

Stakeholder Webinar for Continuum of Care (CoC) MOU Template

June 25, 2024

Transcript

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Amara Bahramioref – 00:38	Thank you, everybody, for joining us this morning. We are excited to talk about the Continuums of Care MOU. We will give it a couple of minutes to make sure that everybody can get in and join us today, so please hold tight and then we'll jump in and get started.
Slide 1	Amara Bahramioref – 01:08	For those of you that just joined, thank you so much for joining us. We'll get started in just a minute or so. We want to make sure that everybody can join. We look forward to the fruitful discussion today.
Slide 1	Amara Bahramioref – 01:53	All right, it looks like the number has leveled out a little bit. A few people will join us as we continue on with this presentation. Really just want to thank our managed care partners and also our partners in Continuum of Care for joining us today for this discussion on the Continuum of Care MOU template the department has drafted and has released for stakeholder feedback. We look forward to walking you through the vision and requirements for this MOU template, and then discussing next steps, and then opening it up to you all to receive any feedback you may have, regarding the MOU. So, looking forward to the fruitful discussion today, and really just want to thank you for taking an hour out of your busy time to discuss this really important MOU.
Slide 2	Amara Bahramioref – 02:39	So with that being said, many of the participants that have joined today, everyone came in on mute. You do have the option to unmute yourself. We're going to ask that you hold questions until the end of the call, where we will give you all the opportunity to drop questions in the chat and/or raise your hand to come off mute and ask your questions. So just a little housekeeping before we get started.

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Slide 2	Amara Bahramioref – 03:00	Some of our objectives today are to review the Continuum of Care MOU template and some of the baseline expectations that we've included in all of our MOUs, to review the MOU execution timeline, and then as I mentioned, really open it up to all of you to address any questions or concerns that you may have, regarding this MOU that is currently in draft form.
Slides 3	Amara Bahramioref – 03:28	So, really just want to level set on the goals of the Memorandums of Understanding. The department has taken on a number of initiatives to really improve the delivery of services for members that are accessing multiple delivery systems. As many of you may know, we're going through a large transformation in our Medi-Cal system right now, and so we have released a new managed care contract that was effective 2024 to reflect a number of changes that we've implemented to really support that whole-system, person-centered care approach. And the Memorandums of Understanding really just align with many of the goals of CalAIM, and so there's a number of other MOUs that are required as a part of this larger initiative that the department has already released and that managed care plans are working with the other parties to execute. So I really want to just discuss some of the goals of requiring the memorandums of understanding and the vision of the department.
Slide 3	Amara Bahramioref – 04:21	So, really setting forth some minimum requirements and expectations that some of our managed care plans are required to comply with. You'll see these provisions covered in a future slide that really are baseline provisions that are in all of the MOU templates that we've released thus far and we plan to release in the future. Really clarifying the roles and responsibilities for that coordination of care for members that may be receiving services from multiple delivery system and also from services that may be carved out of the managed care contract.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Amara Bahramiaref – 04:52	<p>Really formalizing the processes of how the parties are going to communicate with one another, and making sure that's consistent across all of the different parties that the managed care plans interact with and engage with to really support that whole-system person-centered care approach. Establishing the data sharing pathways, we know that's foundational to make sure that members get the care that they need. So we've included a whole section related to data sharing. Really ensuring that there's consistent oversight and accountability for the managed care plans across these other MOUs, and then providing that transparency and really building that relationship with the other party that's privy to these MOUs. So in this circumstance, really building that relationship with the Continuums of Care, much of which was done with the housing and Homelessness Incentive program. This is sort of that additional layer that we're really looking forward to, requiring our managed care plans to enter into these MOUs and really continue to build out that relationship. So the MOU template incorporates some of the existing requirements that you're going to see across the MOUs and then there's specific requirements that are really more tailored to that other party, which you probably have seen in the Continuum of Care MOU that was released as draft.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 4	Amara Bahramioref – 06:13	Excuse me, I needed a drink of water, but wanted to just provide a little bit of oversight about the MOU requirements and the structure, because as I had mentioned, this is a part of a broader set of documents the department released. So for managed care plan guidance, we have contract guidance and then we also developed what we refer to as an all-plan letter that really sets forward the MOU requirements that we placed on the managed care plan. So it really explains the intent of the provisions that are included in the MOU, it sets the expectations of what we're requiring for our managed care plans, and then details out some of the requirements for MOU execution and submission that's required of our managed care plans, and outlines some of the mechanisms that we're going to be monitoring to ensure compliance with the MOUs.
Slides 4	Amara Bahramioref – 07:04	In addition, we released a base MOU template, which really serves as just our foundation of what provisions are included in all of the MOU templates that we released. So that MOU is really just the foundation that we use to build out all of what we refer to as our bespoke MOU templates, which are more of those program-specific MOU templates. For today's conversation, the Bespoke MOU template is the CoC MOU, the Continuum of Care MOU, which really specifies the MCP's responsibility and then the other party's responsibility and the services that they may provide. So it contains some of the general requirements that are in the base MOU and then more program-specific requirements that are really specific to the other party. So you've probably seen that included in the CoC draft MOU if you've had the opportunity to review that MOU thus far.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 4	Amara Bahramioref – 07:56	In addition, you may have noticed that we included some optional provisions. They are notated in italics throughout the MOU template. Those are provisions that the department encourages the party to consider when they're executing negotiating the MOUs, and we're really encouraging that the parties discuss those optional provisions and then determine what's appropriate at the local level for the area that you're serving, and if the parties ultimately want to come to agreement to include those optional provisions that are notated in italics, the department ultimately encourages that. In addition, the bespoke MOU template includes links to specific policies. For today's conversation, the community supports policy is heavily at play here and linked in the MOU template.
Slide 5	Amara Bahramioref – 08:45	We wanted to just provide a quick overview of some of the MOU resources. So we do have an MOU web page which houses the guidance that we've issued to our managed care plans, all plan letter, and also the base MOU template, and then all of the templates that have been published thus far, you will notice the Continuums of Care template is not published thus far, but will be published once we finalize it, and then it also includes key updates that will be posted as we continue to move forward with this process. We've also included an MOU FAQ that provides some clarification for both parties to really, some of the goals and intent and specific questions that may come up as you're negotiating the MOU. So, really would encourage you to take a look at that MOU FAQ if you have specific questions, as it's a wealth of information and it's very easily structured to find what you need, so hopefully that will be a tool that will be of assistance to you.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 5	Amara Bahramioref – 09:44	We're also willing to support and provide technical assistance where needed. We've included our email address. If you need to get in contact with us, please don't hesitate to do so. We are supporting the execution of these MOUs and really working to make sure that we're supporting that, so don't hesitate to reach out to us if you have questions that are not located on the website, in the all plan letter, or in the MOU FAQ.
Slide 6	Amara Bahramioref – 10:12	We wanted to just get a little bit deeper into the CoC MOU and the intent. So, really seeking to improve the care coordination between the MCPs and the CoC. We understand that this is a very important relationship and we really think this is foundational to really opening those channels and improving the communication between the MCPs and CoCs. We know that a lot of work was done in this space for those that participated in the Housing and Homelessness Incentive program, and we think this is a bridge to really improve that relationship, to ensure that we're supporting that Whole Person Care approach and then we're also not duplicating services, understanding that these services are really important to supporting the homelessness population. We really want to make sure that there's non-duplication of services, where possible. And also really understanding and enhancing each other's roles and who's ultimately responsible for what, that managed care plans are providing the community supports and the CoCs are really providing and assisting with some of those other important services, and so really making sure that the parties understand each of their roles in supporting these members.

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Slide 7	Amara Bahramioref – 11:25	All right, so we want to just outline the base MOU templates that are contained in all of the MOUs. You probably have noticed this already, but we've included a definition section to just define some of the key terms that are referenced throughout the MOU. In some cases, not all the key terms are contained in the MOU, as they may be contained in our managed care contract, which also has a definition section. Outlines the services that are covered by the MOU, each of the party's obligation, trying to clarify the roles and responsibilities of the parties. Sets forth the training and education section to really understand ultimately who's responsible for what, what are your roles and responsibilities, and then setting forward those expectations on the managed care plans to train their providers that are ultimately responsible for carrying out services that may be related to this MOU. Also includes a referral section to make sure ultimately the parties are referring as appropriate, and how that referral process may work, understanding that there are those nuances at the local level, so really making sure that that's really clear.
Slide 7	Amara Bahramioref – 12:34	Also, a care coordination section that really describes the policies and procedures for coordinating care between the parties to really ensure that non-duplication of services and address any barriers that, they may be seen systemically, to really improve the process where appropriate. Also setting for a quarterly meeting requirement to ensure that the parties are meeting to ultimately address care coordination concerns and identify opportunities for quality improvement, which ties heavily into the next one, which is about quality improvement and requires the parties to develop QI activities for the oversight of the MOU.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 7	Amara Bahramioref – 13:16	<p>And then as referenced earlier, a data sharing and confidentiality section to really address those data sharing pathways. A disaster and emergency preparedness. As you all are aware, the state of California is consistently facing a number of different state emergencies, and really making sure that there's policies and procedures to ensure that these services can continue when there is an emergency. Dispute resolution, to ensure that there's clarity regarding dispute resolution if that should arise. Equal treatment, really just wanting to notate that nothing in this MOU should prioritize Medi-Cal members over other members that may be receiving services from the Continuums of Care, and really just making that clear. And then some general provisions that are really required for the managed care plan, such as the fact that the managed care plans will be required to publicly post the executed MOU. And then some other requirements related to monitoring on the managed care side, that are outlined in our all plan letter, as well.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slides 8	Amara Bahramioref – 14:17	All right, so for today's conversation, there are a few things that we wanted to just call out, specifically related to the CoC MOU. So we did include some key defined terms such as the CoC providers, coordinated entry systems, MCP-contracted community supports and ECM providers, housing-related community supports, which will be included in the transitional rent, pending approval of the CalAIM section 1115 Waiver amendment. So here's some key defined terms that are really related to the continuums of care that you all may be able to provide us valuable feedback on. So please make sure that you're reviewing that section in detail and providing feedback where you think appropriate modifications may be necessary. And then in addition, as mentioned above, there is some policy that's currently in flight at the department. The Department is working to develop that transitional rent policy and receive approval from our partners at the federal government.
Slide 8	Amara Bahramioref – 15:20	And so we just did include a notation that the MCPs will be required to comply with the community supports policy guide, understanding that there may be an opportunity for the managed care plans to really partner with the Continuum of Care. As this policy is developed and released to the managed care plans, we really think that that relationship is going to be pivotal to support that policy. So more changes will be coming, and so we've included a note in that MOU to reflect that requirement.

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Slide 8	Amara Bahramioref – 15:49	Then we've also included a whole new section that is very specific to the CoC MOU about identification of an outreach to members at risk of or experiencing homelessness. So really focusing on a lot of the foundation that was built with the Housing and Homelessness Center, the Homelessness Incentive program, about requiring the MCPs to utilize the HMIS to determine which of their members are at risk or experiencing homelessness and should be referred to enhanced care management, to really thread that needle of the policy and some of the important initiatives that the department is leading, right now. As mentioned, there are those optional provisions that are notated in italics, similar to the box below, and so we really want to encourage the parties to consider those optional provisions when you are negotiating the MOUs and so we have included those. If there's additional optional provisions that you think would be valuable, please be sure to submit that in your feedback.
Slide 8	Amara Bahramioref – 16:51	All right, really just want to discuss MOU next steps. So the stakeholders to review the CoC MOU template. Please submit any feedback using the matrix that we provided, by July 1st, 2024, and then submit your feedback to MCPMOUs@dhcs.ca.gov. DHCS will review the feedback and make any necessary modifications to the MOU template and then DHCS will finalize the MOU template and we'll host an additional webinar to walk through the changes that we made and why we made those changes, in the future, and that will be posted on our DHCS website. So please look out for that. And then before we open it up for questions, just really want to thank Homebase for the engagement and support on this MOU template. They've been really great partners, and really want to thank them for their support, as well.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 9	Amara Bahramioref – 17:45	All right, with that being said, we're going to open it up to questions. I already see a few questions in chat, so can we please pull down the slides?
Slide 10	Amara Bahramioref – 18:04	Thank you Gillian for the question about who can request TA from the DHCS on this. "Is it just the MCPs or can CoCs can request TA?" We're happy to support the CoCs as well, really encouraging that partnership and negotiation at the local level. But if you need us to join a session to kind of talk about the goals and intent of the MOUs, we're happy to do that. There's specific questions that aren't addressed in any of the resources that I provided. We're happy to address some of those questions as well, so we're happy to be available to both parties.
Slide 10	Amara Bahramioref – 18:36	All right, then I see a feedback. "Overall, this document misrepresents the role of CoCs and is very concerning and while the italicized is optional, it sets up CoCs to come across as defensive or putting up barriers. This MOU template..." Sorry. "This MOU template places a large responsibility for activity we are not funded by the state or Fed. CoCs want to be good partners, but we're not being set up for success." We appreciate that feedback, and please be sure to submit that in the stakeholder feedback. We do understand there are some requirements that we can place on the managed care plan. There is a fine line on the other side, understanding the funding piece, and so please feel free to submit that feedback to us. We'll take a look at it, figure out how we can adjust. We appreciate the feedback and perspective on that, so thank you for sharing. And if you have ideas about how we may resolve that, please be sure to include that as well, as we really want to hear your feedback and make sure that we're setting both parties up for success.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramiaref – 19:43	<p>I see you have additional feedback about the definition. Thank you for that. Please include that in the stakeholder feedback. I think it's really important. We'll take a peek at that. All right. I see some additional feedback from the CoC partners, so we really appreciate that feedback. We want to make sure that we get this right, understanding some constraints. So thanks for the feedback. "If the MOU template is released post-October, will the January, 2025 date still apply for CLR requirements? A suggestion from the MCP viewpoint will be to remove by January 1st, 2025 language and stick to 90-day metrics." Thanks, Tiffany. We appreciate that feedback. Really, the expectation by the managed care plans is to demonstrate a good faith effort to execute the MOU by January 1st, 2025. We don't anticipate moving that date, as we understand that the MOUs may not necessarily be executed by that timeframe, but it's that demonstrating a good faith effort that will be required by that January 1st, 2025 timeframe. So I hope that helps.</p>
Slide 10	Amara Bahramiaref – 21:01	<p>All right. "Do you have an example in mind of MCPs that have identified for outreach members experiencing homelessness through HMIS?" That's a great question. That's a requirement that is required of the team that is leading the enhanced care management. So I don't have one off hand, but we are happy to take that back, unless anyone on the call is from the ECM team, that could speak to that a little bit more. I don't know if we have any of our partners here today that might be able to jump in and help out with that. If not, we're happy to take that one back.</p>

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Slide 10	Amara Bahramioref – 21:47	All right, and then I see a question from Marcella. "I'm sorry if I missed this info at the beginning of the webinar, but what will the consequences be if the CoC doesn't sign an MOU?" So it's really about that the managed care plans are required execute to demonstrate a good faith effort to negotiate an MOU. And so the department will be taking that into consideration as we hold managed care plans to compliance. But ultimately we want to get the MOU into a good place where both parties, the MOU template, where both parties are going to want to negotiate, understanding that the managed care plans do have the opportunity to submit red line versions to the department if there are changes that need to be made to the finalized template that we create. So that is an option and we really want to make sure that what we're really focusing on is those relationships and improving those relationships, and this is really a step in that direction.
Slide 10	Amara Bahramioref – 22:47	All right, "Who would I reach out to specifically for assistance with MOU meetings? You get pushback in the mandatory language in the MOUs, which cause for delays in execution? Please advise. The county and regional centers give feedback that the MOUs aren't written with their perspective." Yeah, please reach out to that inbox. We are happy to take a look at that and have some conversations. We are working with multiple partners, with some of the other MOU initiatives where there are other state partners, so please feel free to reach out to the inbox and we're happy to help support.

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Slide 10	Amara Bahramiaref – 23:19	Let's see. "Anthem receives feeds from several HMIS entities and we're using them to proactively identify members. Happy to discuss offline." Thank you, Eric, for that feedback. I think that addresses one of the questions earlier that we received, about identifying members. HealthNet is doing the same thing, so really appreciate that feedback, and the plans for jumping in and providing that information.
Slide 10	Amara Bahramiaref – 23:51	All right, let's see. "The MOU requires quarterly meetings between the MCP and the CoC. For GMC counties where the MCPs work very collaboratively, can these meetings be jointly facilitated between multiple MCPs and the CoCs?" Absolutely. We encourage multi-party MOUs where appropriate, understanding in the Sacramento region, there is five managed care plans that ultimately are serving the members in Sacramento County, and so where appropriate, we would encourage multi-party MOUs and that's something we would absolutely encourage you to negotiate with your managed care partners. I know many of them are already exploring this for the other MOUs, so I think this is something that the parties may be amenable to, and really would encourage you to discuss at the local level to make sure that the needs are being met.

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Slide 10	Amara Bahramioref – 24:41	"Can someone friendly remind us if the questions in the chat are strictly for named stakeholders or can non-named stakeholders..." Anyone can provide feedback, if you have any feedback. Allison, thank you for the feedback on this specific data sharing guidance. I think that's something we can take back, and see if that's something that is going to be explored in other policy development areas. We can absolutely take that back. Super helpful feedback for us to take back to some of our other partners that are working on policy development, right now. So thank you for that feedback, and for those that are supporting that, as well. All right, Megan, "I'd like to address this aloud in the meeting, but I do have a question." Megan, if you want to come off mute, feel free. Otherwise I can read your question.
Slide 10	Megan Van Sant – 25:46	No, I'm off mute. So can you hear me?
Slide 10	Amara Bahramioref – 25:49	Yes.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Megan Van Sant – 25:49	<p>Okay. I think I appreciate that you're seeking specific feedback on this MOU and I did provide it, so we did provide it in the template and all of that, but I want to step back for a second, because I'm struggling to understand the premise of authority around this entire project. DHCS does not have authority over the CoC. We have extremely limited funding that we receive from the federal government. So in my CoC in Mendocino County, it's literally \$45,000 a year. So it's a tiny, microscopic amount of money to fund this. As the county agency, as the administrative lead for our CoC, I couldn't possibly recommend signing almost any element of this MOU template. Literally almost any of them. And I want to be a good partner, and in our county, we really only have one managed care plan. And so for us, it's quite simple and we have a good relationship with that care plan, but I couldn't recommend participating in this MOU in any form at all, because so many expectations written into it are labor-intensive. They seem to have no end date, ever. It's far more staff commitment than we could ever agree to do, with the understanding that a CoC is a collaboration of people and organizations working collaboratively together. We have no contractual relationship with DHCS or with our managed care plan. So I'm just puzzled by where the authority to require us to do anything is coming from.</p>

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Slide 10	Amara Bahramioref – 27:18	Thank you for coming off, and that is great feedback. I do want to clarify, the authority and requirement is on the managed care side. We understand, and we've kind of crossed this bridge with many of the other MOU templates, we don't necessarily have authority over the other party, and in this case, we don't have authority over the continuums of care. And so we've tried to be very strategic in how we wrote this MOU to ensure really what we're trying to focus on is that collaboration and engagement. And I do understand that there may be some provisions where there's concerns, and I think that we look forward to receiving your feedback to see how we may be able to tailor this a little bit more. But I do want to just set that expectation, that the expectation is really on the managed care plans. We are not setting any expectations on the CoCs, and really want to make sure that the two parties are negotiating, collaborating to execute an MOU.
Slide 10	Amara Bahramioref – 28:09	And as I mentioned that the managed care plan will have the opportunity to submit a redline version of the MOU, the final template that they release. And so there will be additional flexibility, but our goal is to try to get the template right and in a great place before we publish this final, to really ensure that there's consistency across the MOU. So I hope that provides a little bit of clarification, and really look forward to receiving your feedback and then sort of figuring out where we go from here and how we set both parties up for success, to ultimately move forward with executing the MOU.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Megan Van Sant – 28:44	And I see other people have their hands up, so I'm not... And I feel kind of aggressive and I don't mean to be aggressive and blunt, but my suggestion is to almost that you start entirely over again from the very beginning, with something far more pared down. Otherwise I'm afraid you're not going to get any CoCs to sign this, and it would've been a lot of energy expended when something more realistic could have maybe been the initial starting place.
Slide 10	Amara Bahramioref – 29:09	Yeah, thank you. And I totally appreciate that and I think that from the department, we have to find that fine line of consistency and also realistic expectations, and so that's why we have all this stakeholder engagement, to understand what's realistic, what's not, and where we need to potentially make revisions. So, appreciate that feedback and look forward to coordinating and updating the MOU to try to make sure that we're all in alignment and that we can put this template in a good place. So I appreciate the feedback and I don't feel it as resistance. I think this is something that's come up consistently and this is a new stakeholder group and so, just want to thank you for giving that feedback, and we look forward to receiving everyone's feedback. And I will kick it over to Doreen, and then I know we have another hand up, as well.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Doreen Eley – 29:58	Hi, I'm Doreen. I'm with the Fresno Madera Continuum of Care. Just amplifying on what Megan said, I'm wondering what is the overall purpose of it. Is this the department's way of making sure that your managed care plans are actually working with your CoCs? We have a great relationship with all three of ours, and she's right, CoCs don't have the power to make their members do anything, and some of the things that you're asking for, in additional meetings and having the liaison, we don't get funded for that. Many CoCs. And the other thing is our CoC is not even a legal entity. So what are we signing, with who, and how is this enforceable? So, I can understand that no, it's the MCPs that you are trying to do this with, but we are also trying to be good partners with your MCPs. So you're putting continuums in a space to be a good partner with an MCP. We signed something that really isn't good for us, and that we may or may not be able to do. I think just the last thing, I think some of the data sharing things are a little bit problematic. I saw in one thing that you had talking about folks' diagnoses. That shouldn't be anything that anyone shares.
Slide 10	Doreen Eley – 31:33	Thank you.
Slide 10	Amara Bahramioref – 31:34	Yeah, thank you for the feedback, and I really appreciate that you have a great relationship with your managed care plan. I think that's something that we want across the state of California. I think that some of the vision, is making sure that there is consistently good relationships across the state, and I think really it's enhancing that relationship where possible. And I do think there's a fine line and we, again, appreciate the feedback and people standing up and sharing your concerns, and this is exactly what we need as we take the pen to paper and revise the MOU. So appreciate that feedback, and I'll kick it over to, is it Leah?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Lahela Mattox – 32:12	Lahela.
Slide 10	Amara Bahramiaref – 32:13	Lahela. Sorry. Thank you. I appreciate it.
Slide 10	Lahela Mattox – 32:16	<p>Thank you. I will just, again, echo Megan and Doreen, and I think that I put in the chat, the unintended consequence, though, of this effort is that it is putting COCs in a position where we have to... It appears that we're defensive or putting up barriers and it's not, but it really comes down to funding. And I see a ton of comments in here around that. We originally had six managed care plans, now we're down to four, and we do have a good relationship, we meet on a monthly basis, but that doesn't mean we have not spent a lot of time and energy on these kinds of conversations to get to a place where we can still work with each other. Right? There have been pushes from our managed care plans because of what DHCS is requiring of them. But again, it's not that we don't want to be good partners, but that comes with requirements of us, or funding, or positions, that we are not funded to do.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Lahela Mattox – 33:17	And unfortunately, the MCPs, I see somebody's comment in here, there's been no requirement of the MCPs to fund anything. So again, that also looks different in certain communities. We are a large CoC, we are a nonprofit CoC, we represent San Diego, so we have some different bodies of work there, but I think we've been compared oftentimes... Again, we're all learning, but we've been compared to other CoCs. Well, this CoC is doing this, so you guys should do this, because DHCS is asking us to do this. And when we then meet with our colleagues at the CoCs, it's because they were funded to do something. We are not being funded to do that by the MCPs. So I think that's just a recognition that while I think we generally all are trying to be good partners and work really well with our managed care plans and do have good relationships, it has not been without some really hard conversations and level-setting of what we do and what we don't do.
Slide 10	Lahela Mattox – 34:19	And sometimes that has been taken as us not being willing, not being a good partner, putting up barriers when that's not our intention. But we have a role that we must always protect and be responsible for, because we are responsible to HUD and our community. So anyways, I just think I want to just echo that and really highlight that. We do have a document ready to provide feedback, but I think I just want to really verbalize that it does put us in a position, even if that's not DHCS's intention, that is the position that you all are placing us in.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 34:55	Thank you for that feedback, and I think that that's something that we'll take into consideration as we move forward with this. And also, your managed care partners are on the call today, so they're getting to hear this as well, which I think is really important. And so really appreciate that perspective and feedback, and we are going to take this back and see how we can ensure that we're meeting the needs of all parties and not putting people in precarious situations, where we can. So I think that, very helpful feedback, truly appreciate it, and the ship hasn't sailed. We're still very much in the stakeholder feedback process and so look forward to receiving your comments on this, collectively.
Slide 10	Amara Bahramioref – 35:41	All right, let's see, the data sharing, sorry, I'm looking through the comments to see... And I'm seeing similar concerns from the managed care plans, that it's very difficult to require the MCPs to make a good faith effort if the CoCs are resisting on the other side, due to potential payment concerns. So really, understand that perspective and appreciate the managed care plans for sharing their perspective, as well. All right, and then I'm seeing some duplications based on what was already created during HHIP. Helpful feedback. Please submit that when you submit the feedback that you plan to provide. We appreciate that lens, as well. Okay, so any other hands? I'm seeing a lot of the similar themes in the chat. And Sharon, I see your hand up, so please feel free to come off mute.
Slide 10	Sharon Rapport – 36:50	Oh, sure. I think Robert's hand was up first, though, so I don't know if he wants to make a comment or a question first?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Robert Ratner – 37:00	If that's okay with Amara. And thank you Sharon, appreciate it. I just wanted to provide some more maybe hopeful perspective on this. For me, A CoC is, as people have been saying, a collective effort to make sure everyone has a stable, healthy place to live in our state and in our regions. And I think the intention here is great. How can managed care become actively involved in that movement at the local level? But the specificity of the expectations in this agreement are triggering a lot of the response. So I just wanted to speak out in support of the intention here, because the state has shifted so much resources over to managed care plans, particularly in the services area, but also in helping to create more housing projects. So how do we work together to really actively engage managed care in these local efforts? And for me, what I hear today is a lot of concern about the specificity in the MOU, but I don't hear a lot of concern about the intention. So my feedback to DHCS is, how can you roll this out in a way that speaks to that, the desire of getting managed care to be more actively engaged and documenting how they're engaged with their CoCs at the local level, and maybe provide a little bit more flexibility in the terms of the form that document takes?
Slide 10	Robert Ratner – 38:29	But I appreciate deeply the intention, and from my perspective, having the DHCS provide that encouragement is really helpful for our communications with our managed care plans.
Slide 10	Amara Bahramiaref – 38:42	Thank you, Robert. Very well said, and I truly appreciate the feedback, and as we sort of figure out a path forward for this, so thank you and thank you for the positive vision.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Sharon Rapport – 38:56	I agree with a lot of the comments mentioned, including Robert's. I was going to just elevate a comment in the chat about data sharing agreements, and I'm wondering if there's any guidance that you all could offer around that, to CoCs and MCPs as they're working through an MOU? Because to me it seems like that's one of the biggest barriers or issues that happens, between just identifying people experiencing homelessness, and referring people, either for a CoC to be referring people to MCPs or the other way around. And so I'm just wondering if that guidance may be helpful in this context or if there's other guidance that's a part of your website, that CoCs, counties can look to. Because I do think that's a big missing piece.
Slide 10	Amara Bahramioref – 39:56	I appreciate that, Sharon, and I think that there is some clarification in the FAQ. It's not specific to the Continuums of Care, and we need to circle back with the policy teams that are working on that transitional rent policy, as I don't have any purview into what they're doing, but I think that great feedback is something we can take back and figure out how we might move forward on that piece, as well. So please be sure to include that in your feedback.
Slide 10	Sharon Rapport – 40:23	Will do. Thanks very much.
Slide 10	Amara Bahramioref – 40:28	And then Ayanna, I saw that you asked if this is going to be publicly available. We will post it to our website, so it'll be posted on the MCP MOU website.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramiaref – 40:43	All right, do we have any other questions today? I know there's been a lot of feedback thus far. Again, we really appreciate that. We're at a place where we can make some modifications. It is in draft form, so really look forward to receiving all your feedback and then figuring out next steps from there. So truly appreciate the fruitful conversation today and also the passion that is coming from, on the conversation. I acknowledge that and appreciate it, and I think it'll be really good in carving out a path forward. So I really want to thank that. And Alison, I see your comment about referrals. Super helpful, as well. So thank you so much. I think Sharon, did you have something else you wanted to add?
Slide 10	Sharon Rapport – 41:23	Yeah, I'm sorry, I forgot to ask this. I was wondering if your expectation through the MOU is that the CoCs would be identifying people at risk of homelessness? Because I do think there's a little bit of a mismatch too in what the CoCs, who the CoCs are serving, and putting into HMIS and what the definition of eligibility is for community supports and ECM benefit. Because generally, CoCs, they're not always... Pretty rarely are they looking for people at risk, unless it's imminent risk. And so I do think there's this mismatch maybe a little bit, and I wonder if maybe you could address that and identify, is the expectation just to be identifying MCP members who are experiencing homelessness?
Slide 10	Amara Bahramiaref – 42:23	That's a great question. And our requirements are really on the managed care side, and they're mostly focused on the managed care plans identifying members that are at risk. So that would be more of the purview on the managed care side, but would appreciate if anyone else has anything to add on that front.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Lahela Mattox – 42:51	I'll just, if it's okay, just largely state that I think Sharon's reference to sort of mismatches, I think is some of the concern. Again, I agree with Robert and the intention, but I think again, some of the language that's used in this document doesn't match the CoCs. And I did put one example of like, CoC provider. Most of us very few are... We're not direct service providers. We don't make referrals from CES to services. We make referrals or matches to housing resources that come available. Some CoCs, their core data entry system is connected to their shelter or transitional housing. But I think the language is really causing challenges. I know even with HHIP, that was a lot of our conversation with the managed care plans, is the language in the healthcare industry is different than the language in the homelessness response system. And so using those technical terms create confusion, I think, and false expectations, because many of us don't do those. Or I think one thing we've learned with our national partners too is that some CoCs, because they're embedded in city or particularly county or particularly in public health, are able to do some things, but it's because they do it as the county, not as a CoC. So again, I think just an overall umbrella statement is that I think some of the language and definitions and terms are creating confusion or a mismatch, to use Sharon's language.
Slide 10	Amara Bahramiaref – 44:26	Yeah, thank you for-
Slide 10	Amara Bahramiaref – 44:27	Oh, go ahead.
Slide 10	Megan Rapport – 44:28	Yeah, I would echo that. Same thing happens with care coordination. There's whole section around care coordination. That doesn't make any sense in the CoC kind of environment.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramioref – 44:38	Thank you for that feedback. I think it's going to be really helpful to get those comments. Because I do think that what we see is we try to develop it broad enough, but then understanding there's a lot of local nuances and there may be that local level nuance that isn't necessarily reflected. And then also the base MOU template was initially created with many other entities in mind. And so we're trying to use that same foundation for this template, and there may be opportunities for refinement and improvement. So I think that's really helpful feedback, and another thing that we look forward to receiving in the comments, to figure out how we clean that up and make sure that it's really reflective of that local level CoC environment.
Slide 10	Amara Bahramioref – 45:25	And then I see the comment about the data sharing agreement that was mentioned. I saw that one of our managed care partners referenced that. So I'm not sure if it's specific to a managed care plan or not, but I don't have a copy of that. I would have to look through our HHIP website, but I can drop that website here, in case there's helpful materials that we referenced. If not, we might need to take that offline, and/or if the managed care plan that referenced the data sharing agreement that you have, that might be helpful to respond as well.
Slide 10	Amara Bahramioref – 45:59	All right, Alison, "Would DHCS also be open to allowing county agencies coordinating services to PEH to be a signed signatory instead of the CoC, with the CoC's permission?" I think we're amenable to that. I think that ultimately we want to make sure that the appropriate person is signing the MOU. And so... I was wondering, people experiencing homelessness, thanks for spelling out that acronym. I think we would be open to that and receptive to that and happy to learn a little bit more about that. Allison, I know you're a great partner in this space, so thank you.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Amara Bahramiaref – 46:35	All right. Well, really appreciate the fruitful conversation today. Look forward to receiving all of your feedback and figuring out how we ultimately meet the goals and intents and support both parties in the negotiation of these MOUs. So thank you so much for joining us today and we look forward to receiving your feedback.