

Local Health Department MOU Template Post-Release Webinar

Objectives for Today's Discussion



Review the Released Local Health Department (LHD) MOU Template



Review Next Steps for Executing the MOU and the MOU Execution Timeline



Q&A Regarding the MOU Template and Execution Timeline

Goals of the Memorandums of Understanding (MOUs)

The 2024 Medi-Cal Managed Care Contract (Contract) requires all managed care plans (MCPs) to enter into MOUs with counties and third-party entities (Other Parties) to contractually ensure the provision of whole-system, person-centered care.

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services
- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports
- Establish **data sharing pathways** between MCPs and Other Parties to support care coordination and enable robust monitoring
- Provide mechanisms to ensure **overall oversight and accountability** for MCPs to execute MOUs with Other Parties
- **Provide transparency** into roles/responsibilities and relationships between MCPs and Other Parties

MOU templates incorporate **existing service and program requirements into a single document** to support MCP/Other Party decision-making and relationship building. Templates are more robust where DHCS has promulgated detailed policies/guidance.

MOU Requirements & Structure

The LHD MOU Template is part of a broader set of documents and additional items focused on the release and execution of the MOUs. These items include:

APL on MOU Requirements

APL 23-029 explains the Base MOU Template and Bespoke MOU Templates

- Explains the intent and purpose of the provisions set forth in the MOUs
- Sets expectations of MCPs, such as an annual review of the MOU
- Details requirements related to MOU execution and submission to DHCS
- Lays out a monitoring plan for how DHCS will oversee MCP compliance with the MOU requirements

Base MOU Template

Contains provisions that must be included in all MOUs

- Clarifies roles and responsibilities of MCP and Other Parties
- Establishes “rules of engagement” to cooperate and address disputes
- Includes DHCS recommended optional provisions that parties may consider for execution

Bespoke MOU Templates

Specific to MCP and Other Party’s relationship and programs applicable under the MOU (e.g., LHD)

- Contains the general **and** program-specific required provisions, including incorporating Other Party requirements based on existing guidance
- Contains DHCS recommended optional provisions that parties may consider for that particular MOU
- Links to specific policies incorporated in the MOU

Overview of MOU Resources

DHCS is releasing resources to assist MCPs and Other Parties with implementing the MOUs

» [DHCS MOU Webpage](#)

- Houses the DHCS issued APL 23-029, Base MOU Template and Bespoke MOU Templates
- MOU FAQs (forthcoming)
 - Provide additional guidance on the APL, Base MOU, and Bespoke MOU Templates
 - Clarifies aspects of MOUs in response to stakeholder feedback
 - Examples of questions answered include: “What are the optional provisions?”; “How can the parties share data?”; and “How will the MOUs be enforced?”
- Other updates will also be posted on the webpage as they become available

» **Technical Assistance**

- DHCS will be providing technical assistance as needed
- DHCS MOU email address: MCPMOUS@dhcs.ca.gov

The screenshot shows the DHCS website header with the CA.GOV logo, navigation links for Home, About DHCS, and Translate, and a search icon. The main content area features the DHCS logo and the title of the document: "Memoranda of Understandings Between Medi-Cal Managed Care Plans and Third Party Entities". Below the title is a link to "Return to the Managed Care All Plan Letters Homepage" and a paragraph of text describing the Medi-Cal Managed Care Plans (MCPs) contract with the Department of Health Care Services (DHCS).

Purpose of the LHD MOU Template

Level Setting

The LHD MOU template seeks to improve care coordination between MCPs and LHDs, including for LHD programs, such as California Children's Services, through the following:

- » Opening channels of communication between MCPs and LHDs to coordinate care for individuals receiving services from both MCPs and LHDs and to address concerns related to care coordination.
 - The coordination would occur at the local level.
- » Enhancing each party's understanding of the other's respective services, eligibility criteria, referral processes, and operations.
 - For instance, each party should provide training and education resources for their respective services to the other party to increase timely coordination and decrease process inefficiencies.

The LHD programs included in the LHD MOU template are those required by the MCP Contract. However, the parties are not precluded from including additional LHD programs as exhibits to the MOU.

Feedback on the LHD MOU Template

Throughout the MOU development, DHCS gathered stakeholder feedback and worked closely with CDPH and CHEAC to align the LHD MOU with stakeholders needs and ensure current guidance was reflected in the MOU.

- » **DHCS received 243 stakeholder comments during the feedback period.** We reviewed these comments and revised the MOU to address these comments where possible.
- » **DHCS has met with CDPH and CHEAC consistently** throughout the period of stakeholder feedback and subsequent revising of the MOU.



**Thank you for
your valuable
feedback!**

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- » **NEW - Definitions.** Sets forth the defined terms used in the MOU, such as the "MCP-LHD Liaison." This section also states that capitalized terms not otherwise defined in the MOU have the meaning ascribed by MCP's Contract.
- » **Services Covered by This MOU.** Describes the services that MCP and the other party must coordinate for Members.
- » **Party Obligations.** Describes each party's provision of services and oversight responsibilities (e.g., each party must designate a point of contact to act as the liaison for coordinating with the other party).
- » **Training and Education.** Requires MCP to provide education to Members and Network Providers about Covered Services and other party's services available. MCP must also train employees who carry out responsibilities under the MOU and, as applicable, Network Providers, Subcontractors and Downstream Subcontractors on the MOU requirements and services provided by the other party.
 - **NEW - This section provides a ramp up period (the length of which is determined by the Parties) for MCPs to ensure their employees who are responsible for performing activities under the MOU are trained on MOU requirements.**
 - **NEW - MCP must provide County, Members, and Network Providers with training and/or educational materials on how MCP's Covered Services and any carved-out services (such as Classic CCS) may be accessed, including during nonbusiness hours.**
- » **Referrals.** Requires the parties to refer to each other as appropriate and describes each party's referral pathways. **NEW - Closed Loop Referral requirements for 2024 are now optional as the policy is still in development.**
- » **Care Coordination.** Describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring ongoing monitoring and improvement of care coordination.
- » **Quarterly Meetings.** Requires the parties to meet at least quarterly to address care coordination, Quality Improvement (QI) activities, QI outcomes, and systemic and case-specific concerns, and to communicate with others within their organizations about such activities.
 - **NEW - These meetings may be conducted virtually.**
 - **NEW - Within 30 Working Days after each quarterly meeting, MCP must post on its website the date and time the quarterly meetings occurred and, as applicable, distribute to meeting participants a summary of any follow-up action items or corrective changes to processes that are necessary to fulfill MCP's obligations under the Medi-Cal Managed Care Contract and this MOU.**

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- » **Quality Improvement (QI).** Requires the parties to develop QI activities specifically for oversight of the MOU requirements, including any applicable performance measures and QI initiatives, such as those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. **NEW - MCP must document these QI activities in its policies and procedures.**
- » **Data Sharing and Confidentiality.** Requires the MCP to have policies and procedure for sharing the minimum data and information necessary to ensure the MOU requirements are met and describes the data and information the other party may share with MCP to improve care coordination and referral processes. Requires the parties to implement policies and procedures for how the minimum necessary information and data (determined by the parties) will be shared in accordance with applicable law. **NEW - The minimum necessary information and data elements to be shared between the Parties are set forth in Exhibit C of the MOU. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data.**
- » **Dispute Resolution.** Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS (and CDPH as appropriate) when the parties are unable to resolve disputes. **NEW - MCP must, and LHD should, document the agreed-upon dispute resolution procedures in policies and procedures.**
- » **Disaster Emergency Preparedness.** The parties should have policies and procedures to ensure the continued care coordination for services in the event of a disaster or emergency. **NEW - This requirement is now optional for 2024.**
- » **NEW - Equal Treatment.** Provides that nothing in the MOU is intended to benefit or prioritize Members over persons who are not Members also receiving services from the other party.
- » **General.** Sets forth additional general contract requirements, such as the requirements that the MCP must publicly post the executed MOU, the MCP must annually review the MOU, and the MOU cannot be delegated.

LHD MOU Template Requirements

The LHD MOU template contains the following provisions specific to the MCP relationship with LHD:

» **Referrals.**

- **NEW - LHD should refer Members to MCP for Covered Services.**

» **Care Coordination and Collaboration.**

- **Blood Lead Screening/Follow-up Testing and Lead Case Management.** This section was revised to clarify the MCP's obligations for coordinating and arranging for blood lead screening and any necessary follow up testing. This section also includes provisions to capture the roles and responsibilities for when LHD or CDPH Childhood Lead Poisoning Prevention Branch provides case management for Members with elevated blood levels.
 - **For example, NEW - MCP must coordinate with its Network Providers to determine whether eligible Members have received blood lead screening and/or any Medically Necessary follow-up blood lead testing. If eligible Members have not received blood lead screening or indicated follow-up testing, MCP must arrange for and ensure each eligible Member receives this screening and any indicated follow-up testing.**
- **Population Needs Assessment (PNA).** MCP must coordinate with LHD to develop a process to implement DHCS guidance regarding the PNA requirements once issued. MCP must work collaboratively with LHD to develop and implement a process to ensure that MCP and LHD comply with the applicable provisions of the PNA guidance within 90 days of issuance. **NEW - MCP will meet the PNA requirements by demonstrating meaningful participation in LHD's Community Health Assessments and Community Health Improvement Plans processes in the service area(s) where MCP operates.**

LHD MOU Template – Program Specific Exhibits

The LHD MOU template is comprised of the Base MOU Template Requirements and LHD program specific exhibits:

» **Tuberculosis (TB) Screening, Diagnosis, Treatment, and Care Coordination.**

- This exhibit sets forth requirements for an MCP and a LHD to coordinate care to ensure member access to TB screening, testing, and treatment services and requires MCP coordinate with LHD for reporting and providing information related to TB cases.
- DHCS worked closely with the CDPH TB Control Branch to ensure this exhibit accurately reflects updated policies and procedures for providing TB testing, treatment, and care coordination for case management activities such as LHD's provision of Direct Observed Therapy to Members.
- The Exhibit includes references to current guidance and best practices that both MCP and LHD should implement to ensure Members receive testing, treatment, and care for latent tuberculosis infection.

» **Non-Contracted LHD Services.**

- This exhibit imposes requirements for an MCP and a LHD to coordinate care to ensure members receive immunizations; Sexually Transmitted Infection services; family planning services; and HIV testing and counseling services as required by the MCP Contract.
- The exhibit has been revised to clarify that MCP is responsible for providing all immunizations to Members recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices and Bright Futures/American Academy of Pediatrics pursuant to the Medi-Cal Managed Care Contract.
- Additionally, MCP is not required to reimburse LHD for blood lead screening if LHD provides such screening as a non-contracted provider.

LHD MOU Template – Program Specific Exhibits

The LHD MOU template is comprised of the Base MOU Template Requirements and LHD program specific exhibits:

» **Maternal, Child, and Adolescent Health (MCAH).**

- This exhibit sets forth requirements for an MCP and a LHD to meet regarding the MCAH programs and the requirements focus on improving care coordination between MCP and LHD to improve member access to services including: 1) quality care for children, 2) other population health requirements for children, and 3) wellness and prevention programs.
- DHCS revised this exhibit based on stakeholder input and collaborated with CDPH and CHEAC to ensure this exhibit accurately reflects LHD's obligations for coordinating with MCP for the provision of MCAH programs, such as the California Home Visiting Program.
- Care coordination requirements set forth in this MOU are intended to ensure the appropriate communication occurs between MCP and LHD to ensure that Members receive all services for which they are eligible while avoiding the duplication of services.
- This exhibit also clarifies that LHD MCAH Programs are not entitlement programs and may deny or delay Member enrollment if programs are at capacity.

» **California Children's Services (CCS).**

- This exhibit sets forth requirements for an MCP and a LHD to coordinate care and case management for members enrolled in the "classic" CCS model (i.e., CCS is carved out of the MCP covered services) in Counties where the CCS program is overseen and run by an LHD.
- This exhibit incorporates revisions based on stakeholder input, collaboration with CDPH and CHEAC, and incorporates policies and procedures that align with the following DHCS issued guidance
 - Intercounty Transfer Policy NL: 10-1123 and forthcoming Solid Organ Transplants NL
- This exhibit does not apply to an LHD or MCP that operates the Whole Child Model (WCM). The exhibit sets forth the care coordination requirements for MCP and LHD that provides the "classic" CCS program and contains bracketed provisions that describe how the parties' obligations differ in Dependent Counties and/or where DHCS administers certain eligibility determinations and related activities.

MCP MOU Execution Next Steps

To comply with the 2024 Medi-Cal Managed Care Contract requirement to enter into MOUs with Local Health Departments, MCPs should take the following actions:

- » MCPs should be reaching out and forming relationships with LHDs
- » MCPs and LHDs should commence discussions regarding executing the MOUs
- » DHCS is aware that executing the MOUs will take time and that LHDs have certain processes that need to be followed, thus MCPs must demonstrate a good faith effort to meet the MOU requirements of APL 23-029 and the MCP Contract
 - i.e., MCPs that are unable to execute the required MOUs by the January 1, 2024, execution date must submit quarterly progress reports to DHCS demonstrating evidence of their good faith effort to execute the MOUs
(Timeline of Quarterly Reports on next slide)

Note: LHDs are not required to sign or submit the quarterly reports to DHCS

2024 MOU Execution Timeline

- » 1/1/2024 Requirement to Have Executed MOUs Go Live
 - » MCPs submit executed MOUs on a rolling basis
 - » MCPs are required to submit quarterly report demonstrating good faith effort and executed MOUs

Quarter/Year	Quarterly Submission Reporting	Submission due to DHCS
Q4:2023	October 1 – December 31	Last business day of December
Q1: 2024	January 1 – March 31	Last business day of April
Q2: 2024	April 1 – June 30	Last business day of July
Q3: 2024	July 1 – September 30	Last business day of October
Q4: 2024	October 1 – December 31	Last business day of January

Do the MCPs/LHDs need technical assistance from DHCS to support the execution of the MOUs? If so, how can DHCS support?

What guidance and communication can CDPH provide that would be helpful to receive?

Are there best practices the MCPs/LHDs can share when negotiating MOUs?



Questions?

