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	The provider identified in the correspondence and the provider reflected in the underlying system records were the same individual. An abbreviated naming convention used during the initial configuration of the	Please see "CA Mbr Ltr DDS Name-Evidence.pdf". Please see "CA PA determined by Dr. Tran – System Evidence".	5/29/2026	

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.	correspondence-generation logic caused the Clinical Reviewer's name to appear differently in certain communications. Liberty corrected the configuration and completed validation testing to confirm consistent display of the reviewer's name across member and provider correspondence.			
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				This CAP was closed effective 3/20/26. No additional documentation is needed.

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
Discrimination Grievance Resolution letter to the member.				

Submitted by:
Title:

Signed by:
Date