06/30/2023 Yolo 06/30/2023 Lassen 06/30/2023 Alameda \$0

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Contra Costa

\$85,410.31

El Dorado

9	5
I	Н
9	5
ı	r
5	\$
I	K
9	\$
	L
Ś	5
	V
S	\$
I	V
9	\$
	V
S	\$
	V
9	\$
	V
9	\$
	V
9	\$
	N
9	5
ı	N

Fresno 1,513.33 lumboldt 0 mperial 13,490.21 (ern 629.60 os Angeles 0 Marin 0 Mariposa 0

Mendocino 0

Merced	
\$0	

Modoc		
\$0		

Monterey	
\$1,473.77	

ара			
)			

Nevada
\$229.20

Orango	9
\$0	
Placer	
\$0	
Riversi	d
\$0	
Sacran	16
\$0	
San Be	n
\$0	
San Be	rı
\$0	
San Di	
\$4,489.	1
San Fra	ar
\$0	
Combo	
San Joa	
\$4,480.	9
San Lu	ic
\$98,530	
ادر,٥٤٩	J.
San Ma	at
\$0	

Santa	В
\$0	. •
40	
Santa	CI
\$14.65	
7 . 1.00	

lacer	
0	
iverside	
0	
acramento	
0	
an Benito	
0	
O .	
an Bernardino	
0	
an Diego	
4,489.13	
an Francisco	
0	
an laaguin	
an Joaquin	
4,480.93	
an Luis Obispo	
98,530.53	
an Mateo	
0	
anta Barbara	
0	
anta Clara	

	Santa Cruz
	\$7,389.21
	Shasta
	\$0
	Siskiyou
	\$0
	Solano
	\$0
	Stanislaus
	\$6,805.19
	Tulare
	\$0
	Ventura
	\$0
	40
	Yolo
	\$377.02
	Lassen
	\$0
Plan overpayment reporting	Alameda
to the state: Corresponding	N/A
premium revenue	
What is the total amount of premium revenue for the	Contra Costa
corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))	N/A
	El Dorado
	N/A
	Fresno
	N/A

D1X.9d:

N/A
Imperial
N/A
Kern
N/A
Los Angeles
N/A
Marin
N/A
Mariposa
N/A
Mendocino
N/A
Merced
N/A
Modoc
N/A
Monterey
N/A
Napa
N/A
Nevada
N/A
Orange
N/A

Humboldt

N/A
Riverside
N/A
Sacramento
N/A
San Benito
N/A
San Bernardino
N/A
San Diogo
San Diego N/A
San Francisco N/A
San Joaquin
N/A
San Luis Obispo
N/A
San Mateo
N/A
Santa Barbara
N/A
Santa Clara
N/A
Santa Swin
Santa Cruz N/A

Placer

	Shasta
	N/A
	Siskiyou
	N/A
	Solano
	N/A
	TW/A
	Stanislaus
	N/A
	Tulare
	N/A
	Ventura
	N/A
	Yolo
	N/A
	Lassen
	N/A
	14//
Changes in beneficiary	Alameda
circumstances	Monthly
Select the frequency the plan reports changes in beneficiary	
circumstances to the state.	Contra Costa
	Daily
	El Dorado
	Daily
	Fresno
	Weekly
	Humboldt
	Weekly

D1X.10

Imperial
Monthly
Kern
Monthly
Los Angeles
Quarterly
Marin
Monthly
Mariposa
Daily
Mendocino
Weekly
Merced
Quarterly
Modoc
Weekly
Monterey
Quarterly
Napa
Monthly
Nevada
Monthly
Orange
Promptly when plan receives information about the change
Placer
Monthly

Sacramento Quarterly
San Benito Quarterly
San Bernardino Monthly
San Diego Monthly
San Francisco Quarterly
San Joaquin Quarterly
San Luis Obispo Daily
San Mateo Monthly
Santa Barbara Monthly
Santa Clara Daily
Santa Cruz Quarterly
Shasta Weekly

Riverside

Quarterly

Siskiyou
Weekly
Solano
Weekly
Stanislaus
Monthly
Tulare
Quarterly
Ventura
Monthly
Yolo
Quarterly
Lassen
Weekly

Topic XI: ILOS



A Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if "Yes", which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter "0" for utilization.

Number	Indicator	Response
D4XI.1	ILOSs offered by plan	Alameda
	Indicate whether this plan offered any ILOS to their	Not answered
	enrollees. The second s	Contra Costa
		Not answered
		El Dorado
		Not answered
		Fresno
		Not answered
		Humboldt
		Not answered
		Imperial
		Not answered
		Kern
		Not answered
		Los Angeles
		Not answered
		Marin
		Not answered
		Mariposa
		Not answered
		Mendocino
		Not answered
		Merced
		Not answered
		Modoc
		Not answered
		Monterey
		Not answered

Nevada
Not answered
Orange
Not answered
Placer
Not answered
Riverside
Not answered
Sacramento
Not answered
San Benito
Not answered
San Bernardino
Not answered
San Diego
Not answered
San Francisco
Not answered
San Joaquin
Not answered
San Luis Obispo
Not answered
San Mateo
Not answered
Santa Barbara
Not answered
Santa Clara

Napa

Not answered

Not answered Santa Cruz Not answered Shasta Not answered Siskiyou Not answered Solano Not answered **Stanislaus** Not answered **Tulare** Not answered Ventura Not answered Yolo

Not answered

Lassen

Not answered

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type	Alameda
	What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Local Government Entity
		Contra Costa
		Local Government Entity
		El Dorado
		Local Government Entity
		Fresno
		Local Government Entity
		Humboldt
		Local Government Entity
		Imperial
		Local Government Entity
		Kern
		Local Government Entity
		Lassen
		Local Government Entity
		Los Angeles
		Local Government Entity
		Marin
		Local Government Entity
		Mariposa
		Local Government Entity
		Mendocino
		Local Government Entity

Merced

Local Government Entity

Modoc

Local Government Entity

Monterey

Local Government Entity

Napa

Local Government Entity

Nevada

Local Government Entity

Orange

Local Government Entity

Placer

Local Government Entity

Riverside

Local Government Entity

Sacramento

Local Government Entity

San Benito

Local Government Entity

San Bernardino

Local Government Entity

San Diego

Local Government Entity

San Francisco

Local Government Entity

San Joaquin

Local Government Entity

San Luis Obispo

Local Government Entity

San Mateo

Local Government Entity

Santa Barbara

Local Government Entity

Santa Clara

Local Government Entity

Santa Cruz

Local Government Entity

Shasta

Local Government Entity

Siskiyou

Local Government Entity

Solano

Local Government Entity

Stanislaus

Local Government Entity

Tulare

Local Government Entity

Ventura

Local Government Entity

Yolo

Local Government Entity

EIX.2

BSS entity role

Alameda

What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Contra Costa

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

El Dorado

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Fresno

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Humboldt

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Imperial

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Kern

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services

including phone, internet, in person and via auxiliary aids when requested.

Lassen

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Los Angeles

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Marin

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Mariposa

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Mendocino

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Merced

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Modoc

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Monterey

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Napa

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Nevada

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Orange

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Placer

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Riverside

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services

including phone, internet, in person and via auxiliary aids when requested.

Sacramento

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Benito

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Bernardino

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Diego

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Francisco

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Joaquin

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Luis Obispo

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

San Mateo

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Santa Barbara

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Santa Clara

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Santa Cruz

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Shasta

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Siskiyou

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services

including phone, internet, in person and via auxiliary aids when requested.

Solano

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Stanislaus

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Tulare

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Ventura

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.

Yolo

Other, specify – The role performed by the BSS entity is to provide beneficiary outreach, informing materials, and access to services including phone, internet, in person and via auxiliary aids when requested.