

Managed Care Program Annual Report (MCPAR) for California: California Department of Health Care Services Behavioral Health Specialty Mental Health Services (SMHS)

Due date	Last edited	Edited by	Status
12/27/2024	12/26/2024	Farrah Samimi	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR 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.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	California
A2a	Contact name 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.	Farrah Samimi
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	Farrah.Samimi@dhcs.ca.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Farrah Samimi
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	farrah.samimi@dhcs.ca.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	12/26/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	07/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	06/30/2024
A6	Program name Auto-populated from report dashboard.	California Department of Health Care Services Behavioral Health Specialty Mental Health Services (SMHS)

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
	Alpine
	Amador
	Butte
	Calaveras
	Colusa
	Contra Costa
	Del Norte
	El Dorado
	Fresno
	Glenn
	Humboldt
	Imperial
	Inyo
	Kern
	Kings
	Lake
	Lassen
	Los Angeles
	Madera
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Mono
	Monterey
	Napa

Nevada

Orange

Placer-Sierra

Plumas

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

Sonoma

Stanislaus

Sutter-Yuba

Tehama

Trinity

Tulare

Tuolumne

Ventura

Yolo

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 Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Alameda
	Alpine
	Amador
	Butte
	Calaveras
	Colusa
	Contra Costa
	Del Norte
	El Dorado
	Fresno
	Glenn
	Humboldt
	Imperial
	Inyo
	Kern
	Kings
	Lake
	Lassen
	Los Angeles
	Madera
	Marin
	Mariposa
	Mendocino
	Merced
	Modoc
	Mono
	Monterey
	Napa

Nevada

Orange

Placer-Sierra

Plumas

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

Sonoma

Stanislaus

Sutter-Yuba

Tehama

Trinity

Tulare

Tuolumne

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 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.	14,855,663
BI.2	Statewide Medicaid managed care enrollment 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.	486,566

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p>Data validation entity</p> <p>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.</p>	Proprietary system(s)
BIII.2	<p>HIPAA compliance of proprietary system(s) for encounter data validation</p> <p>Were the system(s) utilized fully HIPAA compliant? Select one.</p>	Yes

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>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.</p>	<p>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.</p>
BX.2	<p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>State requires the return of overpayments</p>
BX.3	<p>Location of contract provision stating overpayment standard</p>	<p>Exhibit A, Attachment 3 "Recovery of Overpayments", pages 3 and 4; Exhibit A, Attachment 14, "Annual Report of</p>

Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).

Overpayment Recoveries", page 2; Exhibit B, "Audits and Recovery of Overpayments", page 2.

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 Medical 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 Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	Federal database checks: Excluded person or entities 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.	No
BX.9a	Website posting of 5 percent or more ownership control 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.	No
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.	Mental Health Plan Contract
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2022
C1I.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/services/MH/Pages/Contracts_Medicaid_State_Plan.aspx
C1I.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)
C1I.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-for-service should not be listed here.	Behavioral health
C1I.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.	Per passage of SB 803 (Beall, Chapter 150, Statutes of 2020) and Welfare & Institutions Code 14045.19 and 14045.21, county Mental Health Plans (MHPs) may opt in to provide Peer Support Services and claim Medi-Cal. Implementation of peer support services is optional for Specialty Mental Health Services; MHPs are not required to opt in.
C1I.5	Program enrollment	486,566

Enter the average number of individuals enrolled in this managed care program per 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. Updates to dispute resolution process between MHPs and MCPs. BHIN 21-034, supersedes 15-015. 2. Clarification of reimbursement for foster care youth returned from an out-of-state placement due to the California Department of Social Services (CDSS) decertification of out-of-state facilities. BHIN 21-038. 3. Peer Support Services (PSS) program implementation and requirements. BHINs 21-041, 22-006, 22-018 4. Medical necessity and beneficiary access to services criteria updated in CalAIM. BHIN 21-073. 5. No Wrong Door to ensure beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care, and that beneficiaries are able to maintain treatment relationships with trusted providers without interruption. Per BHIN 22-011, clinically appropriate and covered SMHS delivered by MHP providers are covered Medi-Cal services whether or not the beneficiary has a co-occurring SUD. MHPs must not deny or disallow reimbursement for SMHS provided to a beneficiary who meets SMHS criteria on the basis of the beneficiary having a co-occurring SUD, when all other Medi-Cal and service requirements are met. 6. 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 de-escalation 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. 7. Beginning July 1, 2023 the CalAIM Behavioral Health Payment Reform initiative will move counties away from cost-based reimbursement to fee-for-service reimbursement to better enable counties and providers to deliver value-based care that improves quality of life for Medi-Cal members. The existing cost-based reimbursement model is administratively burdensome for the State, counties, and subcontracted behavioral health providers. Per BHINs 23-013 and 23-023, County behavioral health plans will claim fee-for-service reimbursement at rates established in a behavioral health plan fee schedule, negotiate terms and rates with providers, with no settlement to cost among other updates.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>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)).</p>	Policy making and decision support
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>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.</p> <p>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).</p>	<p>Timeliness of initial data submissions</p> <p>Use of correct file formats</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>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.</p>	<p>MHP Contract, Exhibit A, Attachment 13 (1)</p> <p>MHP Contract, Exhibit A, Attachment 14 (2)</p> <p>MHP Contract, Exhibit B (6) MHP Contract, Exhibit E (5)(K)</p>

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.	MHP Contract, Exhibit E (6)(H)
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.	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.	The state did not experience any barriers to collecting or validating encounter data during the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>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.</p>	N/A
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>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.</p>	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	<p>State definition of “timely” resolution for expedited appeals</p> <p>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.</p>	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	<p>Gaps/challenges in network adequacy</p> <p>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.</p>	<p>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 county Mental Health Plan (MHP) 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.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>1) DHCS BH has proposed and is currently implementing a standardized, uniform collection system for MHP provider network data reporting which will allow for expanded tracking and monitoring of the full array of MHP services as well as increased frequency of analyses. 2) DHCS BH is exploring options to automate the collection of timely access data from the MHP counties and providers. 3) DHCS BH for the upcoming SFY 2025-26 will work with MHP to conduct an environmental scan that expands on a collection data tool and other data driving validation tools.</p>

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.



Complete

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

1 / 13

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 Provider

Behavioral health

C2.V.5 Region

"Large counties
Medium counties
Small counties Rural
counties"

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

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

2 / 13

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

Behavioral health

C2.V.5 Region

Large counties
Medium counties
Small counties Rural
counties

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually



Complete

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

3 / 13

C2.V.2 Measure standard

Ratio Standard for adult psychiatry 1:524

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

DHCS BH methodology calculates anticipated need and county reported provider data to determine if the MHP meets the ratio standard.

C2.V.8 Frequency of oversight methods

Annually



Complete

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

4 / 13

C2.V.2 Measure standard

Ratio Standard for children/youth (pediatric) psychiatry 1:323

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

DHCS BH methodology calculates anticipated need and county reported provider data to determine if the MHP meets the ratio standard.

C2.V.8 Frequency of oversight methods

Annually



Complete

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

5 / 13

C2.V.2 Measure standard

Ratio Standard for adult outpatient specialty mental health services (SMHS)
1:85

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

DHCS BH methodology calculates anticipated need and county reported provider data to determine if the MHP meets the ratio standard.

C2.V.8 Frequency of oversight methods

Annually



Complete

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

6 / 13

C2.V.2 Measure standard

Ratio Standard for children/youth psychiatry 1:43

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

DHCS BH methodology calculates anticipated need and county reported provider data to determine if the MHP meets the ratio standard.

C2.V.8 Frequency of oversight methods

Annually



Complete

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

7 / 13

C2.V.2 Measure standard

Non Urgent Non Psychiatry 10 Days

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

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



Complete

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

8 / 13

C2.V.2 Measure standard

Non Urgent Psychiatry 15 Days

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

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



Complete

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

9 / 13

C2.V.2 Measure standard

"Urgent Psychiatry 48 hours without prior authorization"

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

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



Complete

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

10 / 13

C2.V.2 Measure standard

"Urgent Psychiatry 96 hours with prior authorization"

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

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



Complete

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

11 / 13

C2.V.2 Measure standard

"Urgent Non Psychiatry 48 hours without prior authorization"

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

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



Complete

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

12 / 13

C2.V.2 Measure standard

"Urgent Non Psychiatry 96 hours with prior authorization"

C2.V.3 Standard type

First Initial Offered Appointment

C2.V.4 Provider

Behavioral health

C2.V.5 Region

N/A

C2.V.6 Population

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



Complete

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

13 / 13

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 (MHPs must allow in-person services when requested by beneficiaries and provide transportation).

C2.V.3 Standard type

DHCS approves MHPs 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****C2.V.6 Population**

Behavioral health

"Time or Distance

Adult and pediatric

Standards: Large
counties Medium
counties Small
counties Rural
counties"

C2.V.7 Monitoring Methods

DHCS BH collects and validates supporting documentation to approve or deny MHP's alternative access standards by demonstrating good faith efforts to contract with out of network providers. For telehealth validation, DHCS BH reviews the provider collection tool. For terrain considerations, DHCS BH utilizes geomapping through 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/MHPContactList.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)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	The Mental Health Plans contract 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	BSS LTSS program data 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 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).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	State
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(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)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>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).</p>	10/02/2017
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	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%20s>ervices.

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Alameda
		1,430
		Alpine
		13
		Amador
		623
		Butte
		4,866
		Calaveras
		792
		Colusa
		515
		Contra Costa
		14,026
		Del Norte
		448
		El Dorado
		1,420
		Fresno
		20,144
		Glenn
		926
		Humboldt
		2,184
		Imperial

7,027

Inyo

101

Kern

19,063

Kings

2,700

Lake

1,242

Lassen

404

Los Angeles

168,697

Madera

2,345

Marin

1,648

Mariposa

419

Mendocino

2,255

Merced

4,586

Modoc

285

Mono

178

Monterey

6,421

Napa

480

Nevada

1,641

Orange

19,742

Placer-Sierra

2,573

Plumas

211

Riverside

29,252

Sacramento

17,722

San Benito

709

San Bernardino

25,390

San Diego

26,105

San Francisco

11,800

San Joaquin

5,888

San Luis Obispo

3,819

San Mateo

7,658

Santa Barbara

4,393

Santa Clara

21,333

Santa Cruz

2,193

Shasta

2,370

Siskiyou

971

Solano

3,775

Sonoma

2,399

Stanislaus

4,886

Sutter-Yuba

2,168

Tehama

211

Trinity

284

Tulare

10,524

Tuolumne

820

Ventura

10,716

Yolo

1,502

D1I.2

Plan share of Medicaid

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)

Alameda

0%

Alpine

0%

Amador

0%

Butte

0%

Calaveras

0%

Colusa

0%

Contra Costa

0.1%

Del Norte

0%

El Dorado

0%

Fresno

0.1%

Glenn

0%

Humboldt

0%

Imperial

0%

Inyo

0%

Kern

0.1%

Kings

0%

Lake

0%

Lassen

0%

Los Angeles

1.1%

Madera

0%

Marin

0%

Mariposa

0%

Mendocino

0%

Merced

0%

Modoc

0%

Mono

0%

Monterey

0%

Napa

0%

Nevada

0%

Orange

0.1%

Placer-Sierra

0%

Plumas

0%

Riverside

0.2%

Sacramento

0.1%

San Benito

0%

San Bernardino

0.2%

San Diego

0.2%

San Francisco

0.1%

San Joaquin

0%

San Luis Obispo

0%

San Mateo

0.1%

Santa Barbara

0%

Santa Clara

0.1%

Santa Cruz

0%

Shasta

0%

Siskiyou

0%

Solano

0%

Sonoma

0%

Stanislaus

0%

Sutter-Yuba

0%

Tehama

0%

Trinity

0%

Tulare

0.1%

Tuolumne

0%

Ventura

0.1%

Yolo

0%

D1I.3

Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Alameda

0.3%

Alpine

0%

Amador

0.1%

Butte

1%

Calaveras

0.2%

Colusa

0.1%

Contra Costa

2.9%

Del Norte

0.1%

El Dorado

0.3%

Fresno

4.1%

Glenn

0.2%

Humboldt

0.4%

Imperial

1.4%

Inyo

0%

Kern

3.9%

Kings

0.6%

Lake

0.3%

Lassen

0.1%

Los Angeles

34.7%

Madera

0.5%

Marin

0.3%

Mariposa

0.1%

Mendocino

0.5%

Merced

0.9%

Modoc

0.1%

Mono

0%

Monterey

1.3%

Napa

0.1%

Nevada

0.3%

Orange

4.1%

Placer-Sierra

0.5%

Plumas

0%

Riverside

6.1%

Sacramento

3.6%

San Benito

0.1%

San Bernardino

5.2%

San Diego

5.4%

San Francisco

2.4%

San Joaquin

1.2%

San Luis Obispo

0.8%

San Mateo

1.6%

Santa Barbara

0.9%

Santa Clara

4.4%

Santa Cruz

0.5%

Shasta

0.5%

Siskiyou

0.2%

Solano

0.8%

Sonoma

0.5%

Stanislaus

1%

Sutter-Yuba

0.4%

Tehama

0%

Trinity

0.1%

Tulare

2.2%

Tuolumne

0.2%

Ventura

2.2%

Yolo

0.3%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	Alameda
		0%
		Alpine
		0%
		Amador
		0%
		Butte
		0%
		Calaveras
		0%
		Colusa
		0%
		Contra Costa
		0%
		Del Norte
		0%
		El Dorado
		0%
		Fresno
		0%
		Glenn
		0%
		Humboldt
		0%
		Imperial

0%

Inyo

0%

Kern

0%

Kings

0%

Lake

0%

Lassen

0%

Los Angeles

0%

Madera

0%

Marin

0%

Mariposa

0%

Mendocino

0%

Merced

0%

Modoc

0%

Mono

0%

Monterey

0%

Napa

0%

Nevada

0%

Orange

0%

Placer-Sierra

0%

Plumas

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%

Sonoma

0%

Stanislaus

0%

Sutter-Yuba

0%

Tehama

0%

Trinity

0%

Tulare

0%

Tuolumne

0%

Ventura

0%

Yolo

0%

D1II.1b

Level of aggregation

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.

Alameda

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"

Alpine

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"

Amador

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"

Butte

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"

Calaveras

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"

Colusa

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"

Del Norte

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"

Glenn

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"

Inyo

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

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"

Kings

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"

Lake

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"

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"

Madera

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"

Mono

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-Sierra

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"

Plumas

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

San Mateo

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"

Sonoma

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"

Sutter-Yuba

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"

Tehama

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"

Trinity

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"

Tuolumne

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"

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
		Alpine
		N/A
		Amador
		N/A
		Butte
		NA
		Calaveras
		N/A
		Colusa
		NA
		Contra Costa
		N/A
		Del Norte
		N/A
		El Dorado
		N/A
		Fresno
		N/A
		Glenn
		N/A
		Humboldt

N/A

Imperial

N/A

Inyo

N/A

Kern

N/A

Kings

N/A

Lake

N/A

Lassen

N/A

Los Angeles

N/A

Madera

N/A

Marin

N/A

Mariposa

N/A

Mendocino

N/A

Merced

N/A

Modoc

N/A

Mono

N/A

Monterey

N/A

Napa

N/A

Nevada

N/A

Orange

N/A

Placer-Sierra

N/A

Plumas

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

Sonoma

N/A

Stanislaus

N/A

Sutter-Yuba

N/A

Tehama

N/A

Trinity

N/A

Tulare

N/A

Tuolumne

N/A

Ventura

N/A

Yolo

N/A

D1II.3

**MLR reporting period
discrepancies**

Does the data reported in item
D1.II.1a cover a different time
period than the MCPAR report?

Alameda

No

Alpine

No

Amador

No

Butte

No

Calaveras

No

Colusa

No

Contra Costa

No

Del Norte

No

El Dorado

No

Fresno

No

Glenn

No

Humboldt

No

Imperial

No

Inyo

No

Kern

No

Kings

No

Lake

No

Lassen

No

Los Angeles

No

Madera

No

Marin

No

Mariposa

No

Mendocino

No

Merced

No

Modoc

No

Mono

No

Monterey

No

Napa

No

Nevada

No

Orange

No

Placer-Sierra

No

Plumas

No

Riverside

No

Sacramento

No

San Benito

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

No

Sonoma

No

Stanislaus

No

Sutter-Yuba

No

Tehama

No

Trinity

No

Tulare

No

Tuolumne

No

Ventura

No

Yolo

No

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	Definition of timely encounter data submissions Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	Alameda 12 Months
		Alpine 12 months
		Amador 12 MONTHS
		Butte 12 MONTHS
		Calaveras 12 MONTHS
		Colusa 12 MONTHS
		Contra Costa 12 MONTHS
		Del Norte 12 MONTHS
		El Dorado 12 MONTHS
		Fresno 12 MONTHS
		Glenn 12 MONTHS
		Humboldt 12 MONTHS
		Imperial

12 MONTHS

Inyo

12 MONTHS

Kern

12 MONTHS

Kings

12 MONTHS

Lake

12 MONTHS

Lassen

12 MONTHS

Los Angeles

12 MONTHS

Madera

12 MONTHS

Marin

12 MONTHS

Mariposa

12 MONTHS

Mendocino

12 MONTHS

Merced

12 MONTHS

Modoc

12 MONTHS

Mono

12 months

Monterey

12 months

Napa

12 months

Nevada

12 months

Orange

12 months

Placer-Sierra

12 months

Plumas

12 months

Riverside

12 months

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

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

Sonoma

12 months

Stanislaus

12 months

Sutter-Yuba

12 months

Tehama

12 months

Trinity

12 months

Tulare

12 months

Tuolumne

12 months

Ventura

12 months

Yolo

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

96.117%

Alpine

100%

Amador

99.129%

Butte

99.475%

Calaveras

99.9%

Colusa

99.892%

Contra Costa

99.892%

Del Norte

99.373%

El Dorado

98.968%

Fresno

99.296%

Glenn

99.922%

Humboldt

98.26%

Imperial

99.905%

Inyo

90.371%

Kern

99.226%

Kings

99.908%

Lake

99.153%

Lassen

99.879%

Los Angeles

99.406%

Madera

97.86%

Marin

99%

Mariposa

100%

Mendocino

99.973%

Merced

99.835%

Modoc

98.853%

Mono

100%

Monterey

98.048%

Napa

85.15%

Nevada

99.861%

Orange

99.673%

Placer-Sierra

99.878%

Plumas

98.659%

Riverside

99.603%

Sacramento

99.809%

San Benito

98.39%

San Bernardino

99.566%

San Diego

98.822%

San Francisco

99.83%

San Joaquin

99.527%

San Luis Obispo

99.802%

San Mateo

99.939%

Santa Barbara

99.892%

Santa Clara

99.862%

Santa Cruz

99.017%

Shasta

99.908%

Siskiyou

99.957%

Solano

99.537%

Sonoma

96.703%

Stanislaus

99.065%

Sutter-Yuba

96.642%

Tehama

99.9%

Trinity

97.452%

Tulare

99.858%

Tuolumne

98.297%

Ventura

99.694%

Yolo

99.75%

D1III.3

Share of encounter data submissions that were HIPAA compliant

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.

Alameda

95.82%

Alpine

NR

Amador

90.57%

Butte

94.48%

Calaveras

66.66%

Colusa

81.47%

Contra Costa

82.14%

Del Norte

82.6%

El Dorado

85.54%

Fresno

98.07%

Glenn

79.83%

Humboldt

73%

Imperial

66.73%

Inyo

64.61%

Kern

29.38%

Kings

71.94%

Lake

92.02%

Lassen

58.78%

Los Angeles

90.84%

Madera

67.22%

Marin

62.89%

Mariposa

78.02%

Mendocino

53.67%

Merced

58.46%

Modoc

85.56%

Mono

85.62%

Monterey

54.37%

Napa

59.07%

Nevada

59.91%

Orange

NR

Placer-Sierra

51.17%

Plumas

63.56%

Riverside

75.73%

Sacramento

53.93%

San Benito

82.89%

San Bernardino

45.82%

San Diego

92.91%

San Francisco

69.54%

San Joaquin

52.48%

San Luis Obispo

43.84%

San Mateo

55.68%

Santa Barbara

53.71%

Santa Clara

84.81%

Santa Cruz

NR

Shasta

NR

Siskiyou

80.72%

Solano

82.41%

Sonoma

57.3%

Stanislaus

60.85%

Sutter-Yuba

59.87%

Tehama

66.94%

Trinity

70.74%

Tulare

66.54%

Tuolumne

65.01%


Ventura

75.22%

Yolo

86.98%

Topic IV. Appeals, State Fair Hearings & Grievances

 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) Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the 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 beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	Alameda
		3
		Alpine
		0
		Amador
		0
		Butte
		2
		Calaveras
		1
		Colusa
		0
		Contra Costa
		9
		Del Norte
		2
		El Dorado
		2
		Fresno
		8
		Glenn
		0
		Humboldt
		1
		Imperial

11

Inyo

0

Kern

4

Kings

8

Lake

1

Lassen

0

Los Angeles

0

Madera

16

Marin

6

Mariposa

0

Mendocino

0

Merced

14

Modoc

0

Mono

0

Monterey

23

Napa

0

Nevada

0

Orange

2

Placer-Sierra

0

Plumas

0

Riverside

127

Sacramento

127

San Benito

0

San Bernardino

3

San Diego

24

San Francisco

40

San Joaquin

4

San Luis Obispo

8

San Mateo

2

Santa Barbara

10

Santa Clara

0

Santa Cruz

2

Shasta

1

Siskiyou

0

Solano

14

Sonoma

0

Stanislaus

1

Sutter-Yuba

2

Tehama

0

Trinity

1

Tulare

3

Tuolumne

0

Ventura

4

Yolo

1

D1IV.1a

Appeals denied

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".

Alameda

N/A

Alpine

N/A

Amador

N/A

Butte

N/A

Calaveras

N/A

Colusa

N/A

Contra Costa

N/A

Del Norte

N/A

El Dorado

N/A

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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 you choose not to respond prior to June 2025, enter "N/A".

Alameda

N/A

Alpine

N/A

Amador

N/A

Butte

N/A

Calaveras

N/A

Colusa

N/A

Contra Costa

N/A

Del Norte

N/A

El Dorado

N/A

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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

Alpine

N/A

Amador

N/A

Butte

N/A

Calaveras

N/A

Colusa

N/A

Contra Costa

N/A

Del Norte

N/A

El Dorado

N/A

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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.

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

3

San Benito

0

San Bernardino

0

San Diego

0

San Francisco

0

San Joaquin

0

San Luis Obispo

0

San Mateo

2

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

0

Sonoma

1

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

1

Yolo

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

N/A

Alpine

N/A

Amador

N/A

Butte

N/A

Calaveras

N/A

Colusa

N/A

Contra Costa

N/A

Del Norte

N/A

El Dorado

N/A

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.4**Number of critical incidents
filed during the reporting
year by (or on behalf of) an****Alameda**

N/A

**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 of the reporting year, enter “N/A”.

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.

Alpine

N/A

Amador

N/A

Butte

N/A

Calaveras

N/A

Colusa

N/A

Contra Costa

N/A

Del Norte

N/A

El Dorado

N/A

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.5a**Standard appeals for which timely resolution was provided**

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Alameda

3

Alpine

0

Amador

0

Butte

2

Calaveras

1

Colusa

0

Contra Costa

5

Del Norte

2

El Dorado

2

Fresno

8

Glenn

0

Humboldt

0

Imperial

2

Inyo

0

Kern

4

Kings

8

Lake

1

Lassen

0

Los Angeles

0

Madera

16

Marin

6

Mariposa

0

Mendocino

0

Merced

14

Modoc

0

Mono

0

Monterey

23

Napa

0

Nevada

1

Orange

2

Placer-Sierra

0

Plumas

0

Riverside

127

Sacramento

125

San Benito

0

San Bernardino

3

San Diego

24

San Francisco

39

San Joaquin

4

San Luis Obispo

8

San Mateo

0

Santa Barbara

10

Santa Clara

0

Santa Cruz

2

Shasta

1

Siskiyou

0

Solano

14

Sonoma

0

Stanislaus

1

Sutter-Yuba

2

Tehama

0

Trinity

0

Tulare

3

Tuolumne

0

Ventura

4

Yolo

1

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

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

3

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

9

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

2

San Benito

0

San Bernardino

0

San Diego

0

San Francisco

1

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

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

Alameda

1

Alpine

0

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).

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

4

Del Norte

0

El Dorado

2

Fresno

4

Glenn

0

Humboldt

1

Imperial

0

Inyo

0

Kern

1

Kings

4

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

5

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

47

San Benito

0

San Bernardino

2

San Diego

7

San Francisco

3

San Joaquin

1

San Luis Obispo

1

San Mateo

1

Santa Barbara

5

Santa Clara

0

Santa Cruz

1

Shasta

0

Siskiyou

0

Solano

2

Sonoma

0

Stanislaus

1

Sutter-Yuba

0

Tehama

0

Trinity

1

Tulare

2

Tuolumne

0

Ventura

1

Yolo

0

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

2

Alpine

0

Amador

0

Butte

2

Calaveras

1

Colusa

0

Contra Costa

0

Del Norte

2

El Dorado

0

Fresno

4

Glenn

0

Humboldt

0

Imperial

11

Inyo

0

Kern

1

Kings

4

Lake

0

Lassen

0

Los Angeles

0

Madera

16

Marin

1

Mariposa

0

Mendocino

0

Merced

14

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

2

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

80

San Benito

0

San Bernardino

0

San Diego

17

San Francisco

1

San Joaquin

1

San Luis Obispo

7

San Mateo

1

Santa Barbara

5

Santa Clara

0

Santa Cruz

1

Shasta

1

Siskiyou

0

Solano

12

Sonoma

0

Stanislaus

0

Sutter-Yuba

2

Tehama

0

Trinity

0

Tulare

1

Tuolumne

0

Ventura

1

Yolo

0

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

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

1

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

23

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

126

Sacramento

0

San Benito

0

San Bernardino

0

San Diego

0

San Francisco

36

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

1

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).

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

5

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

1

Kings

0

Lake

1

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

1

Sacramento

0

San Benito

0

San Bernardino

1

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

2

Yolo

0

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.

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

0

San Benito

0

San Bernardino

0

San Diego

0

San Francisco

0

San Joaquin

2

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.6f**Resolved appeals related to plan denial of an enrollee's right to request out-of-network 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 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Alameda

N/A

Alpine

0

Amador

0

Butte

N/A

Calaveras

0

Colusa

0

Contra Costa

N/A

Del Norte

0

El Dorado

N/A

Fresno

NA

Glenn

0

Humboldt

0

Imperial

NA

Inyo

0

Kern

NA

Kings

NA

Lake

0

Lassen

0

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

0

Mendocino

0

Merced

NA

Modoc

0

Mono

0

Monterey

NA

Napa

NA

Nevada

0

Orange

NA

Placer-Sierra

NA

Plumas

0

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

0

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

0

Trinity

0

Tulare

NA

Tuolumne

0

Ventura

NA

Yolo

NA

D1IV.6g**Resolved appeals related to denial of an enrollee's request to dispute financial liability**

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.

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

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
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	Alameda NA
		Alpine NA
		Amador NA
		Butte NA
		Calaveras NA
		Colusa NA
		Contra Costa NA
		Del Norte NA
		El Dorado NA
		Fresno NA
		Glenn NA
		Humboldt NA
		Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7c

Resolved appeals related to inpatient behavioral health services

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

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

2

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

23

Napa

0

Nevada

1

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

126

Sacramento

0

San Benito

0

San Bernardino

0

San Diego

21

San Francisco

35

San Joaquin

0

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

0

Santa Cruz

1

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

1

D1IV.7d	Resolved appeals related to outpatient behavioral health services	Alameda
	Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	3
		Alpine
		0
		Amador
		0
		Butte
		2
		Calaveras
		1
		Colusa
		0
		Contra Costa
		9
		Del Norte
		2
		El Dorado
		2
		Fresno
		6
		Glenn
		0
		Humboldt
		1
		Imperial
		11

Inyo

0

Kern

4

Kings

8

Lake

1

Lassen

0

Los Angeles

0

Madera

16

Marin

6

Mariposa

0

Mendocino

0

Merced

14

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

2

Placer-Sierra

0

Plumas

0

Riverside

1

Sacramento

127

San Benito

0

San Bernardino

3

San Diego

3

San Francisco

5

San Joaquin

4

San Luis Obispo

8

San Mateo

2

Santa Barbara

10

Santa Clara

0

Santa Cruz

1

Shasta

1

Siskiyou

0

Solano

14

Sonoma

1

Stanislaus

1

Sutter-Yuba

2

Tehama

0

Trinity

1

Tulare

3

Tuolumne

0

Ventura

4

Yolo

0

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7f**Resolved appeals related to skilled nursing facility (SNF) services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7g**Resolved appeals related to
long-term services and
supports (LTSS)****Alameda**

NA

Enter the total number of appeals resolved by the plan 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 LTSS services, enter "N/A".

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7h**Resolved appeals related to dental services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7i**Resolved appeals related to non-emergency medical transportation (NEMT)**

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 cover NEMT, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.7j**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not

Alameda

NA

Alpine

NA

cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	Alameda
		0
		Alpine
		0
		Amador
		0
		Butte
		0
		Calaveras
		0
		Colusa
		0
		Contra Costa
		2
		Del Norte
		0
		El Dorado
		0
		Fresno
		4
		Glenn
		0
		Humboldt
		0
		Imperial

0

Inyo

0

Kern

0

Kings

1

Lake

0

Lassen

0

Los Angeles

12

Madera

2

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

3

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

4

San Benito

0

San Bernardino

0

San Diego

5

San Francisco

0

San Joaquin

1

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

1

Santa Cruz

2

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

1

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.8b

**State Fair Hearings resulting
in a favorable decision for
the enrollee**

Enter the total number of State
Fair Hearing decisions rendered
during the reporting year that
were partially or fully favorable
to the enrollee.

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

1

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.8c

**State Fair Hearings resulting
in an adverse decision for the
enrollee**

Enter the total number of State
Fair Hearing decisions rendered
during the reporting year that
were adverse for the enrollee.

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

3

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

1

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

1

San Benito

0

San Bernardino

0

San Diego

0

San Francisco

1

San Joaquin

0

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

1

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.8d	State Fair Hearings retracted prior to reaching a decision	Alameda
	Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	0
		Alpine
		0
		Amador
		0
		Butte
		0
		Calaveras
		0
		Colusa
		0
		Contra Costa
		1
		Del Norte
		0
		El Dorado
		0
		Fresno
		0
		Glenn
		0
		Humboldt
		0
		Imperial
		0

Inyo

0

Kern

0

Kings

1

Lake

0

Lassen

0

Los Angeles

0

Madera

1

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

0

San Benito

0

San Bernardino

0

San Diego

3

San Francisco

0

San Joaquin

1

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.9a**External Medical Reviews
resulting in a favorable
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.9b**External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

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

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.	Alameda
		71
		Alpine
		0
		Amador
		12
		Butte
		46
		Calaveras
		17
		Colusa
		7
		Contra Costa
		55
		Del Norte
		9
		El Dorado
		10
		Fresno
		48
		Glenn
		15
		Humboldt
		53
		Imperial

111

Inyo

3

Kern

404

Kings

58

Lake

10

Lassen

2

Los Angeles

352

Madera

17

Marin

10

Mariposa

41

Mendocino

20

Merced

50

Modoc

2

Mono

8

Monterey

23

Napa

6

Nevada

12

Orange

263

Placer-Sierra

41

Plumas

20

Riverside

197

Sacramento

388

San Benito

11

San Bernardino

126

San Diego

168

San Francisco

57

San Joaquin

114

San Luis Obispo

96

San Mateo

18

Santa Barbara

70

Santa Clara

45

Santa Cruz

27

Shasta

76

Siskiyou

12

Solano

76

Sonoma

98

Stanislaus

31

Sutter-Yuba

24

Tehama

9

Trinity

9

Tulare

24

Tuolumne

27

Ventura

116

Yolo

50

D1IV.11

Active grievances

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

Alameda

6

Alpine

0

Amador

0

Butte

7

Calaveras

1

Colusa

0

Contra Costa

6

Del Norte

0

El Dorado

2

Fresno

11

Glenn

0

Humboldt

6

Imperial

3

Inyo

1

Kern

5

Kings

0

Lake

0

Lassen

0

Los Angeles

216

Madera

0

Marin

0

Mariposa

2

Mendocino

0

Merced

4

Modoc

0

Mono

0

Monterey

0

Napa

2

Nevada

1

Orange

28

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

12

San Benito

0

San Bernardino

3

San Diego

17

San Francisco

3

San Joaquin

5

San Luis Obispo

4

San Mateo

0

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

10

Siskiyou

0

Solano

1

Sonoma

2

Stanislaus

0

Sutter-Yuba

5

Tehama

2

Trinity

0

Tulare

3

Tuolumne

0

Ventura

9

Yolo

0

D1IV.12

**Grievances filed on behalf of
LTSS users**

Enter the total number of
grievances filed during the
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.

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.13	Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance	Alameda
		NA
		Alpine
		NA
		Amador
		NA
		Butte
		NA
		Calaveras
		NA
		Colusa
		NA
		Contra Costa
		NA
		Del Norte
		NA
		El Dorado
		NA
		Fresno
		NA
		Glenn
		NA
		Humboldt
		NA
		Imperial
		NA

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 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 whether the filing of the

grievance preceded the filing of the critical incident.	Inyo
	NA
	Kern
	NA
	Kings
	NA
	Lake
	NA
	Lassen
	NA
	Los Angeles
	NA
	Madera
	NA
	Marin
	NA
	Mariposa
	NA
	Mendocino
	NA
	Merced
	NA
	Modoc
	NA
	Mono
	NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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

71

Alpine

0

Amador

12

Butte

46

Calaveras

17

Colusa

7

Contra Costa

55

Del Norte

9

El Dorado

8

Fresno

48

Glenn

15

Humboldt

46

Imperial

110

Inyo

3

Kern

404

Kings

58

Lake

10

Lassen

2

Los Angeles

301

Madera

17

Marin

10

Mariposa

9

Mendocino

20

Merced

45

Modoc

2

Mono

8

Monterey

23

Napa

5

Nevada

12

Orange

262

Placer-Sierra

41

Plumas

0

Riverside

197

Sacramento

388

San Benito

11

San Bernardino

126

San Diego

168

San Francisco

57

San Joaquin

106

San Luis Obispo

96

San Mateo

18

Santa Barbara

70

Santa Clara

45

Santa Cruz

27

Shasta

76

Siskiyou

12

Solano

76

Sonoma

92

Stanislaus

14

Sutter-Yuba

23

Tehama

9

Trinity

9

Tulare

24

Tuolumne

27

Ventura

116

Yolo

50

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 to general inpatient services Enter the total number of 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 cover this type of service, enter “N/A”.	Alameda
		NA
		Alpine
		NA
		Amador
		NA
		Butte
		NA
		Calaveras
		NA
		Colusa
		NA
		Contra Costa
		NA
		Del Norte
		NA
		El Dorado
		NA
		Fresno
		NA
		Glenn
		NA
		Humboldt
		NA
		Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15c

Resolved grievances related to inpatient behavioral health services

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

Alameda

27

Alpine

0

Amador

0

Butte

9

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

4

Fresno

2

Glenn

0

Humboldt

13

Imperial

0

Inyo

0

Kern

142

Kings

0

Lake

0

Lassen

0

Los Angeles

245

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

5

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

3

Orange

34

Placer-Sierra

12

Plumas

1

Riverside

162

Sacramento

1

San Benito

0

San Bernardino

25

San Diego

141

San Francisco

8

San Joaquin

2

San Luis Obispo

12

San Mateo

4

Santa Barbara

22

Santa Clara

0

Santa Cruz

1

Shasta

5

Siskiyou

0

Solano

0

Sonoma

13

Stanislaus

0

Sutter-Yuba

11

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

5

Yolo

9

D1IV.15d	Resolved grievances related to outpatient behavioral health services	Alameda
		44
	Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	Alpine
		0
		Amador
		12
		Butte
		42
		Calaveras
		17
		Colusa
		7
		Contra Costa
		55
		Del Norte
		9
		El Dorado
		9
		Fresno
		46
		Glenn
		15
		Humboldt
		40
		Imperial
		111

Inyo

3

Kern

262

Kings

0

Lake

10

Lassen

2

Los Angeles

107

Madera

17

Marin

10

Mariposa

41

Mendocino

20

Merced

44

Modoc

2

Mono

8

Monterey

23

Napa

6

Nevada

10

Orange

229

Placer-Sierra

29

Plumas

19

Riverside

35

Sacramento

387

San Benito

11

San Bernardino

101

San Diego

27

San Francisco

49

San Joaquin

112

San Luis Obispo

84

San Mateo

14

Santa Barbara

48

Santa Clara

45

Santa Cruz

26

Shasta

71

Siskiyou

12

Solano

77

Sonoma

85

Stanislaus

31

Sutter-Yuba

13

Tehama

9

Trinity

9

Tulare

24

Tuolumne

27

Ventura

111

Yolo

41

D1IV.15e**Resolved grievances related to coverage of outpatient prescription drugs**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15f**Resolved grievances related to skilled nursing facility (SNF) services**

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".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15g

**Resolved grievances related
to long-term services and
supports (LTSS)**

Alameda

NA

Enter the total number of grievances resolved by the plan 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".

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15h**Resolved grievances related to dental services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15i**Resolved grievances related to non-emergency medical transportation (NEMT)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1IV.15j**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not

Alameda

NA

Alpine

NA

cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

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 to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Alameda 5
		Alpine 0
		Amador 3
		Butte 14
		Calaveras 4
		Colusa 0
		Contra Costa 6
		Del Norte 7
		El Dorado 7
		Fresno 13
		Glenn 0
		Humboldt 1
		Imperial

2

Inyo

0

Kern

26

Kings

3

Lake

0

Lassen

0

Los Angeles

0

Madera

2

Marin

2

Mariposa

1

Mendocino

13

Merced

32

Modoc

1

Mono

0

Monterey

5

Napa

5

Nevada

0

Orange

19

Placer-Sierra

8

Plumas

0

Riverside

42

Sacramento

11

San Benito

3

San Bernardino

20

San Diego

22

San Francisco

21

San Joaquin

12

San Luis Obispo

76

San Mateo

2

Santa Barbara

5

Santa Clara

6

Santa Cruz

6

Shasta

0

Siskiyou

1

Solano

9

Sonoma

0

Stanislaus

13

Sutter-Yuba

4

Tehama

4

Trinity

2

Tulare

1

Tuolumne

7

Ventura

11

Yolo

3

D1IV.16b**Resolved grievances related to plan or provider care management/case management**

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.

Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Alameda

25

Alpine

0

Amador

0

Butte

6

Calaveras

1

Colusa

1

Contra Costa

2

Del Norte

0

El Dorado

8

Fresno

7

Glenn

0

Humboldt

0

Imperial

0

Inyo

1

Kern

59

Kings

14

Lake

2

Lassen

0

Los Angeles

0

Madera

1

Marin

2

Mariposa

17

Mendocino

2

Merced

2

Modoc

0

Mono

0

Monterey

1

Napa

0

Nevada

0

Orange

4

Placer-Sierra

2

Plumas

0

Riverside

3

Sacramento

128

San Benito

1

San Bernardino

13

San Diego

4

San Francisco

1

San Joaquin

13

San Luis Obispo

18

San Mateo

2

Santa Barbara

1

Santa Clara

2

Santa Cruz

3

Shasta

14

Siskiyou

3

Solano

17

Sonoma

0

Stanislaus

12

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

2

Tuolumne

6

Ventura

11

Yolo

6

D1IV.16c

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

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

Alameda

2

Alpine

0

Amador

1

Butte

2

Calaveras

4

Colusa

0

Contra Costa

7

Del Norte

0

El Dorado

4

Fresno

7

Glenn

0

Humboldt

0

Imperial

7

Inyo

0

Kern

30

Kings

8

Lake

2

Lassen

1

Los Angeles

20

Madera

1

Marin

1

Mariposa

24

Mendocino

1

Merced

5

Modoc

1

Mono

0

Monterey

1

Napa

1

Nevada

0

Orange

27

Placer-Sierra

6

Plumas

0

Riverside

4

Sacramento

9

San Benito

0

San Bernardino

7

San Diego

3

San Francisco

3

San Joaquin

13

San Luis Obispo

6

San Mateo

5

Santa Barbara

6

Santa Clara

12

Santa Cruz

2

Shasta

8

Siskiyou

0

Solano

0

Sonoma

5

Stanislaus

0

Sutter-Yuba

1

Tehama

0

Trinity

3

Tulare

2

Tuolumne

3

Ventura

14

Yolo

1

D1IV.16d	Resolved grievances related to quality of care	Alameda
	Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	0
		Alpine
		0
		Amador
		0
		Butte
		16
		Calaveras
		6
		Colusa
		4
		Contra Costa
		27
		Del Norte
		0
		El Dorado
		8
		Fresno
		31
		Glenn
		14
		Humboldt
		42
		Imperial
		95

Inyo

0

Kern

89

Kings

18

Lake

4

Lassen

1

Los Angeles

212

Madera

4

Marin

3

Mariposa

17

Mendocino

12

Merced

21

Modoc

0

Mono

8

Monterey

14

Napa

5

Nevada

12

Orange

196

Placer-Sierra

17

Plumas

18

Riverside

76

Sacramento

164

San Benito

3

San Bernardino

52

San Diego

133

San Francisco

7

San Joaquin

55

San Luis Obispo

88

San Mateo

10

Santa Barbara

43

Santa Clara

18

Santa Cruz

12

Shasta

43

Siskiyou

8

Solano

47

Sonoma

66

Stanislaus

3

Sutter-Yuba

5

Tehama

4

Trinity

0

Tulare

22

Tuolumne

3

Ventura

57

Yolo

36

D1IV.16e**Resolved grievances related to plan communications**

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Alameda

0

Alpine

0

Amador

6

Butte

0

Calaveras

3

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

6

Fresno

1

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

1

Napa

0

Nevada

0

Orange

3

Placer-Sierra

2

Plumas

0

Riverside

2

Sacramento

13

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

2

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

1

Tehama

0

Trinity

0

Tulare

0

Tuolumne

1

Ventura

0

Yolo

1

D1IV.16f**Resolved grievances related to payment or billing issues**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Alameda

2

Alpine

0

Amador

1

Butte

3

Calaveras

0

Colusa

0

Contra Costa

1

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

2

Kings

0

Lake

0

Lassen

0

Los Angeles

1

Madera

0

Marin

0

Mariposa

0

Mendocino

1

Merced

1

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

1

Placer-Sierra

0

Plumas

0

Riverside

1

Sacramento

1

San Benito

0

San Bernardino

1

San Diego

0

San Francisco

1

San Joaquin

0

San Luis Obispo

0

San Mateo

1

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

2

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

4

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.16g

**Resolved grievances related
to suspected fraud**

Alameda

0

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.

Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Alpine

0

Amador

0

Butte

1

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

0

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

2

Placer-Sierra

0

Plumas

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.16h

Resolved grievances related 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 patient harm.

Alameda

23

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

1

Del Norte

0

El Dorado

0

Fresno

1

Glenn

0

Humboldt

1

Imperial

0

Inyo

0

Kern

4

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

1

Mariposa

0

Mendocino

0

Merced

2

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

8

Placer-Sierra

2

Plumas

0

Riverside

28

Sacramento

3

San Benito

0

San Bernardino

7

San Diego

4

San Francisco

0

San Joaquin

0

San Luis Obispo

5

San Mateo

2

Santa Barbara

1

Santa Clara

0

Santa Cruz

2

Shasta

1

Siskiyou

0

Solano

3

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

1

Ventura

0

Yolo

2

D1IV.16i

Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Alameda

0

Alpine

0

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

4

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

4

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

1

Merced

2

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

1

Sacramento

0

San Benito

0

San Bernardino

0

San Diego

1

San Francisco

0

San Joaquin

0

San Luis Obispo

0

San Mateo

0

Santa Barbara

0

Santa Clara

0

Santa Cruz

0

Shasta

1

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

1

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

Alameda

0

Alpine

0

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.

Amador

0

Butte

0

Calaveras

0

Colusa

0

Contra Costa

0

Del Norte

0

El Dorado

0

Fresno

2

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

0

Kings

0

Lake

0

Lassen

0

Los Angeles

0

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

0

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

1

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

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

0

Ventura

0

Yolo

0

D1IV.16k

**Resolved grievances filed for
other reasons**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were filed for a reason other
than the reasons listed above.

Alameda

14

Alpine

0

Amador

1

Butte

6

Calaveras

1

Colusa

2

Contra Costa

11

Del Norte

2

El Dorado

1

Fresno

3

Glenn

1

Humboldt

9

Imperial

7

Inyo

2

Kern

48

Kings

15

Lake

2

Lassen

0

Los Angeles

128

Madera

9

Marin

1

Mariposa

6

Mendocino

2

Merced

9

Modoc

0

Mono

0

Monterey

1

Napa

1

Nevada

0

Orange

19

Placer-Sierra

10

Plumas

2

Riverside

40

Sacramento

57

San Benito

4

San Bernardino

26

San Diego

1

San Francisco

24

San Joaquin

21

San Luis Obispo

22

San Mateo

2

Santa Barbara

11

Santa Clara

7

Santa Cruz

0

Shasta

40

Siskiyou

0

Solano

1

Sonoma

27

Stanislaus

3

Sutter-Yuba

9

Tehama

1

Trinity

4

Tulare

0

Tuolumne

6

Ventura

23

Yolo

6

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.



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (7 Days) 1 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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

28.50%

Alpine

* (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.)

Amador

50.70%

Butte

45.60%

Calaveras

55.90%

Colusa

* (This data suppression is in accordance with DHCS' Data De-Identification Guidelines (DDG) Version 2.2.)

Contra Costa

31.50%

Del Norte

55.20%

El Dorado

56.10%

Fresno

30.40%

Glenn

48.40%

Humboldt

46.40%

Imperial

48.10%

Inyo

50.00%

Kern

33.70%

Kings

61.90%

Lake

46.00%

Lassen

26.80%

Los Angeles

35.20%

Madera

26.80%

Marin

37.90%

Mariposa

44.40%

Mendocino

52.80%

Merced

48.60%

Modoc

65.00%

Mono

* (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

38.20%

Napa

37.30%

Nevada

62.40%

Orange

43.30%

Placer-Sierra

40.80%

Plumas

38.90%

Riverside

37.20%

Sacramento

38.40%

San Benito

56.70%

San Bernardino

35.20%

San Diego

39.20%

San Francisco

35.60%

San Joaquin

44.30%

San Luis Obispo

48.60%

San Mateo

43.20%

Santa Barbara

32.90%

Santa Clara

42.20%

Santa Cruz

39.70%

Shasta

51.80%

Siskiyou

52.70%

Solano

35.80%

Sonoma

41.50%

Stanislaus

44.00%

Sutter-Yuba

59.10%

Tehama

26.70%

Trinity

42.30%

Tulare

35.90%

Tuolumne

48.40%

Ventura

61.30%

Yolo

32.90%



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (30 Days) 2 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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

39.50%

Alpine

* (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.)

Amador

62.30%

Butte

58.50%

Calaveras

69.10%

Colusa

73.70%

Contra Costa

49.80%

Del Norte

63.80%

El Dorado

65.00%

Fresno

50.20%

Glenn

54.80%

Humboldt

57.60%

Imperial

58.00%

Inyo

54.50%

Kern

47.70%

Kings

70.20%

Lake

58.60%

Lassen

51.80%

Los Angeles

48.60%

Madera

44.70%

Marin

57.80%

Mariposa

55.60%

Mendocino

65.50%

Merced

61.30%

Modoc

75.00%

Mono

* (This data suppression is in accordance with DHCS' Data De-Identification Guidelines (DDG) Version 2.2.)

Monterey

52.80%

Napa

57.90%

Nevada

71.80%

Orange

57.00%

Placer-Sierra

55.30%

Plumas

52.80%

Riverside

53.50%

Sacramento

54.10%

San Benito

71.10%

San Bernardino

49.90%

San Diego

55.30%

San Francisco

51.20%

San Joaquin

53.50%

San Luis Obispo

62.30%

San Mateo

59.00%

Santa Barbara

47.10%

Santa Clara

56.50%

Santa Cruz

51.50%

Shasta

67.00%

Siskiyou

61.50%

Solano

52.00%

Sonoma

57.30%

Stanislaus

56.20%

Sutter-Yuba

66.70%

Tehama

37.80%

Trinity

50.00%

Tulare

52.50%

Tuolumne

59.70%

Ventura

71.20%

Yolo

48.00%

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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

32.40%

Alpine

0.00%

Amador

69.00%

Butte

61.30%

Calaveras

52.20%

Colusa

* (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.)

Contra Costa

67.70%

Del Norte

* (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.)

El Dorado

57.70%

Fresno

45.20%

Glenn

52.00%

Humboldt

55.60%

Imperial

51.80%

Inyo

* (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.)

Kern

52.80%

Kings

53.60%

Lake

42.60%

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.)

Los Angeles

37.30%

Madera

40.70%

Marin

45.30%

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

46.20%

Merced

45.20%

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.)

Mono

0.00%

Monterey

65.90%

Napa

48.80%

Nevada

68.10%

Orange

41.60%

Placer-Sierra

53.50%

Plumas

66.70%

Riverside

39.20%

Sacramento

40.40%

San Benito

61.10%

San Bernardino

34.80%

San Diego

41.70%

San Francisco

52.10%

San Joaquin

50.90%

San Luis Obispo

57.10%

San Mateo

66.90%

Santa Barbara

45.90%

Santa Clara

44.80%

Santa Cruz

49.20%

Shasta

48.10%

Siskiyou

46.40%

Solano

55.40%

Sonoma

50.90%

Stanislaus

34.50%

Sutter-Yuba

56.40%

Tehama

* (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.)

Trinity

* (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.)

Tulare

52.90%

Tuolumne

45.40%

Ventura

51.60%

Yolo

44.50%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness (30 Days)

4 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure SetSMHP 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

53.20%

Alpine

* (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.)

Amador

86.20%

Butte

80.70%

Calaveras

81.20%

Colusa

* (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.)

Contra Costa

83.60%

Del Norte

70.60%

El Dorado

71.80%

Fresno

68.20%

Glenn

72.00%

Humboldt

81.50%

Imperial

76.50%

Inyo

* (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.)

Kern

74.10%

Kings

72.80%

Lake

74.40%

Lassen

68.80%

Los Angeles

59.10%

Madera

65.50%

Marin

66.50%

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

70.80%

Merced

69.30%

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.)

Mono

* (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

84.60%

Napa

75.60%

Nevada

94.20%

Orange

62.10%

Placer-Sierra

75.90%

Plumas

76.20%

Riverside

65.20%

Sacramento

66.00%

San Benito

77.80%

San Bernardino

58.30%

San Diego

65.60%

San Francisco

69.50%

San Joaquin

71.90%

San Luis Obispo

75.80%

San Mateo

81.00%

Santa Barbara

69.50%

Santa Clara

69.00%

Santa Cruz

73.00%

Shasta

74.30%

Siskiyou

64.30%

Solano

72.50%

Sonoma

76.10%

Stanislaus

62.80%

Sutter-Yuba

84.00%

Tehama

46.20%

Trinity

* (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.)

Tulare

74.70%

Tuolumne

72.20%

Ventura

78.40%

Yolo

68.20%



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management (Acute)

5 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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

59.80%

Alpine

* (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.)

Amador

52.80%

Butte

57.20%

Calaveras

68.10%

Colusa

45.50%

Contra Costa

62.10%

Del Norte

68.00%

El Dorado

57.70%

Fresno

52.10%

Glenn

65.30%

Humboldt

60.60%

Imperial

54.30%

Inyo

44.90%

Kern

53.30%

Kings

53.00%

Lake

46.40%

Lassen

63.30%

Los Angeles

57.50%

Madera

53.70%

Marin

60.40%

Mariposa

63.80%

Mendocino

55.60%

Merced

56.50%

Modoc

61.40%

Mono

* (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

59.00%

Napa

61.60%

Nevada

54.90%

Orange

63.50%

Placer-Sierra

63.80%

Plumas

41.20%

Riverside

58.90%

Sacramento

59.20%

San Benito

53.70%

San Bernardino

58.00%

San Diego

60.60%

San Francisco

63.80%

San Joaquin

54.80%

San Luis Obispo

64.50%

San Mateo

62.50%

Santa Barbara

59.40%

Santa Clara

57.50%

Santa Cruz

64.20%

Shasta

62.20%

Siskiyou

58.30%

Solano

61.50%

Sonoma

60.60%

Stanislaus

56.30%

Sutter-Yuba

56.00%

Tehama

63.40%

Trinity

78.00%

Tulare

52.50%

Tuolumne

55.50%

Ventura

60.00%

Yolo

59.90%



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management (Continuation)

6 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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**

34.60%

Alpine

* (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.)

Amador

35.20%

Butte

35.90%

Calaveras

45.80%

Colusa

24.20%

Contra Costa

34.90%

Del Norte

39.70%

El Dorado

36.20%

Fresno

28.40%

Glenn

43.20%

Humboldt

40.00%

Imperial

29.30%

Inyo

* (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.)

Kern

28.60%

Kings

30.40%

Lake

25.70%

Lassen

34.80%

Los Angeles

33.20%

Madera

30.80%

Marin

38.70%

Mariposa

34.80%

Mendocino

34.60%

Merced

31.30%

Modoc

47.70%

Mono

59.10%

Monterey

34.20%

Napa

38.10%

Nevada

33.20%

Orange

38.10%

Placer-Sierra

41.50%

Plumas

23.50%

Riverside

33.70%

Sacramento

33.60%

San Benito

31.00%

San Bernardino

34.00%

San Diego

36.40%

San Francisco

35.60%

San Joaquin

32.10%

San Luis Obispo

39.80%

San Mateo

36.30%

Santa Barbara

38.30%

Santa Clara

34.10%

Santa Cruz

36.50%

Shasta

39.20%

Siskiyou

38.50%

Solano

31.30%

Sonoma

37.70%

Stanislaus

32.50%

Sutter-Yuba

33.80%

Tehama

33.00%

Trinity

52.00%

Tulare

27.60%

Tuolumne

37.10%

Ventura

34.90%

Yolo

33.50%



Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

7 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

NA

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

Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set

SMHP 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

49.00%

Alpine

* (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.)

Amador

68.40%

Butte

57.80%

Calaveras

76.20%

Colusa

* (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.)

Contra Costa

66.10%

Del Norte

79.00%

El Dorado

41.20%

Fresno

63.70%

Glenn

* (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.)

Humboldt

78.10%

Imperial

48.80%

Inyo

0.00%

Kern

68.10%

Kings

58.60%

Lake

68.10%

Lassen

86.70%

Los Angeles

66.30%

Madera

58.60%

Marin

57.60%

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

84.10%

Merced

74.70%

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.)

Mono

* (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

55.00%

Napa

76.70%

Nevada

72.00%

Orange

56.90%

Placer-Sierra

54.00%

Plumas

* (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.)

Riverside

58.80%

Sacramento

62.40%

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

56.10%

San Diego

51.10%

San Francisco

62.20%

San Joaquin

54.30%

San Luis Obispo

69.00%

San Mateo

73.70%

Santa Barbara

54.00%

Santa Clara

66.00%

Santa Cruz

61.80%

Shasta

68.00%

Siskiyou

53.60%

Solano

45.80%

Sonoma

57.10%

Stanislaus

63.30%

Sutter-Yuba

69.70%

Tehama

36.50%

Trinity

* (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.)

Tulare

73.80%

Tuolumne

* (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.)

Ventura

71.70%

Yolo
37.20%



D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

8 / 8

D2.VII.2 Measure Domain

Behavioral health care

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

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Cross-program rate: QPHM, EDIM

D2.VII.6 Measure Set
SMHP 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
60.70%

Alpine
0.00%

Amador
59.10%

Butte
70.40%

Calaveras
66.70%

Colusa

72.00%

Contra Costa

65.30%

Del Norte

72.70%

El Dorado

64.10%

Fresno

60.30%

Glenn

63.60%

Humboldt

63.00%

Imperial

67.20%

Inyo

* (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.)

Kern

60.70%

Kings

64.20%

Lake

62.30%

Lassen

58.10%

Los Angeles

60.50%

Madera

65.80%

Marin

70.10%

Mariposa

51.60%

Mendocino

62.50%

Merced

66.90%

Modoc

59.10%

Mono

* (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

66.00%

Napa
60.90%

Nevada
69.00%

Orange
65.00%

Placer-Sierra
66.10%

Plumas
69.60%

Riverside
62.60%

Sacramento
58.20%

San Benito
53.60%

San Bernardino
61.90%

San Diego
62.20%

San Francisco
62.60%

San Joaquin

64.00%

San Luis Obispo

61.30%

San Mateo

67.00%

Santa Barbara

62.30%

Santa Clara

65.70%

Santa Cruz

67.00%

Shasta

69.00%

Siskiyou

61.00%

Solano

63.60%

Sonoma

63.10%

Stanislaus

65.00%

Sutter-Yuba

75.40%

Tehama

69.20%

Trinity

50.00%

Tulare

61.40%

Tuolumne

60.00%

Ventura

67.60%

Yolo

59.60%

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.



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 83

D3.VIII.2 Plan performance issue

Administrative Day
Services; Written Plan of
Care Requirements;
Medical Care
Evaluations; Chart
Review- Non-Hospital
Services

D3.VIII.3 Plan name

Los Angeles

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 07/19/2023, for non-compliance with the following: Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1820.230; 42 CFR 456.180(b)(2), 456.243, 456.245"

Sanction details**D3.VIII.5 Instances of non-compliance**

6

D3.VIII.6 Sanction amount

\$7,165.23

D3.VIII.7 Date assessed

07/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/25/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and
Availability of Services;
Care Coordination and
Continuity of Care;
Access and Information
Requirements; Coverage

D3.VIII.3 Plan name

San Benito

and Authorization of
Services; Beneficiary
Rights and Protections;
Provision of ICC Services
and IHBS for Children
and Youth

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 08/22/2023, for non-compliance with the following: BHIN No. 21-073, 22-016, 22-017; MHSUDS IN No. 18-010E; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1810.326, 1810.405(d), 1810.405(f), 1810.410(e)(1), 1810.435, 1810.440(b), 1820.230, 1850.205(d)(1), 1850.205(d)(4); 28 CFR, 35.107; 34 CFR, 106.8; 42 CFR, 431.213(c), 438.10(g)(2)(iv), 438.210(a)(4), 438.210(b)(1), 438.210(b)(2), 438.210(b)(3), 438.210(c), 438.210(d)(2)(i), 438.228(a), 438.236(c), 438.404, 438.404(a), 438.406(b)(1), 438.406(b)(6), 438.408(a), 438.408(b)(2), 438.416(a); 45 CFR, 84.7; MHP contract, exhibit A, attachment 5, section 6(c), attachment 8, section 8(D), attachment 11, section 3(F)(3)(a-b), attachment 12, section 1(B)(5), section 2(A), section 4(A)(1), section 4(A)(2), section 4(A)(3), section 5(A)(3), section 5(A)(7), section 10(A)(1)-(6); HSC, 1367.01(e), 1367.01(h)(2), 1367.01(h)(3), 1367.01(h)(4); W&I, 14184.102, 14184.400, 14184.402, 14197.1, 14727(a)(4), 14727(a)(5); 42 USC, 18116(a); California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
28	NA
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
08/22/2023	Yes, remediated 06/05/2024
D3.VIII.9 Corrective action plan	
No	



Complete

D3.VIII.1 Intervention type: Corrective action plan

3 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Network Adequacy and Availability of Services; Quality Assurance and	Marin

Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of
Services; Beneficiary
Rights and Protections

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 08/03/2023, for non-compliance with the following: BHIN No. 22-016; MHSUDS IN No. 18-010E; Title 9 CCR, 1810.326, 1810.405(d), 1810.405(f), 1810.410(c)(4), 1810.410(e)(1), 1810.435, 1810.440(a)(2)(A)-(C); 28 CFR, 35.107; 34 CFR, 106.8; 42 CFR, 438.228(a), 438.236(b), 438.402(b), 438.404(a), 438.420(a)-(b); 45 CFR, 84.7; MHP contract, exhibit A, attachment 5, section (3)(E), section 6(A), attachment 8, section 8(D), attachment 11, section 3(F)(3)(a-b), attachment 12, section 1(B)(2), attachment 12, section 4(A)(1), attachment 12, section 4(A)(3), attachment 12, section 9(B)(1)-(5), attachment 12, section 10(A)(1)-(6); W&I, 14727(a)(4), 14727(a)(5); 42 USC, 18116(a); California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance
15

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
08/03/2023

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 05/06/2024

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: Corrective action plan

4 / 83

D3.VIII.2 Plan performance issue
Network Adequacy and
Availability of Services;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of

D3.VIII.3 Plan name
Nevada

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 08/04/2023, for non-compliance with the following: BHIN No. 21-073, 22-016, 22-017; MHSUDS IN 18-010E; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1810.405(f), 1810.410(c)(4), 1810.435, 1810.440(a)(2)(A)-(C), 1810.440(b)(2)(i-ii), 1850.205(d)(1), 1850.205(d)(4), 1850.205(d)(6), 1850.206(c); 28 CFR, 35.107; 34 CFR, 106.8; 42 CFR, 438.10(d)(6)(ii), 438.210(b)(1), 438.228(a), 438.406(b)(1), 438.406(b)(2)(ii)(A)-(C), 438.406(b)(4), 438.406(b)(6), 438.408(a), 438.408(b)-(c), 438.408(b)(2), 438.408(d)(2), 438.410(b), 438.410(c)(1), 438.416(a), 438.420(c)(1)-(3), 455.106(a)(1),(2); 45 CFR, 84.7; MHP contract, exhibit A, attachment 5, section 2(a)(4), attachment 5, section (3)(E), attachment 8, section 8(D), attachment 8, section 8(M), attachment 11, section 3(A), attachment 11, section 3(F)(3)(a-b), attachment 12, section 1(B)(5), attachment 12, section 1(B)(13), attachment 12, section 2(A), attachment 12, section 2(E), attachment 12, section 3(E), attachment 12, section 4(A)(1), attachment 12, section 4(A)(2), attachment 12, section 4(A)(3), attachment 12, section 5(A)(3), attachment 12, section 5(A)(7), attachment 12, section 6(B)(3), Attachment 12, section 6(B)(4), attachment 12, section 6(B)(7)(a)-(b), attachment 12, section 9(C), Attachment 13, section 6(C)(1)(a)-(b); HSC, 1367.01(i), 1371.4(a); W&I, 14197.1, 14727(a)(4)-(5); 42 USC, 18116(a); California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance

31

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

08/04/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/31/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

5 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

San Mateo

Network Adequacy and
Availability of Services;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of
Services; Beneficiary
Rights and Protections

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 08/21/2023, for non-compliance with the following: BHIN No. 21-073, 22-016, 22-017; MHSUDS IN 18-010E; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1810.326, 1810.405(d), 1810.405(f), 1810.410(e)(1), 1810.440(b), 1810.440(b)(2)(i-ii), 1820.230; 28 CFR, 35.107; 34 CFR, 106.8; 42 CFR, 431.213(c), 438.10(g)(2)(iv), 438.210(a)(4), 438.210(b)(1), 438.210(b)(2), 438.210(d)(2)(i), 438.210(b)(3), 438.210(c), 438.236(b), 438.236(c), 438.404; 45 CFR, 84.7; MHP contract, exhibit A, attachment 5, section 6(A), attachment 5, section 6(c), attachment 11, section 3(F)(3)(a-b), attachment 12, section 4(A)(1), attachment 12, section 4(A)(2), attachment 12, section 4(A)(3); HSC, 1367.01(e), 1367.01(h)(2), 1367.01(h)(3-4), 1367.01(i), 1371.4(a); W&I, 14184.402, 14184.102, 14184.400, 14197.1, 14727(a)(4), 14727(a)(5); 42 USC, 18116(a); California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance

25

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

08/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/07/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

6 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

San Francisco

Network Adequacy and
Availability of Services;
Care Coordination and
Continuity of Care;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of
Services; Beneficiary
Rights and Protections;
Program Integrity

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 08/23/2023, for non-compliance with the following: BHIN No. 22-016; MHSUDS IN No. 18-059; Title 9 CCR, 1810.326, 1810.405(d), 1810.405(f), 1810.410(e)(1), 1810.415, 1810.435, 1850.205(c)(4); 28 CFR, 35.107; 34 CFR, 106.8; 42 CFR, 438.62(b)(2), 438.208(b)(2)(i)-(iv), 438.210(c), 438.210(d)(2)(i), 438.236(b), 438.236(c), 438.236(d), 438.406(a), 438.602(d); 45 CFR, 84.7; MHP contract, exhibit A, attachment 5, section 6(A), attachment 5, section 6(c), attachment 5, section 6(D), attachment 8, section 8(D), attachment 10, section 1(A)(2), attachment 10, section 1(F), attachment 11, section 3(F)(3)(a-b), attachment 12, section 1(B)(8), attachment 12, section 4(A)(1), attachment 12, section 4(A)(2), attachment 12, section 4(A)(3); HSC, 1367.01(h)(4); W&I, 14197.1, 14727(a)(4), 14727(a)(5); 42 USC, 18116(a); California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance
18

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
08/23/2023

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 06/12/2024

D3.VIII.9 Corrective action plan
Yes



D3.VIII.1 Intervention type: Corrective action plan

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

Network Adequacy and
Availability of Services;
Access and Information
Requirements; Coverage
and Authorization of
Services; Beneficiary
Rights and Protections;
Chart Review- Non-
Hospital Services

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 09/19/2023, for non-compliance with the following: BHIN No. 21-073, 22-016, 22-017; MHSUDS IN No. 18-010E; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1810.405(d), 1810.410(e)(1); 42 CFR, 431.213(c), 438.206(c)(1)(ii), 438.210(b)(3), 438.210(c), 438.228(a), 438.402(b) , 438.404, 438.406(b)(6); MHP contract, exhibit A, attachment 8, section (4)(A)(3), attachment 12, section 1(B)(2), attachment 12, section 4(A)(3), attachment 12, section 5(A)(7); HSC, 1367.01(e), 1367.01(h)(3-4); W&I, 14197.1; California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance

14

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

09/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/07/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

8 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and
Availability of Services;
Quality Assurance and
Performance
Improvement, Access
and Information

D3.VIII.3 Plan name

Stanislaus

Requirements; Coverage
and Authorization of
Services

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 10/06/2023, for non-compliance with the following: BHIN No. 21-073, 22-01; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018; Title 9 CCR, 1810.326, 1810.405(d), 1810.405(f), 1810.410(e)(1); 42 CFR, 438.206(c)(1)(iv), 438.206(c)(1)(v), 438.206(c)(1)(vi), 438.210(c), 438.210(a)(2), 438.210(a)(3), 438.236(b), 438.236(d); MHP contract, exhibit A, , attachment 5, section 6(A), attachment 5, section 6(D), attachment 8, section (4)(A)(5)-(7), Attachment 12, section 2(D); HSC, 1367.01(h)(4); W&I, 14197.1"

Sanction details

D3.VIII.5 Instances of non-compliance
15

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
10/06/2023

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 08/07/2024

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: Corrective action plan

9 / 83

D3.VIII.2 Plan performance issue
Network Adequacy and
Availability of Services;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of
Services; and Beneficiary
Rights and Protections

D3.VIII.3 Plan name
Sonoma

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 10/18/23, for non-compliance with the following: BHIN No. 22-016, 22-017, 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based (IHB) Services, Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd ed. Jan. 2018); Title 9 CCR 1810.326, 1810.405(f), 1810.435, 1820.230; MHP Contract Ex. A Att. 8 sec. 8(D), Att. 5 sec. 6(A), Att. 5 sec. 6(C), Att. 11 sec. 3(F) (3) (a-b), Att. 12 sec. 4(A)(1-3), Att. 12, sec. 9(C); 28 CFR 35.107; 34 CFR 106.8; 42 CFR. 438.236(b) and (c), 438.420(c)(1)-(3), 438.408(d)(2); 45 CFR 84.7; 42 USC 18116(a); WIC 14197.1, 14184.402, 14184.102, 14184.400, 14727(a)(4) and (5); HSC 1367.01(h)(4); California's Medicaid State Plan Sec. 7 Att. 7.2-A and 7.2-B"

Sanction details

D3.VIII.5 Instances of non-compliance

14

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

10/18/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

10 / 83

D3.VIII.2 Plan performance issue

Medical Necessity;
Written Plan of Care
Requirements; Medical
Care Evaluation

D3.VIII.3 Plan name

Los Angeles

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 10/16/23, for non-compliance with the following: Title 9 CCR 1820.205(a)(1)(A-R); 42 CFR 456.180(c), 456.242(b) (2-4)"

Sanction details**D3.VIII.5 Instances of non-compliance**

3

D3.VIII.6 Sanction amount

\$9,639.83

D3.VIII.7 Date assessed**D3.VIII.8 Remediation date non-compliance was corrected**

10/16/2023

Yes, remediated 04/25/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

11 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and Availability of Services, Quality Assurance and Performance Improvement, Access and Information Requirements, Coverage and Authorization of Services, Beneficiary Rights and Protections

D3.VIII.3 Plan name

Santa Barbara

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 10/19/23, for non-compliance with the following: BHIN No. 21-073, 22-016, 22-017; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based (IHB) Services Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd ed. Jan. 2018); MHP Contract Ex. A Att. 8 sec. 8(D), Att. 11 sec. 3(F)(3)(a-b), Att. 12 sec. 4(A)(1-3), Att. 5 sec. 6(A), Sec. 6(C-D); Title 9 CCR 1810.405(f), 1810.435, 1810.326, 1820.220, 1820.230; 42 CFR 438.210(c), 438.236(b), (c), (d); Title 9 CCR chapter 11 1810.405(d), 1810.410(e)(1); WIC 14184.102, 14184.400, 14184.402, 14197.1, 14727(a)(4-5); HSC 1367.01(h)(4), (2); 45 CFR 84.7; 34 CFR 106.8; 28 CFR. 35.107; 42 USC 8116(a); California's Medicaid State Plan Sec. 7 Atts. 7.2-A and 7.2-B."

Sanction details

D3.VIII.5 Instances of non-compliance

18

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

10/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/14/2024

D3.VIII.9 Corrective action plan



Complete

D3.VIII.1 Intervention type: Corrective action plan

12 / 83

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

Shasta

Network Adequacy and
Availability of Services;
Care Coordination and
Continuity of Care;
Quality Assurance and
Performance
Improvement; Access
and Information
Requirements; Coverage
and Authorization of
Services; Program
Integrity

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 9/19/23, for non-compliance with the following: HIN No. 21-073, 22-017, 22-016; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd Ed. January 2018); 42 CFR 438.12(a)(1), 438.62(b)(2), 438.236(b-d), 438.210(a)(4), (b)(1-3), (c), 438.10(g)(2)(iv), 431.213(c), 438.404, 438.402(b), 438.228(a), 438.406(b)(2)(iii), 438.228(a), 438.420(a)-(b), 455.106(a)(1), (2); MHP Contract Ex. A Att. 5 Sec. 1(H), 3(E), 6(A), 6(c), 6(D), Att. 8 Sec. 7(F), Att. 10 Sec. 1(F), Att. 11 Sec. 3(F)(3)(a-b), Att. 12 Sec. 1(B)(2), (15), Sec. 4(A)(2-3), Sec. 9(B)(1)-(5) , Att. 13; MHSUDS IN No. 18-059; Title 9 CCR 1810.326, 1810.405(f), 1810.440(a)(2)(A)-(C), 1810.410(c)(4), 1810.440(b)(1-2); WIC 14197.1, 14727(a)(4-5); HSC 1367.01(e) & (h)(3-4); 45 CFR 84.7; 34 CFR 106.8; 28 CFR 35.107; 42 USC 18116(a); California's Medicaid State Plan, Sec. 7, Atts. 7.2-A and 7.2-B "

Sanction details**D3.VIII.5 Instances of non-compliance**

25

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

09/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

13 / 83

D3.VIII.2 Plan performance issue

Administrative Day
Services; Written Plan of
Care

D3.VIII.3 Plan name

Los Angeles

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 11/27/23, for non-compliance with the following: Title 9 CCR 1820.220, 1820.230; 42 C.F.R. § 456.180(b)(1) "

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$1,023.60

D3.VIII.7 Date assessed

11/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/25/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

14 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and
Availability of Services;
Beneficiary Rights and
Protections

D3.VIII.3 Plan name

Sutter-Yuba

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 12/05/23, for non-compliance with the following: MHP Contract Exhibit A Att. 8 (2)(A), (3)(B), Att. 12 (1)(B)(4), (10) (A); BHIN No. 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC)

Services for Medi-Cal Beneficiaries (3rd ed., Jan. 2018) p. 11 & 34; 42 CFR 438.400, 438.402(c)(1), 438.408 (c)(3); MHSUDS IN 18-010E"

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

12/05/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

15 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and Availability of Services; Care Coordination and Continuity of Care; Access and Information Requirements; Program Integrity; Beneficiary Rights and Protections

D3.VIII.3 Plan name

Merced

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 01/10/24, for non-compliance with the following: BHIN No. 21-073, 20-012; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd ed. Jan. 2018) pp. 11 & 34; MHP Contract Exhibit A Att. 2, Att. 8(3)(B), Att. 10(1)(A)(2), (1)(B), Att. 12(1)(B)(5), (4)(A)(2), (5)(2), Att. 13(4)(C-D); Title 9 CCR 1810.370, 1810.405(f); Title 9 CCR Chapter 11 1810.405(d), 1810.410(e)(1); 42 CFR 438.402(c)(3)(ii), 438.406(b)(3), 438.608(a)(7)"

Sanction details**D3.VIII.5 Instances of non-compliance**

8

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed**D3.VIII.8 Remediation date non-compliance was corrected**

01/10/2024

Yes, remediated 08/08/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and Availability of Services; Care Coordination and Continuity of Care; Access and Information Requirements; Program Integrity; Beneficiary Rights and Protections

D3.VIII.3 Plan name

Trinity

D3.VIII.4 Reason for intervention

"Corrective Action Plan (CAP) issued on 01/24/24, for non-compliance with the following: BHIN No. 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (3rd ed. Jan. 2018) pp. 11 & 34; MHP Contract Ex. A Att. 2, Att. 3(7), Att. 7(1)(B), Att. 8(3)(B), Att. 10(1)(A)(2), Att. 2(1), Att. 12(1)(A), (2)(A), (3)(B), Att. 13 Sec. 4(C-D); MHP Contract Ex. E (6)(H); Title 9 CCR 1810.228, 1810.405(f); 42 CFR 438.3(d)(1), 438.608(a)(7); Title 9 CCR Chapter 11 1810.405(d) and 810.410(e)(1)"

Sanction details

D3.VIII.5 Instances of non-compliance

11

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

01/24/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/10/2024

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: Corrective action plan

17 / 83

Complete

D3.VIII.2 Plan performance issue

Network Adequacy and Availability of Services; Access and Information Requirements;

D3.VIII.3 Plan name

Contra Costa

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 2/15/2024, for non-compliance with the following: Contract, Exhibit A, Attachment 2; Behavioral Health Information Notice (BHIN) 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 11 & 34.)

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/15/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/07/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 83

D3.VIII.2 Plan performance issue

Network Adequacy and Availability of Services; Coverage and Authorization of Services

D3.VIII.3 Plan name

Ventura

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 3/13/2024, for non-compliance with the following: Contract, Exhibit A, Attachment 2, Provision 2(A)(13); Behavioral Health Information Notice (BHIN) 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), pp. 34.); CFR, Title 42, section 438.910(d); Contract, Exhibit A, Attachment 6, 2(B); BHIN 22-016

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

03/13/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 06/17/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

19 / 83

D3.VIII.2 Plan performance issue

Beneficiary Rights and Protections; Program Integrity

D3.VIII.3 Plan name

San Joaquin

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 4/23/2024, for non-compliance with the following: Code of Federal Regulations (CFR), Title 42, section 438.416(a); California Code of Regulations, Title 9, section 1850.205(d)(1); and Contract, Exhibit A(12)(2)(A); CFR, Title 42, sections 455.106(a)(1) and (2)

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

04/23/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

20 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Network Adequacy and Availability of Services; Access and Information Requirements	Del Norte

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/21/2024, for non-compliance with the following: Code of Regulations, title 9, section 1810.435. (Contract, Exhibit A, Attachment 8, section 8 (D); CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1); CCR, Title 9, section 1810, subdivision 405(f).

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
3	NA

D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
05/21/2024	Remediation in progress

D3.VIII.9 Corrective action plan
Yes



D3.VIII.1 Intervention type: Corrective action plan

21 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Network Adequacy and Availability of Services; Quality Assurance and Performance Improvement; Coverage and Authorization of Services; Beneficiary Rights and Protection; Program Integrity	Calaveras

D3.VIII.4 Reason for intervention

Corrective Action Plan (CAP) issued on 5/27/2024, for non-compliance with the following: 1.2.1 Assessment for the Need of TFC Services; 1.2.2 Provision of TFC Services; 1.4.1 Certification & Recertification of Subcontracted Providers; 3.1.1 Monitoring Medication Practices; 3.5.1 Adopt Practice

Guidelines; 3.5.2 Dissemination of Practice Guidelines; 5.1.1 Authorization of Psychiatric Inpatient Hospital Services; 5.1.2 Expedited Authorizations; 6.2.1 Expedited Resolution and Appeal; 7.1.1 False Claims Act and Whistleblower Policy and Procedure

Sanction details

D3.VIII.5 Instances of non-compliance

10

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/27/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

22 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

Calaveras

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

6

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/07/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

23 / 83

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Mobile Crisis Kings

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
7

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
05/07/2024

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: Corrective action plan

24 / 83

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Mobile Crisis Lassen

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
13

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
05/08/2024

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: Corrective action plan

25 / 83

D3.VIII.2 Plan performance issue
Mobile Crisis

D3.VIII.3 Plan name
Mendocino

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
5

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
05/09/2024

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 08/13/2024

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: Corrective action plan

26 / 83

D3.VIII.2 Plan performance issue
Mobile Crisis

D3.VIII.3 Plan name
San Benito

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
2

D3.VIII.6 Sanction amount
NA

D3.VIII.7 Date assessed
05/10/2024

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

27 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

San Joaquin

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

6

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/11/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/16/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

28 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

San Mateo

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

5

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-compliance was corrected

05/12/2024

Yes, remediated 09/03/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

29 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

Santa Cruz

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

4

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/13/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

30 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

Shasta

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

NA

D3.VIII.7 Date assessed

05/14/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/02/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

31 / 83

D3.VIII.2 Plan performance

issue

Mobile Crisis

D3.VIII.3 Plan name

Solano

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**

6

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/15/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/29/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

32 / 83

D3.VIII.2 Plan performance

issue

Mobile Crisis

D3.VIII.3 Plan name

Sonoma

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

3

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/16/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/29/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

33 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

Sutter-Yuba

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

17

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

05/17/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

34 / 83

D3.VIII.2 Plan performance issue

Mobile Crisis

D3.VIII.3 Plan name

Tulare

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
7	NA
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
05/18/2024	Yes, remediated 07/03/2024
D3.VIII.9 Corrective action plan	
No	



Complete

D3.VIII.1 Intervention type: Corrective action plan

35 / 83

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

"1) Capacity and Composition: Ratio Standard for Psychiatry
2) Timely Access Standard: Non Urgent Non Psychiatry; Non Urgent Psychiatry; Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard for non urgent non psychiatry for adult and children/youth, non urgent psychiatry for children/youth, and urgent non psychiatry for children/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
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

36 / 83

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

Alpine

"1) Time or Distance

Standards: Psychiatry 2)

Timely Access Standard:

Non Urgent Non

Psychiatry; Non Urgent

Psychiatry; Urgent

Psychiatry and Urgent

Non Psychiatry 3)

Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy time or distance standards for psychiatry adult and children/youth. (Welfare and Institution Code 14197(c)(3)(D) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with language capabilities for the following: Mental Health Plan Contract Exhibit A, Attachment 11, 3E and BHIN 23-041. "

Sanction details**D3.VIII.5 Instances of non-compliance**

11

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

37 / 83

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

"1) Capacity and Composition: Ratio Standard for Psychiatry and Outpatient Specialty Mental Health Services
2) Timely Access Standard: Non Urgent Non Psychiatry; Non Urgent Psychiatry; Urgent Psychiatry and Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth and outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry 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 non-compliance

11

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

38 / 83

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

Timely Access Standards:
Non Urgent Psychiatry

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for children/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

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

39 / 83

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Colusa

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with mandatory provider type for the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

40 / 83

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

Contra Costa

Timely Access Standards:

Non Urgent Non

Psychiatry; Non Urgent

Psychiatry; Urgent

Psychiatry and Urgent

Non Psychiatry

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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

8

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/19/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

41 / 83

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

Del Norte

Timely Access Standards:

Non Urgent Psychiatry

and Urgent Psychiatry

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for adult and children/youth, and urgent psychiatry 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 non-compliance

3

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/19/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

42 / 83

D3.VIII.2 Plan performance issue

Timely Access Standards:
Non Urgent Psychiatry;
Urgent Psychiatry and
Urgent Non Psychiatry

D3.VIII.3 Plan name

Fresno

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standards non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

43 / 83

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

Glenn

Timely Access Standards:

Non Urgent Non

Psychiatry and Non

Urgent Psychiatry

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standards non urgent non psychiatry for children/youth, and non urgent psychiatry for adult and children/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

3

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

44 / 83

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

Humboldt

Timely Access Standards:

Non Urgent Non

Psychiatry and Non

Urgent Psychiatry

D3.VIII.4 Reason for intervention

"Plan was placed on corrective action plan for non-compliance with timely access standards non urgent non psychiatry for children/youth, and non urgent psychiatry 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 non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

45 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Inyo

"1) Time or Distance
Standards: Psychiatry
and Outpatient Specialty
Mental Health Services
2) Capacity and
Composition: Ratio
Standard for Psychiatry
and Outpatient Specialty
Mental Health Services
3) Timely Access
Standard: Non Urgent
Non Psychiatry; Non
Urgent Psychiatry;
Urgent Psychiatry and
Urgent Non Psychiatry 4)
Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy time or distance standards for psychiatry adult and children/youth, and outpatient specialty mental health services for adult and children/youth (Welfare and Institution Code 14197(c)(3)(D) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth and, outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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 and mandatory provider type for the following: Mental Health Plan Contract Exhibit A, Attachment 11, 3E and Attachment 7, 6 and BHIN 23-041. "

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
18	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/10/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

46 / 83

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

"1) Capacity and Composition: Ratio Standard for Psychiatry and Outpatient Specialty Mental Health Services
2) Timely Access Standard: Non Urgent Psychiatry; Urgent Psychiatry and Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth, and outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for adult, urgent psychiatry for adult and children/youth, and urgent non psychiatry 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 non-compliance

8

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

47 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Kings

"1) Timely Access

Standard: Non Urgent

Non Psychiatry; Non

Urgent Psychiatry;

Urgent Psychiatry and

Urgent Non Psychiatry 2)

Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for children/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 the mandatory provider type with the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041. "

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/17/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

48 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Lake

Reporting

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with mandatory provider type for the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

49 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Lassen

1) Timely Access
Standard: Urgent
Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard urgent psychiatry 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 non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

50 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Los Angeles

1) Timely Access
Standard: Non Urgent
Non Psychiatry; Non
Urgent Psychiatry and
Urgent Psychiatry

D3.VIII.4 Reason for intervention

1) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for children/youth, non urgent psychiatry for adult and children/youth, and urgent psychiatry 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 non-compliance

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/24/2024

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

51 / 83

D3.VIII.2 Plan performance issue

"1) Timely Access
Standard: Urgent
Psychiatry and Urgent
Non Psychiatry 2)
Reporting"

D3.VIII.3 Plan name

Madera

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with timely access standard urgent psychiatry for children/youth, and urgent non psychiatry for adult (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: Mental Health Plan Contract Exhibit A, Attachment 11, 3E and BHIN 23-041. "

Sanction details**D3.VIII.5 Instances of non-compliance**

3

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

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**

52 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and
Composition: Ratio
Standard for Psychiatry
2) Timely Access
Standard: Non Urgent
Non Psychiatry; Urgent
Non Psychiatry"

D3.VIII.3 Plan name

Marin

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B

and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/02/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

53 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Timely Access Standard: Non Urgent Non Psychiatry; Urgent Non Psychiatry	Mariposa

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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
4	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/07/2024	Remediation in progress
D3.VIII.9 Corrective action plan	



Complete

D3.VIII.1 Intervention type: Corrective action plan

54 / 83

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

Mendocino

"1) Capacity and
Composition: Ratio
Standard for Psychiatry
2) Timely Access
Standard: Non Urgent
Non Psychiatry and
Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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**

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/04/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

55 / 83

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

Mono

"1) Timely Access
Standard: Non Urgent
Psychiatry; Urgent Non
Psychiatry 2) Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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 mandatory provider type for the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041. "

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

56 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Monterey

"1) Capacity and
Composition: Ratio
Standard for Psychiatry
and Outpatient Specialty
Mental Health Services
2) Timely Access
Standard: Urgent Non
Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth, and outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective

action plan for non-compliance with timely access standard urgent non psychiatry for adult and children/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

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

57 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Psychiatry
and Urgent Non
Psychiatry

D3.VIII.3 Plan name

Nevada

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry adult, and urgent non psychiatry 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 non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

58 / 83

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

Orange

Timely Access Standard:

Non Urgent Non

Psychiatry; Non Urgent

Psychiatry; Urgent

Psychiatry and Urgent

Non Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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

8

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

59 / 83

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

Placer-Sierra

Timely Access Standard:

Non Urgent Non

Psychiatry; Non Urgent

Psychiatry; Urgent

Psychiatry and Urgent

Non Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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
8	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
09/25/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

60 / 83

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

"1) Capacity and Composition: Ratio Standard for Outpatient Specialty Mental Health Services 2) Timely Access Standard: Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard urgent non psychiatry 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 non-compliance	D3.VIII.6 Sanction amount
3	\$0

D3.VIII.7 Date assessed

09/24/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

61 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and Composition: Ratio Standard Psychiatry and Outpatient Specialty Mental Health Services
2) Timely Access Standard: Non Urgent Non Psychiatry and Non Urgent Psychiatry"

D3.VIII.3 Plan name

Riverside

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult, and outpatient specialty mental health services for adult (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry adult and children/youth, and non urgent psychiatry for children/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**

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

62 / 83

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

Timely Access Standard:
Non Urgent Psychiatry

San Benito

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for adult and children/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

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

63 / 83

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

"1) Capacity and
Composition: Ratio
Standard for Psychiatry
2) Timely Access
Standard: Non Urgent
Non Psychiatry and Non
Urgent Psychiatry"

San Bernardino

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry children/youth, and non urgent psychiatry for children/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

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

64 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

San Diego

"1) Capacity and Composition: Ratio Standard Outpatient Specialty Mental Health Services 2) Timely Access Standard: Non Urgent Non Psychiatry, Urgent Psychiatry and Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard for non urgent non psychiatry for children/youth, urgent psychiatry adult and children/youth and urgent non psychiatry for adult and children/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

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/16/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

65 / 83

D3.VIII.2 Plan performance**issue**

Timely Access Standard:

Non Urgent Non

Psychiatry, Non Urgent

Psychiatry, Urgent

Psychiatry and Urgent

Non Psychiatry

D3.VIII.3 Plan name

San Francisco

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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**

8

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

66 / 83

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
San Joaquin

Timely Access Standard:
Urgent Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard urgent psychiatry children/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

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/18/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

67 / 83

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
San Luis Obispo

Timely Access Standard:
Non Urgent Psychiatry
and Urgent Non
Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry adult, and urgent non psychiatry children/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

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-compliance was corrected

10/15/2024

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

68 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.3 Plan name

San Mateo

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/14/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

69 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent

D3.VIII.3 Plan name

Santa Barbara

Psychiatry, Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for children/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

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/30/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

70 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.3 Plan name

Santa Clara

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult, and urgent non psychiatry for adult and children/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

5

D3.VIII.7 Date assessed

09/24/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

71 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.3 Plan name

Santa Cruz

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for children/youth, and urgent non psychiatry for adult and children/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

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/08/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

72 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Shasta

Timely Access Standard:
Urgent Non Psychiatry

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard urgent non psychiatry 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 non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/11/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

73 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and Composition: Ratio Standard for Psychiatry
2) Timely Access Standard: Non Urgent Non Psychiatry 3) Reporting"

D3.VIII.3 Plan name

Siskiyou

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for children/youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with mandatory provider type with the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/14/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

74 / 83

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.3 Plan name

Solano

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth and urgent non psychiatry 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 non-compliance

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/15/2024

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

75 / 83

Complete

D3.VIII.2 Plan performance issue

Timely Access Standard:
Non Urgent Non
Psychiatry, Non Urgent
Psychiatry, Urgent
Psychiatry and Urgent
Non Psychiatry

D3.VIII.3 Plan name

Sonoma

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult, and urgent non psychiatry for adult and children/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

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/07/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

76 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and
Composition: Ratio
Standard for Psychiatry
2) Timely Access
Standard: Non Urgent
Non Psychiatry, Non
Urgent Psychiatry and
Urgent Psychiatry 3)
Reporting"

D3.VIII.3 Plan name

Stanislaus

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for children/youth, non urgent psychiatry for adult and children/youth, and urgent psychiatry for adult and children/youth (Title 28 of the California Code of Regulations Section 1300.67.2.2 and BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with language capabilities with the following: Mental Health Plan Contract Exhibit A, Attachment 11, 3E and BHIN 23-041."

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/16/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

77 / 83

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Sutter-Yuba

"1) Capacity and Composition: Ratio Standard for Outpatient Specialty Mental Health Services 2) Timely Access Standard: Non Urgent Psychiatry and Urgent Non Psychiatry"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in outpatient specialty mental health services for adult and children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for children/youth, and urgent

non psychiatry for children/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

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

78 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and Composition: Ratio Standard for Psychiatry and Outpatient Specialty Mental Health Services
2) Timely Access Standard: Non Urgent Non Psychiatry and Urgent Non Psychiatry"

D3.VIII.3 Plan name

Tehama

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for children/youth, and outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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**

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/15/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

79 / 83

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

Trinity

"1) Time or Distance

Standards: Psychiatry
and Outpatient Specialty
Mental Health Services

2) Capacity and

Composition: Ratio
Standard for Psychiatry
and Outpatient Specialty
Mental Health Services

3) Timely Access

Standard: Non Urgent

Non Psychiatry; Non

Urgent Psychiatry;

Urgent Psychiatry and

Urgent Non Psychiatry 4)

Reporting"

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy time or distance standards for psychiatry adult and children/youth and outpatient specialty mental health services for adult and children/youth (Welfare and Institution Code 14197(c)(3)(D) and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in psychiatry for adult and children/youth and outpatient specialty mental health services for adult and children/youth (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 3) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult and children/youth, non urgent psychiatry for adult and children/youth, urgent psychiatry for adult and children/youth, and urgent non psychiatry for adult and children/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 and mandatory provider type for the following: Mental Health

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
18	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/18/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

80 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
"1) Timely Access Standard: Non Urgent Non Psychiatry and Non Urgent Psychiatry 2) Reporting"	Tulare

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for children/youth, and non urgent psychiatry for adult (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 mandatory provider type for the following: Mental Health Plan Contract Exhibit A, Attachment 7, 6 and BHIN 23-041. "

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
3	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/07/2024	Remediation in progress
D3.VIII.9 Corrective action plan	



Complete

D3.VIII.1 Intervention type: Corrective action plan

81 / 83

D3.VIII.2 Plan performance issueTimely Access Standard:
Non Urgent Psychiatry**D3.VIII.3 Plan name**

Tuolumne

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for adult and children/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**

2

D3.VIII.6 Sanction amount

\$0

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



Complete

D3.VIII.1 Intervention type: Corrective action plan

82 / 83

D3.VIII.2 Plan performance issue

"1) Capacity and Composition: Ratio Standard for Outpatient Specialty Mental Health Services 2) Timely Access Standard: Non Urgent Non Psychiatry; Non Urgent Psychiatry and Urgent Non Psychiatry"

D3.VIII.3 Plan name

Ventura

D3.VIII.4 Reason for intervention

"1) Plan was placed on corrective action plan for non-compliance with the network adequacy capacity and composition for ratio standard in outpatient specialty mental health services for adult and children/youth. (Mental Health Plan Contract Exhibit A, Attachment 8, 5B and with BHIN 23-041). 2) Plan was placed on corrective action plan for non-compliance with timely access standard non urgent non psychiatry for adult, non urgent psychiatry for children/youth, and urgent non psychiatry 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 non-compliance	D3.VIII.6 Sanction amount
5	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/08/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

83 / 83

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Timely Access Standard: Non Urgent Psychiatry and Urgent Non Psychiatry	Yolo

D3.VIII.4 Reason for intervention

Plan was placed on corrective action plan for non-compliance with timely access standard non urgent psychiatry for adult, and urgent non psychiatry for children/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
2	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
10/02/2024	

Remediation in progress

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
		Alpine 1
		Amador 6
		Butte 4
		Calaveras 0
		Colusa 1
		Contra Costa 18
		Del Norte 5
		El Dorado 3
		Fresno 5
		Glenn 2
		Humboldt 2
		Imperial

7

Inyo

2

Kern

3

Kings

2

Lake

2

Lassen

1

Los Angeles

5

Madera

1

Marin

6

Mariposa

3

Mendocino

4

Merced

4

Modoc

1

Mono

2

Monterey

4

Napa

5

Nevada

3

Orange

6

Placer-Sierra

3

Plumas

1

Riverside

5

Sacramento

4

San Benito

1

San Bernardino

8

San Diego

15

San Francisco

14

San Joaquin

5

San Luis Obispo

2

San Mateo

1

Santa Barbara

1

Santa Clara

4

Santa Cruz

1

Shasta

18

Siskiyou

2

Solano

7

Sonoma

15

Stanislaus

10

Sutter-Yuba

3

Tehama

6

Trinity

2

Tulare

1

Tuolumne

1

Ventura

2

Yolo

0

D1X.2

Count of opened program integrity investigations

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

Alameda

1

Alpine

0

Amador

0

Butte

44

Calaveras

0

Colusa

0

Contra Costa

2

Del Norte

0

El Dorado

0

Fresno

3

Glenn

0

Humboldt

3

Imperial

0

Inyo

0

Kern

52

Kings

2

Lake

0

Lassen

0

Los Angeles

9

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

25

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

0

San Benito

0

San Bernardino

8

San Diego

3

San Francisco

0

San Joaquin

23

San Luis Obispo

53

San Mateo

6

Santa Barbara

1

Santa Clara

7

Santa Cruz

1

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

9

Ventura

0

Yolo

0

D1X.3

Ratio of opened program integrity investigations to enrollees

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.

Alameda

0.7:1,000

Alpine

0:1,000

Amador

0:1,000

Butte

9.04:1,000

Calaveras

0:1,000

Colusa

0:1,000

Contra Costa

0.14:1,000

Del Norte

0:1,000

El Dorado

0:1,000

Fresno

0.15:1,000

Glenn

0:1,000

Humboldt

1.37:1,000

Imperial

0:1,000

Inyo

0:1,000

Kern

2.73:1,000

Kings

0.74:1,000

Lake

0:1,000

Lassen

0:1,000

Los Angeles

0.05:1,000

Madera

0:1,000

Marin

0:1,000

Mariposa

0:1,000

Mendocino

0:1,000

Merced

0:1,000

Modoc

0:1,000

Mono

0:1,000

Monterey

0:1,000

Napa

0:1,000

Nevada

0:1,000

Orange

1.27:1,000

Placer-Sierra

0:1,000

Plumas

0:1,000

Riverside

0:1,000

Sacramento

0:1,000

San Benito

0:1,000

San Bernardino

0.32:1,000

San Diego

0.11:1,000

San Francisco

0:1,000

San Joaquin

3.91:1,000

San Luis Obispo

13.88:1,000

San Mateo

0.78:1,000

Santa Barbara

0.23:1,000

Santa Clara

0.33:1,000

Santa Cruz

0.46:1,000

Shasta

0:1,000

Siskiyou

0:1,000

Solano

0:1,000

Sonoma

0:1,000

Stanislaus

0:1,000

Sutter-Yuba

0:1,000

Tehama

0:1,000

Trinity

0:1,000

Tulare

0:1,000

Tuolumne

10.98:1,000

Ventura

0:1,000

Yolo

0:1,000

D1X.4

Count of resolved program integrity investigations

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

Alameda

0

Alpine

0

Amador

0

Butte

41

Calaveras

0

Colusa

0

Contra Costa

1

Del Norte

0

El Dorado

0

Fresno

2

Glenn

0

Humboldt

0

Imperial

0

Inyo

0

Kern

52

Kings

2

Lake

0

Lassen

0

Los Angeles

7

Madera

0

Marin

0

Mariposa

0

Mendocino

0

Merced

0

Modoc

0

Mono

0

Monterey

0

Napa

0

Nevada

0

Orange

13

Placer-Sierra

0

Plumas

0

Riverside

0

Sacramento

0

San Benito

0

San Bernardino

4

San Diego

3

San Francisco

0

San Joaquin

8

San Luis Obispo

53

San Mateo

4

Santa Barbara

1

Santa Clara

5

Santa Cruz

1

Shasta

0

Siskiyou

0

Solano

0

Sonoma

0

Stanislaus

0

Sutter-Yuba

0

Tehama

0

Trinity

0

Tulare

0

Tuolumne

9

Ventura

0

Yolo

1

D1X.5

Ratio of resolved program integrity investigations to enrollees

What is the ratio of program integrity investigations resolved 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.

Alameda

0:1,000

Alpine

0:1,000

Amador

0:1,000

Butte

8.43:1,000

Calaveras

0:1,000

Colusa

0:1,000

Contra Costa

0.07:1,000

Del Norte

0:1,000

El Dorado

0:1,000

Fresno

0.1:1,000

Glenn

0:1,000

Humboldt

0:1,000

Imperial

0:1,000

Inyo

0:1,000

Kern

2.73:1,000

Kings

0.74:1,000

Lake

0:1,000

Lassen

0:1,000

Los Angeles

0.04:1,000

Madera

0:1,000

Marin

0:1,000

Mariposa

0:1,000

Mendocino

0:1,000

Merced

0:1,000

Modoc

0:1,000

Mono

0:1,000

Monterey

0:1,000

Napa

0:1,000

Nevada

0:1,000

Orange

0.66:1,000

Placer-Sierra

0:1,000

Plumas

0:1,000

Riverside

0:1,000

Sacramento

0:1,000

San Benito

0:1,000

San Bernardino

0.16:1,000

San Diego

0.11:1,000

San Francisco

0:1,000

San Joaquin

1.36:1,000

San Luis Obispo

13.88:1,000

San Mateo

0.52:1,000

Santa Barbara

0.23:1,000

Santa Clara

0.23:1,000

Santa Cruz

0.46:1,000

Shasta

0:1,000

Siskiyou

0:1,000

Solano

0:1,000

Sonoma

0:1,000

Stanislaus

0:1,000

Sutter-Yuba

0:1,000

Tehama

0:1,000

Trinity

0:1,000

Tulare

0:1,000

Tuolumne

10.98:1,000

Ventura

0:1,000

Yolo

0.67:1,000

D1X.6**Referral path for program integrity referrals to the state**

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

Alameda

Makes referrals to the State Medicaid Agency (SMA) only

Alpine

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

Amador

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

Butte

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

Calaveras

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

Colusa

Makes referrals to the SMA and MFCU concurrently

Contra Costa

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

Del Norte

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

El Dorado

Makes referrals to the SMA and MFCU concurrently

Fresno

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

Glenn

Makes referrals to the SMA and MFCU concurrently

Humboldt

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

Imperial

Makes referrals to the SMA and MFCU concurrently

Inyo

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

Kern

Makes referrals to the SMA and MFCU concurrently

Kings

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

Lake

Makes referrals to the SMA and MFCU concurrently

Lassen

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

Los Angeles

Makes referrals to the SMA and MFCU concurrently

Madera

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

Marin

Makes referrals to the SMA and MFCU concurrently

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

Mono

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-Sierra

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

Plumas

Makes referrals to the SMA and MFCU concurrently

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 referrals to the Medicaid Fraud Control Unit (MFCU) only

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 referrals to the SMA and MFCU concurrently

Sonoma

Makes referrals to the State Medicaid Agency (SMA) only

Stanislaus

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

Sutter-Yuba

Makes referrals to the SMA and MFCU concurrently

Tehama

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

Trinity

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

Tulare

Makes referrals to the SMA and MFCU concurrently

Tuolumne

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

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

Not applicable

Alpine

0

Amador

Not applicable

Butte

0

Calaveras

Not applicable

Colusa

Not applicable

Contra Costa

Not applicable

Del Norte

Not applicable

El Dorado

Not applicable

Fresno

Not applicable

Glenn

Not applicable

Humboldt

Not applicable

Imperial

Not applicable

Inyo

0

Kern

Not applicable

Kings

Not applicable

Lake

Not applicable

Lassen

0

Los Angeles

Not applicable

Madera

Not applicable

Marin

Not applicable

Mariposa

Not applicable

Mendocino

Not applicable

Merced

Not applicable

Modoc

Not applicable

Mono

Not applicable

Monterey

Not applicable

Napa

Not applicable

Nevada

0

Orange

Not applicable

Placer-Sierra

Not applicable

Plumas

Not applicable

Riverside

Not applicable

Sacramento

Not applicable

San Benito

Not applicable

San Bernardino

Not applicable

San Diego

3

San Francisco

Not applicable

San Joaquin

Not applicable

San Luis Obispo

Not applicable

San Mateo

0

Santa Barbara

0

Santa Clara

2

Santa Cruz

Not applicable

Shasta

Not applicable

Siskiyou

Not applicable

Solano

Not applicable

Sonoma

Not applicable

Stanislaus

0

Sutter-Yuba

Not applicable

Tehama

Not applicable

Trinity

Not applicable

Tulare

Not applicable

Tuolumne

Not applicable

Ventura

Not applicable

Yolo

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.

Alameda

0

Alpine

Not applicable

Amador

Not applicable

Butte

Not applicable

Calaveras

Not applicable

Colusa

Not applicable

Contra Costa

Not applicable

Del Norte

Not applicable

El Dorado

Not applicable

Fresno

Not applicable

Glenn

Not applicable

Humboldt

Not applicable

Imperial

Not applicable

Inyo

Not applicable

Kern

Not applicable

Kings

Not applicable

Lake

Not applicable

Lassen

Not applicable

Los Angeles

Not applicable

Madera

Not applicable

Marin

Not applicable

Mariposa

Not applicable

Mendocino

Not applicable

Merced

Not applicable

Modoc

Not applicable

Mono

Not applicable

Monterey

Not applicable

Napa

Not applicable

Nevada

Not applicable

Orange

3

Placer-Sierra

Not applicable

Plumas

Not applicable

Riverside

Not applicable

Sacramento

Not applicable

San Benito

Not applicable

San Bernardino

San Diego

Not applicable

San Francisco

Not applicable

San Joaquin

Not applicable

San Luis Obispo

8

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

Sonoma

0

Stanislaus

Not applicable

Sutter-Yuba

Not applicable

Tehama

Not applicable

Trinity

Not applicable

Tulare

Not applicable

Tuolumne

Not applicable

Ventura

Not applicable

Yolo

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

Alpine

Not applicable

Amador

Not applicable

Butte

Not applicable

Calaveras

Not applicable

Colusa

0

Contra Costa

Not applicable

Del Norte

Not applicable

El Dorado

0

Fresno

Not applicable

Glenn

0

Humboldt

Not applicable

Imperial

0

Inyo

Not applicable

Kern

29

Kings

Not applicable

Lake

0

Lassen

Not applicable

Los Angeles

0

Madera

Not applicable

Marin

0

Mariposa

0

Mendocino

Not applicable

Merced

0

Modoc

Not applicable

Mono

Not applicable

Monterey

Not applicable

Napa

0

Nevada

Not applicable

Orange

Not applicable

Placer-Sierra

Not applicable

Plumas

0

Riverside

0

Sacramento

Not applicable

San Benito

Not applicable

San Bernardino

Not applicable

San Diego

Not applicable

San Francisco

Not applicable

San Joaquin

Not applicable

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

0

Sonoma

Not applicable

Stanislaus

Not applicable

Sutter-Yuba

0

Tehama

Not applicable

Trinity

Not applicable

Tulare

0

Tuolumne

0

Ventura

0

Yolo

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

Alameda

Not applicable

Alpine

referrals made to the SMA and the MFCU in aggregate.

Not applicable

Amador

0

Butte

Not applicable

Calaveras

0

Colusa

Not applicable

Contra Costa

2

Del Norte

0

El Dorado

Not applicable

Fresno

0

Glenn

Not applicable

Humboldt

0

Imperial

Not applicable

Inyo

Not applicable

Kern

Not applicable

Kings

0

Lake

Not applicable

Lassen

Not applicable

Los Angeles

Not applicable

Madera

0

Marin

Not applicable

Mariposa

Not applicable

Mendocino

0

Merced

Not applicable

Modoc

0

Mono

0

Monterey

0

Napa

Not applicable

Nevada

Not applicable

Orange

Not applicable

Placer-Sierra

0

Plumas

Not applicable

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

Not applicable

Santa Barbara

Not applicable

Santa Clara

Not applicable

Santa Cruz

0

Shasta

0

Siskiyou

0

Solano

Not applicable

Sonoma

Not applicable

Stanislaus

Not applicable

Sutter-Yuba

Not applicable

Tehama

0

Trinity

0

Tulare

Not applicable

Tuolumne

Not applicable

Ventura

Not applicable

Yolo

1

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

Alpine

0:1,000

Amador

0:1,000

Butte

0:1,000

Calaveras

0:1,000

Colusa

0:1,000

Contra Costa

0.14:1,000

Del Norte

0:1,000

El Dorado

0:1,000

Fresno

0:1,000

Glenn

0:1,000

Humboldt

0:1,000

Imperial

0:1,000

Inyo

0:1,000

Kern

1.52:1,000

Kings

0:1,000

Lake

0:1,000

Lassen

0:1,000

Los Angeles

0:1,000

Madera

0:1,000

Marin

0:1,000

Mariposa

0:1,000

Mendocino

0:1,000

Merced

0:1,000

Modoc

0:1,000

Mono

0:1,000

Monterey

0:1,000

Napa

0:1,000

Nevada

0:1,000

Orange

0.15:1,000

Placer-Sierra

0:1,000

Plumas

0:1,000

Riverside

0:1,000

Sacramento

0:1,000

San Benito

0:1,000

San Bernardino

0.16:1,000

San Diego

0.11:1,000

San Francisco

0:1,000

San Joaquin

0.17:1,000

San Luis Obispo

2.09:1,000

San Mateo

0:1,000

Santa Barbara

0:1,000

Santa Clara

0.09:1,000

Santa Cruz

0:1,000

Shasta

0:1,000

Siskiyou

0:1,000

Solano

0:1,000

Sonoma

0:1,000

Stanislaus

0:1,000

Sutter-Yuba

0:1,000

Tehama

0:1,000

Trinity

0:1,000

Tulare

0:1,000

Tuolumne

0:1,000

Ventura

0:1,000

Yolo

0.67:1,000

D1X.9a:

**Plan overpayment reporting
to the state: Start Date**

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

Alameda

07/01/2022

Alpine

07/01/2022

Amador

07/01/2022

Butte

07/01/2022

Calaveras

07/01/2022

Colusa

07/01/2022

Contra Costa

07/01/2022

Del Norte

07/01/2022

El Dorado

07/01/2022

Fresno

07/01/2022

Glenn

07/01/2022

Humboldt

07/01/2022

Imperial

07/01/2022

Inyo

07/01/2022

Kern

07/01/2022

Kings

07/01/2022

Lake

07/01/2022

Lassen

07/01/2022

Los Angeles

07/01/2022

Madera

07/01/2022

Marin

07/01/2022

Mariposa

07/01/2022

Mendocino

07/01/2022

Merced

07/01/2022

Modoc

07/01/2022

Mono

07/01/2022

Monterey

07/01/2022

Napa

07/01/2022

Nevada

07/01/2022

Orange

07/01/2022

Placer-Sierra

07/01/2022

Plumas

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

Sonoma

07/01/2022

Stanislaus

07/01/2022

Sutter-Yuba

07/01/2022

Tehama

07/01/2022

Trinity

07/01/2022

Tulare

07/01/2022

Tuolumne

07/01/2022

Ventura

07/01/2022

Yolo

07/01/2022

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?

Alameda

06/30/2023

Alpine

06/30/2023

Amador

06/30/2023

Butte

06/30/2023

Calaveras

06/30/2023

Colusa

06/30/2023

Contra Costa

06/30/2023

Del Norte

06/30/2023

El Dorado

06/30/2023

Fresno

06/30/2023

Glenn

06/30/2023

Humboldt

06/30/2023

Imperial

06/30/2023

Inyo

06/30/2023

Kern

06/30/2023

Kings

06/30/2023

Lake

06/30/2023

Lassen

06/30/2023

Los Angeles

06/30/2023

Madera

06/30/2023

Marin

06/30/2023

Mariposa

06/30/2023

Mendocino

06/30/2023

Merced

06/30/2023

Modoc

06/30/2023

Mono

06/30/2023

Monterey

06/30/2023

Napa

06/30/2023

Nevada

06/30/2023

Orange

06/30/2023

Placer-Sierra

06/30/2023

Plumas

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

Sonoma

06/30/2023

Stanislaus

06/30/2023

Sutter-Yuba

06/30/2023

Tehama

06/30/2023

Trinity

06/30/2023

Tulare

06/30/2023

Tuolumne

06/30/2023

Ventura

06/30/2023

Yolo

06/30/2023

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?

Alameda

\$11,854.46

Alpine

\$0

Amador

\$1,427.95

Butte

\$25,191.52

Calaveras

\$0

Colusa

\$0

Contra Costa

\$0

Del Norte

\$0

El Dorado

\$1,154.31

Fresno

\$0

Glenn

\$0

Humboldt

\$0

Imperial

\$0

Inyo

\$0

Kern

\$104,004.01

Kings

\$0

Lake

\$0

Lassen

\$0

Los Angeles

\$3,368,503.68

Madera

\$0

Marin

\$0

Mariposa

\$0

Mendocino

\$0

Merced

\$0

Modoc

\$0

Mono

\$13,641.35

Monterey

\$79,115.49

Napa

\$0

Nevada

\$0

Orange

\$0

Placer-Sierra

\$0

Plumas

\$0

Riverside

\$0

Sacramento

\$0

San Benito

\$0

San Bernardino

\$0

San Diego

\$452,883.96

San Francisco

\$0

San Joaquin

\$21,669.37

San Luis Obispo

\$1,112.41

San Mateo

\$0

Santa Barbara

\$0

Santa Clara

\$0

Santa Cruz

\$10,510.19

Shasta

\$0

Siskiyou

\$0

Solano

\$0

Sonoma

\$0

Stanislaus

\$66,794.56

Sutter-Yuba

\$0

Tehama

\$0

Trinity

\$0

Tulare

\$0

Tuolumne

\$0

Ventura

\$0

Yolo

\$6,508.08

D1X.9d:

**Plan overpayment reporting
to the state: Corresponding
premium revenue**

What is the total amount of
premium revenue for the
corresponding reporting period
(D1.X.9a-b)? (Premium revenue
as defined in MLR reporting
under 438.8(f)(2))

Alameda

NA

Alpine

NA

Amador

NA

Butte

NA

Calaveras

NA

Colusa

NA

Contra Costa

NA

Del Norte

NA

El Dorado

NA

Fresno

NA

Glenn

NA

Humboldt

NA

Imperial

NA

Inyo

NA

Kern

NA

Kings

NA

Lake

NA

Lassen

NA

Los Angeles

NA

Madera

NA

Marin

NA

Mariposa

NA

Mendocino

NA

Merced

NA

Modoc

NA

Mono

NA

Monterey

NA

Napa

NA

Nevada

NA

Orange

NA

Placer-Sierra

NA

Plumas

NA

Riverside

NA

Sacramento

NA

San Benito

NA

San Bernardino

NA

San Diego

NA

San Francisco

NA

San Joaquin

NA

San Luis Obispo

NA

San Mateo

NA

Santa Barbara

NA

Santa Clara

NA

Santa Cruz

NA

Shasta

NA

Siskiyou

NA

Solano

NA

Sonoma

NA

Stanislaus

NA

Sutter-Yuba

NA

Tehama

NA

Trinity

NA

Tulare

NA

Tuolumne

NA

Ventura

NA

Yolo

NA

D1X.10

**Changes in beneficiary
circumstances**

Select the frequency the plan
reports changes in beneficiary
circumstances to the state.

Alameda

Monthly

Alpine

Monthly

Amador

Quarterly

Butte

Quarterly

Calaveras

Monthly

Colusa

Monthly

Contra Costa

Monthly

Del Norte

Quarterly

El Dorado

Quarterly

Fresno

Weekly

Glenn

Quarterly

Humboldt

Monthly

Imperial

Monthly

Inyo

Quarterly

Kern

Monthly

Kings

Monthly

Lake

Daily

Lassen

Quarterly

Los Angeles

Monthly

Madera

Quarterly

Marin

Monthly

Mariposa

Daily

Mendocino

Weekly

Merced

Quarterly

Modoc

Promptly when plan receives information about the change

Mono

Monthly

Monterey

Quarterly

Napa

Monthly

Nevada

Monthly

Orange

Promptly when plan receives information about the change

Placer-Sierra

Monthly

Plumas

Monthly

Riverside

Quarterly

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

Daily

Siskiyou

Quarterly

Solano

Monthly

Sonoma

Monthly

Stanislaus

Monthly

Sutter-Yuba

Monthly

Tehama

Monthly

Trinity

Quarterly

Tulare

Quarterly

Tuolumne

Monthly

Ventura

Monthly

Yolo

Topic XI: ILOS

⚠ 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 Indicate whether this plan offered any ILOS to their enrollees.	Alameda
		Not answered
		Alpine
		Not answered
		Amador
		Not answered
		Butte
		Not answered
		Calaveras
		Not answered
		Colusa
		Not answered
		Contra Costa
		Not answered
		Del Norte
		Not answered
		El Dorado
		Not answered
		Fresno
		Not answered
		Glenn
		Not answered
		Humboldt
		Not answered
		Imperial
		Not answered
		Inyo
		Not answered

Kern

Not answered

Kings

Not answered

Lake

Not answered

Lassen

Not answered

Los Angeles

Not answered

Madera

Not answered

Marin

Not answered

Mariposa

Not answered

Mendocino

Not answered

Merced

Not answered

Modoc

Not answered

Mono

Not answered

Monterey

Not answered

Napa

Not answered

Nevada

Not answered

Orange

Not answered

Placer-Sierra

Not answered

Plumas

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

Not answered

Santa Cruz

Not answered

Shasta

Not answered

Siskiyou

Not answered

Solano

Not answered

Sonoma

Not answered

Stanislaus

Not answered

Sutter-Yuba

Not answered

Tehama

Not answered

Trinity

Not answered

Tulare

Not answered

Tuolumne

Not answered

Ventura

Not answered

Yolo

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 What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Alameda Local Government Entity
		Alpine Local Government Entity
		Amador Local Government Entity
		Butte Local Government Entity
		Calaveras Local Government Entity
		Colusa Local Government Entity
		Contra Costa Local Government Entity
		Del Norte Local Government Entity
		El Dorado Local Government Entity
		Fresno Local Government Entity
		Glenn Local Government Entity
		Humboldt Local Government Entity
		Imperial

Local Government Entity

Inyo

Local Government Entity

Kern

Local Government Entity

Kings

Local Government Entity

Lake

Local Government Entity

Lassen

Local Government Entity

Los Angeles

Local Government Entity

Madera

Local Government Entity

Marin

Local Government Entity

Mariposa

Local Government Entity

Mendocino

Local Government Entity

Merced

Local Government Entity

Modoc

Local Government Entity

Mono

Local Government Entity

Monterey

Local Government Entity

Napa

Local Government Entity

Nevada

Local Government Entity

Orange

Local Government Entity

Placer-Sierra

Local Government Entity

Plumas

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

Sonoma

Local Government Entity

Stanislaus

Local Government Entity

Sutter-Yuba

Local Government Entity

Tehama

Local Government Entity

Trinity

Local Government Entity

Tulare

Local Government Entity

Tuolumne

Local Government Entity

Ventura

Local Government Entity

Yolo

Local Government Entity

EIX.2

BSS entity role

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

Alameda

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.

Alpine

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.

Amador

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.

Butte

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.

Calaveras

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.

Colusa

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.

Del Norte

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.

Glenn

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.

Inyo

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.

Kings

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.

Lake

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.

Madera

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

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Modoc

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Mono

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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-Sierra

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Plumas

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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

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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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Shasta

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Siskiyou

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Solano

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Sonoma

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Stanislaus

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Sutter-Yuba

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Tehama

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Trinity

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Tulare

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Tuolumne

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Ventura

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Yolo

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