Corrective Action Plan Response Form

Dental Managed Care Plan: DentaQuest dba California Dental Network

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
Timely Access & Specialty Referral Report: CDN did not comply with Exhibit A11, Sections 3, and APL 18-003E	1. Technical calls were held on 7/7/2026 and 8/28/2026. 2. Internal calls held- 6/30; 7/14; 7/27; 7/29; 8/10; 8/12; 9/1 3. Reprograming was completed on 8/7 and revised reports	1. Meeting schedule and attendees 2. Meeting schedule and attendees 3. Report submission emails 4. SOP completed/implemented 9/1/2026	1&2. See word document with dates and details 3. Reports resubmitted 9/23/2026 and pending with DHCS for approval.	

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	submitted on 8/10 to DHCS. 4. SOP completed		4. SOP-9/1/2026	
Provider Monitoring Report: CDN did not comply with Exhibit A4, Section 2; Exhibit A7, Section 4	1. Technical call was held on 6/30/2026. 2. Internal calls held- 8/21/2026; 8/24/2026; 8/31/2026; and 9/2/2026. 3. Decision was made that CDN will conduct office audits and not the vendor on April 1, 2026. 4. CDN agreed on 6/30/2026 to only use existing providers (not new providers for audits) to ensure files and utilization are listed within the reports. 5. SOP created 08/04/2026	1. Meeting schedule and attendees 2. Meeting schedule and attendees 3. Policy to the decision 4. Policy to the decision 5. SOP and rollout email 6. Report resubmission emails	3. CDN took over completing the Audits- April 1, 2026 4. CDN will use existing providers – 6/30/2026 5. SOP communicated – 08/12/2026 6. Reports Submitted- DHCS has accepted but denied the reports for Q3 and Q4 2025; Q1 and Q2 2026	

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	6. Reports resubmitted to DHCS			
Initial Oral Health Assessment Report: CDN did not comply with Exhibit A13, Section 4	1. Internal Meetings- 7/27; 7/28; 7/30/2026 2. The report was reprogrammed to only count the new members within that quarter. 3. SOP 4. Quarterly Report approvals (Q1 and Q2 2026)	1. Meeting schedule and attendees 2. n/a 3. SOP drafted – 9/25/2026 4. Q1 and Q2 2026 Report approvals from DHCS	2. Updated programming was completed on 9/16/2026. 3. SOP communicated – 9/25/2026 4. DHCS report approval (Q1 and Q2 2026)	

Submitted by: Heather Castiaux
Title: Director, Client Engagement

Signed by: Heather Castiaux
Date: 10/08/2026