First 5 MOU Template – Stakeholder Webinar

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Objectives for Today's Discussion

Review the First 5 MOU template

Review the MOU execution timeline

Q&A regarding the MOU template and execution timeline

Goals of the Memorandums of Understanding (MOUs)

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

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing)

- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services

- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports

- Establish **data sharing pathways** between MCPs and Other Parties to support care coordination and enable robust monitoring

- Provide mechanisms to ensure **overall oversight and accountability** for MCPs to execute MOUs with Other Parties

- **Provide transparency** into roles/responsibilities and relationships between MCPs and Other Parties

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

MOU Requirements & Structure

The First 5 MOU Template is part of a broader set of documents and additional items focused on the release and execution of the MOUs. These items include:

APL on MOU Requirements

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

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

Base MOU Template

Contains provisions that must be included in all MOUs

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

Bespoke MOU Templates

Specific to MCP and Other Party's relationship and programs applicable under the MOU (e.g., First 5)

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

For more information, see the DHCS MOU Webpage

Purpose of the First 5 MOU Template

The First 5 MOU template seeks to improve care coordination between MCPs and First 5 through the following:

» Opening channels of and improving communication between MCPs and First 5 to coordinate care for individuals receiving services from both parties and to address concerns related to non-duplication of services, referrals, and data sharing to ensure whole-person care.

- For example, in addition to standard MOU provisions the parties have the option to add provisions that improve care coordination that go beyond those set forth in the MOU template. As examples, DHCS has included some optional provisions throughout the MOU, denoted in brackets and italics, that the parties may consider as they work to execute the MOUs.

» Enhancing each party's understanding of the other's respective services, eligibility criteria, referral processes, and operations.

- For instance, each party should provide training and education resources for their respective services to the other party to increase timely coordination and decrease process inefficiencies.

DHCS released an updated <u>Population Health Management (PHM) Policy Guide</u> in May 2024 and plans to release an updated Enhanced Care Management (ECM) Policy Guide in the coming month (<u>ECM webpage here</u>), which reference how MCPs can work with First 5s.

Base MOU Template Requirements

» **Definitions.** Sets forth the defined terms used in the MOU such as the "MCP-First 5 Liaison." This section also provides that capitalized terms not otherwise defined have the meaning ascribed by MCP's Medi-Cal Managed Care 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.

» **Referrals.** Requires the parties to refer to each other as appropriate and describes each party's referral pathways.

» **Care Coordination.** Describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring ongoing monitoring and improvement of care coordination.

» **Quarterly Meetings.** Requires the parties to meet at least quarterly to address care coordination, Quality Improvement (QI) activities, QI outcomes, and systemic and case-specific concerns, and to communicate with others within their organizations about such activities.

Base MOU Template Requirements

» **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. 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.

» **Disaster and Emergency Preparedness.** Requires parties to have policies and procedures to ensure the continued care coordination for services in the event of a disaster or emergency.

» **Dispute Resolution.** Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS when the parties are unable to resolve disputes.

» **Equal Treatment.** Provides that nothing in this 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.

First 5 MOU Template

The First 5 MOU template contains the following provisions specific to the MCP relationship

» **Definitions.** Adds definitions for "First 5 Services" and "First 5 Providers."

» **Care Coordination.** Requires MCP to ensure that the Member's ECM Provider consults with, keeps informed (as appropriate), and shares data with (as appropriate) First 5 or the First 5 Provider that provides First 5 Services to the Member.

» **Use of Data by MCP.** Requires MCP to leverage data and information provided by First 5 to inform Risk Stratification and Segmentation (RSS), provide a broader understanding of the health needs and preferences of Members, and support more meaningful Member engagement.

> *The parties are encouraged to consider additional provisions beyond those included in the First 5 MOU template. For example, DHCS has included optional provisions, denoted in brackets and italics, that the parties may choose to add to their executed First 5 MOUs.*

MOU Next Steps

» Stakeholder review of the First 5 MOU Template

- **Please submit any feedback on the First 5 MOU using the provided Feedback Matrix by Monday 7/8/24 to MCPMOUs@dhcs.ca.gov**

» DHCS will review feedback and make any necessary modifications to the MOU template

» DHCS to release final MOU template

» DHCS will hold an additional webinar after final First 5 MOU is released

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
    - 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

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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:

Questions?