CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

September 10, 2026

THIS LETTER SENT VIA EMAIL

Steve Sohn
Chief Administrative Officer
Liberty Dental Plan
1730 Flight Way Suite 125
Tustin, CA 92782

2025 LIBERTY DENTAL PLAN AUDIT – CORRECTIVE ACTION PLAN

Dear Mr. Sohn:

Enclosed is the Department of Health Care Services (DHCS) dental audit report for Liberty Dental Plan (Liberty), conducted on February 17, 2026, through February 27, 2026. The audit covered the review period of July 1, 2024, through June 30, 2025.

The Dental Managed Care plan (Dental MCP) is required to submit a Corrective Action Plan (CAP) on the enclosed **CAP Response Form** in response to all findings within 30 calendar days of the date of this letter, and it must be completed within six (6) months. The CAP Response Form must be signed by the Dental MCP's Compliance Officer.

If you have any questions regarding this notice, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by

Dana Durham
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosures: Dental Audit Report Cover Letter (August 11, 2026)
Dental Audit Report (August 4, 2026)
CAP Response Form

Corrective Action Plan Response Form

DMC Plan: Liberty Dental Plan **Review Period:** 7/1/2024-6/30/2025

Audit Type: Department of Health Care Services Dental Audit **On-Site Review:** 2/17/2026-2/27/2026

The Medi-Cal Dental Managed Care Plan (Dental MCP) is required to submit a corrective action plan (CAP) within 30 calendar days. The CAP response must include completion of the prescribed columns below to include a description of the corrective action, a list of all supporting documentation submitted, and the CAP implementation date. For systemic deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to fully remediate or operationalize, the Dental MCP must demonstrate that sufficient progress has been made toward implementation of the CAP. In those instances, the Dental MCP is required to include the dates for key milestones as well as when full compliance will be achieved. CAP reporting on the deficiency(ies) will continue through demonstrative compliance.

The Dental Managed Care Unit of the Department of Health Care Services will maintain close communication with the Dental MCP throughout the CAP review process and provide technical assistance as needed.

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
1.2.1 Prior Authorization Decision Maker Identification: The Plan did not ensure that the name of the decision maker listed on the NOA				

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
letter matched the name of the decision maker listed in the Plan's adjudication system.				
4.1.1 Discrimination Grievance Reporting: The Plan did not submit the required information to the DHCS OCR' discrimination grievance email inbox within the required ten calendar days after mailing a Discrimination Grievance Resolution letter to the member.				This CAP was closed effective 3/20/26. No additional documentation is needed.