County Child Welfare MOU Template Post-Release Webinar



December 5, 2023

Objectives for Today's Discussion





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

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DHCS Goals for Requiring MOUs

- 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 County Child Welfare 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 Party
- 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

- Contains the general <u>and</u> 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 polices
 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



Memoranda of Understandings Between Medi-Cal Managed Care Plans and Third Party Entities

Return to the Managed Care All Plan Letters Homepage

Medi-Cal Managed Care Plans (MCPs) Contract with the Department of Health Care Services (DHCS) to provide high quality, accessible, and cost-effective health care through managed care delivery systems. The MCP Contract requires MCPs to build partnerships with the following Third Party Entities to ensure Member care is coordinated and Members have access to community-based resources in order to support whole-person care:

Purpose of the County Child Welfare MOU Template

Level Setting

The County Child Welfare MOU template seeks to improve care coordination between MCPs and Counties through the following:

- » Opening channels of communication between MCPs and Counties to coordinate care for children and youth involved with child welfare and foster care to address concerns related to ensuring the children and youth get the services they require and to address care coordination.
- » Enhancing each party's understanding of the other's respective services and operations. For instance, each party should provide training and education resources for their respective services and operations to the other party to increase timely coordination and decrease process inefficiencies.

Significant Population Overlap across County Child Welfare and MCPs

- Improving care coordination between MCPs and Counties is greatly important given the significant number of children and youth involved with child welfare and foster care that are covered by MCPs.
- This overlap will continue to increase as Medi-Cal managed care expands in the coming years.

Example: Overlap of Youth in Foster Care Covered by MCPs

- As of July 2023, about 47% of Medi-Cal youth in foster care are enrolled in MCPs.¹
- DHCS has approved Medi-Cal managed care model changes in 17 counties for 2024. With MCP model change, approximately 13,300 children and youth in foster care in counties transitioning to COHS and Single Plan models will be moved to mandatory managed care.

- » <u>NEW Definitions.</u> Sets forth the defined terms used in the MOU, such as the "Foster Care 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 may be accessed, including during nonbusiness hours.

- » <u>Referrals.</u> NEW Closed Loop Referral requirements for 2024 are now optional as the policy is still in development.
- » <u>**Care Coordination.</u>** 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.</u>
- » 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.

- » 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 CDSS as appropriate) when the parties are unable to resolve disputes. NEW - MCP must, and County Child Welfare 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.**
- » <u>NEW Equal Treatment.</u> 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.

County Child Welfare MOU Template Requirements

The County Child Welfare MOU template contains the following provisions specific to the MCP relationship with County Child Welfare:

- Care Coordination. This section is intended to encourage the parties to develop and document how the partieswill coordinate care, monitor whether those processes are working, and improve the processes, as necessary.
 - Coordination of Medi-Cal for Kids and Teens (formerly EPSDT) Services.
 - NEW MCP must assess the Member's medical and/or behavioral health needs, or follow the Member's physician's or licensed behavioral health professional's recommendations, for Medi-Cal for Kids and Teens Medically Necessary Covered Services.
 - NEW All Medi-Cal for Kids and Teens services are Covered Services unless expressly excluded under the Medi-Cal Managed Care Contract.

County Child Welfare MOU Template Requirements

The County Child Welfare MOU template contains the following provisions specific to the MCP relationship with County Child Welfare:

- **Care Coordination for Youth and Children Receiving Foster Care.** The MCP-County Liaison must oversee coordination of care for Members receiving County Child Welfare Services by:
 - NEW Ensuring that each Member's needs as defined under Medi-Cal for Kids and Teens services have been met through the provision of a care plan and warm hand offs to appropriate Providers. If services are needed, the first encounter must occur without unnecessary delay and in accordance with clinical standards (e.g., AAP Bright Futures Periodicity Schedule, Advisory Committee on Immunization Practices vaccination schedule).
 - NEW Notifying group homes, Short Term Residential Therapeutic Programs, HCPCFC staff, HCPCFC social workers and/or case managers, and foster parents of Members regarding MCP and County services when a Member is placed outside MCP's Service Area.
- Foster-Care Liaison. MCP must designate at least one individual to serve as the Foster Care Liaison. Additional Foster Care Liaison(s) must be designated as needed to ensure the needs of Members are met. By January 1, 2024, MCP must implement the role of Foster Care Liaison who will follow DHCS-issued standards and expectations for this role as set forth in the Medi-Cal Managed Care Contract, DHCS All Plan Letters, or other similar instructions. NEW The MCP-County Liaison and the Foster Care Liaison roles may be assigned to the same designated individual.

County Child Welfare MOU Template Requirements

The County Child Welfare MOU template contains the following optional provisions related to the Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018), Children and Youth System of Care (SOC):

Background

- Assembly Bill 2083, requires each county to develop and implement an MOU setting forth roles and responsibilities of agencies and other entities, such as county child welfare agencies, that serve children and youth in foster care who have experienced severe trauma.
- The purpose of the AB 2083 MOU is to ensure that children and youth in foster care receive coordinated, timely, and trauma-informed services.
- This MOU is <u>NOT</u> between the MCPs and counties, however, DHCS and CDSS encourage counties and MCPs to consider how their County Child Welfare MOU may be aligned with the AB 2083 MOUs to enhance care coordination and collaboration.

NEW - Thus, the County Child Welfare MOU template includes the following <u>optional</u> provisions:

- **NEW** MCP must collaborate with County to identify opportunities for coordination and alignment of this MOU with County's Interagency Leadership Team's efforts in implementing the AB 2083 MOU to increase Members' ability to receive timely, coordinated care.
- **NEW** County must include MCP as a party to its AB 2083 MOU with local entities to ensure coordination between MCP, County, and local entities as necessary and applicable to ensure Members receive whole person care.
- These optional provisions are suggested to help the parties consider how they might align the County Child Welfare MOU with the care coordination activities set forth in the county's AB 2083 MOU and should be altered by the parties as appropriate to capture their approach to aligning care coordination activities across the MOUs.

MCP MOU Execution Next Steps

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

- » MCPs should be reaching out and forming relationships with Counties
- » MCPs and Counties should commence discussions regarding executing the MOUs
- DHCS is aware that executing the MOUs will take time and that Counties 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)*

<u>Note</u>: Counties 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/Counties need technical assistance from DHCS to support the execution of the MOUs? If so, how can DHCS support?

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

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





Questions?



