

IHSS MOU Template Post-Release Webinar

Friday, October 27, 2023, 2:00 PM-3:00 PM PT

Attendees (not incl. MCQMD or Manatt): 98

The following questions were asked by stakeholders during the webinar (edited for clarity):

- Milton Vasquez: We noticed that most of the MOUs are very similar. Can we combine the MOUs?
 - Kathy Wong: I am interpreting that County can have one MOU with multiple attachments (each attachment for each program).
 - Amara Bahrami: We acknowledge there might be an opportunity to combine. We encourage combining if it is possible, but we want to make sure that all the local level needs and that all the goals in the different MOUs are met.
- Jeremy Oliver: Can the quarterly meetings include multiple MCP's rather than individual meetings with each MCP?
 - Amara: This is at the discretion at the MCP and the county. You cannot about talk specific member cases in those meetings if in combined meetings.
- Richard Sandoval: When can we expect the Substance Use Disorder, Child Welfare, and Local Health Department Bespoke templates to be ready for use?
 - Amara: The DMC-ODS MOU can be accessed on the website. The LHD MOU was released today. The County Child Welfare MOU will be released in early November.
- Melissa Vincelet: For further clarification, can the "Bespoke" MOUs be combined? Or is combining of MOU/programs for non-Bespoke MOU/programs?
 - Amara: Yes. As long as meets the local needs. We understand the structure is different at different county levels
- Gloria Rivera-Perez: Can you further explain or give examples of what care coordination between IHSS and the MCP would look like for IHSS recipients?
 - Amara: We are hoping that this is something the MCP and IHSS can work out. We want to make sure there is coordination where appropriate.
- Bambi Heckmann: Are IHSS recipients receiving Supportive Services, ECM or Complex Needs CM supposed to automatically be increased to the maximum IHSS authorized hours? This was relayed in a discussion with a representative from a MCP a few months ago. Doesn't it still depend on the service assessment conducted by the County IHSS Office?
 - Amara: I am not sure we have the appropriate SMEs on the call to answer that, but we can provide a written response.
 - Diana Boyer (CWDA): It is not our understanding that a person will be increased to maximum IHSS hours if they are receiving ECM. The individual would still be subject to statutes and IHSS regulations for what they are authorized for.
 - Dana Durham: That is our understanding as well.
- Priscilla Miranda: We have concerns about duplicate efforts and potentially processing referrals due to MOU over regular applications.
 - Amara: Through the MOUs, we are trying to make things more efficient, not to duplicate.

- Joyce Felix Builes: Can we use the existing MOU we have and add the requirements from the new DHCS template?
 - Amara: We are requiring MCPs to use the MOU that we created. There are options to add/revise, but DHCS needs to review.
- Jeremy Oliver: Is there data that DHCS is providing directly to MCP's from IHSS program and, if so, can we know what data that is to reduce duplication of efforts?
 - Amara: Yes. DHCS is providing data to the MCP. We encourage you to work with your MCPs and see what data they are currently receiving and what other data might be worth receiving.
- Gwendolyn Gill: How does the member know they can access these community supports or ECM from their MCP?
 - Dana: Anyone can be referred to ECM or community supports by calling the MCP. We are trying to make sure MCPs are proactive by digging through their data. IHSS providers can always refer someone or the person can self refer. We have a no wrong door policy.
- Feliza Gray: Can you provide more information on the "dispute process" that is discussed in the IHSS MOU. Is this intended for the member to dispute not receiving services from the IHSS program?
 - Amara: This is dispute resolution between the county and the MCP, **not** member-specific disputes.
- Gloria Rivera-Perez: Can you confirm that the MCPs are responsible to reach out to the counties to initiate this process? Should they have reached out to us already?
 - Amara: Yes, it is MCPs' responsibility as this is a requirement of the MCPs. These MOUs were recently released, so if the MCPs have not reached out yet, I would anticipate they would reach out shortly.
- Melissa Vincelet: How does the Base MOU template work with the Bespoke MOU templates? If we are combining MOUs, do we use the Base MOU and combine the programs using that template? Can you please give us an example?
 - Amara: The Base MOU template is the foundation of provisions that are in each Bespoke MOU template. The Base MOU template is supposed to be used in instances in which we have not issued a specific Bespoke MOU template but the MCP and third party want to sign an MOU. For a combined MOU, you may have an IHSS MOU combined with a County Child Welfare MOU, if those programs are combined at the county level. Then, the county could execute that combined MOU, which would be the two Bespoke MOUs in one MOU, with the MCP.
- Gwendolyn Gill: Can you share any pilot wins on this process? It seems a bit complex.
 - Anastasia Dodson: If someone is newly potentially eligible for IHSS and they require a physician to sign off, then the MCP can help facilitate that and make sure the referral is shared with IHSS. CCI counties have some good examples of how this works. These MOUs can work successfully and be beneficial to both parties.
- Patrice Antwine (LA Care): Are you able to provide DPSS contacts?
 - Diana Boyer (CWDA): To reach County IHSS contacts CWDA is happy to facilitate those contacts. My email is dboyer@cwda.org

- Milton Vasquez (Riverside County DPSS): Our MCPs within our county have not reached out to us to request a meeting with the county. Instead, the county is taking the initiative. Is this the correct approach, or should we wait until they reach out to us?
 - Amara: We are not going to dictate the correct approach. The approach is really to build the relationships. The MCPs are required to execute these MOUs, so we would expect the MCPs to be reaching out.
- Grace Choe (San Diego County): To clarify, we must follow the format of the MOU templates, or can they be formatted differently as long as all information/requirements are incorporated? Our existing MOU is formatted differently with tables that show County and MCP roles and responsibilities for each requirement.
 - Amara: Our vision is to use the templates we put forward. If there are differences between the template and what the parties would like to execute, we are requesting the MCP submit a redlined versions for us to approve it prior to use.
- Diana Boyer (CWDA): Can DHCS explain what is expected under Data (a)? *MCP must coordinate with County to receive population data regarding IHSS for Members to enable MCP to have more accurate and precise measurements of health risks and disparities within MCP's Member population, as required by the CalAIM Population Health Management Policy Guide.*
 - Dana: We are working with CDSS to get large points of data that counties are already reporting. The goal is to have streamline ways to share data. If there is someone who you have concerns about, the goal is to know who at the plan and who at the county can coordinate together to help with those concerns. The shared data would be the minimum necessary data to coordinate care.
 - Diana: It is a bit confusing because the section above it says "the counties are encouraged" and then this says "must."
- Gloria Rivera-Perez: What counties already have an MOU with MCPs in place?
 - Anastasia Dodson: The former CCI counties all had MOUs at one point. Some of those MOUs have lapsed. The 7 CCI counties (Los Angeles, Orange, Riverside, San Bernadino, San Diego, San Mateo, Santa Clara) are great resources for executing this MOU.
 - Kimberly Fritz (Blue Shield Promise): The one with San Diego is still in place
 - Shannon Morgan: As a former San Mateo County Manager, CCI has transitioned out and they now have an active ECM program.