

FIRST 5 MOU TEMPLATE – STAKEHOLDER WEBINAR

Date: July 2, 2024
Number of Speakers: 7
Duration: 55 minutes, 54 seconds

Speakers:

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| » Alexandra Parma | » Adam Butler |
| » Jennifer Clark | » Hailey Herbertz |
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Table of Contents:

Amara Bahramioref – 00:00	5
Amara Bahramioref – 01:57	5
Amara Bahramioref – 02:50	6
Amara Bahramioref – 03:54	7
Amara Bahramioref – 04:51	8
Amara Bahramioref – 05:58	9
Amara Bahramioref – 06:59	10
Amara Bahramioref – 08:07	11
Amara Bahramioref – 09:06	11
Amara Bahramioref – 09:54	12
Amara Bahramioref – 11:02	12
Amara Bahramioref – 11:32	13

Amara Bahramioref – 12:34	14
Amara Bahramioref – 13:46	15
Amara Bahramioref – 14:27	15
Amara Bahramioref – 15:40	16
Sophie Graham – 16:36.....	16
Amara Bahramioref – 16:48	16
Ysobel Owen – 17:30.....	16
Amara Bahramioref – 17:30	16
Ysobel Owen – 17:31.....	16
Amara Bahramioref – 17:33	17
Ysobel Owen – 17:34.....	17
Amara Bahramioref – 18:10	17
Ysobel Owen – 18:36.....	17
Sophie Graham – 18:41	17
Ayesha Sharma – 18:56.....	18
Amara Bahramioref – 19:48	18
Alexandria Parma – 20:02.....	18
Amara Bahramioref – 20:04	18
Ysobel Owen – 20:18.....	18
Amara Bahramioref – 20:20	18
Wendy Lee – 20:28	19
Amara Bahramioref – 21:22	20
Alexandria Parma – 22:31.....	21
Alexandria Parma – 23:32.....	21
Amara Bahramioref – 24:14	22
Amara Bahramioref – 24:44	22
Alexandria Parma – 25:30.....	23
Amara Bahramioref – 26:02	23
Sophie Graham – 26:30.....	23

Amara Bahramioref – 26:45	23
Sophie Graham – 27:22.....	24
Amara Bahramioref – 27:37	24
Amara Bahramioref – 28:30	25
Sophie Graham – 29:31.....	25
Jennifer Clark – 29:35.....	25
Amara Bahramioref – 30:39	26
Jennifer Clark – 30:59.....	26
Jennifer Clark – 31:54.....	26
Amara Bahramioref – 32:35	27
Gina Daleiden – 33:12.....	27
Gina Daleiden – 34:19.....	28
Gina Daleiden – 35:11.....	28
Gina Daleiden – 36:01.....	29
Amara Bahramioref – 36:53	29
Amara Bahramioref – 37:44	30
Amara Bahramioref – 38:19	30
Sophie Graham – 39:03.....	30
Amara Bahramioref – 39:17	31
Sophie Graham – 39:38.....	31
Amara Bahramioref – 39:51	31
Michael Harris – 40:56	32
Michael Harris – 41:47	32
Amara Bahramioref – 42:28	33
Alexandria Parma – 43:05.....	33
Alexandria Parma – 43:57	34
Amara Bahramioref – 44:21	34
Sophie Graham – 44:45.....	34
Sophie Graham – 45:36.....	35

Amara Bahramioref – 46:17	35
Amara Bahramioref – 47:02	36
Sophie Graham – 47:38.....	36
Amara Bahramioref – 47:49	36
Tiffany Chatman – 48:26.....	37
Amara Bahramioref – 49:10	37
Monika Brunkal – 49:17	37
Ysobel Own – 49:40.....	38
Amara Bahramioref – 50:34	38
Ysobel Owen – 51:25.....	39
Amara Bahramioref – 52:13	39
Sophie Graham – 52:51.....	39
Amara Bahramioref – 53:15	40
Alexandria Parma – 53:25.....	40
Amara Bahramioref – 54:05	40
Marisa McGrenera – 54:17	40
Alexandria Parma – 54:45.....	40
Amara Bahramioref – 54:53	41
Adam Butler – 55:46.....	41
Hailey Herbertz – 55:50.....	41
Ysobel Owen – 55:54.....	41

TRANSCRIPT:

VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Amara Bahramioref – 00:00	Thank you and so those in the meeting can join us and get settled in before we jump into our presentation today, and then we look forward to hearing from all of you. So those that just joined us, thank you so much. We're going to give it just a little bit longer for those to get registered and settled in and join the call today. We're excited to be here today to talk a little bit more about the First 5 MOU template that we have released for stakeholder feedback, and we look forward to having this fruitful conversation today. I'm seeing the numbers continue to go up, so it looks like we're going to have a big group here today, and we look forward to the discussion.
Slide 1	Amara Bahramioref – 01:57	Right. I'm seeing the numbers slow down, so we will jump in and get started. My name's Amara Bahramioref, and I'm a Branch Chief in the Managed Care Quality and Monitoring team. I'm leading the development of the Memorandums of Understanding, which are a requirement of our 2024 Managed Care contract. Today, we're gathered here to talk a little bit more about the First 5 MOU template that we have released for stakeholder feedback. Today, is our first stakeholder webinar to really gather feedback from a review on your important roles and involvement in this Memorandum of Understanding. We do have everybody on mute as you join the call today. We'll have an opportunity at the end to address any questions that you may have, so please remain on mute until that time and then we will open it up to all of you. During that time, you'll be given an opportunity to raise your hand and be called upon to ask your question and, or drop your question in the chat. With that being said, we will jump in and get started.

VISUAL	SPEAKER – TIME	AUDIO
Slides 2-3	Amara Bahramiaref – 02:50	We do have a few objectives today that we're hoping to walk through with all of you, so we're going to just review the First 5 MOU template, review the MOU execution timelines, and then as I mentioned, open it up for questions and answers to gather valuable feedback from all of you, so we really look forward to the discussion today. So before we jump in, we just wanted to provide some of the goals of the memorandum of understanding and really some of the requirements related to this and the policy documents that we've released. So as I mentioned early on in the call, the 2024 Medi-Cal Managed Care contract, which was a heavily revised contract from our previous contract, requires our managed care plans to enter in MOUs with counties and other third parties to really ensure that we're providing that whole system person-centered care approach. This First 5 MOU is a set of larger MOU documents that were released and developed by the department, and so we have really set forward a really clear path and foundation for these MOUs.

VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Amara Bahramioref – 03:54	<p>Some of the goals that we've established when we were creating these policy documents is to really just set forward minimum requirements on our managed care plans to ensure that there's consistency across all of the different MOUs that we've developed, and it's really to clarify roles and responsibilities for that coordination of delivery of services for members that may be ultimately receiving services from multiple delivery systems, and also to establish formal processes for how MCPS and other parties will collaborate and coordinate on Population Health Management programs and to establish those data sharing pathways to ensure that whole system person-centered care approach. There's also some other requirements that we place on the managed care plans to provide some oversight and accountability, and also transparency, and we'll go into that a little bit more in detail in this future slides.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slides 3-4	Amara Bahramioref – 04:51	<p>So really the intent of the MOUs are really intended to incorporate existing program requirements from other policy vehicles, so you'll see that covered in other details, but the intent of the MOU is not necessarily to develop new policy but really codify existing policy. I apologize, I've got little bit of a lag on my screen share, so bear with me today. So as I mentioned, the First 5 MOU template is a set of broader policy documents that the department has released and, or anticipates releasing. So we released a very detailed all plan letter, which is guidance to our managed care plans to really set forward some detailed requirements and explain really the intent and purpose of the provisions that are set forth in the MOU, and it also places expectations that we have on our managed care plans such as the annual report and quarterly reports, quarterly meetings, really lean forward some of the monitoring strategies the department's going to use to monitor the execution of these MOUs.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 4	Amara Bahramioref – 05:58	<p>In tandem with that MOU or with that all plan letter that we released, we also released what we refer to as our base MOU template that contains the provisions that are located in all of the MOUs that we've developed thus far, and really it just has some of those foundational measures. We'll get into a little bit more detail, but really clarifying roles and responsibilities, and then establishing some consistent roles that are going to really explain how they're opening up those channels of communication and really improving that collaboration and engagement. Then we have what we refer to as bespoke MOU templates, and for today's conversation, that is the First 5 MOU, which really these bespoke MOU templates contain the general base MOU provisions and then more program specific provisions, understanding that there are nuances with the other party that we wanted to make sure that were captured as we really think that those nuances are really important to really codify the relationships between the managed care plan and the other party in this program, the First 5 County Commissions.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slides 4-5	Amara Bahramioref – 06:59	<p>And so we have created a bespoke First 5 MOU template today that we have released for stakeholder feedback and we're looking forward to receiving some additional feedback from you all that really contains more program specific requirements. All right, so just to give a little bit of high level overview of really the purpose of the First 5 MOU templates, so really focusing on opening and improving the channels of communication between the MCPS and the First 5 to really ensure that care coordination for members that may be receiving services from both parties, and also to reduce non duplication. There's nothing more confusing than a member who's getting the same service from two different providers and potentially receiving different direction, and so we're really focusing on how can we coordinate care and ensure that member has the best experience and ultimately has a lot of clarity on their healthcare and path forward. So some of the MOUs contain what we refer to as the required provisions, and then we've also included and notated some optional provisions that you'll see throughout the MOU template.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 5	Amara Bahramioref – 08:07	<p>Those optional provisions are actually notated in italics, as I mentioned early on, the MOUs are really codifying an existing policy, and so those provisions that are optional provisions are those that the department heavily encourages the parties to consider to negotiate but are not currently required in our managed care policy, and so we've included those optional provisions that we really want to encourage the parties to execute as we think that those might be really valuable for the parties to considering collaborating and executing the MOUs, and so you'll see those contained throughout the MOU template. And then also really enhancing each other's understanding of their respective services eligibility criteria referral processes as we really think that's a core foundation and building that relationship and ultimately opening up those channels of who is responsible for what and how these parties are coordinating to ensure that a member really gets the care that they need.</p>
Slide 5	Amara Bahramioref – 09:06	<p>And inclusive of that is really providing that training and education on who is doing what in each of the delivery systems. The other thing we just want to flag is that DHCS, in anticipation of the release of this draft MOU template, did make an effort to update the Population Health Management Guide in May, to really provide some clarification on how the managed care plans can work with First 5s. And then in addition, we anticipate updates to our enhanced Care Policy Guide that will be coming in the next couple of months to, again, put forward some clarification on how the managed care plans can work with First 5s as we think this is a really important and foundational relationship, and the department is putting a lot of focus in this area right now.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Amara Bahramioref – 09:54	<p>So as I mentioned, we released the base MOU templates that are located in all of the bespoke MOU templates. If you've had the opportunity to review the draft First 5 MOU, you will notice these are the key provisions that are contained in all of our Memorandums of Understanding that we've developed, so this is really setting forward that clear expectation that across these different delivery systems, the managed care plans have the same requirements and these MOUs contain all of these key provisions. So just at a high level definition section, the services that are covered by the memorandum of understanding, each party's obligation training and education section, referral section, care coordination, the requirement to have quarterly meetings to figure out how ultimately you're implementing the quality improvement to ultimately improve the coordination between the managed care plan and the First 5 County Commission, and a data sharing and confidentiality section, disaster and emergency preparedness, dispute resolution, equal treatment, which is something that we just want to flag and notate that this MOU is not intended to prioritize Medi-Cal members over other members.</p>
Slide 6	Amara Bahramioref – 11:02	<p>The First 5 might be serving and really just wanted to make that very clear in this MOU. It's really just to improve the coordination, not necessarily prioritize Medi-Cal members. And then really outlines the general requirements that we've really placed in our managed care contract, such as the fact that the MCPS are required to publicly post the executed MOUs and complete some additional annual reviews of their MOUs, and that they cannot delegate their MOUs. So these are the provisions that are located in all of the MOU templates that we've released.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 7	Amara Bahramioref – 11:32	<p>All right, so to get just a little bit more detailed about the First 5 MOU template, so as I mentioned, it includes all the provisions that we talked about on the previous slide. In addition, it includes some more detailed nuances related to the First 5 County Commissions, such as a definition for First 5 services and First 5 providers. Also, some nuances related to care coordination, which requires the MCPS to ensure that members enhance care manager provider consults with, keeps informed and shares data with First 5 and First 5 providers that provides First 5 services for members. And then obviously the sharing of data is as appropriate, so I just wanted to make sure that was flagged, and then also places another requirement on the managed care plan to leverage data and information provided by the First 5 to inform some of the risk stratification and segmentation processes that the managed care plan is responsible for leading.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slides 7-8	Amara Bahramioref – 12:34	<p>And then as I previously mentioned, there are optional provisions that the parties may consider negotiating and including in their executed MOUs that are notated in italics throughout the MOU template. DHCS would strongly encourage the inclusion of these provisions, but these are not currently required. We understand that there's a lot of nuances at the local level and we really wanted to give the option to include these provisions where appropriate, so just wanted to make sure that the parties were aware of that. All right, so talking about MOU next steps. So as I mentioned, this MOU is out for stakeholder feedback right now. We're requesting that stakeholder feedback be submitted by Monday, July 8th to our MCPMOUs@dhcs inbox if you have feedback, then the Department of Healthcare Services is going to review that feedback and make any modifications necessary to the template, then we anticipate releasing the template as final. And then what we'll do is we'll hold an additional webinar similar to this to review the changes that we made to the template based on the feedback that we've received from you all.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 9	Amara Bahramioref – 13:46	<p>And then we just wanted to provide a helpful overview of this website that we brought up to really support the Memorandum of Understanding work that we're doing, and we created this website on the DHCS webpage and it houses the policy documents that I discussed previously, so it includes a link to our all plan letter, which really provides clarification to our managed care plans, but may also be helpful for our First 5 County Commission partners, as it includes some of the intent and purposes of the provisions that we've included in the MOU. It also includes the base MOU templates that we've published thus far in the bespoke MOU templates that we've published.</p>
Slide 9	Amara Bahramioref – 14:27	<p>This MOU is not linked on there as it's currently in draft form. We don't typically link our draft MOUs. And then in addition, we've created a very detailed MOU FAQ to help the parties in navigating some of the next steps, so it provides a lot of clarification on guidance on the all plan letter, the base MOU and bespoke MOU templates, and it clarifies different questions that may arise as you're executing and negotiating these MOUs, so really would encourage you to take a look at that. It's a super helpful resource. We also include other important updates as they become available. For example, this webinar's posted on there. We'll also post this recording once we finalize the recording and have it ready to be posted on the website, so lots of really helpful resources on this website. DHCS will be providing technical assistance as needed to help support the execution of these MOUs, and if questions arise that aren't addressed on any of the other materials that are up above, please don't hesitate to reach out to us at the MCPMOU@dhcs.ca.gov email address, and we're happy to provide support and assistance.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slides 9-10	Amara Bahramioref – 15:40	Thanks, Sophie, for dropping that link in the chat. All right, so now we are going to open it up to all of you. If we can pull down the slides, that would be great because I would love to see anyone's face that's on camera, and wants to come off and raise their hand and ask a question. And, or if you have questions please feel free to drop them in the chat. I also want to give a big shout-out to Alexandria. She's been a great partner in helping us work through this draft MOU, and really appreciate the partnership on that front. So with that being said, if you have questions, please feel free to drop them in the chat. Otherwise, you can raise your hand and we can have you come off mute and ask your questions.
Slide 10	Sophie Graham – 16:36	Amara, the first question in the chat has to do with the deadline for stakeholder feedback, and if the deadline had been pushed back to 7/10 due to holidays.
Slide 10	Amara Bahramioref – 16:48	Thank you so much. We have received that one-off request for extensions, which we have granted. Ideally the feedback would be in by July 8th. However, for those that need the extension, please submit by July 10th, as you can probably tell, we are eager to try to finalize next steps for this MOU so that parties can move forward with negotiating. So if you can have your feedback in by July 8th, that would be great. If not, please have it in by July 10th. Hey, I apologize if I mispronounced your name. Is it-
Slide 10	Ysobel Owen – 17:30	Ysobel.
Slide 10	Amara Bahramioref – 17:30	Yosabel?
Slide 10	Ysobel Owen – 17:31	It's Ysobel.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 17:33	Ysobel, thank you.
Slide 10	Ysobel Owen – 17:34	Yeah, no worries. Just a quick question on how the First 5 data is being utilized for us on RSS, and how is it connected with the Medi-Cal Care Connect on Medi-Cal Connect RSS data that we are supposedly waiting for from DHCS, because would there be a duplication of here on how we stratify all our members, and I just want to know the impacts of that? Thank you.
Slide 10	Amara Bahramioref – 18:10	Thank you. That is a great question, and I'm not sure if we have the team that's actually responsible for that process on the line with us. If so, please feel free to come off mute and help address the question. If not, I think we might have to take that one back. My team doesn't have lead over that process so I don't have any insight for you, but happy to take that back if we don't have anybody that can address the question on the call today.
Slide 10	Ysobel Owen – 18:36	Yes, thank you.
Slide 10	Sophie Graham – 18:41	And there is another question in the chat. "Could you elaborate on the data exchange between the plans and external entities First 5 and how we should be thinking about integrating RSS?"

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Ayesha Sharma – 18:56	Hi, Sophie. Good morning, team. This is Ayesha from Blue Shield Promise Health Plan. And Ysobel and I are actually in the same team, so I just wanted to, I think both her question and my comment in the chat happened at the same time, and it is pretty close in nature. So I think if you guys can follow up and share information on how the data sharing needs to... What the inflow, outflow needs to be and how all of this integrates with our risk stratification and segmentation work stream because we are continuing to sharpen the pencil here internally, but we also know that at some point Medi-Cal Connect is going to be a reality. So how are all of those things going to come into play is what we wanted to understand, and I think Isabella already touched on that so you can skip my question. Thank you.
Slide 10	Amara Bahramioref – 19:48	Thank you. And I see Alexandria has her hand raised. I'm not sure if it's in reference to this, but if not, yes, they are very closely related and happy to take that back. So I don't know, Alexandria, if you have anything to add?
Slide 10	Alexandria Parma – 20:02	No separate comment. Thanks, Amara.
Slide 10	Amara Bahramioref – 20:04	All right, thank you for that feedback. We really appreciate it. We will take that back to our partners that are over that risk stratification process, and we will seek to respond to that feedback. It's really helpful. So thanks for that question.
Slide 10	Ysobel Owen – 20:18	Thank you very much.
Slide 10	Amara Bahramioref – 20:20	All right, Kimberly... Sorry it looks like Wendy has a question. You want to come off mute?

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Wendy Lee – 20:28	Hi. First of all, thank you so much. And you actually addressed some of the initial question I had, but I want for you to elaborate on that. You say that you are hoping this MOU won't have its codifying existing services or support, and does not require any new policies or procedure in place? However, like you say all the First 5 is a little bit different in some ways, and we're wondering, because with any additional MOU there's additional workflow and workload, and so we're wondering how can these activities, resource be funded or supported if there's any way that the managed care plan could support some of the smaller First 5s or other capacity building concerns that we have?

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 21:22	<p>Thank you for your feedback. And so my comment was really intended to refer to existing policy for managed care plans, and so we're really codifying that existing policy, and the requirements primarily land on the managed care perspective. Appreciate the comment on funding. I think that really the intent is really trying to just make sure that the parties are opening those channels of communication, collaborating and improving relationships that ultimately already exist and really just codifying those relationships as there's ultimately that opportunity to ensure that Medi-Cal members are receiving the services that they should be receiving. Many of our Managed Care Plan partners are on the call today, so they're also going to be hearing the feedback that you've provided. It's helpful feedback and really we appreciate that. I think really this is improving those relationships and not setting forward additional work. It's really codifying relationships that may exist and, or strengthening those relationships that may exist. So I'm hoping that might help provide some clarification, and I'm realizing that I didn't go back to Alexandria to have her come off mute and ask her a question that she had. So let's go over to Alexandria.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Alexandria Parma – 22:31	<p>Yeah, no problem. Thanks, Amara. First I just wanted to express gratitude on behalf of our network for being included. I think First 5s really have been eager to engage with managed care plans on all the ways that they are investing and strengthening early childhood systems in their communities. So we recognize that the MOU is for a specific purpose, but also really excited about the relationships that can grow between First 5 and managed care plans. And building off of what you were just mentioning about just not requiring new things, I think there is some concern among First 5s around the areas where it says the parties must pre policies and procedures. Of course, when we're looking across First 5s, their connection to direct services is different, some are operating the services directly but others are funding, and I think this is reflected in the definition of First 5 services funding or arranging services with community partners or county agencies.</p>
Slide 10	Alexandria Parma – 23:32	<p>So do you have any suggestions for us as we think about how we could suggest some edits that maybe more reflect First 5s wanting to endeavor into thinking about referrals and care coordination when there aren't necessarily the structures in place today to hit the ground running in sharing data, to Wendy's point that's going to take some investment and also some time, right? And some First 5s may never be in a place to share data to the level that the MOU is saying the parties must. So what would you recommend for us as we're thinking about this language to make it more flexible to all the different ways that First 5s want to partner with plans?</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 24:14	That's really helpful and I think that with these MOUs acknowledging, the first step is really building those relationships and then figuring out ultimately how we implement those quality assurance measures to improve it over time. So I would say focusing on that minimum essential, really the vision of the MOU initially is really that those individual cases that may come up and arise and working through those individual cases, and not necessarily large data sharing agreements. I saw another comment here about providing guidance on data sharing agreement.
Slide 10	Amara Bahramioref – 24:44	This is something that's come up with other MOUs, and so I think it's like that gradual step and that gradual process of really focusing on those case by case basis and then figuring out how these two delivery systems can work more coherently from a data sharing perspective in the future. I think there's a lot being done in this space at the department level and a lot of other areas, and I think there's going to be more to come to really figure out how these parties effectively share. Maybe the larger data sums, but I think focusing initially on each individual member at first to really facilitate and improve the care coordination for each member versus some of those larger data sharing agreements that may come in the future. I hope that provides a little clarification.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Alexandria Parma – 25:30	Yeah. And just to clarify the extent to which First 5s have access to individual level data differs given their connection to direct services too. So I think our hope is that we're able to provide a little bit of flexibility in this language for First 5s and plans to discuss the possibility of this without letting or having First 5s not be able to engage at all because they can't meet the minimum required provisions around the parties must do this. They definitely want to explore that, but they may not be able to do it right out the gate.
Slide 10	Amara Bahramioref – 26:02	And that would be great to submit in your stakeholder feedback as well, and so we look forward to receiving that and figuring out how we potentially adjust that language, understanding that there are that nuance at the local level, and everyone's operating a little bit differently. So we absolutely don't want it to be a barrier, and so we look forward to receiving the feedback and figuring out how we make adjustments to meet that local level nuance.
Slide 10	Sophie Graham – 26:30	So another question in the chat that is somewhat connected is, "Please remind me if DHCS will be providing a data sharing agreement since the First 5s are not covered entities."
Slide 10	Amara Bahramioref – 26:45	To my knowledge, I'm not aware that that's going to be occurring at this point. I think that's something we can take back and see if some of the other data teams are working on something to that effect and, or the team that's working on the risk segmentation. As you can imagine, the department's very large and so there's a lot of initiatives happening right now, and this is just one piece of that puzzle, and so I'm happy to take that back. I'm not aware that that's occurring at this point, but something to take back to some other teams and get some additional clarification.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Sophie Graham – 27:22	Another question in the chat, how is the state planning to oversight and monitor plan performance as it relates to MOU implementation and ensure that the plans are compliant with MOU requirements and expectations?
Slide 10	Amara Bahramiaref – 27:37	That is a great question and there are a number of ways we're going to be monitoring. So the managed care plans are required to submit a quarterly report to the department to demonstrate their good faith effort to execute the MOUs. So as you can imagine that ultimately the department has oversight over the managed care plans, and so that negotiations are contingent on the other party, and so the managed care plans are required to demonstrate the good faith effort to negotiate the MOUs and they submit that to us quarterly on an annual basis. The managed care plans are going to be required to submit an annual report summarizing the topics that were discussed at their quarterly meetings when the quarterly meetings were hosted, who attended the quarterly meetings, for us to get some insight into how ultimately these MOUs are improving and driving changes in the delivery system.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 28:30	<p>The managed care plans are also required to post when the meetings occurred online. In addition, that managed care plans are required to post their annual report to include what was discussed at the quarterly meetings, and also post the executed MOUs. And so there's a lot of different pieces that are going on with the department, how they're monitoring this and then in addition there's other monitoring efforts that are going on to monitor the compliance with the policy that's already existed, and so there's a lot happening in this space to monitor compliance with these Memorandums of Understanding. That's just to give you a high level overview of some of the different requirements. You can see the departments put a lot of effort into transparency and making sure that this stuff is available to everybody, and so you'll see that reflected in our policies throughout our policy documents, the Managed Care contract, the All Plan letter, and also the FAQs and also the MOUs themselves.</p>
Slide 10	Sophie Graham – 29:31	Jennifer, if you'd like to come off mute.
Slide 10	Jennifer Clark – 29:35	<p>Thank you. I just wanted to add another thumbs up or plug for the conversation around First 5s that do not provide direct services and are not actually, in fact as far as I know, we are not providing direct services. We do not receive or forward referrals and have no plans to move into doing that kind of work directly. Of course, we want to support the organizations that we fund to provide direct services to become more integrated with the health plan and provide the appropriate level of care coordination and information sharing, but it would be great if that was explicated a little more fully within the MOU to look at these different roles that we would be able to participate at.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 30:39	That is really, really helpful feedback, Jennifer, and I think we'll have to collectively discuss. But quick question, would it be possible for those providers that are directly providing the services for them to be signatories on the MOU, would that potentially make sense or were you envisioning something different?
Slide 10	Jennifer Clark – 30:59	Well, it's difficult. Some of the folks that we work with are other government agencies like the health system. That might be, they probably already have MOUs in place. Some are relatively small nonprofits that may not even have electronic data systems, and many of those that do have data systems, there are different data systems. So I think that we also don't want to be in the role of having to manage or resource, or police our community partners, especially the nonprofits, their data systems and those sorts of aspects of how they conduct their work. So I mean, I don't know, some of them may be willing to sign on.
Slide 10	Jennifer Clark – 31:54	Of course, we would have to ask them about it, but I think if the MOU were really explicit about First 5s that provide direct services and keep this individual level data and receive referrals and put referrals out, and then that's a little different from First 5s that might fund organizations to do that work but then work to foster connection and collaboration at more of the systems level. We still, of course, want to be involved because this is... I mean, we've been pushing for this kind of integration for a long time, that we just would be involved in different levels.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 32:35	<p>Very helpful feedback, and that's one of the reasons why we this out to stakeholders, and so truly appreciate that perspective. I love Melanie's recommendation for a one pager to briefly describe the different makeups of the First 5 County Commissions to understand how these are operated at that local level, and so would love if we receive that, that would be great. Super helpful feedback. Look forward to seeing how that guides potential revisions to the MOU. So thanks for the conversation. All right, Gina?</p>
Slide 10	Gina Daleiden – 33:12	<p>I thank you for the opportunity to talk to you today. I'm from First 5 YOLO, and we are already making some strong connections to our managed care plan and we're in the contracting process. So I just wanted to think a little bit about what I hear you saying and see if I can summarize in a way that makes sense to most of us if not all of us. So I think I hear you and DHCS saying, "We are inviting First 5 to this table as part of the MOU in recognition of First 5 as a statewide network that has been built over the last 25 years, really to provide some expert opinion, attention, advocacy for children prenatal to five and their families." And this MOU really opens the door for a conversation in each county between the First 5 and managed care plan or plans depending on what that looks like.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Gina Daleiden – 34:19	Of course, every county, the state clearly knows, retains local control in many aspects with many agencies, not only First 5 and that ebbs and flows over the years, and so what operations look like from a First 5 in a particular county at any point in time could certainly vary by county. So as best I understand what you laid out for us today, you're trying with the MOU to give us all a tool to help build that relationship with our managed care plans. Some First 5s, in fact likely many First 5s already have fairly strong relationships with their managed care plans, and I think that also differs depending on the managed care plan and the First 5 itself.
Slide 10	Gina Daleiden – 35:11	Some of us, as I mentioned, are in the contracting process and will become providers and that likely also looks slightly different contract to contract. So when we look at that in total, what is the best way for all of us and our association to get to you some kind of high level or broad enough language such that everyone is called into that relationship piece and has the ability to access our managed care plans in a way that we're not prescribing exactly, but we're leaving open all of the possibilities that may build.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Gina Daleiden – 36:01	I'll end with a final observation that almost no matter how it looks in each county, First 5 typically operates as a hub for the community, and that includes nonprofits and community-based organizations, public agencies, as someone has mentioned. In fact in many of our counties, First 5 is already a hub for coordinating and leveraging, braiding various sources of funding, particularly public funding beyond just Prop 10. So I think that we can be powerful allies with our managed care plans, and I think we're all looking for a way to how do we help you put the language into an MOU that gives us the best tool for all of us to use across the state.
Slide 10	Amara Bahramioref – 36:53	I think that's very, very helpful feedback. I would say the one-pager is definitely a piece of that, just trying to figure out that structure and what these relationships look like moving forward, understanding that there are a lot of local level nuance. I think that's going to be step one in this conversation. And then I think that understanding that everyone's at different phases, some people might choose, in some places there may be a contract where there may not necessarily be a Memorandum of Understanding, and I think that might depend on the services that are being provided. I understand that several first 5s are looking at providing the community health worker benefit, and so would encourage that relationship and discussion with your managed care partners. I think that understanding that the local level nuance is going to be critical, and us coming back to the drawing board and making revisions to these templates.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 37:44	You may be familiar, but one of the reasons why we move forward with the development of the 2024 MOUs is because we had a little bit more clear path than we've had on some of the 2025 MOUs. And so I think that what it's going to be is communicating that the MOU as it's currently written may not necessarily meet the wide array of how the First 5 programs are being used throughout the state of California, and there may need to be some modifications to really focus on that relationship building and how the two parties can partner to ultimately support that member and what that looks like.
Slide 10	Amara Bahramioref – 38:19	So I think it's going to be a little bit of collaboration. I think it's going to be some education on the department's part, and so I would encourage you to flag that in the comments that you're submitting. If you guys have tools or resources that would help educate us on those local novel nuances, please submit that in the feedback that you submit to us, and then I think we're going to have to figure out next steps and how we move forward with this. So it's been a really fruitful conversation. Appreciate the feedback that we've received thus far. This MOU is in draft form, and I think that hearing all of your voices and feedback is really important and imperative for us figuring out next steps for the MOU.
Slide 10	Sophie Graham – 39:03	Okay, so looking at the chat, we have a question from Ding who says, "Does First 5 have something similar to the MCP's APL requiring good faith effort execution of the MOU?"

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 39:17	It's a great question. The requirement from the department is on our managed care plan, so we don't have something equivalent for the First 5 programs. We're strongly encouraging that you negotiate a good faith effort with our managed care plans, but really the requirements on the managed care plans.
Slide 10	Sophie Graham – 39:38	Then on the signature page there's a place for the signature of multiple MCPs. Can the department explain its intended process for MOUs in situations where there are multiple MCPs in the county?
Slide 10	Amara Bahramioref – 39:51	Yes. So we understand for example, Sacramento County, there's about five managed care plans to operate within this county, and so we've given the flexibility for the parties to ultimately figure out what MOU, who signs the MOU at that local level. There may be opportunities for all of the five managed care plans to partner and execute an MOU with First 5 County Commission, and ultimately we're leaving that up to the local level to figure out how the parties want to move forward with negotiating the execution of the MOU and who will ultimately be signatories. Our requirements on our managed care plans have demonstrated a good faith effort to execute the MOU with the First 5 County Commissions. And how that's done, we've left that open so that can be... There's a lot of flexibility at the local level to try to reduce some burden where possible and allow the parties to come together and collaborate and really meet the local level needs. All right. Michael, feel free to come back.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Michael Harris – 40:56	<p>Thanks, Amara. Appreciate it. It sounds like the department's just going to have to understand a lot of flexibility with this. There's people, as Gina said, that work as hubs that simply do referrals. The question is, of course, which one of those are going to MCP contracted entities already, and they're going to show up as getting these types of services versus any First 5 that's providing direct services. So it's going to be difficult I think, and I appreciate what Alexandra also said, there's just so many different models, and the real interface that I think as a health plan we clearly need to have community involvement, which we make a lot of efforts to do. I think the MOU is going to ultimately decide like a data sharing, I don't know, is there data share?</p>
Slide 10	Michael Harris – 41:47	<p>They're making referrals of people out to providers, how we can work with them to close loops or do anything like that. It's really going to be a pretty big question on this, and when you're, like in Medi-Cal Health, we've only got two counties, but certainly something like partnerships, there's going to be different models of First 5, and I think the department's going to have to maintain no matter what the final MOU ends up looking like, it's going to have to maintain a lot of flexibility in those reviews back on edits because I'm not sure one size is going to fit all here, but Alexandra may have some different insights with that too at the association level.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 42:28	Yes, I wholeheartedly agree, and that's where I think that we're going to have to take this feedback back to our team and really identify next steps and what this looks like moving forward, so appreciate that feedback. I think that falls in line with exactly what I'm thinking, and I think we'll have to work through what that looks like on the department side and then come back to the team collectively and figure out next steps because ultimately we want this to be a tool that's valuable for both parties, and really figure out a path forward. So really appreciate that feedback. Alexandria, did you have another question?
Slide 10	Alexandria Parma – 43:05	Yeah, just building off on some of the discussion that's just taken place and appreciating the flexibility and opening here I'm hearing from the department on re-looking at the template and thinking about how we can get the most engagement between plans and First 5s, and I just was hoping we could get a little bit more concrete on what that means for the comment period. So we have the template right and making specific suggestions on the language. So what's the opportunity now with this MOU and the requirements that need to be in the base template for plans and also what's the opportunity maybe beyond this too to think about MOUs between First 5s and plans that are really based in this relationship, and thinking about all of the ways that First 5s and plans may engage on behalf of a prenatal to five population in their county.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Alexandria Parma – 43:57	So if you could give us specific guidance between now and Wednesday of exactly what would be most useful, I'm hearing some more guidance around the different ways First 5s look in their counties and we can address that, but for the comments in particular and really keeping the base requirements at hand, where can we land in the most productive place over the next couple of days?
Slide 10	Amara Bahramioref – 44:21	That's really helpful. I think that's something we can take back, understanding that we want to make sure that we're using the best use of your time as well. So happy to circle back on that front and provide a little bit more clarification. Sophie, do we have any more questions in the chat?
Slide 10	Sophie Graham – 44:45	Yes. Apologies. So first we've heard this through other stakeholders, but First 5s vary in important ways such as staff size programming and structure. Their connections to direct services also differ. Some First 5s deliver services directly from their organizations. Many others fund manage support, coordinate services through direct service partners such as CBOs or other public agencies. In the MOU, many First 5s are concerned about requirements where the parties must create policies and procedures around referrals, care coordination and data. Precisely how First 5s engage in these provisions depends on staffing and capacity, and then how they are connected to services.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Sophie Graham – 45:36	In our comments, we plan to propose language to reflect these limitations. Does the department have suggestions on how to best draft these edits? Similar to Alexandria's question, would the department be open to the language in the MOU shifting so that the various requirements are goals to be explored versus requirements that need to be in place right away? I'll repeat the question part of that. Does the department have suggestions on how to best draft these edits? Would the department be open to the language in the MOU shifting so that the various requirements are goals to be explored versus requirements that need to be in place right away?
Slide 10	Amara Bahramioref – 46:17	I think that's very helpful feedback, and I would absolutely request that you submit that by the timeframe and we'll circle back with additional clarification. I wouldn't worry about necessarily proposed revisions. I think that what you're outlining really sets forward what you're looking for, so I wouldn't focus as much on proposed revisions. I think that's something that we can collectively take on as a team. It's really understanding that there's those local level nuances. That's the piece that I think is going to be really important for us. So the areas where there's concerns because there are those local level nuances, I think it would be helpful if you point those out so that we can look to try to make the MOU maybe a little bit more flexible in those areas and strategize on what that looks like. So we can't commit to anything at this point.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 47:02	I think that we need to take this back to all of the teams that are doing important work for First 5s. I saw also trying to understand the relationships with MCPs and First 5s and what that looks like moving forward. I think that this is step one, and I think that collectively with our internal teams, we'll need to work through what the vision is and how these relationships build over the next couple of years, understanding that they're really important. So I did see that comment in the chat as well. Really helpful feedback and I think that we'll need to circle back with some of our teams.
Slide 10	Sophie Graham – 47:38	Have MCPs expressed any hopes, expectations or apprehensions about deepening work with First 5s?
Slide 10	Amara Bahramioref – 47:49	I know I've definitely heard some opportunities for hope. My team leads the support of the community health worker benefit. So I've heard a lot of really great things happening in that space from our managed care partners. But our managed care partners are on the call today if anybody wants to speak up and share any feedback, please feel free to do so. My sight on this is a little bit more limited than others, but if any of our managed care partners want to speak up, that would be great. Everyone's being quiet.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Tiffany Chatman – 48:26	Amara, I'll step in for KHS. I don't think there has been any apprehensions. We've actually have multiple MCPs here and so we've been able to work jointly. There hasn't been any issues as far as resistance or reluctance when it comes to us engaging with other entities. It's actually been a pretty seamless process. What has been helpful in the current county area is that we've been having some alignment meetings with the MCPs and so that we can collectively figure out what our positions are on certain provisions or areas of the MOU and templates, and then represent that to our entities that we're engaging with, and those have been really, really successful. I hope that helped.
Slide 10	Amara Bahramioref – 49:10	Thank you. Very helpful from my perspective, I hope the person that submitted the question that was helpful as well.
Slide 10	Monika Brunkal – 49:17	Hi. Sorry. This is Monika Brunkal from Partnership Health Plan. And we're very excited to work with the First 5s, and already held some meetings locally and we're really looking forward to aligning the efforts and improving the outcomes for our members. So we see really good things coming out of this collaboration.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Ysobel Own – 49:40	<p>And ID to that, this is Ysobel again from Blue Shield Promise, that I'm excited to be working with all the First 5 in the counties that are under our jurisdictions. That's my comment on that, but I have a follow-up question regarding collaborations and services and programs. So we know that First 5 have services, there are some other First 5 in other counties that provide directly services to our kiddos, but I want to add up something within the regional centers. As we all know, the regional centers have the early start programs, so there might be a potential overlap. So how is DHCS envisioning the roles and the care coordination roles between the First 5s, the regional centers, early start programs and MCPs?</p>
Slide 10	Amara Bahramioref – 50:34	<p>That is a great question. Not something that I think I have an answer to at this point in time. The Regional Center MOU template was released, and so there may be opportunities. I know that many of the parties, the managed care plans and the regional centers are negotiating those Memorandums of Understanding right now, and so there may be opportunities to potentially combine MOUs. That's something else that we've encouraged to reduce that potential duplication and coordination, and so that might be something for the parties to look at as well. Appreciate that feedback and something we can take a look at in more detail as well, but I think that goes back to the signatories of who's going to sign the MOUs. There are opportunities to combine MOUs across the MOU types as well, depending on where those programs might land at the county level.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Ysobel Owen – 51:25	<p>Yeah. And I think it's very important for the DHCS to help us all between the regional centers and First 5 on how do we prevent any overlap of services and really strengthen care coordination for all these members because being, and I'll speak on behalf of our members and the children's and their parents, it'll be crazy enough for them to navigate the managed care system, and then now we have two different programs, like which one is which? Who are we doing? Who are we connecting with? Who's our case manager? What's happening? So I just want to provide any member insight and confusion for all our members receiving services. So I think a good collaboration between MCPs, regional centers and First 5 is really very integral. Thank you.</p>
Slide 10	Amara Bahramioref – 52:13	<p>Appreciate that feedback. We absolutely agree. I mean, that aligns with a lot of the vision of the MOUs and understanding this is going to be a journey, one that we are going to learn as you can tell we're learning from this call. And so when we're going to learn and figure out how we evolve and make improvements to ultimately support the member because at the forefront of what we're doing and why we're doing what we're doing. And so I think that this is going to be a journey, one that we might not get perfect the first time, but one that we're going to evolve and really grow to improve. So I think that aligns with the spirit of the MOUs entirely.</p>
Slide 10	Sophie Graham – 52:51	<p>I believe we have covered all the questions in the chat, but if you believe that your question has not been answered, please either come off mute or repost it in the chat.</p>

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 53:15	I'm not seeing anyone raise their hand. Really appreciate the fruitful conversation and feedback. I'm seeing Alexandria raise her hand, so I'm going to kick it over to her before I wrap it up.
Slide 10	Alexandria Parma – 53:25	Yeah, just one final comment and just a reflection back to what I've heard about next steps. So it sounds like focus less on changing the specific language in the MOU and really craft our comments around some of the discussion here today about where First 5 see themselves engaging with plans, some of the opportunities and structures so that the department can take that back and work on their revisions. Is there anything else you'd like us to be thinking about as we huddle together over the next few days and what would be most helpful for you? I just want to make sure we're set up for success in the limited time we have.
Slide 10	Amara Bahramioref – 54:05	I absolutely appreciate that. Marissa, I'm sorry to call on you since I know you just came back. Do you have anything else that you think would be helpful, or Sophie or anyone else from my team?
Slide 10	Marisa McGrenera – 54:17	The only thing that I can think of is an addition to, I need the helpful comments that you're submitting, and Alexandria, I think you hit the nail on the head with the types of comments that we think would be most helpful, is also if you have resources that you want to share, documents or links or anything of that nature that will help explain your specific First 5 structure or how First 5s are structured in your county or any other thoughts that you have on the types of integration and collaboration that you would like to see in the MOU, please feel free to share those as well.
Slide 10	Alexandria Parma – 54:45	Okay, thank you.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 54:53	Thank you everybody for the fruitful conversation. I agree. Alexandria, you hit the nail on the head with really the focus on that high level like, "Here is how we envision collaborating with the managed care plans. Here are some concerns. This is how we operate at the local level, and why this potential draft MOU template may not fit all of these different scenarios." And so really appreciate that feedback. I think that's a lot of the conversation we are having when we're developing these other MOU templates as well, so looking forward to receiving feedback from all of you. Really looking forward to the partnership to figure out a path forward. Appreciate the fruitful conversation today and all of the incredible work that you all do to support Medi-Cal members. So I really want to thank you, and hats off to having this call and hope everybody has a happy 4th of July, and we look forward to receiving your feedback.
Slide 10	Adam Butler – 55:46	Thank you so much.
Slide 10	Hailey Herbertz – 55:50	Thank you so much everyone for your presentation.
Slide 10	Ysobel Owen – 55:54	Thank you.

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