

November 5, 2024

VIA EMAIL ONLY

Kevin Mattson, Executive Director  
San Diego PACE  
3364 Beyer Boulevard  
San Diego, CA 92173

Dear Kevin Mattson:

On August 19, 2024, pursuant to 42 Code of Federal Regulations §460.192 of the Program of All-Inclusive Care for the Elderly (PACE), the Department of Health Care Services (DHCS) performed an on-site monitoring review to ensure quality of participant care as well as to verify clinical and administrative compliance with the PACE regulations at San Diego PACE.

DHCS' review included the following items, but was not limited to: PACE participant activities and care delivery in the PACE Center, confirmed that the Interdisciplinary Team (IDT) performed timely in-person assessments and members of the IDT collaborated in development of orders; medical records are complete and available, progress notes are current; unusual/critical incidents identified have corrective action plans; participants have access to emergency care; care plans and diet are appropriate; medication is properly prescribed, ordered, stored and delivered; transportation meets statutory requirements; and subcontracts reviewed.

DHCS found San Diego PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by San Diego PACE.

Pursuant to 42 Code of Federal Regulations §460.194 a CAP addressing the deficiencies must be reviewed and approved by DHCS. Please submit a completed CAP to [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov) within 30 days of the date of this letter.

DHCS would like to thank you and your team for your assistance and cooperation during the visit. We acknowledge your continued efforts towards building the relationships with the PACE participants and ensuring appropriate care is provided.

Kevin Mattson  
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November 5, 2024

If you have any questions, please contact Joan Morano, Nurse Evaluator, at [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov).

Sincerely,

**ELECTRONICALLY SIGNED**

Kevin Phomthevy, Chief  
PACE Monitoring and Oversight Unit  
Integrated Systems of Care Division  
Department of Health Care Services

Enclosure: Corrective Action Plan (CAP)

cc: Elva Alatorre, Chief  
PACE Branch  
Integrated Systems of Care Division  
Department of Health Care Services

Nageena Khan, Chief  
PACE Section  
Integrated Systems of Care Division  
Department of Health Care Services

Erika Origel, Chief  
PACE Contracts Management & Processing Unit  
Integrated Systems of Care Division  
Department of Health Care Services

Andrew Lausmann, Chief  
PACE Policy Unit  
Integrated Systems of Care Division  
Department of Health Care Services

Yelena Balabanova, Contract Manager  
PACE Contracts Management and Processing Unit  
Integrated Systems of Care Division  
Department of Health Care Services

# SAN DIEGO PACE

## Corrective Action Plan (CAP)

| Program Assurance   | Findings   | Provider's Plan of Correction |
|---|--|-------------------------------|
| <p><b>Cal. Code Regs. Tit. 22,<br/>§ 78429 – Employee<br/>Records</b></p> <p>(2) A health record containing a report of the following:</p> <p>(A) Chest X-ray or test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA) performed not more than 12 months prior to employment or within 7 days of employment.</p> | <p>1. PACE organization (PO) unable to provide chest X-ray or test results for tuberculosis infection for:</p> <ul style="list-style-type: none"><li>• Personnel #2</li><li>• Personnel #3</li><li>• Personnel #4</li><li>• Personnel #5</li><li>• Personnel #6</li><li>• Personnel #7</li><li>• Personnel #8</li><li>• Personnel #9</li></ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>Cal. Code Regs. Tit. 22, § 78429 – Employee Records</b></p> <p>(2) A health record containing a report of the following:</p> <p>(B) Health examination signed by the examining physician or person lawfully authorized to perform such examination which indicates:</p> <ol style="list-style-type: none"> <li>1. Employee is physically qualified to perform duties.</li> <li>2. Employee is free from any condition that would create a hazard to self or others.</li> </ol> | <p>2. PO unable to provide complete documentation of health examination for:</p> <ul style="list-style-type: none"> <li>• Personnel #2</li> </ul>  |                               |
| <p><b>§ 460.71 - Oversight of direct participant care</b></p> <p><b>42 CFR 460.71(a)(1)</b></p> <p>The PACE organization must provide each employee and all contracted staff with an orientation that includes, at a minimum, the organization's mission, philosophy, policies on participant rights, emergency plan, ethics, the PACE benefit, and any policies related to the job duties of specific staff.</p>  | <p>3. PO unable to provide complete documentation of orientation for:</p> <ul style="list-style-type: none"> <li>• Personnel #4</li> <li>• Personnel #5</li> <li>• Personnel #7</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>§ 460.200 - Maintenance of records and reporting of data</b></p> <p><b>42 CFR 460.200</b> (a) <a href="#">General rule</a>. A PACE organization must collect data, maintain records, and submit reports as required by CMS and the State administering agency.</p> | <p>4. PO failed to maintain complete competency records for:</p> <ul style="list-style-type: none"> <li>• Personnel #4</li> <li>• Personnel #6</li> <li>• Personnel #7</li> </ul>  |                               |
| <p><b>Cal. Code Regs. Tit. 22, § 78413 – Employee Requirements</b></p> <p>(e) All staff members shall receive in-service training in first aid and in cardiopulmonary resuscitation within the first six months of employment.</p>                                       | <p>5. PO unable to provide First Aid and/or CPR training documentation within the first six months of hire for:</p> <ul style="list-style-type: none"> <li>• Personnel #1</li> <li>• Personnel #2</li> <li>• Personnel #3</li> <li>• Personnel #4</li> <li>• Personnel #5</li> <li>• Personnel #6</li> <li>• Personnel #7</li> <li>• Personnel #8</li> <li>• Personnel #9</li> </ul> |                               |

| Program Assurance   | Findings  | Provider's Plan of Correction |
|---|---|-------------------------------|
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 2<br/>(Subcontracts)</b></p> <p>2) Specification that the Subcontract shall be governed by and construed in accordance with all laws and applicable regulations governing this Contract.</p> | <p>6. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• Subcontractor #1</li> <li>• Subcontractor #2</li> <li>• Subcontractor #3</li> <li>• Subcontractor #4</li> <li>• Subcontractor #5</li> <li>• Subcontractor #6</li> <li>• Subcontractor #7</li> <li>• Subcontractor #8</li> <li>• Subcontractor #9</li> <li>• Subcontractor #10</li> <li>• Subcontractor #11</li> <li>• Subcontractor #12</li> <li>• Subcontractor #13</li> <li>• Subcontractor #14</li> <li>• Subcontractor #15</li> </ul> |                               |

| Program Assurance   | Findings  | Provider's Plan of Correction |
|---|---|-------------------------------|
| <p style="text-align: center;"><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 4<br/>(Subcontracts)</b></p> <p>4) Specification of the term of the Subcontract, including the beginning and ending dates as well as methods of extension, renegotiation, and termination.</p> | <p>7. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• Subcontractor #1</li> <li>• Subcontractor #2</li> <li>• Subcontractor #3</li> <li>• Subcontractor #4</li> <li>• Subcontractor #5</li> <li>• Subcontractor #6</li> <li>• Subcontractor #7</li> <li>• Subcontractor #8</li> <li>• Subcontractor #9</li> <li>• Subcontractor #10</li> <li>• Subcontractor #11</li> <li>• Subcontractor #12</li> <li>• Subcontractor #13</li> <li>• Subcontractor #14</li> <li>• Subcontractor #15</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 8<br/>(Subcontracts)</b></p> <p>8) Subcontractor's agreement to make all of its premises, facilities, equipment, books, records, contracts, computer and other electronic systems pertaining to the goods and services furnished under the terms of the subcontract, available for the purpose of an audit, evaluation, inspection, examination, or copying, including but not limited to access requirements and state's right to monitor, as set forth in Exhibit E, Attachment 2, provision 21:</p> <p>a. By DHCS, CMS, Department of Health and Human Services (DHHS), and Department of Justice (DOJ), DMHC or their designees.</p> <p>b. At all reasonable times at the Subcontractor's place of business or at such other mutually agreeable location in California.</p> | <p>8. Cited language is missing from the following Subcontract:</p> <ul style="list-style-type: none"> <li>• Subcontractor #9</li> </ul> |                               |



| Program Assurance   | Findings | Provider's Plan of Correction |
|---|----------|-------------------------------|
| <p>c. In a form maintained in accordance with the general standards applicable to such book or record keeping.</p> <p>d. For a term of at least ten years from the close of the current fiscal year in which the service occurred; in which the record or data was created or applied; and for which the financial record was created.</p> <p>e. Including all encounter data for a period of at least ten years.</p> <p>f. If DHCS, CMS or the Department of Health and Human Services (DHHS) Inspector General determines there is a reasonable possibility of fraud or similar risk, DHCS, CMS, or the DHHS Inspector General may inspect, evaluate, and audit the Subcontractor at any time, and</p> <p>g. Upon resolution of a full investigation of fraud, DHCS reserves the right to suspend or terminate the Subcontractor from participation in the Medi-Cal program; seek recovery of payments made to the Subcontractor.</p> |          |                               |

| Program Assurance  | Findings  | Provider's Plan of Correction |
|--|---|-------------------------------|
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 10<br/>(Subcontracts)</b></p> <p>10) Subcontractor's agreement to maintain and to make available to DHCS, upon request, copies of all Sub-Subcontracts and to ensure that all Sub-Subcontracts are in writing and require that the Subcontractor:</p> <p>a. Make all premises, facilities, equipment, applicable books and records, contracts, computer, or other electronic systems related to this Contract, available at all reasonable times for audit, inspection, examination or copying by DHCS, DHHS, CMS, DOJ, or their designees.</p> <p>b. Retain all records and documents for a minimum of ten years from the final date of the Contract period or from the date of completion of any audit, whichever is later.</p> | <p>9. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• Subcontractor #1</li> <li>• Subcontractor #2</li> <li>• Subcontractor #3</li> <li>• Subcontractor #4</li> <li>• Subcontractor #5</li> <li>• Subcontractor #6</li> <li>• Subcontractor #7</li> <li>• Subcontractor #8</li> <li>• Subcontractor #9</li> <li>• Subcontractor #10</li> <li>• Subcontractor #11</li> <li>• Subcontractor #12</li> <li>• Subcontractor #13</li> <li>• Subcontractor #14</li> <li>• Subcontractor #15</li> </ul> |                               |

| Program Assurance   | Findings   | Provider's Plan of Correction |
|---|--|-------------------------------|
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 12<br/>(Subcontracts)</b></p> <p>12) Subcontractor's agreement to assist Contractor and DHCS in the transfer of care in the event of Sub-contract termination for any reason.</p>  | <p>10. Cited language is missing from the following Subcontract:</p> <ul style="list-style-type: none"> <li>• Subcontractor #9</li> </ul>  |                               |
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 15<br/>(Subcontracts)</b></p> <p>15) Subcontractor's agreement to timely gather, preserve, and provide to DHCS, any records in the Subcontractor's possession, in accordance with Exhibit E, Attachment 2, provision 27.</p> | <p>11. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• Subcontractor #1</li> <li>• Subcontractor #2</li> <li>• Subcontractor #3</li> <li>• Subcontractor #4</li> <li>• Subcontractor #5</li> <li>• Subcontractor #6</li> <li>• Subcontractor #7</li> <li>• Subcontractor #8</li> <li>• Subcontractor #9</li> <li>• Subcontractor #10</li> <li>• Subcontractor #11</li> <li>• Subcontractor #12</li> <li>• Subcontractor #13</li> <li>• Subcontractor #14</li> <li>• Subcontractor #15</li> </ul> |                               |

| Program Assurance   | Findings  | Provider's Plan of Correction |
|---|---|-------------------------------|
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 16<br/>(Subcontracts)</b></p> <p>16) Subcontractor's agreement to provide interpreter services for Members at all provider sites.</p>                | <p>12. Cited language is missing from the following Subcontract:</p> <ul style="list-style-type: none"> <li>• Subcontractor #9</li> </ul> |                               |
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 17<br/>(Subcontracts)</b></p> <p>17) Subcontractor's right to submit a grievance and Contractor's formal process to resolve provider grievances.</p> | <p>13. Cited language is missing from the following Subcontract:</p> <ul style="list-style-type: none"> <li>• Subcontractor #9</li> </ul> |                               |
| <p><b>PACE Contract<br/>Exhibit A, Attachment 6 –<br/>Provider Network, 13 A 18<br/>(Subcontracts)</b></p> <p>18) Subcontractor's agreement to participate and cooperate in Contractor's QIS.</p>                                 | <p>14. Cited language is missing from the following Subcontract:</p> <ul style="list-style-type: none"> <li>• Subcontractor #9</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>42 CFR § 460.98<br/>Service Delivery</b></p> <p>(b) Provision of services</p> <p>(4) The PACE organization must document, track and monitor the provision of services across all care settings in order to ensure the interdisciplinary team remains alert to the participant's medical, physical, emotional, and social needs regardless of whether services are formally incorporated into the participant's plan of care.</p> | <p>15. PO was unable to ensure that the interdisciplinary team (IDT) monitored the provision of services for:</p> <ul style="list-style-type: none"> <li>• <b>Participant #2</b> – Stool FIT ordered on 4/23/23 was not completed per Request for Additional Information (RAI) response.</li> <li>• <b>Participant #3</b> – Audiology consult note on 4/20/23 stated to pursue new amplification. The recommendation was not effectuated per RAI response.</li> <li>• <b>Participant #4</b> – Doctor of osteopathic medicine (D.O.) note on 1/10/24 ordered Urology and Neurology referrals and follow-up with gastroenterologist (GI). Per RAI response, the D.O. did not place the referral orders.</li> </ul> |                               |

| Program Assurance | Findings  | Provider's Plan of Correction |
|-------------------|---|-------------------------------|
|                   | <p>The primary care physician (PCP) who replaced the D.O. placed the referral on 8/20/24. Neurologist appointment is scheduled for 12/21/24. GI appointment is on 9/6/24.</p> |                               |

| Program Assurance   | Findings   | Provider's Plan of Correction |
|---|--|-------------------------------|
| <p><b>42 CFR § 460.98</b><br/> <b>Service Delivery</b><br/> (c) Timeframes for arranging and providing services</p> <p>(2) <b>All other services.</b> The PACE organization must arrange or schedule the delivery of interdisciplinary team approved services, other than medications, as identified in <a href="#">paragraph (c)(2)(i)</a> of this section, as expeditiously as the participant's health condition requires, but no later than 7 calendar days after the date the interdisciplinary team or member of the interdisciplinary team first approves the service, except as identified in <a href="#">paragraph (c)(3)</a> of this section.</p> | <p>16. PO was unable to provide services in a timely manner to:</p> <p><b>Participant #1 -</b></p> <ul style="list-style-type: none"> <li>The participant's need for glasses was documented on 1/10/24. Per RAI response, medical doctor (MD) referral was placed on 6/25/24, the participant completed one visit on 8/16/24. (7 mos. from the participant's request date)</li> <li>MD documented Allergist referral on 6/25/24, appointment is scheduled on 4/8/25. (10 months from the referral date)</li> </ul> <p><b>Participant #2 – MD</b><br/> documented on 4/19/24 to schedule Optometry appointment for new glasses. As of audit period, per RAI response, the optometry appointment for new</p> |                               |

| Program Assurance | Findings  | Provider's Plan of Correction |
|-------------------|---|-------------------------------|
|                   | <p>glasses has not been scheduled due the participant's in-patient psychiatric admission past the look back period.</p> <ul style="list-style-type: none"> <li>• <b>Participant #7</b> – PCP orders were given on 8/30/20 for acute dental referral for tooth abscess, physical therapy (PT), and psychiatry. Services were provided for dental -1/8/21, PT 1/19/21, psychiatry 3/25/21.</li> </ul> <p><b>Participant #9</b> – PCP placed an order for mammogram on 9/27/23, the first available appointment. was 6/3/24. Participant cancelled the June/July appointment, the first next rescheduled available date is in 1/2025. Appointment pending.</p> |                               |



| Program Assurance   | Findings   | Provider's Plan of Correction |
|---|--|-------------------------------|
| <p><b>42 CFR § 460.104</b><br/> <b>Participant Assessment</b></p> <p><b>(a) Initial Comprehensive Assessment</b></p> <p>(1) Basic Requirement –<br/> The IDT must conduct an initial in person comprehensive assessment on each participant. The assessment must be completed in a timely manner in order to meet the requirements in paragraph (b) on this section</p> <p>= (b) within 30 days of the date of Enrollment</p> | <p>17. PO was unable to ensure that the members of the IDT completed the participant's initial assessment within 30 days of enrollment:</p> <ul style="list-style-type: none"> <li>• <b>Participant #2</b> – Enrollment date (ED): 4/1/23, social worker (SW) pre-enrollment assessment was conducted on 2/16/23.</li> <li>• <b>Participant #9</b> – ED: 10/1/18, registered nurse (RN) re-enrollment assessment was done on 7/5/18 and home care coordination (HCC) was done on 7/13/18.</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>42 CFR § 460.104</b><br/><b>Participant Assessment</b></p> <p><b>(c) Semi-annual reassessment.</b> On at least a semi-annual basis, or more often if a participant's condition dictates, the following members of the interdisciplinary team must conduct an in-person reassessment:</p> <p>(1) Primary care provider.</p> <p>(2) Registered nurse.</p> <p>(3) Master's-level social worker.</p> <p>(4) Other team members that the primary care provider, registered nurse and Master's-level social worker determine are actively involved in the development or implementation of the participant's plan of care.</p> | <p>18. The PO was unable to ensure that participant reassessments were done every 180 days:</p> <ul style="list-style-type: none"> <li>• <b>Participant #5</b> – Per RAI response, the latest reassessments by the PCP, RN, and MSW on 5/20/24 were done 231 days from previous reassessments dated 10/27/23.</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>42 CFR § 460.104</b><br/><b>Participant Assessment</b></p> <p><b>(c) Semi-annual reassessment.</b> On at least a semi-annual basis, or more often if a participant's condition dictates, the following members of the interdisciplinary team must conduct an in-person reassessment:</p> <p>(4) Other team members that the primary care provider, registered nurse and Master's-level social worker determine are actively involved in the development or implementation of the participant's plan of care.</p> | <p>19. The PO failed to present documentation on reassessment of other IDT members who are actively involved in the implementation and reevaluation of the participants' current plan of care (POC):</p> <ul style="list-style-type: none"> <li>• <b>Participant #3 –</b><br/>Activities, Home Care</li> <li>• <b>Participant #4 -</b><br/>Activities</li> </ul> |                               |

| Program Assurance  | Findings   | Provider's Plan of Correction |
|--|--|-------------------------------|
| <p><b>42 CFR § 460.106</b><br/><b>Plan of Care</b></p> <p><b>(e) Participant and caregiver involvement in plan of care</b></p> <p>(2) The interdisciplinary team must review and discuss each plan of care with the participant or the participant's caregiver or both before the plan of care is completed to ensure that there is agreement with the plan of care and that the participant's concerns are addressed.</p> | <p>20. PO was unable to ensure that the participant/caregiver agree with the POC and that the participant concerns are addressed:</p> <ul style="list-style-type: none"> <li>• <b>Participant #2</b> – Per RAI response, the Initial POC dated 4/13/23 was not presented to the (Power of Attorney) POA. Unsuccessful attempt was made to present the POC dated 4/23/24 to the POA, no documentation of follow-thorough was noted to ensure that the POA was in concurrence.</li> <li>• <b>Participant #4</b> – Per RAI response, the IDT did not complete the initial concurrence with the POC.</li> <li>• <b>Participant #5</b> – Per RAI response, the IDT never closed the initial POC so there was no participant or family concurrence.</li> </ul> |                               |

| Program Assurance | Findings   | Provider's Plan of Correction |
|-------------------|--|-------------------------------|
|                   | <ul style="list-style-type: none"> <li>• <b>Participant #7</b> – Per RAI response, IDT did not complete an initial concurrence of the POC.</li> <li>• <b>Participant #8</b> – Per RAI response, IDT did not complete the initial POC concurrence / discussion with the participant due to different MSW covering the IDT, concurrence was missed.</li> </ul> |                               |

| Program Assurance                           | Findings  | Provider's Plan of Correction       |
|---|---|-------------------------------------|
| <b>Best Practice /Technical Assistance:</b> | <ul style="list-style-type: none"> <li>• Strategic placement of AED ensuring fast and easy access by trained staff in case of emergency.</li> <li>• Accurate and complete documentation in the clinic monitoring logs (ie: temperature logs, QC/ control tests for machines, E-cart/kits)</li> <li>• Diligent monitoring and checks of medications and clinic supplies for expiration dates</li> <li>• Re-education of staff on Infection Control Protocols.</li> </ul> | N/A - No response required from PO. |

May 27, 2025

VIA EMAIL ONLY

Adriana Barajas,  
Director of Quality and Compliance  
San Diego PACE  
3364 Beyer Blvd.  
San Diego, CA 92731

Dear Adriana Barajas:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by San Diego PACE on April 15, 2025. DHCS determined that the submitted document(s) addresses the deficiencies identified in the CAP and satisfies the Program of All-Inclusive Care for the Elderly (PACE) requirements. The CAP is attached to this letter for ease and allows San Diego PACE to use as a reference document.

However, as part of DHCS' ongoing monitoring process, DHCS is requesting San Diego PACE continue its monthly internal audits as it relates to the CAP submission. DHCS will be conducting a targeted review in 6 months for the following items:

- 42 CFR § 460.98 Service Delivery (Timeframes for arranging and providing services)
- 42 CFR § 460.104 Participant Assessment (Initial Comprehensive Assessment)

DHCS appreciates your assistance and commitment in providing quality care and oversight to our PACE participants.

Adriana Barajas  
Page 2  
May 27, 2025

If you have any questions or concerns regarding this letter, please contact Joan Morano, Nurse Evaluator, via [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov).

Sincerely,

**ELECTRONICALLY SIGNED BY**

Kevin Phomthevy, Chief  
PACE Monitoring and Oversight Unit  
Integrated Systems of Care Division  
Department of Health Care Services

Enclosure: CAP Grid

cc: Elva Alatorre, Chief  
PACE Branch  
Integrated Systems of Care Division  
Department of Health Care Services

Nageena Khan, Chief  
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