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Table 1
Recommendation Status Summary

Assembly Budget Subcommittee 1 on Health and Human Services

Report Number 2017-117

Mental Health Services Act: The State Could Better Ensure the Effective Use of Mental Health Services Act Funding (February 2018)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To effectively monitor Mental Health Services Act (MHSA) spending and provide guidance to the local mental health agencies, the Department of Health Care Services (DHCS) should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently develop an MHSA fiscal reversion process to ensure that the State can reallocate any MHSA funds that local mental health agencies do not spend within the statutory reversion time frames to other local mental health agencies that are better positioned to use the funds to meet the MHSA's intent.	Department of Health Care Services	Pending
2. To effectively monitor MHSA spending and provide guidance to the local mental health agencies, DHCS should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently clarify that the interest the local mental health agencies earn on unspent MHSA funds is subject to the same reversion requirements as the MHSA funds they receive.	Department of Health Care Services	Resolved
3. To effectively monitor MHSA spending and provide guidance to the local mental health agencies, DHCS should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently establish and enforce an MHSA reserve level that will allow local mental health agencies to maintain sufficient funds to continue providing crucial mental health services in times of economic hardship, but that will not result in them holding reserves that are excessive. DHCS should also establish controls over local mental health agencies' deposits and withdrawals to their reserves.	Department of Health Care Services	Pending
4. DHCS should complete its analysis of the \$225 million fund balance in the Mental Health Services (MHS) Fund by May 1, 2018, to determine why this balance existed, whether there is any impact on funding to the local mental health agencies and, if so, distribute those funds accordingly. Further, it should establish a process to regularly scrutinize the MHS Fund to identify any excess fund balances and the reasons for such balances.	Department of Health Care Services	Fully Implemented
5. To ensure that it provides effective oversight of local mental health agencies' reporting of MHSA funds, DHCS should publish its proposed regulations in the California Regulatory Notice Register by June 2018. DHCS should then subsequently implement a process that will enable it to withhold MHSA funds from local mental health agencies that fail to submit their annual reports on time.	Department of Health Care Services	Pending
6. To ensure that it provides effective oversight of local mental health agencies' reporting of MHSA funds, DHCS should publish its proposed regulations in the California Regulatory Notice Register by June 2018. DHCS should then subsequently implement a process that will enable it to withhold MHSA funds from local mental health agencies that fail to submit their annual reports on time.	Department of Health Care Services	Pending
7. To ensure that local mental health agencies comply with their performance contracts and MHSA requirements, DHCS should establish a process for conducting comprehensive program reviews and begin conducting those reviews by July 2018.	Department of Health Care Services	Fully Implemented

<p>8. To ensure that local mental health agencies are able to spend Innovation program funds in a timely manner, the Mental Health Services Oversight and Accountability Commission (Oversight Commission) should continue its efforts to help local mental health agencies understand the types of Innovation projects that the commissioners believe are appropriate. These efforts should include engagement and dialogue with local mental health agencies through Innovation events and forums about the types of innovative approaches that would meet the requirements of the MHSA. The Oversight Commission should use meetings of the Innovation subcommittee or a similar mechanism to evaluate the progress of its efforts to reduce unspent Innovation funds and the need for continued engagement and dialogue with local mental health agencies.</p>	Mental Health Services Oversight and Accountability Commission	Fully Implemented
<p>9. To ensure proper oversight and evaluation of outcomes for the Prevention and Innovation projects, the Oversight Commission should finalize its internal processes for reviewing and analyzing the program status reports no later than July 2018. Further, in order to fulfill its statutory responsibility to provide oversight and accountability for MHSA programs, the Oversight Commission should ensure that it launches all three data tools to track local mental health agencies' funding, services, and outcomes as it intends.</p>	Mental Health Services Oversight and Accountability Commission	Fully Implemented
<p>10. To ensure that the MHSA-funded triage grants are effective, the Oversight Commission should require that local mental health agencies uniformly report data on their uses of triage grants. It should also establish statewide metrics to evaluate the impact of triage grants by July 2018.</p>	Mental Health Services Oversight and Accountability Commission	Pending
<p>11. To strengthen its monitoring of MHSA projects and ensure that it spends MHSA funds appropriately, Alameda County Behavioral Health Care Services should develop and implement MHSA program monitoring guidelines to ensure that staff appropriately perform and document their monitoring activities.</p>	Alameda County Behavioral Health Care Services	Fully Implemented

Report Number 2017-112

Homelessness in California: State Government and the Los Angeles Homeless Services Authority Need to Strengthen Their Efforts to Address Homelessness (April 2018)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
<p>1. To better serve the needs of homeless Californians, and to provide statewide leadership to agencies at all levels for better coordination of efforts to address homelessness, the Legislature should enact legislation and include funding within the Budget Act of 2018 that will allow the Homeless Coordinating and Financing Council (state homeless council) to hire permanent staff, including the appointment of an executive director.</p>	Legislature	Legislation Enacted
<p>2. To better serve the needs of homeless Californians, and to provide statewide leadership to agencies at all levels for better coordination of efforts to address homelessness, the Legislature should enact legislation and include funding within the Budget Act of 2018 that will allow California's Continuum of Care (CoC) areas to obtain the state funding necessary to better implement U.S. Housing and Urban Development (HUD) recommended activities, including annually counting the unsheltered homeless population, improving efforts to raise nonfederal funding, and improving their coordination with other agencies; and to more fully meet HUD requirements, including implementation and administration of the Homeless Management Information System (HMIS) and coordinated entry systems.</p>	Legislature	Legislation Enacted
<p>3. The Legislature should require the state homeless council to develop and implement by April 1, 2019, a statewide strategic plan for addressing homelessness in California, including goals and objectives and timelines for achieving them, and metrics for measuring their achievements. Included among the goals and objectives should be the identification of additional funding sources that state and local agencies can use to better address California's homelessness issues.</p>	Legislature	Legislation Introduced

4. The Legislature should require the state homeless council to implement steps by January 1, 2019, to assist CoC lead agencies in better implementing HUD-recommended activities including conducting annual counts of the unsheltered homeless population, raising nonfederal funding, and coordinating with other agencies.	Legislature	Legislation Introduced
5. The Legislature should require the state homeless council to implement steps by January 1, 2019, to assist CoC lead agencies in better meeting HUD requirements, including implementation of the HMIS and entry systems. The state homeless council should include among its considerations the establishment of a balance-of-state CoC area to help alleviate the administrative burdens imposed on CoC lead agencies, especially in rural areas.	Legislature	No Action Taken
6. To ensure the consistency and transparency of its processes, the Los Angeles Homeless Authority (Authority) should implement updated written policies and procedures by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
7. To ensure the consistency and transparency of its processes, the Authority should update its written policies and procedures regularly to reflect changes in its processes.	Los Angeles Homeless Services Authority	Fully Implemented
8. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should develop and implement a process by July 2018 to ensure that staff complete evaluation tools as intended.	Los Angeles Homeless Services Authority	Fully Implemented
9. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should develop and implement a process by July 2018 to document supervisory review of its application evaluation process and of meetings in which it discusses funding decisions.	Los Angeles Homeless Services Authority	Fully Implemented
10. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should include the previously mentioned changes to its processes in its updated written policies and procedures by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
11. To expand the number of service providers through targeted technical assistance, the Authority should evaluate the use of a document management system to support the application evaluation process and implement the appropriate system by December 2018.	Los Angeles Homeless Services Authority	Fully Implemented
12. To expand the number of service providers through targeted technical assistance, the Authority should evaluate the effectiveness of the selected system within 12 months after implementation.	Los Angeles Homeless Services Authority	Partially Implemented
13. To expand the number of service providers through targeted technical assistance, the Authority should develop and implement a process by December 2018 to track aggregate application evaluation data, including the common reasons applicants fail to qualify for funding, among other information.	Los Angeles Homeless Services Authority	Partially Implemented
14. To expand the number of service providers through targeted technical assistance, the Authority should track service areas in its database management system or by another mechanism to identify accurately the results of its application evaluation process, amounts awarded, amounts funded, and amounts disbursed by service area by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
15. To expand the number of service providers through targeted technical assistance, the Authority should track HUD awards, including renewal projects, by service area by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
16. To expand the number of service providers through targeted technical assistance, the Authority should track the reasons that service providers who attend the mandatory bidders conference do not apply for funding, and address any barriers by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
17. To expand the number of service providers through targeted technical assistance, the Authority should continue its efforts to develop and implement technical assistance programs for service providers, and track and analyze the results of that assistance by April 2019.	Los Angeles Homeless Services Authority	Pending

Report Number 2017-109**Skilled Nursing Facilities: Absent Effective State Oversight, Substandard Quality of Care Has Continued (May 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that the State supports and encourages skilled nursing facilities' (SNFs) efforts to improve their quality of care, the Legislature should modify the quality assurance fee by requiring SNFs to demonstrate quality-of-care improvements to receive all or some of their quality assurance fee payments. If SNFs do not demonstrate adequate quality-of-care improvements, DHCS should redistribute their quality assurance fee payments to those SNFs that have improved. In modifying this program, the Legislature should consider the best practices we identified and the feedback that DHCS receives from stakeholders.	Legislature	No Action Taken
2. To ensure that California Department of Public Health's (CDPH) oversight results in SNFs improving their quality of care, the Legislature should require Public Health to develop by November 2018 a proposal for legislative consideration that outlines the factors it will consider when approving or denying applications from SNFs of the same class based on each applicant's ability to provide quality patient care. This proposal should outline the specific criteria—including relevant quality-of-care metrics—that CDPH will consider and the specific thresholds at which higher-level management must approve decisions. CDPH should review its proposal with its stakeholders before forwarding it to the Legislature. The Legislature should codify CDPH's proposal as appropriate.	Legislature	No Action Taken
3. To ensure that CDPH's oversight results in SNFs improving their quality of care, the Legislature should require CDPH to conduct state and federal inspections concurrently by aligning federal and state timelines. Specifically, because federal inspections must occur no later than 15 months since the last federal inspection, the Legislature should require that state inspections occur every 30 months.	Legislature	No Action Taken
4. To ensure that CDPH's oversight results in SNFs improving their quality of care, the Legislature should require that CDPH increase citation penalty amounts annually by—at a minimum—the cost of inflation.	Legislature	Legislation Introduced
5. The Legislature should require SNFs to submit annually their related-parties' profit and loss statements to DHCS when total transactions exceed a specified monetary threshold. The purpose of these statements would be to assist DHCS in its audits.	Legislature	Legislation Enacted
6. To improve coordination and efficiency among the state agencies that oversee SNFs, the Legislature should require that Office of Statewide Health Planning and Development (OSHPD), CDPH, and DHCS collaborate to assess the information that each collects from SNFs and to develop a proposal by May 2019 for any legislative changes that would be necessary to increase the efficiency of their collection and use of the information. The agencies' goals should include the collection of information by only one agency and the development of a method to share that information with each other. By May 2020, the three agencies should report to the Legislature on the results of implementing their proposal, such as the efficiencies gained through their increased coordination.	Legislature	No Action Taken
7. To more effectively communicate with consumers about SNFs' financial conditions and quality of care, the Legislature should require a state entity—such as OSHPD, CDPH, or DHCS—to develop, implement, and maintain for consumers by May 2020 an online dashboard that includes at a minimum information about SNFs' net income and quality of care.	Legislature	No Action Taken

<p>8. As the Legislature considers changes to state law, CDPH should take the steps necessary to ensure that its oversight results in SNFs improving their quality of care by amending its application licensing reviews by developing a defined process that specifies how an analyst will determine whether an applicant has demonstrated its ability to comply with state and federal requirements. This process also needs to ensure that analysts conduct complete and standardized reviews of each nursing facility application within each class of facility. Specifically, these processes should clearly outline what factors analysts will consider when determining whether an applicant is in compliance, how analysts will weigh those factors for each class of facility, and what objective thresholds will prompt analysts to elevate applications for review and approval by higher-level management. Additionally, CDPH should document the additional factors higher-level management will consider if applications are elevated for their review to ensure that CDPH conducts standardized reviews of nursing facility applications of the same class. Finally, CDPH should develop processes ensuring that it documents its decisions adequately.</p>	<p>Department of Public Health</p>	<p>Pending</p>
<p>9. As the Legislature considers changes to state law, CDPH should take the steps necessary to ensure that its oversight results in SNFs improving their quality of care by ensuring that it issues citations in a timely manner, especially for immediate jeopardy deficiencies.</p>	<p>Department of Public Health</p>	<p>Pending</p>
<p>10. To ensure that it provides the public with nursing facility information that is accurate and comprehensible, OSHPD should update its regulations to do the following:</p> <ul style="list-style-type: none"> • Append additional schedules to the template for the annual cost report to enable SNFs to fully disclose related-party transactions. • Provide a single location in the annual cost report template for SNFs to enter related-party transaction amounts next to the amounts they are claiming for Medi-Cal reimbursement. • Create an additional schedule in the cost report template that depicts how a company is investing in quality-of-care improvements. 	<p>Office of Statewide Health Planning and Development</p>	<p>Pending</p>
<p>11. To improve the availability and transparency of information, CDPH should upload all inspection findings to Cal Health Find and review ownership data by May 2019.</p>	<p>Department of Public Health</p>	<p>Pending</p>
<p>12. DHCS should use current data to revise and update the peer groups it uses to set Medi-Cal rates. In doing so, it should take into consideration the consolidation of the nursing facility industry.</p>	<p>Department of Health Care Services</p>	<p>Pending</p>

Report Number 2017-124

San Diego County's Health and Human Services Agency: It Cannot Demonstrate That It Employs the Appropriate Number of Public Health Nurses to Efficiently Serve Its Residents (July 2018)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
<p>1. To better ensure and demonstrate that it efficiently meets public health needs of at-risk county residents, and that it employs the appropriate number of Public Health Nurses (PHN) in the right locations to address those needs, the San Diego County Health and Human Services Agency (Health Agency) should measure and assess PHN efficiency. Specifically, the Health Agency should direct the chief nursing officer to begin developing and implementing PHN efficiency measures by January 1, 2019. These measures could address such factors as caseload, case complexity, and overtime.</p>	<p>San Diego County Health and Human Services Agency</p>	<p>Pending</p>
<p>2. To better ensure that its PHNs are prepared for future public health emergencies, the Health Agency should distribute its surge plan to its PHNs and train them on its protocols.</p>	<p>San Diego County Health and Human Services Agency</p>	<p>Fully Implemented</p>

Report Number 2017-129**Department of Rehabilitation: Its Inadequate Guidance and Oversight of the Grant Process Led to Inconsistencies and Perceived Bias in Its Evaluations and Awards of Some Grants (July 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To comply with federal and state requirements, and to ensure consistency and fairness in its grant process, the Department of Rehabilitation (Rehabilitation) should issue regulations describing its grant process from request for applications (RFA) development through appeals. It should submit its proposed regulations to the Office of Administrative Law no later than December 2018.	Department of Rehabilitation	Fully Implemented
2. To ensure that management and staff involved in the grant process are sufficiently informed about the process and their responsibilities, Rehabilitation should require these employees to attend a kickoff meeting before the development of each RFA in which participants discuss the key stages of the grant review process, each individual's roles and responsibilities, and requirements surrounding conflicts of interest and confidentiality. Further, it should record these discussions in meeting minutes to ensure that expectations of employees are clearly defined and documented.	Department of Rehabilitation	Pending
3. To comply with state laws and regulations and help ensure that staff involved in making governmental decisions during the grant process are impartial, Rehabilitation should ensure that they receive ethics training, which includes conflict-of-interest training, at least every two years.	Department of Rehabilitation	Partially Implemented
4. To help ensure that staff involved in the grant process adequately protect confidential information, Rehabilitation should develop confidentiality procedures for each grant. Further, it should ensure that staff involved in the grant process sign the conflict-of-interest and confidentiality forms before the development of the RFA for each grant.	Department of Rehabilitation	Pending
5. To ensure that it has received sufficient input and feedback from the disability community to inform the development of RFAs, Rehabilitation should solicit and document stakeholder input and feedback before and during the development of each RFA.	Department of Rehabilitation	Pending
6. To increase transparency and ensure that applicants have the information necessary to understand the grant process, Rehabilitation should include in its RFAs clear scoring criteria and descriptions of the evaluation, award, and appeals processes, including the process it will use to address applications that receive tied scores.	Department of Rehabilitation	Pending
7. To ensure that Rehabilitation maintains all relevant grant documentation and responds fully to requests for public records, it should immediately adhere to its records retention policy and save all grant-related documents, including email correspondence and attachments, to a centralized location.	Department of Rehabilitation	Pending
8. To avoid bias or the perception of bias, the Legislature should enact legislation that prohibits state agencies from selecting as an evaluator of grant applications a representative, former member, or former staff of any organization or person that is applying to receive grant funding from the state agency.	Legislature	Legislation Enacted
9. To ensure consistency and fairness in the evaluation process, Rehabilitation should make sure that it accepts only complete applications submitted before the deadline, unless otherwise specified in the RFA. If the RFA specifies a hard deadline and applicants submit incomplete applications, Rehabilitation should not accept any portions of the applications submitted after the deadline and should assess the penalty for incomplete applications specified in the RFA.	Department of Rehabilitation	Pending
10. To help ensure that evaluators adequately protect confidential information and that the evaluation process is fair, Rehabilitation should develop standardized evaluator training for confidentiality procedures and conflicts of interest, including a discussion of bias or the appearance of bias. Rehabilitation should also ensure that the candidates receive this training and sign conflict-of-interest and confidentiality forms before it selects evaluators. Further, it should prohibit program staff who participate in the development of an RFA from acting as evaluators for the applications Rehabilitation receives in response to that RFA.	Department of Rehabilitation	Pending

<p>11. To increase the transparency of its selection process and to ensure that it receives the most qualified evaluators possible, Rehabilitation should issue a public solicitation for evaluators for each grant that includes a description of essential and desirable qualifications.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>12. To ensure that evaluators have the information necessary to sufficiently and fairly assess and score applications, Rehabilitation should develop training by December 2018 that can be tailored to each grant and includes at minimum the following topics:</p> <ul style="list-style-type: none"> • The purpose and relevant regulatory requirements for the grant. • Instructions on how to score applications, including an applicant’s financial information, and direction that they must provide comments to support their scores. <p>Rehabilitation should provide this training to evaluators before allowing them to score applications.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>13. To ensure that it provides sufficient oversight of the grant process, Rehabilitation should ensure that the technical review teams its assigns to grants provide the director and chief deputy with a memorandum summarizing the evaluation process and the evaluators’ recommended grant awardees. Rehabilitation should also designate an individual responsible for reviewing and approving the memorandum and recommended awardees before it publishes its notice of intent to award.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>14. If it finds errors in an evaluation that merit restarting the grant process, rescoring of applications, or convening a new evaluation panel, Rehabilitation should resolve any issues before it begins the rescoring process. It should also notify applicants to ensure that they are aware of any changes to the process due to the errors. Further, it should consider promulgating regulations and amending its grant manual to permit staff to request evaluators to rescore applications or convene a new evaluation panel when it finds issues with an evaluation.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>15. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual that staff at the appropriate level of authority are to acknowledge all appeal requests, notify intended awardees that could be affected by the appeals, and inform the appellant of the qualifications of the review committee members. Staff at the appropriate level of authority must also notify all affected parties of the review committee’s final decision within the time frame Rehabilitation establishes in regulations.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>16. To ensure that Rehabilitation has appropriate oversight of its grant process and can sufficiently demonstrate that it followed the process, it should designate staff, separate from those involved in the respective grant process, to conduct a review of each grant process for procedural errors, evaluator prejudice, and whether evaluators supported their scores with evidence from the relevant applications before it awards grants.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>17. To comply with federal and state requirements, and to ensure consistency and fairness in its grant process, Rehabilitation should revise and formalize the policies and procedures in its grant manual to incorporate the rules adopted by regulation and to address the recommendations in this report. The grant manual should specify that any deviations from the required grant process must be for good cause and be documented.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>18. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual a process for the review committees to request additional information from appellants or program staff. To allow time for an adequate review of any additional information, Rehabilitation should consider extending the time for review committees to issue their decision on appeals from 30 days to 45 days.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>
<p>19. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual that to be able to rescore applications when necessary, the review committee members should be subject-matter experts or, if they are not subject-matter experts, the review committee should have the authority to recommend a new evaluation panel instead of rescoring applications itself when it identifies a reason to invalidate previous evaluations.</p>	<p>Department of Rehabilitation</p>	<p>Pending</p>

Report Number 2018-102***Tulare Local Healthcare District: Past Poor Decisions Contributed to the Closure of the Medical Center, and Licensing Issues May Delay Its Reopening (October 2018)***

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that the Tulare Local Health Care District (district) can demonstrate that its decisions for selecting contractors are justified and are in the best interest of the district's residents, by April 2019 the district should establish formal procedures designed to ensure that it follows a rigorous and appropriate evaluation and contract awarding process.	Tulare Local Healthcare District	No Action Taken
2. To ensure that the district pays only reasonable and appropriate contract administrative costs, before the district signs any future management contract, it should prepare estimates of the costs for all proposed contract terms related to compensation.	Tulare Local Healthcare District	No Action Taken
3. To ensure that it complies with state law, by April 2019 the district should update its policy related to conflicts of interest to include procedures requiring the district to obtain and maintain copies of all designated individuals' statements of economic interests at the medical center.	Tulare Local Healthcare District	Fully Implemented
4. To ensure that the district recovers funds inappropriately used to pay for work outside the district, it should immediately take steps to seek reimbursement from Healthcare Conglomerate Associates (HCCA) for payments the district made to HCCA for time the former Chief Financial Officers and other employees spent working at Southern Inyo Healthcare District.	Tulare Local Healthcare District	Resolved
5. To ensure that the district is able to reopen by mid-October 2018, it should continue to address requirements to reinstate its license and should arrange for CDPH to verify compliance with licensing operational requirements as soon as it has completed addressing the requirements to reopen.	Tulare Local Healthcare District	Resolved
6. To ensure that the district budgets for all costs necessary to reopen, it should immediately include in its budget the costs to pay pre-petition debt for vendors with whom it must reestablish relationships before it can resume operations.	Tulare Local Healthcare District	Pending
7. To ensure that the district is able to obtain the supplies and purchased services necessary to reopen the medical center, the district should continue its efforts toward reestablishing relationships with vendors so that it can reopen the medical center by mid-October 2018.	Tulare Local Healthcare District	Resolved
8. To ensure that it uses bond proceeds for allowable purposes and improves its consistency and accountability in processing payments from bond proceeds, by April 2019 the district should formalize and document policies and procedures for verifying that it uses bond proceeds for allowable purposes and for approving expenditures paid from general obligation bond proceeds.	Tulare Local Healthcare District	Partially Implemented
9. To ensure that it maintains adequate oversight of expenditures from any future bond proceeds, by April 2019 the district should establish a formal policy to include, as part of the charter for any future bond oversight committee, a requirement that the committee review bond expenditures quarterly at a minimum. The policy should also require the committee to report the results of its reviews to the board quarterly.	Tulare Local Healthcare District	Fully Implemented
10. To ensure that any future bond oversight committee meets specified reporting requirements, by April 2019 the district should establish a written process to periodically monitor committee compliance with reporting requirements.	Tulare Local Healthcare District	Fully Implemented
11. To increase the effectiveness of its monitoring to ensure that bond proceeds are used only for the purposes that the voters intended, by April 2019 the district should establish and follow a written process to document the steps it will take to address findings and recommendations identified in any future external audits of the bond proceeds.	Tulare Local Healthcare District	Fully Implemented
12. To ensure that it can demonstrate that invoices it pays are for contracted services, by April 2019 the district should update its contract management policy to include a requirement to retain a copy of all contracts similar to the State's requirement of seven years.	Tulare Local Healthcare District	Fully Implemented

Report Number 2018-603

Department of Health Care Services: It Paid Billions in Questionable Medi-Cal Premiums and Claims Because It Failed to Follow Up on Eligibility Discrepancies (October 2018)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that DHCS adequately monitors the counties' resolution of system discrepancies, the Legislature should require DHCS to report publicly on counties' compliance with the performance standards set forth in state law, as well as DHCS' actions taken in response to counties not complying with the standards.	Legislature	No Action Taken
To recover inappropriately spent funds, prevent future erroneous payments, and ensure eligible individuals' access to care, DHCS should resolve the discrepancies we identified and recover erroneous payments where allowable by June 30, 2019.	Department of Health Care Services	Pending
3. To prevent future erroneous payments, DHCS should implement procedures by December 31, 2018, to ensure the timely resolution of system discrepancies. These procedures should include DHCS regularly following up on recurring, unresolved system discrepancies with the responsible county.	Department of Health Care Services	Pending
4. To prevent future erroneous payments, DHCS should establish procedures by December 31, 2018, that define when it will use its authority as defined in state law to sanction unresponsive counties that do not remedy known discrepancies.	Department of Health Care Services	Pending
5. To assist counties in addressing discrepancies, DHCS should find a cost-effective method to provide its exception reports in an electronic format readable by common database and spreadsheet software products that would allow users to sort and filter the data readily by December 31, 2018.	Department of Health Care Services	Pending
6. To assist counties in addressing discrepancies, DHCS should reevaluate and update its guidance to the counties related to prioritizing Medi-Cal Eligibility Data System alerts by December 31, 2018.	Department of Health Care Services	Pending

Report Number 2018-116

San Diego's Hepatitis A Outbreak: By Acting More Quickly, the County and City of San Diego Might Have Reduced the Spread of the Disease (December 2018)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To better ensure that local health officers can promptly respond to disease outbreaks, the Legislature should clarify existing state law to specify that the local health officer for each geographic jurisdiction may issue directives to other governmental entities within that jurisdiction to take action as the officer deems necessary to control the spread of communicable diseases.	Legislature	Legislation Enacted
2. To ensure that each local public entity has the information necessary to adequately respond and protect the public health of its residents during disease outbreaks, the Legislature should enact legislation requiring local health officers to promptly notify and update local public entities within the health officers' jurisdictions about communicable disease outbreaks that affect them. The legislation should also require health officers to make available relevant information to these local public entities, including the locations of concentrations of cases, the number of residents affected, and the measures that the local public entities should take to assist with outbreak response efforts.	Legislature	Legislation Enacted

3. To prevent delays when responding to future communicable disease outbreaks, San Diego County (county) should ensure that in the event of an outbreak, its response plans include the following critical elements: specific and achievable objectives, time frames by which it expects to achieve these objectives, and the resources necessary to achieve its objectives within the planned time frames. Furthermore, the county should update its emergency operations plan and other planning documents to reflect these changes by April 30, 2019.	San Diego County	Fully Implemented
4. To better ensure effective collaboration and cooperation with other local jurisdictions, the county should finalize its draft policy that requires it to respond to future outbreaks by promptly convening policy groups that include representatives from relevant local jurisdictions. Furthermore, to facilitate improved communication with and participation from jurisdictions potentially affected by disease outbreaks, the county should promptly share relevant data with each jurisdiction.	San Diego County	Fully Implemented
5. To ensure that it takes appropriate action to protect the public health of the residents of the city of San Diego (city), the county should enter into an agreement—such as a memorandum of understanding—with the city or should negotiate revisions in its contract with the city by March 31, 2019, to clarify each entity's roles and responsibilities over public health matters, and to include city leadership in coordinating response efforts when public health matters, such as disease outbreaks, affect the city's residents.	San Diego County	Fully Implemented
6. To ensure that the city is sufficiently aware of future disease outbreaks and other public health concerns that affect its residents and that it can take appropriate action to protect the public health of its residents, the city should enter into an agreement—such as a memorandum of understanding—with the county or should negotiate revisions in its contract with the county by March 31, 2019, to clarify each entity's roles and responsibilities over public health matters, and to include city leadership in coordinating response efforts when public health matters, such as disease outbreaks, affect the city's residents.	City of San Diego	Fully Implemented
7. To identify and address any unresolved issues that may have contributed to delays in implementing sanitation measures before the county health officer's September 2017 declaration of a local health emergency, the city should, by March 31, 2019, examine its actions related to the hepatitis A outbreak before the emergency declaration, identify any such issues, and use the results of that examination to develop a corrective action plan to address them.	City of San Diego	Resolved
8. To better enable other jurisdictions to more promptly respond to future hepatitis A outbreaks, CDPH should amend its Hepatitis A Outbreak Response Plan by February 28, 2019, to recommend that the jurisdictions set vaccination targets as soon as possible, establish dates by when they expect to achieve those targets, and determine the quantities of resources necessary to administer the vaccinations by those dates.	Department of Public Health	Fully Implemented
9. To further clarify the authority of local health officers, CDPH should finalize and issue its medical powers guide by April 30, 2019, and revise it to describe to the greatest extent possible the types of actions that local health officers can take within their jurisdictions to prevent or contain the spread of infectious disease.	Department of Public Health	Fully Implemented

Report Number 2018-114

Disabled Veteran Business Enterprise Program: The Departments of General Services and Veterans Affairs Have Failed to Maximize Participation and to Accurately Measure Program Success (February 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
27. To ensure that Disabled Veteran Business Enterprise (DVBE) participation data are reported accurately and consistently, CDPH should implement or strengthen a review process to ensure that DVBE participation amounts entered into its data systems or the Financial Information System for California are accurate. This review process should include verification, on a sample basis, of the amounts awarded to, and the certification status of, the DVBE contractor or subcontractor for high-value contracts that include DVBE participation.	Department of Public Health	Fully Implemented

Report Number 2018-111

Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services (March 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To improve children’s access to preventive health services, the Legislature should amend state law to direct DHCS to modify its criteria for evaluating plans’ alternative access standards requests to include not only whether plans’ efforts were reasonable but also whether the resulting times and distances are reasonable to expect a Medi-Cal beneficiary to travel.	Legislature	Legislation Enacted
2. To improve children’s access to preventive health services, the Legislature should amend state law to require any plan unable to meet the criteria for time and distance access standards to allow its affected members to obtain services outside of the plan’s network.	Legislature	No Action Taken
3. To improve children’s access to preventive health services, the Legislature should amend state law to direct DHCS to require plans to inform members allowed to obtain services outside of the plan’s network that they may do so.	Legislature	No Action Taken
4. To improve children’s access to preventive health services, the Legislature should amend state law to require plans unable to meet the criteria for time and distance access standards to assist members in locating a suitable out-of-network provider.	Legislature	No Action Taken
5. To improve the health of California’s children, the Legislature should direct DHCS to implement financial incentives, such as a pay-for-performance program, designed to help ensure that plans are more consistently providing preventive services to children in Medi-Cal. To the extent DHCS can demonstrate that additional funding is necessary to operate such a program, the Legislature should increase funding specifically for that purpose.	Legislature	Legislation Proposed But Not Enacted
6. To increase access to preventive health services for children in areas where they are needed most, DHCS should identify by September 2019 where more providers who see children are needed and propose to the Legislature funding increases to recruit more providers in these areas.	Department of Health Care Services	Will Not Implement
7. To ensure that children in Medi-Cal have access to all of the preventive services for which they are eligible, DHCS should modify by May 2019 its contracts to make it clear to plans and providers that they are required to provide services according to Bright Futures.	Department of Health Care Services	Partially Implemented
8. To ensure that eligible children and their families know about all the preventive services they are entitled to through Medi-Cal, DHCS should include by May 2019 clearer and more comprehensive information about those services in its written materials and by September 2019 ensure annual follow-up with any children and their families who have not used those services.	Department of Health Care Services	Pending
9. To improve access and utilization rates, DHCS should establish by March 2020 performance measures that cover Bright Futures services through well-child visits for all age groups, and require plans to track and report the utilization rates on those measures.	Department of Health Care Services	Pending
10. To ensure that health plans and providers are adequately delivering children’s preventive services, DHCS should implement by September 2019 audit procedures through its annual medical audits that address the delivery of EPSDT services to all eligible children for all plans annually.	Department of Health Care Services	Partially Implemented
11. To ensure that plans address underutilization of children’s preventive services, DHCS should require plans by September 2019 to use their utilization management programs to identify barriers to usage specifically for these services and hold the plans accountable to address the barriers they identify.	Department of Health Care Services	Pending
12. To better ensure the accuracy of its data and ensure that California receives all available federal Medicaid funding, DHCS should require its external quality review organization (EQRO) to perform its encounter data validation studies annually using the most recent set of data available, and it should implement recommendations from its EQRO studies.	Department of Health Care Services	Pending

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13. To ensure that plan provider directories are accurate, by September 2019 DHCS should begin using a 95 percent confidence level and not more than a 10 percent margin of error on its statistical sampling tool and should require at least 95 percent accuracy before approving a plan's provider directory. In addition, DHCS should ensure that its staff adhere to its policy to retain all documentation related to its review of provider directories for at least three years.	Department of Health Care Services	Pending
14. To mitigate health disparities for children of differing ethnic backgrounds and language needs, DHCS should revise by September 2019 the methodology for its EQRO's health disparity study to enable it to better make demographic comparisons, and it should use the findings to drive targeted interventions within plan service areas. It should publish this study annually.	Department of Health Care Services	Partially Implemented
15. To ensure that plans are effectively mitigating child health disparities in their service area, DHCS should implement by September 2019 a policy to require the plans to take action on the most significant findings cited in their group needs assessment reports, and to regularly follow up with the plans to ensure they have addressed the findings.	Department of Health Care Services	Pending
16. To help increase utilization rates, DHCS should begin by September 2019 to monitor and identify effective incentive programs at the plan level and share the results with all plans.	Department of Health Care Services	Pending
17. To improve the usefulness of its Plan-Do-Study-Act process, DHCS should implement by September 2019 a process to share the results of successful strategies with all plans and require plans to share these results with providers who could benefit from them.	Department of Health Care Services	Pending
18. To improve its ability to ensure that children are receiving recommended preventive health services, DHCS should create by September 2019 an action plan to annually address the EQRO's recommendations relating to children's preventive services, including recommendations left unaddressed from the previous two years' reports.	Department of Health Care Services	Pending
19. To maximize the benefits of the studies it commissions from its EQRO, DHCS should ensure that by September 2019 the EQRO's annual reports include an assessment of the actions plans have taken to address the EQRO's prior-year recommendations.	Department of Health Care Services	Pending

Report Number 2018-115

Department of Health Care Services: Although Its Oversight of Managed Care Health Plans Is Generally Sufficient, It Needs to Ensure That Their Administrative Expenses Are Reasonable and Necessary (April 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To help identify successful improvement projects, by September 2019 DHCS should require health plans to annually report the results of those projects they plan to continue or expand to other locations.	Department of Health Care Services	Partially Implemented
2. Using the annual reports of successful improvement projects health plans plan to continue or expand to other locations, by December 2019 DHCS should compile a list of successful improvement projects to share with other health plans on a periodic basis, but at least annually.	Department of Health Care Services	Pending
3. To ensure that DHCS consistently identifies health plans that do not have required processes to detect and prevent fraud, it should immediately reevaluate its audit program for medical audits and revise it as necessary to ensure that staff follow the audit procedures regarding fraud and abuse programs.	Department of Health Care Services	Fully Implemented
4. By September 2019, and periodically thereafter, DHCS should conduct another risk assessment and ensure that it includes a comprehensive evaluation of which contract areas—including conflicts of interest—it should focus on in its annual medical audits.	Department of Health Care Services	Pending
5. Going forward, DHCS should conduct a comprehensive risk assessment and ensure that it reviews health plans' conflict-of-interest controls at least once every three years.	Department of Health Care Services	Pending
6. DHCS should develop and issue an All-Plan letter or other binding guidance by March 2020 to the health plans that specifically defines what constitutes reasonable and necessary administrative expenses.	Department of Health Care Services	Pending
7. DHCS should provide guidance to health plans on what is a reasonable bonus program. In doing so, DHCS should perform the necessary oversight to ensure health plans comply with this direction.	Department of Health Care Services	Will Not Implement

Report Number I2019-2

Investigations of Improper Activities by State Agencies and Employees: Inefficient Management of State Resources, Misuse of State Time and Inaccurate Attendance Records, and Inadequate Supervision (April 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
27. The California Department of Social Services (DSS) should require that the supervisor retake supervisory training regarding managing employee performance and the importance of following the State's progressive discipline process.	Department of Social Services	Fully Implemented
28. Within the guidelines of the relevant bargaining unit agreement, DSS should place appropriate documentation in the office technician's personnel or supervisory file to demonstrate that he failed to complete his work and wasted state time in the event that he returns to his job at DSS.	Department of Social Services	Fully Implemented

Report Number I2019-3

Investigations of Improper Activities by State Agencies and Employees: Wasteful and Improper Travel Payments, Improper Promotion and Hiring Practices, and Misuse of State Resources (May 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
9. The Department of State Hospitals (State Hospitals) should thoroughly and appropriately evaluate the administrator's position and duties to determine the headquarters location that will best meet State Hospitals' business needs. It should also ensure that a valid telecommute agreement is on file.	Department of State Hospitals	Fully Implemented
10. State Hospitals should provide training to hiring managers and human resources staff to ensure that they follow proper procedures for determining work location assignments and for clearly indicating those locations in recruiting and job announcements.	Department of State Hospitals	Fully Implemented
11. State Hospitals should provide training to travel unit staff responsible for auditing travel expense claims to recognize travel patterns that may indicate improper and excessive travel expense claims.	Department of State Hospitals	Fully Implemented
12. State Hospitals should provide detailed and comprehensive instructions to managers, supervisors, and employees to ensure that they adhere to State Hospitals' telecommute policy requirements and limitations.	Department of State Hospitals	Fully Implemented

Report Number 2018-126

Los Angeles County Department of Children and Family Services: It Has Not Adequately Ensured the Health and Safety of All Children in Its Care (May 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the Los Angeles Department of Children and Family Services (department) should require staff and supervisors to utilize tracking reports and email alerts to identify investigations and Structured Decision Making (SDM) assessments not completed on time.	Los Angeles County Department of Children and Family Services	Partially Implemented
2. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should establish thresholds for the number of days that will trigger follow-up from the department's various levels of management.	Los Angeles County Department of Children and Family Services	Fully Implemented

3. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should implement a tracking mechanism to monitor and follow-up on uncompleted or undocumented initial home inspections and background checks.	Los Angeles County Department of Children and Family Services	Pending
4. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should implement a tracking mechanism to monitor live scan criminal record checks.	Los Angeles County Department of Children and Family Services	Pending
5. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should conduct annual reviews of community organizations that perform home environment assessments to ensure that they complete these assessments on schedule.	Los Angeles County Department of Children and Family Services	Fully Implemented
6. To ensure that its staff appropriately use SDM assessments to identify safety threats and risks, the department should incorporate SDM instructions into its policies and procedures by July 2019 and provide mandatory annual SDM training for applicable staff, supervisors, and other members of management by May 2020.	Los Angeles County Department of Children and Family Services	Partially Implemented
7. To ensure that supervisors review investigations, assessments, and other documentation on time, the department should, by November 2019, specify time frames by which each type of document should be reviewed. In doing so, the department should acknowledge the particular urgency of reviewing safety assessments and related safety plans, which are key to determining whether to leave a child in the home.	Los Angeles County Department of Children and Family Services	Fully Implemented
8. To improve the accuracy of its assessments, the department should require supervisors to regularly review and evaluate assessments against available evidence and observations. It should implement this process by July 2019.	Los Angeles County Department of Children and Family Services	Fully Implemented
9. To improve the quality of supervisors' reviews and to allow it to hold supervisors accountable, the department should, by May 2020, reduce the number of social workers assigned to each supervisor to at least the ratio specified in its union contract.	Los Angeles County Department of Children and Family Services	Pending
10. To strengthen and improve its quality control processes, by November 2019 the department should follow through on its plan to create a quality improvement division and increase the number of cases it regularly reviews.	Los Angeles County Department of Children and Family Services	Pending
11. To strengthen and improve its quality control processes, by November 2019 the department should enhance the focus of its case reviews to not only include a review of particular case outcomes, but to also determine whether critical assessments are accurate and thorough.	Los Angeles County Department of Children and Family Services	Pending
12. To strengthen and improve its quality control processes, by November 2019 the department should broaden its case reviews to include an evaluation of the quality of supervisor reviews.	Los Angeles County Department of Children and Family Services	Pending
13. To strengthen and improve its quality control processes, by November 2019 the department should establish a mechanism to identify and address case management problems that are prevalent and persistent among social workers, supervisors and regional offices.	Los Angeles County Department of Children and Family Services	Pending
14. To strengthen and improve its quality control processes, by November 2019 the department should implement a tracking system to monitor the implementation and results of recommendations resulting from child-death reviews.	Los Angeles County Department of Children and Family Services	Pending

Report Number 2018-122

Department of Health Care Services: It Has Not Ensured That Medi-Cal Beneficiaries in Some Rural Counties Have Reasonable Access to Care (August 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that beneficiaries in Regional Model counties have adequate access to care, DHCS should identify by August 2020 the locations requiring additional providers and the types of providers required. It should also develop strategies for recruiting and retaining providers in those locations. If it requires additional funding to complete this assessment or to implement actions to address its findings, DHCS should determine the amounts it needs and request that funding from the Legislature.	Department of Health Care Services	Will Not Implement
2. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately develop written guidance that specifies the conditions under which staff should approve, deny, or contact health plans for clarification regarding their alternative access standard requests.	Department of Health Care Services	Pending
3. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately determine a specific minimum number of providers that health plans must attempt to contract with before requesting an alternative access standard.	Department of Health Care Services	Pending
4. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately require health plans to report on their attempts to contract with providers when submitting their alternative access standard requests, including providing evidence of their efforts, such as the contact information for each provider with which they have attempted to contract.	Department of Health Care Services	Partially Implemented
5. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately establish a process for periodically verifying the health plans' efforts, such as contacting a sample of the listed providers and determining whether the plans attempted to contract with them.	Department of Health Care Services	Fully Implemented
6. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately require health plans to authorize out-of-network care if they do not demonstrate they have exhausted all of their reasonable options to meet the access requirements, unless the health plans can demonstrate that closer providers are demanding unreasonably high rates or have documented deficiencies in quality of care.	Department of Health Care Services	Will Not Implement
7. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately post its medical audit reports to its website within one month after it issues the reports to the health plans.	Department of Health Care Services	Fully Implemented
8. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately include information about its recently published medical audit reports and other monitoring efforts in its communication with counties and other stakeholders on its mailing list.	Department of Health Care Services	Fully Implemented
9. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately ensure that relevant county officials are included on its mailing list.	Department of Health Care Services	Fully Implemented
10. To ensure that all counties are aware of the managed care model options available to them and of the steps necessary to implement those models, DHCS should provide by December 2019 information to all counties that clearly defines each managed care model and the steps and legal requirements needed to establish each model.	Department of Health Care Services	Partially Implemented

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11. To ensure that it makes informed decisions regarding the extension or renewal of its contracts with managed care health plans, DHCS should immediately begin the practice of requesting annual feedback from the counties that the health plans serve and of using that feedback in its decision-making process.	Department of Health Care Services	Pending
12. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should determine by June 2020 the specific causes of Anthem's and Health & Wellness's inability to provide reasonable access to care in the Regional Model counties.	Department of Health Care Services	Pending
13. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should evaluate by June 2020 whether the structural characteristics of a county organized health system (COHS) Model would be better suited to providing reasonable access to care in the Regional Model counties and notify the counties whether a COHS would improve beneficiaries' access to care. If some or all of these counties desire to transition to a COHS, DHCS should assist them in making that change after their current contracts expire.	Department of Health Care Services	Will Not Implement
14. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should evaluate by June 2020 whether it has the financial resources to provide assistance to counties interested in establishing a COHS or other managed care model after the current Regional Model contracts expire. If DHCS does not have the required financial resources, it should seek an appropriate amount of funding from the Legislature.	Department of Health Care Services	Will Not Implement
15. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should provide these counties by June 2020 with reasonable opportunities to decide whether to change their managed care models after the expiration of the Regional Model health plan contracts. DHCS should provide counties that choose to do so sufficient time to establish their new models. DHCS should also include language in its 2020 request for proposal (RFP) to allow Regional Model counties that can demonstrate their ability to implement a COHS Model in their county by 2023 to opt out of the RFP process.	Department of Health Care Services	Will Not Implement

Report Number 2018-124

Gold Coast Health Plan: Its Reimbursements to Pharmacies Are Reasonable, but Its Pharmacy Benefits Manager Did Not Always Process Claims Correctly (August 2019)

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that the public clearly understands the Ventura County Medi-Cal Managed Care Commission's (commission) decisions, the commission should report its reasoning for awarding contracts with adequate detail or the legal basis, if any, for choosing not to do so.	Gold Coast Health Plan	Pending
2. To ensure that it addresses any significant performance issues by its contractors in a timely manner, Gold Coast Health Plan (Gold Coast) should establish a process to immediately require contractors to take necessary corrective action to resolve such issues and ensure that they do not recur. This process should include deadlines for implementing the corrective action and the steps Gold Coast must take to ensure that the contractor has implemented the action as directed.	Gold Coast Health Plan	Pending