

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

Contents

Amara Bahramioref – 00:00:53.....	6
Carmella Lopez – 00:01:09.....	6
Carmella Lopez – 00:01:31.....	6
Amara Bahramioref – 00:01:45.....	6
Amara Bahramioref – 00:02:04.....	6
Amara Bahramioref – 00:02:24.....	6
Amara Bahramioref – 00:02:43.....	6
Amara Bahramioref – 00:03:10.....	7
Amara Bahramioref – 00:03:40.....	7
Amara Bahramioref – 00:04:06.....	7
Amara Bahramioref – 00:04:29.....	7
Amara Bahramioref – 00:05:01.....	8
Amara Bahramioref – 00:05:28.....	8
Amara Bahramioref – 00:05:56.....	8
Amara Bahramioref – 00:06:18.....	8
Amara Bahramioref – 00:06:41.....	8
Amara Bahramioref – 00:07:04.....	9
Amara Bahramioref – 00:07:35.....	9
Amara Bahramioref – 00:08:14.....	9
Amara Bahramioref – 00:08:35.....	9
Amara Bahramioref – 00:09:00.....	10
Amara Bahramioref – 00:09:23.....	10
Amara Bahramioref – 00:09:53.....	10
Amara Bahramioref – 00:10:33.....	10
Amara Bahramioref – 00:11:07.....	11
Amara Bahramioref – 00:11:36.....	11
Amara Bahramioref – 00:12:05.....	11
Amara Bahramioref – 00:12:33.....	11
Amara Bahramioref – 00:13:06.....	12
Amara Bahramioref – 00:13:34.....	12
Amara Bahramioref – 00:14:12.....	12

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

Amara Bahramioref – 00:14:53.....	12
Amara Bahramioref – 00:15:36.....	13
Amara Bahramioref – 00:16:28.....	13
Amara Bahramioref – 00:17:07.....	13
Amara Bahramioref – 00:17:31.....	13
Amara Bahramioref – 00:18:05.....	14
Amara Bahramioref – 00:18:30.....	14
Amara Bahramioref – 00:18:56.....	14
Amara Bahramioref – 00:19:28.....	14
Amara Bahramioref – 00:19:56.....	14
Amara Bahramioref – 00:20:35.....	15
Amara Bahramioref – 00:21:06.....	15
Amara Bahramioref – 00:21:28.....	15
Ashley Worley – 00:22:04.....	15
Ashley Worley – 00:22:42.....	15
Amara Bahramioref – 00:23:20.....	16
Marissa McGrenera – 00:23:27.....	16
Ashley Worley – 00:23:53.....	16
Marissa McGrenera – 00:24:17.....	16
Amara Bahramioref – 00:24:19.....	16
Amara Bahramioref – 00:24:40.....	16
Ashley Worley – 00:24:52.....	16
Amara Bahramioref – 00:24:53.....	16
Anne Nadler – 00:24:59.....	17
Anne Nadler – 00:25:19.....	17
Anne Nadler – 00:25:46.....	17
Anne Nadler – 00:26:07.....	17
Amara Bahramioref – 00:26:25.....	17
Anne Nadler – 00:26:49.....	17
Amara Bahramioref – 00:26:51.....	18
Amara Bahramioref – 00:27:24.....	18
Amara Bahramioref – 00:27:59.....	18

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

Kim Pearson – 00:28:25.....	18
Kim Pearson – 00:28:41.....	18
Amara Bahramioref – 00:29:10.....	19
Amara Bahramioref – 00:29:30.....	19
Sara Rogers – 00:29:52.....	19
Sara Rogers – 00:30:29.....	19
Kim Pearson – 00:31:14.....	19
Amara Bahramioref – 00:31:52.....	20
Amara Bahramioref – 00:32:14.....	20
Amara Bahramioref – 00:32:41.....	20
Amara Bahramioref – 00:33:13.....	20
Christine Huber – 00:33:51.....	20
Amara Bahramioref – 00:34:07.....	21
Amara Bahramioref – 00:34:41.....	21
Ralph Silber – 00:35:13.....	21
Amara Bahramioref – 00:35:30.....	21
Ralph Silber – 00:36:05.....	21
Amara Bahramioref – 00:36:10.....	21
Ralph Silber – 00:36:10.....	21
Amara Bahramioref – 00:36:14.....	22
Ralph Silber – 00:36:30.....	22
Amara Bahramioref – 00:36:40.....	22
Ralph Silber – 00:37:08.....	22
Amara Bahramioref – 00:37:15.....	22
Ralph Silber – 00:37:35.....	22
Amara Bahramioref – 00:37:42.....	22
Amara Bahramioref – 00:38:19.....	23
Amara Bahramioref – 00:39:06.....	23
Amara Bahramioref – 00:39:45.....	23
Christine Huber – 00:40:07.....	23
Amara Bahramioref – 00:40:28.....	23
Monica Soderstrom – 00:41:01.....	24

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

Monica Soderstrom – 00:41:43.....	24
Monica Soderstrom – 00:42:31.....	24
Monica Soderstrom – 00:42:54.....	24
Monica Soderstrom – 00:43:36.....	25
Amara Bahramioref – 00:44:12.....	25
Amara Bahramioref – 00:44:41.....	25
Dana Durham – 00:45:08.....	25
Dana Durham – 00:45:41.....	25
Dana Durham – 00:46:09.....	26
Monica Soderstrom – 00:46:43.....	26
Dana Durham – 00:47:12.....	26
Monica Soderstrom – 00:47:15.....	26
Dana Durham – 00:47:16.....	26
Monica Soderstrom – 00:47:37.....	26
Dana Durham – 00:48:03.....	27
Monica Soderstrom – 00:48:33.....	27
Dana Durham – 00:48:33.....	27
Monica Soderstrom – 00:48:38.....	27
Dana Durham – 00:48:41.....	27
Amara Bahramioref – 00:48:45.....	27
Tom Coleman – 00:49:19.....	27
Tom Coleman – 00:49:43.....	27
Amara Bahramioref – 00:50:06.....	28
Anne Nadler – 00:50:52.....	28
Anne Nadler – 00:51:32.....	28
Anne Nadler – 00:52:11.....	28
Anne Nadler – 00:52:47.....	29
Anne Nadler – 00:53:13.....	29
Amara Bahramioref – 00:53:51.....	29
Addie Sherman – 00:54:12.....	29
Anne Nadler – 00:54:22.....	29
Anne Nadler – 00:54:42.....	29

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

Anne Nadler – 00:55:11	30
Anne Nadler – 00:55:39	30
Anne Nadler – 00:56:07	30
Addie Sherman – 00:56:26	30
Anne Nadler – 00:56:59	30
Addie Sherman – 00:57:26	30
Anne Nadler – 00:57:26	30
Addie Sherman – 00:57:33	30
Amara Bahramioref – 00:57:38.....	31
Amara Bahramioref – 00:58:03.....	31
Amy Myer – 00:58:29	31
Amy Myer – 00:58:57	31
Amara Bahramioref – 00:59:30.....	31
Amara Bahramioref – 00:59:56.....	32
Michael Hara – 01:00:37	32

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Amara Bahramioref – 00:00:53	Good afternoon everybody. We will get started in just a couple minutes. We're having everybody join. Thank you for joining us.
Slide1	Carmella Lopez – 00:01:09	As Amara said hello and welcome to today's program. My name is Carmella and I'll be in the background answering any Zoom technical questions. If you experienced difficulties during this session, please type your question into the chat field, which is located on the Zoom panel at the bottom of your screen. We encourage you to ask questions either by raising your hand or in the chat.
Slide1	Carmella Lopez – 00:01:31	With that, I'd like to go ahead and turn it over to Amara, Branch Chief of Policy Utilization and External Relations in the Managed Care Quality and Monitoring Division at DHCS.
Slide1	Amara Bahramioref – 00:01:45	Thank you. Good afternoon everybody. I'm here today to talk to you a little bit about the County Child Welfare MOU Template, and we are going to be discussing the changes that we've made since we've received stakeholder feedback on this template. We look forward to the discussion today.
Slide 2	Amara Bahramioref – 00:02:04	So for today's objectives, we are going to review the release County Child Welfare MOU Template and then discuss next steps for executing the MOU and the MOU execution timeline, and then open it up for Q&A with all of you to answer any questions that you may have.
Slide 3	Amara Bahramioref – 00:02:24	So really the meat and bones, the goals of the memorandum of understanding. So as many of you are probably already aware, the 2024 Medi-Cal Managed Care contract requires the managed care plans to enter into MOU's with counties and third parties to ensure provision of really that whole system person-centered care approach.
Slide 3	Amara Bahramioref – 00:02:43	So as many of you are probably aware, Medi-Cal members receive and access healthcare services through a variety of different delivery systems. The intent of these MOU's is really to provide that coordinated care across the delivery systems. So the MOU's really establish minimum requirements around some of the key contract provisions related to the MOU, such as training and data sharing that really enable the parties to meet the goals of the MOUs.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Amara Bahramioref – 00:03:10	It also clarifies roles and responsibilities for coordinating delivery of services across the different delivery systems. It establishes some formal processes for how the MCPs and the other parties will collaborate and coordinate on population health programs, which include referring and linking members to community supports, also establishes data sharing pathways between the MCPs and other parties to really support that care coordination and enable robust monitoring.
Slide 3	Amara Bahramioref – 00:03:40	There are some provisions related to overall oversight and accountability as we anticipate through these partnerships, we will continue to grow and learn and make modifications to the process to really support the whole system person-centered care approach. And then ultimately the MOUs intend to provide transparency regarding the roles and responsibilities between the two parties.
Slide 4	Amara Bahramioref – 00:04:06	So we want to just highlight that the County Child Welfare MOU is a part of a broader set of documents and MOUs that the department has released. We have released, I believe, seven MOU templates at this point, and we anticipate releasing eight templates that will be required January 1st, 2024. And then there are a series of additional MOU templates that we anticipate releasing.
Slide 4	Amara Bahramioref – 00:04:29	So we have created this structure that have guided the development and also provided guidance to our managed care plans. So we've created an All Plan Letter (“APL”) that really outlines the MOU requirements. It explains the Base MOU template and then what we refer to as the Bespoke MOU templates for this conversation. The Bespoke MOU template is the County Child Welfare MOU template. So you might hear me use those terms synonymously throughout, just know that they're one and the same.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 4	Amara Bahramioref – 00:05:01	So the All Plan Letter really explains the intent and purpose of the provision set forth in the MOU. So if you have questions regarding that, I would absolutely recommend and refer you to the All Plan Letter that's posted on the DHCS website. It also sets the expectations on our managed care plans, such as the annual review of the MOU and it details requirements related to MOU execution and submission to the Department of Healthcare Services for the managed care plans.
Slide 4	Amara Bahramioref – 00:05:28	And it lays out a monitoring plan for how DHCS will oversee the MCP's compliance with the MOUs. We also have what we refer to as our Base MOU template, which really sets the standard provisions that are contained in each of the Bespoke MOU templates. So this was really just our structure to standardize MOU templates and use those Base provisions through each of the MOU templates.
Slide 4	Amara Bahramioref – 00:05:56	So the Base provision, the Base provision, the Base template really clarifies roles and responsibility and then establishes rules of engagement to cooperate and address disputes, and that it includes DHS is recommended optional provisions. This template could be used to execute other MOUs that are outside of our Bespoke MOU list that are required for the managed care plans.
Slide 4	Amara Bahramioref – 00:06:18	So for today's conversation, we're going to move into the Bespoke MOU template, which really focuses on the county child welfare and sets out specific MCP and other parties relationships. It contains basically the Base MOU template and then specific required provisions including incorporating other party requirements Based on existing guidance.
Slide 4	Amara Bahramioref – 00:06:41	It also contains recommended optional provisions that the parties may consider to negotiate when they're negotiating the terms of the provisions that will be contained in the MOU, and then it links and incorporates specific policies that are currently guidance either from the department or the sister department.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 5	Amara Bahramioref – 00:07:04	So we wanted to provide some helpful resources to help the parties while they're negotiating the execution of these MOUs. So the department has released a DHS MOU webpage, which hopefully my team can drop and chat for you to easily reference. This webpage houses the DHCS issued all plan letter that we discussed earlier today, the Base MOU template and then each of the specific Bespoke MOU template. So the most updated County Child Welfare MOU template is linked on the website.
Slide 5	Amara Bahramioref – 00:07:35	We also anticipate a forthcoming MOU FAQ to address questions that we've received either throughout the stakeholder feedback process or questions that we continue to receive as we support the execution of the MOUs. So that will be forthcoming and we hope that we'll address some of the questions that we've received throughout the process. We also have posted other updates that are available such as this webinar and the link to the webinar for others to join. We anticipate doing that moving forward as we post future technical assistance sessions. So very helpful resource.
Slide 5	Amara Bahramioref – 00:08:14	The other thing we wanted to flag, we have created a specific email address where you can send in inquiries directly to the Department of Healthcare Services, which is the mcpmou.dhcs.ca.gov . So any inquiries that you have following this presentation, please don't hesitate to reach out to us and we will issue a response.
Slide 6	Amara Bahramioref – 00:08:35	All right, so we want to get into the purpose of the County Child Welfare MOU Template. So it really speaks to improve care coordination between the MCPs and the counties through the following. So opening really the channels of communication between the MCPs and the counties to coordinate care for children and youth involved in child welfare and foster care to ensure that these children ultimately get the services and care coordination that they need.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Amara Bahramioref – 00:09:00	It also enhances each party's understanding of the other's respective services and operation. For instance, each party should provide training and the education resources to the respective services and operation to the other party to increase timely coordination and decrease process inefficiencies. So really educating each other on each other's delivery systems.
Slide 7	Amara Bahramioref – 00:09:23	So we wanted to just set the context a little bit for why this is so important. So given that there's a significant number of children in foster youth involved in child welfare that are covered by Medi-Cal Managed Care plans, and this will continue to expand as members shift into managed care. So approximately, 40% of Medi-Cal members, youth in foster care and enrolled in managed care plans currently.
Slide 7	Amara Bahramioref – 00:09:53	We understand that doesn't encompass everybody in child welfare, but we just wanted to provide this figure so you can have a context of why this is such an important relationship between the two parties. And then with many of the plan changes that are coming into play in 2024, we anticipate that approximately 13,000 children in foster care will be moving into managed care in the COHS and single plan models. So really just highlighting the importance and why we have issued this specific Bespoke template and why it's so important to really build these partnerships in collaboration across the two parties.
Slide 8	Amara Bahramioref – 00:10:33	So jumping in, what has changed since we received valuable feedback from all of you? We did make modifications to the Bespoke MOU template, which are ultimately reflected in each or the Base MOU template, which is ultimately reflected in the Bespoke template. So we have created a new definitions section which set forward some of the defined terms such as the foster care liaison, really clarifying the liaison roles and providing clarification regarding those key terms that are used throughout.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Amara Bahramioref – 00:11:07	The items that are highlighted in black on here have not changed. Those are just other provisions that were included in the iteration of the MOU that was released for feedback. So the services covered by the MOU, the party's obligation, and then training and education. We have made some modifications to this section to allow a little bit of a ramp up period for the MCPs to ensure that the employees that are responsible for performing the MOU activities are trained on the MOU requirements.
Slide 8	Amara Bahramioref – 00:11:36	We anticipate there's going to be that partnership of really coordinating, collaborating on what provisions will be if there will be additional provisions added to the MOUs. We also added in that the MCP must provide county members and network providers with training and education materials on how the MCP's covered services and any carve out services may be accessed, including during non-business hours. So this is a requirement on the managed care plans.
Slide 8	Amara Bahramioref – 00:12:05	We also have changed the closed loop referral requirement to be an optional provision as the department is still developing policy regarding this. And so we have made this an optional provision that can be included when you're negotiating the MOUs. It's not a requirement at this time. And then we have the care coordination section, which really describes the care coordination activities between the two parties that we talked about a little bit earlier.
Slide 8	Amara Bahramioref – 00:12:33	And then we've made modifications to the quarterly meetings that the meetings may be conducted virtually. And then within 30 working days after each meeting, the MCP must post on the website the date and time the meeting occurred. We wanted to flag that these meetings are not open to the public. These are really regarding conversations to improve care coordination amongst the county and the managed care plan. And we do not want these to be open to the public so that you all can really improve the processes.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 9	Amara Bahramioref – 00:13:06	All right, we have made some modifications to the quality improvement section to notate that the MCP's must document these QI activities and policies and procedures. In the data sharing and confidentiality section, we've made modifications to notate that the minimum necessary information and data elements to be shared between the parties are set forth in Exhibit C of the MOU that parties must annually review and if appropriate, update Exhibit C to facilitate data sharing.
Slide 9	Amara Bahramioref – 00:13:34	In the dispute resolution section, we have notated that the parties can submit disputes to DHCS and our partners at DSS as appropriate. And the MCP must and the county welfare should document agreed upon dispute resolution processes in their policies and procedures. Another provision, the disaster emergency preparedness provision has now been moved to an optional provision for 2024 as the department is developing guidance on that.
Slide 9	Amara Bahramioref – 00:14:12	We also added in a new section related to equal treatment that really just clarifies that nothing in the MOU is intended to benefit or prioritize members over persons who are not Medi-Cal members are receiving services from the other party. We just wanted to make sure that it was clear that these MOUs are not intending to prioritize any other members. And then we have the general section that really just outlines that the managed care plan is required to publicly post the executed MOU and that they must annually review the MOU and cannot delegate MOU responsibilities.
Slide 10	Amara Bahramioref – 00:14:53	All right, so getting more into the County Child Welfare MOU Template requirements, we've made some modifications to the care coordination section. As many of you are probably aware, DHCS has rebranded EPSDT to Medi-Cal for kids and teens. So that change has been updated and reflected throughout the MOU. Also, we've made some modifications that the MCP must assess the members medical and behavioral health needs or follow the member's physician or licensed behavioral health professional recommendations for Medi-Cal for kids and teens when medically-necessary covered services.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 00:15:36	We've also included a new provision that all Medi-Cal for kids and teens services are covered services in less expressly excluded under the Medi-Cal Managed Care contract. In addition, we've made some modifications to the care coordination for youth and children receiving foster care sections related to some additional provisions surrounding Medi-Cal for kids and teens, and then notification for some of these changes. And then in addition, the managed care liaison position, we have added in some additional clarification that the MCP county liaison and foster care liaison roles may be assigned to the same individual.
Slide 11	Amara Bahramioref – 00:16:28	Some additional optional provisions that were included. We understand that there are other MOU efforts that are going on at the local level that are tied to AB 2083 and focusing on children and youth systems of care. And so we've included some optional provisions related to potentially including the MCP in some of those efforts. We have made these provisions optional as we really want to leave this coordination at the local level to help the parties consider how the other MOU efforts may align with these efforts.
Slide 11	Amara Bahramioref – 00:17:07	And so we really wanted to leave that coordination at the local level, but we are encouraging where alignment, where possible, and where the MCPs may possibly be able to engage in this effort. We would recommend that inclusion. And so we have included some optional provisions there to really facilitate the conversation.
Slide 12	Amara Bahramioref – 00:17:31	All right, so we want to talk next about MOU execution steps. Understanding the managed care plans ultimately have a good faith effort to execute this MOU by January 1st, 2024. The MCP should be reaching out and forming relationships with the counties. The MCPs and counties should commence in discussions regarding executing the MOUs. DHTS does acknowledge that the MOUs, the negotiations will take some time and that the counties have certain processes that they must work through.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 12	Amara Bahramioref – 00:18:05	And that is why we have implemented a quarterly reporting requirement for those MOUs that are not executed by January 1st, 2024. The managed care plans will be required to demonstrate good faith effort by submitting quarterly reports to the department. We do want to notate that the counties are not required to sign or submit the quarterly reports to DHCS.
Slide 13	Amara Bahramioref – 00:18:30	And then we wanted to just highlight the quarterly reporting requirement, so those MOUs that are not executed by January 1st, the MCPs will be submitting a quarterly report to the department the following schedule. So the first one will be due the last day of December and then the last day of April and so forth. So we did just want to call that up. Because we received quite a bit of feedback on the execution timeline.
Slide 14	Amara Bahramioref – 00:18:56	So we did prepare some questions today throughout the development of the County Child Welfare MOU. We have had the opportunity to work very closely with our partners at CWDA and also at Social Services. So we want to thank them for their partnership. We have prepared a couple of questions that we are hoping to discuss today to help not only us, but also our partners figure out what guidance may be helpful to really support the execution of the MOUs.
Slide 14	Amara Bahramioref – 00:19:28	So I have these questions up on the screen and we will also put them in chat, but we wanted to get your feedback. So what we can do is I'll ask the questions and then we can pull this off the screen so I can see your screen and we can open it up for additional questions that I see some already coming in the chat. So do the MCPs and counties need technical assistance from DHCS to support the execution of the MOUs? If so, how can DHCS support?
Slide 15	Amara Bahramioref – 00:19:56	Another question we have, what guidance and communication can CDSS provide that would be helpful to receive to support these execution of the MOUs? And then are there best practices that anyone may want to share regarding negotiation of the MOUs? So we'll leave it with those questions. We'll pull the questions down if we can. And then I see some questions already coming into chat, so we will take a peek at those. Can we pull down the slides please?

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:20:35	All right, thank you. What date did all these changes in red take effect? I believe it was in October. We published the finalized version of the MOU. Team please correct me if we have a different date, but we had published the MOU that's linked on the website is the most updated MOU, so that is the MOU that should be used in negotiations.
Slide 15	Amara Bahramioref – 00:21:06	I see another question. Are the MOU templates on the APL website also the most recent versions? Yes, those are the most recent versions. Or do we need to use the ones on the dedicated webpage? They're the same versions, so there should not be any version control issues. They're the same versions. Hopefully that addresses your question.
Slide 15	Amara Bahramioref – 00:21:28	All right, Ashley, I see. I apologize because I always pronounce, I always just say out all of the letters on this word, so I apologize if I'm saying this incorrectly, but the HCPCFC does not have social workers. The HCPCFC is a PHN program with approved clerical staff. Can you clarify? Ashley, I'm going to ask you to come off mute and provide further clarification. I'm not sure exactly what you're looking for on that question.
Slide 15	Ashley Worley – 00:22:04	Yeah, hi, my name's Ashley. I am CMS manager in Stanislaus County. So our HCPCFC program is housed over at CSA and we have nurses and a medical records clerk. A social worker is not an approved classification for the HCPCFC program based on the DHCS standards for classifications approved for the program. And so when it's referencing, and this is the first time I've actually looked at this MOU, this didn't go through my program here at HSA, but we are housed at CSA and follow this child welfare MOU also.
Slide 15	Ashley Worley – 00:22:42	So a little late to the game. So sorry, but when you say HCPCFC social worker, are you referencing an actual HCPCFC position that's part of a HCPCFC program because we work closely with social workers that are not identified as HCPCFC staff. So I just want to ensure that when we're referencing a HCPCFC social worker that you are generalizing this as social workers that are working with the HCPCFC staff because we don't have social workers in the program.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:23:20	Marissa, do you have any additional clarification to add on this? If not, we might have to take this one offline.
Slide 15	Marissa McGrenera – 00:23:27	Yeah, we actually received this as a technical correction from CDSS shortly after this was published. It is meant to be generally social workers, like county social workers that work with HCPCFC rather than a HCPCFC specifically assigned role. So that is a technical correction that we have noted on the back end and we'll be making to the MOU when it undergoes additional revisions or technical corrections in the future.
Slide 15	Ashley Worley – 00:23:53	Okay, excellent. I saw it referenced multiple times throughout the MOU and I was looking at the redlining and sometimes it was crossed out and just put public health nurses, something else, but it wasn't redlined throughout the document, so I just needed a little bit more clarification. So in the next version that will be generalized and not referenced specifically for HCPCFC, right? I can take that back.
Slide 15	Marissa McGrenera – 00:24:17	Yes. Amara go ahead.
Slide 15	Amara Bahramioref – 00:24:19	And I would say as you're working through the negotiations with the managed care plan, call that out and make that change in the MOU, right? Because we ultimately understand there's going to be some nuances at the local level. DHCS will review and approve any of the redline changes that occur to the MOU, but we do understand that there are going to be nuances at the local level.
Slide 15	Amara Bahramioref – 00:24:40	So I apologize Marissa if you were going to cover something else, but I do want to just notate that you can make that modification and I would encourage you to have that conversation with your managed care plan.
Slide 15	Ashley Worley – 00:24:52	Excellent. Thank you.
Slide 15	Amara Bahramioref – 00:24:53	Anne?

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Anne Nadler – 00:24:59	Hi. On the same topic, I just want to clarify. The healthcare program for children in foster care is a public health nursing program coordinated by CDSS and DHCS. There have never been social workers in it. It is exclusively a clinical public health nurse program. And the fact that this language found its way into this MOU is just an error.
Slide 15	Anne Nadler – 00:25:19	We are partnered with many people on the multidisciplinary care team. Managed care is only one of them. And so this language should just be pulled out immediately so that it doesn't get embedded and confuse absolutely everyone. There is no such thing as this position in HCPCFC, nor is there room for it anywhere else because we work collaboratively, we are embedded in social services.
Slide 15	Anne Nadler – 00:25:46	The only social workers that we are committed to by virtue of our MOUs at the county level are the social services agency social workers, and they are a whole other category of staff. So it's really important to get this language out. We have asked this to be removed throughout this document for it's been months now, it needs to go so it doesn't complicate things.
Slide 15	Anne Nadler – 00:26:07	This is not a local level, this is a DHCS level. The program has never had social workers. We are the collaborators with the social services agency social workers, they are our team members. And then of course everyone else on the multidisciplinary team.
Slide 15	Amara Bahramioref – 00:26:25	Thank you. And we appreciate that feedback and we will look to make a technical change as soon as possible to reduce confusion and clarification on this. So thank you. We appreciate the feedback. You can imagine with leading a number of MOU initiatives, there's going to be opportunities for improvement and we acknowledge that and so we appreciate that feedback and we will make that technical change. So thank you for that feedback.
Slide 15	Anne Nadler – 00:26:49	Okay, thanks.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:26:51	All right, Isabel, I see will the optional 2024 provisions be required in 2025 and 2026? The department is working through what that would look like and we will be issuing forthcoming guidance. We acknowledge and understand that the MOUs take some time to execute amongst the parties, and so we want to be cognizant of how frequently we're making updates to these provisions and to these MOU templates. So additional details will be forthcoming on those.
Slide 15	Amara Bahramioref – 00:27:24	Kim, for clarity, we can roll the Bespoke MOU templates into our 2083 MOUs if we can align. So if you can come off mute potentially and provide a little bit more clarification, I think that would be helpful. I don't think the intent is necessarily to align where there's opportunities we would say definitely align, but we aren't as familiar with the 2083 MOU effort.
Slide 15	Amara Bahramioref – 00:27:59	And so I would say you want to follow the guidance that was issued for those MOU templates where there's opportunities to align and potentially add additional provisions and or make the optional provisions required provisions that are agreed upon by both parties in this MOU that that's really what we're encouraging here. If you want to come off mute and give any additional clarification, please feel free to do so.
Slide 15	Kim Pearson – 00:28:25	Yeah, sure. Thank you so very much. So I think you answered the question with the clarity in which you can just conveyed just we were having this discussion around all the work that's being done with all of the respective parties and the child serving agencies via 2083.
Slide 15	Kim Pearson – 00:28:41	And if we can incorporate the requirements for the managed care plan MOUs with child welfare into that document, as long as we meet all of the requirements and our managed care plan partners are in agreement, could it be a single MOU as long as we have all the information required under the Bespoke MOU and that MOU.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:29:10	So, ultimately the department is going to need to receive a copy of the executed MOU and we do anticipate that it's going to be the Bespoke County Child Welfare MOU template that we received. And so if there are additional provisions, we'll ultimately review and ensure that they don't conflict.
Slide 15	Amara Bahramioref – 00:29:30	And so there may be opportunities to combine them, but I think without fully understanding and being a SME on the 2083 MOUs, I can't say for certain that that's a possibility. Do our partners at DSS have any feedback to add? Because I know you all are a little bit more heavily involved in that effort?
Slide 15	Sara Rogers – 00:29:52	This is Sara Rogers and with System of Care Branch and part of the system of care at the state level. I mean I do think that we see the need to consider what Kim was just describing, that it feels duplicative if that's not how it can be accomplished. But as far as the template, I mean I guess Kim, I'm curious, would you envision the structure for approving it be used and then you use the Bespoke template that has been provided in that space?
Slide 15	Sara Rogers – 00:30:29	So inviting the MCPs to come to that meeting space and essentially through that same meeting framework in terms of the inter-agency leadership team and coming together and getting everyone on the same page and then agreeing to the template, especially in counties where there's multiple MCPs, I feel like that's been a concern for us as well is that you really need to make sure there's not lots of different versions of that template. Depending on the MCP, it could be a really good opportunity to coordinate it across the many different partners that all need to be on the same page. Does that resonate, Kim?
Slide 15	Kim Pearson – 00:31:14	It does. Thank you Sara. I think we'll do a little bit of a deeper dive before making that move. I think it's just as you mentioned, it could be an opportunity to just further establish some good working relationships with all the entities. However, it might be a tall tree to climb to try to do it in that manner, although there's some things that make sense in the combining of the two, but it just might not be able to be accomplished. So just thinking we'll do some further thinking around that and of course check in with all of you.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:31:52	Yeah, absolutely. And I think that a lot of that's that collaboration and coordination across the managed care plan and what you all agree to include in your MOUs. So there absolutely may be opportunities to align the effort and we would appreciate follow up and feedback on that.
Slide 15	Amara Bahramioref – 00:32:14	All right. Christine, "We heard that DHCS is permitting the MCPs and counties to combine MOUs into one document instances in which it makes sense. Will there be specific guidance and or templates available for combined MOUs?" So we do encourage that. We understand that there may be opportunities to combine. The way that we've structured it is really in relation to how we have learned that everything is done at the local level.
Slide 15	Amara Bahramioref – 00:32:41	And so there may absolutely be opportunities to combine these MOUs into one. We will not be issuing a template. We've issued the Bespoke templates and we would encourage you to use those and combine those into one MOU. And that is absolutely something that we would encourage. So there's guidance in the all plan letter to that effect already, and you'll see some guidance in the FAQ that we'll be issuing too to provide a little bit of additional clarification surrounding this.
Slide 15	Amara Bahramioref – 00:33:13	All right. "Is the MOU required within six months of the final MOU template being released?" I'm not sure exactly what you mean, but if you mean as far as execution, the MCPs are required to show a good faith effort to execute the MOU by January 1st, 2024. And for those MOUs that are not executed, the managed care plans will be required to submit quarterly reports to the department demonstrating good faith effort. I hope that answers your question, Christine. Feel free to come off mute if you need additional clarification.
Slide 15	Christine Huber – 00:33:51	No, that does. It was shared in one of our meetings that we had six months to get the MOU in place though, so I hadn't seen that in writing or we haven't, so I just want to clarify. So thank you.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:34:07	All right, MOU was published. Thank you, Sophie. The MOU was published on November 2nd, the final MOU. Ralph, "Can you talk more about the data elements for Exhibit C? So I'm not sure exactly what you want to talk about regarding that, but what we really anticipate is that the two parties are going to collaborate and determine what information should be included in Exhibit C, obviously following the state and federal laws that your program must comply with.
Slide 15	Amara Bahramioref – 00:34:41	So really we're leaving at this at the local level as we understand there's nuances that may exist between the local level, the engagement between the managed care plans and the counties. And so we've really left this a little bit more high level abroad so that you all can negotiate and determine what needs to be included in Exhibit C. So I'm hopeful that that will address your question that you have Ralph, but as always, feel free to hop off mute and ask any additional clarifying questions that you may have.
Slide 15	Ralph Silber – 00:35:13	Yeah, assuming I'm looking at the final version, the language is just, maybe it's like a typo. It says the parties may add data elements such as colon, and then it says the parties must share the following data elements.
Slide 15	Amara Bahramioref – 00:35:30	So the words that are in italics are optional provisions. And so those are the provisions that the parties may negotiate. So if the parties decided to include that, then the parties must share. So we apologize for that confusion. There will be additional information in the FAQ outlining that these are optional provisions. So any of the provisions that are in italics are optional. Those the parties can negotiate, but they're not required to include in the MOU.
Slide 15	Ralph Silber – 00:36:05	I'm sorry, maybe I'm a little slow. I still don't understand what you said. So there are no specific data elements that are required?
Slide 15	Amara Bahramioref – 00:36:10	Yes.
Slide 15	Ralph Silber – 00:36:10	All the data elements are optional.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:36:14	Yes. Now the parties must exchange data to ensure that there's care coordination to ultimately support the goals of the MOUs, but the department isn't dictating what the specific data elements that will be shared.
Slide 15	Ralph Silber – 00:36:30	So it says they must share the following. So you get that the document doesn't really say what you just said.
Slide 15	Amara Bahramioref – 00:36:40	Yeah, but if you look, and I don't know if it's at the top, but definitely in the all plan letter we outline, no, actually at the top it says that the stuff in brackets are optional provisions. So we've written it from the perspective of if you decide to move forward with those optional provisions, then we've made it must, but ultimately the parties have the option to not do that. We apologize if that's confusing.
Slide 15	Ralph Silber – 00:37:08	Could somebody send this back with no data elements listed?
Slide 15	Amara Bahramioref – 00:37:15	Ultimately there needs to be data elements to support care coordination. And so we've just included some that we think that are helpful to provide care coordination. And so ultimately the goals of the MOU still need to be met. And so that's where we're leaving it at the local level to really determine what that looks like.
Slide 15	Ralph Silber – 00:37:35	Got it. Thank you.
Slide 15	Amara Bahramioref – 00:37:42	All right. And I see. "As foster kids enter MCP, I would like to be able to measure the quality of care. MCPs can demonstrate quality with compliance with HEDIS measures. Can DHCS provide HEDIS measures for foster kids under fee for service managed care?" This is outside the scope of my purview, and so I wouldn't be able to speak to this. We can take this back and see if we can get a response, but this is outside of the scope of this effort.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:38:19	I see. "I hear the requirements for the MCPs are county social service departments also required to negotiate with MOUs with the MCPs?" So the department ultimately has purview over the managed care plans. And so ultimately the requirement is on the managed care plans. However, we are encouraging that the counties negotiate with the managed care plans. This is ultimately about putting the member first and focusing on these children and ensuring that these children are getting the proper services across healthcare delivery systems. And so I would encourage as you're having these negotiations to really put the children first and really think about the impact to the kids.
Slide 15	Amara Bahramioref – 00:39:06	I see a question from Catherine. "Are there optional provisions embedded in the MOU templates?" Yes, the optional provisions are in italics. All right. Christine, I see. "Page seven of the MOU under data sharing and confidentiality and data exchange states that CWS has to be in compliance with HIPAA. If we currently are not bound by HIPAA and have our own confidentiality requirements from CDSS, will there be any concerns from DHCS if removed?"
Slide 15	Amara Bahramioref – 00:39:45	So yes, we will be reviewing that and we would be working in close partnership with DHCS because ultimately data sharing is the foundation of the MOUs. And so if there are concerns, we would be working in close partnership with DHCS who we've been working in partnership with on these MOUs.
Slide 15	Christine Huber – 00:40:07	Is that that you're currently talking about? Or if a county identifies an issue in their template, then you would talk about it.
Slide 15	Amara Bahramioref – 00:40:28	So we've already engaged in conversations with CDSS and we've made revisions to the MOU template to reflect those conversations, really ensuring that the entities comply with their state and federal laws. Ultimately, we don't want these to hold up the execution of the MOUs. I would say if there are concerns, please send those into the MCP inbox and we can have further discussions about those. And then Monica, I see your hand raised.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Monica Soderstrom – 00:41:01	I think one of the difficulties is that the HCPCFC or foster care PHNs that are referred to several times here and that all counties employ those employed nurses are usually employees of the local health department. And we contract with the social services if we're not a super agency. And so the foster care nurses are healthcare employees and are covered as a covered entity under a local health department. But as is noted here, social services are not usually a covered entity. They're under different regulations than HIPAA.
Slide 15	Monica Soderstrom – 00:41:43	So our nurses hold medical records for children and that there may be something that needs to be teased out about who is actually sharing data. Is it the child welfare services organization? Is it the public health nurses between the managed care plans? I still can't quite tell who the care coordination is supposed to be happening with here in this because our nurses are who do the medical case management for these children. But the social workers do a lot of case management as well, but it's not usually medically oriented. So I think that's where some of our confusion may be coming when we look at this document.
Slide 15	Monica Soderstrom – 00:42:31	And we used to have CHDP, all of us who worked with social services to make sure kids in foster care were getting care through Medi-Cal providers, and with CHDP going away, that changes things a bit. So I think there's going to be a lot to be navigated during this change.
Slide 15	Monica Soderstrom – 00:42:54	And to add to this, one of the things that I had hoped we had time to talk about before it was over is on page three and later in the document, it talks a lot about enhanced care management, which we know is different than nurse case management, but it does say on page three at the top that the MCP must assign the member to the mental health plan or SMHS provider contracted to the mental health plan or existing care management program as the ECM provider.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Monica Soderstrom – 00:43:36	And I'm just a little confused about how ECM is playing into this. We and our county have stood up an ECM program for children and youth in foster care, but we do not expect to have all of the children referred to our program. Our understanding is children with identify needs may be referred, but not every child. And it just reads a little different here to me seeming like maybe it's expected that every child is referred. So just asking for some clarification on that.
Slide 15	Amara Bahramioref – 00:44:12	Thank you. There's a lot to unpack there. So ultimately, the data sharing, I do think it sounds like there is some complexity and there's some nuances at the local level. I do want to flag that we also have a local health department MOU, and so if it may be more appropriate to share data through that channel, I would encourage those conversations with the managed care plans because I think that is an important piece to flag, which is us really looking at how we're coordinating care across delivery systems.
Slide 15	Amara Bahramioref – 00:44:41	So the Local Health Department MOU that has also been released and finalized and posted on the web may be another opportunity to consider that data sharing to ensure that these members have coordinated care across the delivery system. I'm going to tag hopefully Dana in to assist with the ECM question and we may... Go ahead. I see.
Slide 15	Dana Durham – 00:45:08	I think we're still working through a lot of that kind of, I do think what is actually asked for, and maybe we will clarify it, but it's one of the kind of guiding things is that there need to be ways that the communication happens. I see that you're taking it to mean every child. We do want every child to look and see if those needs are there, but if they're not there, we certainly don't want that coordination for that.
Slide 15	Dana Durham – 00:45:41	I don't know about you, but the plans will often say to me, I'm not being able to get ahold of who I need to get ahold of. Part of what's desired there is that both parties agree on processes and places to connect with the right person so that they're not having to hunt for someone. I really understand where you're coming from and I think there are two concepts that are getting maybe a little convoluted.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Dana Durham – 00:46:09	One being that we do want to make sure if a foster care child has needs that those are appropriately addressed and then that coordination can happen if they're found. So see where you're saying it's a little bit more overarching and would want to make sure that we take a look at that so we can look at that and see. And I don't know if that answered your question or made it more confusing, but would love to hear.
Slide 15	Monica Soderstrom – 00:46:43	No, I appreciate just hearing that it's not probably expected that every child in foster care is going to be referred to ECM, but I think that hopefully we might be able to change the wording just a bit, or at least with our own managed care plan, make sure we understand, like you said, the communication there. Because I would hate to be this interpreted as now you're going to start referring every child in the system to ECM. Thank you for that.
Slide 15	Dana Durham – 00:47:12	And I'll say that that presumption is they're eligible for it, right?
Slide 15	Monica Soderstrom – 00:47:15	Right.
Slide 15	Dana Durham – 00:47:16	So there's the difference between will people be enrolled. I mean, you have a great active foster care parent who really doesn't need that support. We don't want to misuse resources and give a lot of support where it's not needed or helpful, but we do want to make sure that we assess whether that's needed and that if it's needed that it's available.
Slide 15	Monica Soderstrom – 00:47:37	Right. And what our hope is that as the agency ECM who's receiving referrals that the person making the referral has first assessed at before they refer. Because if we were to receive a referral for every single child and then have to figure out do they need this service or not, that's a big use of time that could better be used serving the children and families who really need it.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Dana Durham – 00:48:03	Well, and maybe, let me clarify like anyone can refer a child for ECM and now they would be automatically eligible. But it could be a neighbor, it could be a provider, it could be one of you who comes across a child that needs that additional support. But it is the responsibility of the plan to see whether or not that is an additional tool in the toolbox that would be helpful, or if it's not appropriate to add in.
Slide 15	Monica Soderstrom – 00:48:33	Thank you.
Slide 15	Dana Durham – 00:48:33	Did that kind of help? Sorry, it's confusing, but I don't think-
Slide 15	Monica Soderstrom – 00:48:38	We'll need to have a conversation with them, but thank you for that.
Slide 15	Dana Durham – 00:48:41	Sure.
Slide 15	Amara Bahramioref – 00:48:45	Thank you. Tom, "And my flag for the local health department MOU is not that it's necessarily included, but there may be options to negotiate additional provisions regarding data sharing to allow the nurse to share data with the managed care plan to support the child welfare population. So my thought is that you can have the conversations with the managed care plan and maybe it would be more appropriate to include that in the Local Health Department MOU, but again, I would encourage the collaboration coordination with the managed care plan.
Slide 15	Tom Coleman – 00:49:19	This is Tom. Thanks for that. I appreciate it. The challenge is we have no guidance so far in terms of what HCPCFC is going to look like. And so the timing in terms of negotiating with the plans on this, given that, again, with my recollection in the LHJ MOU, there's nothing related to HCPCFC that was completely put in this one, which is a child welfare MOU. I think that's part of the confusion.
Slide 15	Tom Coleman – 00:49:43	I see Monica nodding and my guess is there are probably several other people that I appreciate that that could be added, but right now, the LHJ is not going to pertain to foster children, which falls under this MOU. I hope that made sense.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:50:06	Thank you for that feedback. And I think as we learn more and develop, we understand there's a lot of policies currently in flight, and really the intent is to codify existing policy. And we understand that there's going to be opportunities to refine these MOU templates in the future. And so I think as we learn more and have conversations with people that are performing these activities in the local community, I think there absolutely is going to be modifications to these MOU templates. Anne, I saw your hand up.
Slide 15	Anne Nadler – 00:50:52	Yeah, I was just going to talk a little bit about some very concrete steps that have come to mind in our region and the Bay Area. Let's see if I can say this. There's two overlapping problems. One is distinguishing between language that is virtually identical, HCPCFC's case management methodology and ECM as enhanced case management. You could use those terms or procedures interchangeably, but the way the state or DHCS has defined ECM is this much more associated with social determinants of health.
Slide 15	Anne Nadler – 00:51:32	So that leads to a question as to who's responsible for what? And it gets much more complex as when Tom says there is no freestanding HCPCFC policy and procedure and documents yet, number one. Number two, CHDP, which used to hold the master lists and contact lists for all HCPCFC nurses around the state is going away. So when you have ECM providers and contractors saying, I don't know how to reach anybody who actually knows where this kid is and who they've seen.
Slide 15	Anne Nadler – 00:52:11	In other words, I don't know how to reach the HCPCFC nurse, and there's no state coordination of contacts and the rest of it, we're making it more difficult than it needs to be. So just an example of a concrete infrastructure change at the Bay Area regional level. We're talking about a document or a flyer, which identifies seven counties around the Bay and the point people in the HCPCFC program and somehow figure out who to distribute this to, all the ECM contractors in the seven Bay Area counties, right?

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Anne Nadler – 00:52:47	So that they get this and suddenly the light bulb goes on and they go, "Oh, I didn't even know about HCPCFC." There they are. These are our contact people, the nurses in child welfare. We can find out if this child is even in foster care. Because as recently as about four months ago, that seemed to be the biggest problems. Nobody knew who was in foster care. And to get that court information out was legally challenging.
Slide 15	Anne Nadler – 00:53:13	Forget about HIPAA. It's like, are you allowed to say that someone's in foster care? So just saying that the infrastructure for communicating even the child as a foster care child with court status, there's a lot of effort going on Kaiser, et cetera, but there is so much work to be done. And just to say what Tom was saying, which is it's difficult to put this cart before the horse. It feels as though there's just so many places in which the systems haven't yet been developed in order to actually call them out in an MOU.
Slide 15	Amara Bahramioref – 00:53:51	Thank you for that feedback. And I believe we have our partner, Addie, are you still on the line? Our partners within quality population health management are over the ECM benefit. And so I don't know, Addie, are you on and want to speak to this a little bit more by chance?
Slide 15	Addie Sherman – 00:54:12	Yes. I'm so sorry. Can you repeat the question please?
Slide 15	Anne Nadler – 00:54:22	If you're asking me to do it, there's a number of points. One is how to actually identify foster children in the caseloads of enhanced case management providers who have not yet learned who the HCPCFC nurses are in order to reach out and ask them to double check to see if a child is a foster care child.
Slide 15	Anne Nadler – 00:54:42	Two who, or maybe number one above all we've asked this a number of times, is who is the point person? Who is the lead care coordinator? The HCPCFC PHNs traditionally have been that. That's why they were put in place with the recognition that the foster kids needed a single clinician who would be coordinating all the silos of care as HCPCFC is relatively invisible as ECM and other parts of the ECM process roll out.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Anne Nadler – 00:55:11	And these managed care MOUs roll out is a hurry up and catch up scenario of trying to inform people about the HCPCFC nurses role, which although invisible is already in place and takes center stage in order to support child welfare's creation of a really sufficient safety net. A safety net that includes all healthcare, including behavioral health and all the rest of it.
Slide 15	Anne Nadler – 00:55:39	So anyway, the biggest question is how to communicate throughout the managed care system of California? That HCPCFC exists, that they already have a mandate, it's in legislation and that if they need information, here's who to contact and here's how this case management system, this parallel case management system works. It never closes anything out. There are no end dates.
Slide 15	Anne Nadler – 00:56:07	The child's eligible through the age of non-minor dependency, all of the things that govern us, familiarize managed care, and then your MOUs will probably increase in quality and in efficiency and in effectiveness. I'm sorry. No question. Just a statement. Welcome your feedback
Slide 15	Addie Sherman – 00:56:26	No that was very helpful because now I've been able to write down exactly what you're interested in learning more about. I'm going to put our mailbox in the chat. Unfortunately, I am not a subject matter expert in this field, but I can definitely coordinate getting this information to you and would be happy to speak more offline and then hopefully release more information if it would be helpful to the group as well.
Slide 15	Anne Nadler – 00:56:59	I think there's a number of groups and individuals between DHCS, CDSS and the leader that would love to have much more a pointed and informal dialogue around this. It feels challenging to accomplish the detail work that needs to be done in meetings like this and at such infrequency, but we are doing this.
Slide 15	Addie Sherman – 00:57:26	Absolutely.
Slide 15	Anne Nadler – 00:57:26	Thank you. So yes, happy to reach out and broker a connection there.
Slide 15	Addie Sherman – 00:57:33	Great. Thank you so much.

County Child Welfare MOU Template Post-Release Webinar

December 5, 2023

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:57:38	Thank you all for the fruitful conversation today. I do note that we only have a couple more minutes left and there are a few questions that remain in chat. For those questions that we have not addressed, we'll follow up with a written response. Are there any other verbal questions that would like to be asked while we have a couple more minutes?
Slide 15	Amara Bahramioref – 00:58:03	I think you all have given us a lot of fruitful information and we really appreciate the conversation and the feedback today. I do want to flag that there are members that will be transitioning from fee for service into managed care in the COHS and single plan counties, which is about 1,300 members. And that will start January 1st, 2024. And then Amy, I see you have a question.
Slide 15	Amy Myer – 00:58:29	More of a comment. I do want to state that here at IHP, we have a program called Open Access. We have really worked hard to create those relationships both with our welfare agencies as well as HCPCFC. I just want to point out it can be done. We do meet very often to discuss difficult cases and just want to point out, it is a great relation to have. It's ongoing.
Slide 15	Amy Myer – 00:58:57	We do have gaps that we're working on, but I do feel that Open Access, our foster youth and assuring that those members have the same level of care as our general population is a great goal to have. And I really do feel that we are accomplishing here at IHP. So I wanted to end it on a good note that although this is very difficult to achieve, I don't want to say it's not, it can be done. And very proud of Riverside and Samford collaborations with our agencies here.
Slide 15	Amara Bahramioref – 00:59:30	Thank you for sharing, Amy. We absolutely appreciate that feedback and the best practice. And so it's a great example to follow and we understand that there's opportunities for improvement and I think sometimes you just have to take that step forward and begin that collaboration and partnership to really support these kids and really put that at the forefront of the negotiations and discussions and understand that there's complexities and those complexities are going to need to be worked out.

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Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Amara Bahramioref – 00:59:56	So I truly appreciate, Amy, you sharing that, and I appreciate everybody joining today and giving feedback and all the feedback that we've received throughout the stakeholder process. We acknowledge that there's going to be opportunities to modify this in the future. We have received that technical change that we will take back and look to make immediately because we understand that there are impacts to that and we ultimately appreciate all of your collaboration and partnership on this call. So thank you so much.
Slide 15	Michael Hara – 01:00:37	Thank you.