CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 31, 2026

Deanna Eaves, Senior Director of Compliance *Via E-mail*
Health Net Community Solutions, Inc.
21281 Burbank Blvd
Woodland Hills, CA 91367

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Eaves:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Health Net Community Solutions, Inc., a Managed Care Plan (MCP), from March 6, 2023 through March 17, 2023. The focused audit covered the period from April 1, 2022, through February 28, 2023.

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

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

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

Sincerely,
[Signature on file]

Dennis Hsieh, Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

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

Grace McGeough, Chief *Via E-mail*
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Viktoriya Manzyuk, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Jessica Delgado, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Health Net Community Solutions, Inc.

Review Period: 04/01/2022 – 02/28/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 03/06/2023 – 03/17/2023

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

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

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

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

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 MOU Requirements The Plan does not have policies and procedures to address assessment, medical necessity determination, care coordination, and exchange of medical information with County MHP.	1. Drafted Health Net joint MHP Policies and Procedures (P&Ps) Template_General. 2. Health Net has created a new internal Oversight and Reporting Mechanism for MOU-related P&Ps to monitor completion. Reference "P&P Dashboard and MOU P&P Completion Schedule Tracker" attached. 3. Health Net will train all relevant staff (Manager, County Relations & MOU Compliance, and Regional Service Coordination Liaisons) on new process and procedures regarding MOU-related P&P	1. Health Net Joint MHP P&P Template_General 2a. Health Net MOU-related P&P Dashboard (Status, Tracking, Reporting) 2b.MOU P&P Completion Schedule Tracker 3a. Training Materials titled: 2.1_Training Health Net MOU-related P&Ps Dashboard (Status, Tracking, Reporting) 3b. Sign-in sheets titled: 2.1_Joint PP Training 10.07.2024 (Attendee List) 4. Health Net Joint MHP P&P Policies and Procedures for each County MHP	1. 10/01/2024 2a. 10/01/2024 2b. 10/01/2024 3a. 10/7/2024 3b.10/7/2024 4. 3/31/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » P&P, "Joint Health Plan and MHP." MOU requires the parties to collaborate to complete joint policies and procedures, outlining the specific ways in which the parties agree to operationalize the requirements outlined in the MOU. » The Plan drafted a joint MHP P&P template that will be completed collaboratively by both parties in all service areas. P&P template meets all requirements as it relates to assessment, medical necessity determination, care coordination, and exchange of medical information with the County MHP. **TRAINING** » PowerPoint training, Training Health Net MOU-related P&Ps Dashboard (Status, Tracking, Reporting), as evidence that relevant staff received training. "Joint P&P MOU training" which is a via PowerPoint presentation. The training materials included review of P&P, various trackers, including MOU status tracker, P&P completion tracker, all

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Template(s), P&P Dashboard Document, and internal tracking and reporting requirements. 4. Develop new policy and procedures related to Medi-Cal Screening, Assessment and Referral Processes with every individual County MHP for Health Net members.			by county. Training documentation and various trackers further demonstrates Plan is making good faith efforts to finalize P&Ps and execute MOUs with all counties of operation. **MONITORING AND OVERSIGHT** » The Plan developed a joint MHP P&P template that will be completed collaboratively by both parties in all service areas. P&P template meets all requirements as it relates to assessment, medical necessity determination, care coordination, and exchange of medical information with the County MHP. » Plan has implemented a monthly MOU/P&P completion tracker that provides status updates by county. » Plan continues to demonstrate good faith efforts to execute MOUs with partner counties. In addition, Plan has submitted various quarterly meeting minutes with various counties outlining discussions relating to MOU status, Plan and county updates, care coordination, and data exchange as further evidence of continued negotiations. **The corrective action plan for finding 2.1 is accepted.**
2.2 Case Management	1. The Plan revised the desk reference instructing	1. Desktop Reference:	1. 10/1/2024 10/01/2024	The following documentation supports the MCP's efforts to correct this finding:

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
and Care Coordination The Plan did not ensure the provision of coordination of care to deliver mental health care services to the members.	clinicians to refer members to the Case Management Team for coordination of care between medical and non-medical services. The revisions included expanded guidance and specificity on the steps taken to ensure case management and care coordination.	"2.2.1_MCAL SMH-SUDS, NSMHS Assessment, Referral, Coordination of Care" 2.2_CBH.UM.70_Medi-Cal_BH_Responsibility_Hnet_and_County_SMHP 2.2_2.3_2.4_Medi-Cal Screening, Assessment & Referral Processes-Communication 2.2_2.3_2.4_County DMH Referral Tracker 2024 2.2_2.3_2.4_MCAL Assmt Ref & Care Audit Tool_4th Qtr_2024	10/14/2024 11/06/2024 1/2025	**POLICIES AND PROCEDURES** » CBH.UM.70 Medi-Cal Behavioral Health Responsibility: Health Net and California County Specialty Mental Health Plans CBH.UM.140 Medi-Cal Screening, Assessment and Referral Processes (draft) Medi-Cal SMH/SUDS & NSMH Services Assessment, Referral, and Coordination of Care Processes Desk Reference. » The above policies and procedures were reviewed in accordance with the MCP/MHP MOU, applicable APLs, and the Medi-Cal Managed Care contract and satisfy all regulatory requirements. **EDUCATION AND TRAINING** » Plan provided updated communication sent to all customer service and clinical staff that outlined the Plan's responsibility for referral tracking, monitoring, follow up, and care coordination for BH services. » All revised policies were provided. Document indicates Plan responsible for screening, assessment, referral and care coordination of medical and non-medical services. Requires clinicians to document good faith efforts to confirm

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				members have engaged in services and confirm members have attended appointments, rather than only confirming if members have scheduled appointments. **MONITORING AND OVERSIGHT** » The Plan is demonstrating good faith efforts to execute MOUs with partner counties. The Plan has submitted copies of agenda and monthly meeting minutes with various counties as they continue negotiations. » The Referral Tracker Template includes the following information: Member identifying information, contact attempts, disposition, date of attended appointment, appointment time, provider identifying information, and member not successfully contacted. Clinical leadership reviews log daily to make certain that closed loop referral processes are being followed. » The Plan developed an audit tool that reviews assessment, referral and care coordination. Audits were implemented 11/18/24. **The corrective action plan for finding 2.2 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.3 Follow up for Referred SUD Treatments The Plan did not make good faith efforts to confirm whether members received referred treatments for SUDS.	1. Created new Policy and Procedure titled "Medi-Cal Screening, Assessment and Referral Processes" and incorporated it into desktop "Medi-Cal SMH/SUDS, NSMHS, Referral and Coordination of Care Processes Desk Reference." The revised desk reference provides instructions on SUD treatment referral follow up including required information when documenting attempts to contact the member/provider. The revisions provide specific time frames for activities. The desk reference now explicitly instructs the	1a. Policy and Procedure: "2.3.1a_Medi-Cal Screening, Assessment and Referral Processes" 1b. Desktop Reference: "2.3.1b_MCAL SMH-SUDS, NSMHS Assessment, Referral, Coordination of Care" 2.2_2.3_2.4_Medi-Cal Screening, Assessment & Referral Processes-Communication 1c. Referral Tracker Template: "2.3.1c_County DMH Referral Tracker 2024" 2.2_2.3_2.4_MCAL Assmt Ref & Care Audit Tool_4th Qtr_2024	1a. 10/1/2024 1b. 10/1/2024 10/14/2024 1c. 11/6/2024 1/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy CBH.UN.140 Medi-Cal Screening, Assessment, and Referral Processes and Medi-Cal SMH/SUDS & NSMH Services Assessment, Referral and Coordination of Care Processes Desk Reference. » The above policies and procedures were reviewed in accordance with the MCP/MHP MOU, applicable APLs, and the Medi-Cal Managed Care contract and satisfy all regulatory requirements. **MONITORING AND OVERSIGHT** » The Referral Tracker Template includes the following information: Member identifying information, contact attempts, disposition, date of attended appointment, appointment time, provider identifying information, and member not successfully contacted. Clinical leadership reviews log daily to make certain that closed loop referral processes are being followed. » The Plan developed a Referral and Care Coordination Audit Tool and has demonstrated its implementation. The audit tool measures the Plan's efforts to confirm that members

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	clinician to collect information about when and where the appointment occurred as well as any next steps following treatment. Revised Referral Tracker to include the date of attended appointment. Behavioral Health Manager will review the log daily to ensure clinicians are entering referral disposition information.			receive the services they are referred to, including when and where the treatment was provided and the next steps. If the member did not receive treatment, is there evidence of follow up to understand barriers and make adjustments and evidence of follow up to confirm linkage to ongoing treatment. » The Plan continues to demonstrate a good faith effort in working with county partners to help close the referral loop. **The corrective action plan for finding 2.3 is accepted.**
2.4 SUDS - Follow-up to Understand Barriers and Adjust The Plan did not have a process in place to follow-up with	1. Updated policies and procedures in a distinct P&P titled "Medi-Cal Screening, Assessment and Referral Processes" to demonstrate existing processes. Updated desk reference to provide instructions on	1a. Policy and Procedure: "Medi-Cal Screening, Assessment and Referral Processes" 1b. Desktop Reference: "2.4_MCAL SMH-SUDS, NSMHS Assessment, Referral, Coordination of Care"	1a. 10/1/2024 1b. 10/1/2024 10/14/2024 11/06/2024 1/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan submitted Policy CBH.UN.140 Medi-Cal Screening, Assessment, and Referral Processes and Medi-Cal SMH/SUDS & NSMH Services Assessment, Referral and Coordination of Care Processes Desk Reference.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
members, understand barriers, and make subsequent adjustments to referrals.	SUD treatment referral follow up, including required information when documenting attempts to contact the member/provider. The revisions provide specific time frames for activities. The desk reference now explicitly instructs the clinician to collect information about when and where the appointment occurred as well as any next steps following treatment.	2.2_2.3_2.4_Medi-Cal Screening, Assessment & Referral Processes-Communication 2.2_2.3_2.4_County DMH Referral Tracker 2024 2.2_2.3_2.4_MCAL Assmt Ref & Care Audit Tool_4th Qtr_2024		» The above policies and procedures were reviewed in accordance with the MCP/MHP MOU, applicable APLs, and the Medi-Cal Managed Care contract and satisfy all regulatory requirements. **MONITORING AND OVERSIGHT** » The Referral Tracker Template includes the following information: Member identifying information, contact attempts, disposition, date of attended appointment, appointment time, provider identifying information, and member not successfully contacted. Clinical leadership reviews log daily to make certain that closed loop referral processes are being followed. » The Plan developed a Referral and Care Coordination Audit Tool and has demonstrated its implementation. The audit tool measures the Plan's efforts to confirm that members receive the services they were referred to, including when and where treatment was provided and the next steps. If the member did not receive treatment, is there evidence of follow up to understand barriers and make adjustments and evidence of follow up to confirm linkage to ongoing treatment.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» The Plan continues to demonstrate a good faith effort in working with county partners on data sharing requirements and necessary follow up to understand barriers and make adjustments that help close the referral loop. **The corrective action plan for finding 2.4 is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 NEMT—Physician Certification Statement Forms The Plan did not ensure that a copy of the PCS form is on file for all members receiving NEMT services.	1. De-delegation of the receipt and review of the PCS form from the Transportation Broker. 2. Update NMT/NEMT Policy to reflect changes in process post de-delegation. 3. Update Transportation Vendor Scorecard Review Process and Tools to reflect changes in monitoring post de-delegation. 4. Update Transportation Monitoring and Oversight Policy to reflect changes post-delegation.	1a. Executed contract amendment 3.1 & 3.2_2025-03-01 ModivCare Solutions LLC 25th AMD 1b. Completed Transition Plan 3.1_3.2_3.3_24-1319_CA_Send PCS Form to Plan_MCL_FINAL 3.1 & 3.2_Transportation Transition Workplan_5.15.25 2. Published Policy 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_FINAL 2024.02.05 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_REDLINE 2024.02.05 3a. Scorecard Training Material & Attendance Record 3.1-3.3_Transportation Scorecard Review Training	1a. 3/01/2025 1b. 3/1/2025 2. 2/15/2025 3a. 2/7/2025 3b. 5/15/2025 7/15/2025 2/15/2025 5. 4/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "CA.LTSS.15 V13 NMT and NEMT" includes a section that outlines that the member's provider will submit the PCS form to the Plan. It is the responsibility of the Plan for reviewing & approving the PCS form. Policy states that the Plan will utilize a DHCS-approved PCS form, verifying that it is complete, to determine the appropriate level of service for members. (V. NEMT PCS Forms, A.& B., pages 6 & 7) **TRAINING** » Provider notification "24-1319 Provider Update" demonstrates how the Plan communicated to its providers of the changes of the de-delegation of the PCS form going to the transportation broker & rather now the PCS forms going directly to the Plan. The notification made providers aware of what was changing, when it would be changing & any steps they needed to take beforehand. (See 3.1_3.2_3.3_24-1319_CA_Send PCS Form to Plan_MCL_Final)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		3.1-3.3_Transportation Scorecard Training - Attendance report 2-07-25 3b. Published Scorecard Summary 3.1-3.3_2025 - 1st Semi-Annual Scorecard Review - Kick Off 3.1-3.3_Semi Annual Scorecard Summary_JULY 2025_HNCS 4. Published Policy 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_FINAL 2024.02.05 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_REDLINE 2024.02.05 5. Monthly PCS Report 3.1 & 3.2_PCS Authorization Report_HNCS_MAR 2025		» Staff training "Transportation Scorecard Review Training" demonstrates how the Plan provided training to its staff. The purpose of the training was to train internal staff on the procedures for performing the Transportation Scorecard Reviews. The training included detailed information on the transportation benefits & included all the components for the scorecard reviews. (See 3.1-3.3_Transportation Scorecard Review Training) » The Plan's material "1st Semi-Annual Scorecard Review Kick-Off" demonstrates how the Plan notified staff of the upcoming scorecard review & all that would be covered at that time. (See 3.1-3.3_2025 – 1st Semi-Annual Scorecard Review – Kick-Off) **MONITORING AND OVERSIGHT** » The Plan's policy "CA.LTSS.15 V13 NMT and NEMT" includes a section outlining the Plan's monitoring & oversight process. This process includes monitoring on a quarterly basis with the Plan's transportation broker. (III. All NEMT/NMT, F., page 12) » The Plan report "PCS Authorization Report" demonstrates how the Plan is tracking PCS authorizations on a monthly basis. The tracker details type of transportation, plus

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				whether PCS form was approved/on file. (See 3.1 & 3.2_PCS Authorization Report_HNCS_MAR 2025) » Procedure "Vendor Management Office Desktop: Transportation Vendor Scorecard Review" includes an outline for completing the PCS Scorecard Review. The process is completed on a semi-annual basis. (See 3.1_3.2_3.3_CA VMO_Transportation Vendor Scorecard Review_v5_CLEAN) » "Semi Annual Scorecard Summary_JULY 2025_HNCS" demonstrates how the Plan implemented & completed its Semi-Annual Scorecard Review. The report includes summaries for various areas, including collecting the PCS forms prior to services being provided. The report also includes the Plan's deficiencies & next steps to remediate. (See 3.1-3.3. Semi Annual Scorecard Summary_JULY 2025_HNCS) **The corrective action plan for finding 3.1 is accepted.**
3.2 NEMT—Appropriate Use of Physician Certification Statement Forms	1. De-delegation of the receipt and review of the PCS form from the Transportation Broker.	1a. Executed contract amendment 3.1 & 3.2_2025-03-01 ModivCare Solutions LLC 25th AMD 1b. Completed Transition Plan	1a. 3/1/2025 1b. 3/01/2025 2. 4/15/2025 3. 2/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "CA.LTSS.15 V13 NMT and NEMT" includes a section that outlines that the member's provider will

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
The Plan did not review and approve PCS Forms prior to rendering NEMT services.	2. Implementation of the Plan's PCS review and approval process. 3. Update NMT/NEMT Policy to reflect changes in process post de-delegation. 4. Update Transportation Vendor Scorecard Review Process and Tools to reflect changes in monitoring post de-delegation.	3.1_3.2_3.3_24-1319_CA_Send PCS Form to Plan_MCL_FINAL 3.1 & 3.2_Transportation Transition Workplan_5.15.25 2. Monthly PCS Reports 3.1 & 3.2_PCS Authorization Report_HNCS_MAR 2025 3. Published Policy 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_FINAL 2024.02.05 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_REDLINE 2024.02.05 4a. Scorecard Training Material & Attendance Record 3.1-3.3_Transportation Scorecard Review Training 3.1-3.3_Transportation Scorecard Training - Attendance report 2-07-25 4b. Published Scorecard Summary	4a. 2/15/2025 4b. 5/15/2025 7/15/2025	submit the PCS form to the Plan. It is the responsibility of the Plan for reviewing & approving the PCS form. Policy states that the Plan will utilize a DHCS-approved PCS form, verifying that it is complete, to determine the appropriate level of service for members. (V. NEMT PCS Forms, A.& B., pages 6 & 7) **TRAINING** » Provider notification "24-1319 Provider Update" demonstrates how the Plan communicated to its providers of the changes of the de-delegation of the PCS form going to the transportation broker & rather now the PCS forms going directly to the Plan. The notification made providers aware of what was changing, when it would be changing & any steps they needed to take beforehand. (See 3.1_3.2_3.3_24-1319_CA_Send PCS Form to Plan_MCL_Final) » Staff training "Transportation Scorecard Review Training" demonstrates how the Plan provided training to its staff. The purpose of the training was to train internal staff on the procedures for performing the Transportation Scorecard Reviews. The training included detailed information on the transportation benefits & included all

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		3.1-3.3_2025 - 1st Semi-Annual Scorecard Review - Kick Off 3.1-3.3_Semi Annual Scorecard Summary_JULY 2025_HNCS		the components for the scorecard reviews. (See 3.1-3.3_Transportation Scorecard Review Training) » "1st Semi-Annual Scorecard Review Kick-Off" demonstrates how the Plan notified staff of the upcoming scorecard review. It outlined the topics that would be covered during the review and provided relevant details. (See 3.1-3.3_2025 – 1st Semi-Annual Scorecard Review – Kick-Off) **MONITORING AND OVERSIGHT** » "CA.LTSS.15 V13 NMT and NEMT" includes a section outlining the Plan's monitoring & oversight process. This process includes monitoring on a quarterly basis with the Plan's transportation broker. (III. All NEMT/NMT, F., page 12) » "PCS Authorization Report" demonstrates how the Plan is tracking PCS authorizations on a monthly basis. The tracker details type of transportation, plus whether PCS form was approved/on file. (See 3.1 & 3.2_PCS Authorization Report_HNCS_MAR 2025) » "Vendor Management Office Desktop: Transportation Vendor Scorecard Review" includes an outline for completing the PCS Scorecard Review. The process is completed on a semi-annual basis. (See 3.1_3.2_3.3_CA VMO_Transportation Vendor Scorecard Review_v5_CLEAN)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 3.2 is accepted.
3.3 Ambulatory Door-to-Door The Plan did not ensure the delegate, Modivcare Solutions, provided the appropriate level of service for members requiring ambulatory door-to-door service.	1. Update PCS form to clearly identify that ambulatory members who require door-to-door assistance qualify for wheelchair level of service. 2. Transportation Broker to update process to provide wheelchair level of service for members requiring Ambulatory Door to Door assistance. 3. Update NMT/NEMT Policy to reflect ambulatory members are to be transported at the wheelchair level of service. 4. Update Transportation Vendor Scorecard Review Process and Tools. 5. Update Transportation Vendor Monitoring and Oversight Policy.	1. Updated PCS Form 3.3_25-183_CA_Rev w DHCS Input - PCS Form_MCL_FINAL 2a. Published Broker P&P 3.3_Training Alert - CA HealthNet Process 2.27.25 3.3_LOS Job Aid 2.19.25 3.3_E-mail Approval_Ambulatory Door to Door 2b. Monthly NEMT Reporting 3.3_HNCS Monthly Performance Report_MAR 2025 3. Published Policy 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_FINAL 2024.02.05 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_REDLINE 2024.02.05	1. 3/1/2025 2a. 3/1/2025 2b. 3/1/2025 3. 2/15/2025 4a. 2/15/2025 4b. 5/15/2025 7/15/2025 5. 2/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "CA.LTSS.15 V13 NMT and NEMT" includes a section outlining the Plan's monitoring & oversight process. This process includes monitoring on a quarterly basis with the Plan's transportation broker. (III. All NEMT/NMT, F., page 12) **TRAINING** » Provider notification "24-1319 Provider Update" demonstrates how the Plan communicated to its providers of the changes of the de-delegation of the PCS form going to the transportation broker & rather now the PCS forms going directly to the Plan. The notification made providers aware of what was changing, when it would be changing & any steps they needed to take beforehand. (See 3.1_3.2_3.3_24-1319_CA_Send PCS Form to Plan_MCL_Final) » Staff training "Training Alert – CA HealthNet Process" demonstrates how the transportation broker, along with the Plan, provided staff training of the PCS form

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		4a. Scorecard Training Material & Attendance Record 3.1-3.3_Transportation Scorecard Review Training 3.1-3.3_Transportation Scorecard Training - Attendance report 2-07-25 4b. Published Scorecard Summary 3.1-3.3_2025 - 1st Semi-Annual Scorecard Review - Kick Off 3.1-3.3_Semi Annual Scorecard Summary_JULY 2025_HNCS5. Published Policy 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_FINAL 2024.02.05 3.1-3.3_CA.LTSS.15 V13_NMT and NEMT_REDLINE 2024.02.05		authorization process. This process includes verifying that forms are received by the Plan and that the appropriate mode of transportation is selected, including door-to-door assistance. This training notification was provided to all staff. (See 3.3_Training Alert – CA Health Net Process 2.27.25) » Staff training "Transportation Scorecard Review Training" demonstrates how the Plan provided training to its staff. The purpose of the training was to train internal staff on the procedures for performing the Transportation Scorecard Reviews as part of verifying that door-to-door assistance is being provided for all NEMT services. The training included detailed information on the transportation benefits & included all the components for the scorecard reviews. (See 3.1-3.3_Transportation Scorecard Review Training) » "1st Semi-Annual Scorecard Review Kick-Off" demonstrates how the Plan notified staff of the upcoming scorecard review & all that would be covered at that time. (See 3.1-3.3_2025 – 1st Semi-Annual Scorecard Review – Kick-Off) **MONITORING AND OVERSIGHT** » The Plan's policy "CA.LTSS.15 V13 NMT and NEMT" includes a section outlining the Plan's monitoring &

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				oversight process. This process includes monitoring on a quarterly basis with the Plan's transportation broker. (III. All NEMT/NMT, F., page 12) » The Plan's report "PCS Authorization Report" demonstrates how the Plan is tracking PCS authorizations on a monthly basis. The tracker details type of transportation, plus whether PCS form was approved/on file. (See 3.1 & 3.2_PCS Authorization Report_HNCS_MAR 2025) » The Plan's procedure "Vendor Management Office Desktop: Transportation Vendor Scorecard Review" includes an outline for completing the PCS Scorecard Review. The process is completed on a semi-annual basis. (See 3.1_3.2_3.3_CA VMO_Transportation Vendor Scorecard Review_v5_CLEAN) **The corrective action plan for finding 3.3 is accepted.**

*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

Submitted by: Christy K. Bosse

Title: Senior Vice President & CA Compliance Officer

Signed by: [Signature on file]

Date: August 7, 2025