

TCM MOU Template Post-Release Webinar

Objectives for Today's Discussion



Review the Released County-Based Targeted Case Management (TCM) MOU Template



Review Next Steps for Executing the MOU and the MOU Execution Timeline



Q&A Regarding the MOU Template and Execution Timeline

Goals of the Memorandums of Understanding (MOUs)

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

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services
- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports
- 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 TCM 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 and TCM Program Guidance 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

TCM Program Guidance requires Local Governmental Agencies (LGAs) to execute MOUs with MCPs in the same county

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., TCM)

- 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 policies incorporated in the MOU

Overview of MOU Resources

DHCS is releasing resources to assist MCPs and Other Parties with implementing the MOUs

» [DHCS MOU Webpage](#)

- Houses the DHCS issued APL 23-029, Base MOU Template and Bespoke MOU Templates
- [MOU FAQs](#)
 - 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



The screenshot shows the DHCS website header with the CA.GOV logo, navigation links for Home, About DHCS, and Translate, and a search icon. The main content area features the DHCS logo and the title "Memoranda of Understandings Between Medi-Cal Managed Care Plans and Third Party Entities". Below the title is a link to "Return to the Managed Care All Plan Letters Homepage" and a paragraph of text describing the MCP Contract and the need for partnerships with Third Party Entities.

Purpose of the TCM MOU Template

Level Setting

The TCM MOU template seeks to improve care coordination between MCPs and LGA TCM Programs through the following:

- » Improving communication between MCPs and TCM Programs to coordinate care for individuals 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.

Feedback on the TCM MOU Template

Throughout the MOU development, DHCS gathered stakeholder feedback and worked to align the TCM MOU with stakeholders needs and ensure current guidance was reflected in the MOU.

- » **DHCS received 57 stakeholder comments during the feedback period.** We reviewed these comments and revised the MOU to address these comments where possible.
- » **DHCS hosted a stakeholder webinar in January** during the feedback period to review the TCM MOU.
- » **DHCS has met with CHEAC and LGA Executive Committee consistently** throughout the period of stakeholder feedback and subsequent revising of the MOU.



**Thank you for
your valuable
feedback!**

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- » **Definitions.** Sets forth the defined terms used in the MOU such as the "MCP-Agency 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

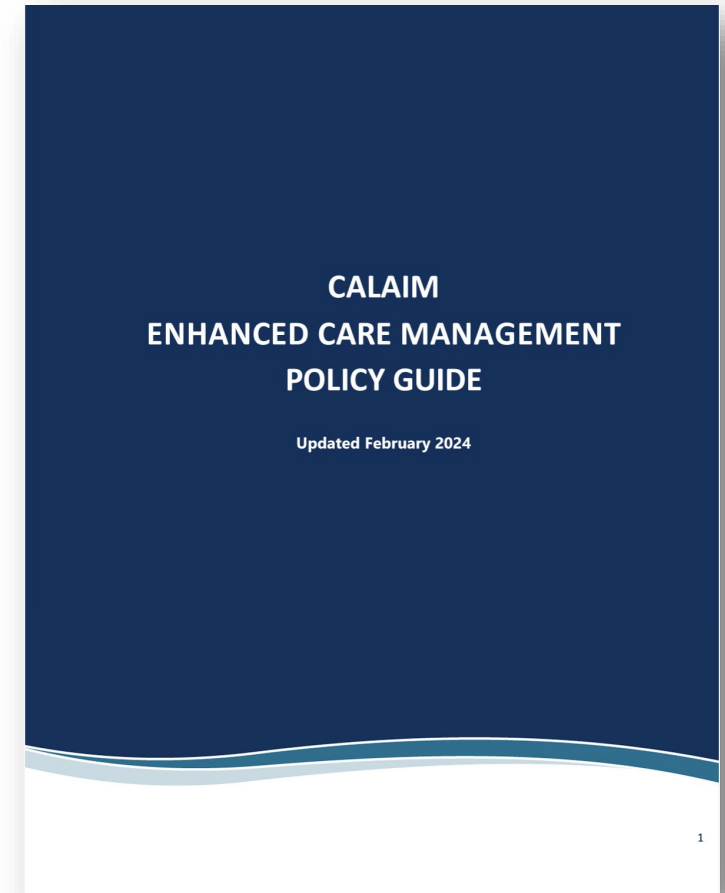
Every MOU template contains the following provisions as required under the Contract:

- » **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.
- » **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.

TCM/ECM Overlap Policy

As a reminder, DHCS released an updated Enhanced Care Management (ECM) Policy Guide in February 2024. The February 2024 version of the ECM Policy Guide includes the below update that is relevant to TCM.

- » DHCS maintains the current guidance that effective July 1, 2024, Members cannot dually enroll in County-based TCM and ECM.
- » The [updated ECM Policy Guide](#) provides a time-limited exception to TCM/ECM overlap:
 - *Beginning July 1, 2024, Members who meet ECM Population of Focus criteria should be enrolled in ECM and may no longer be enrolled in ECM and County-based TCM programs at the same time **except for a one-year exception from July 1, 2024, to June 30, 2025, for cases where the Member is receiving County-based TCM (1) for addressing a communicable disease or (2) for the sole purpose of receiving a home visiting program supporting the healthy development and well-being of children and families.***



TCM/ECM Overlap Policy

As a reminder, DHCS released an updated Enhanced Care Management (ECM) Policy Guide in February 2024. The February 2024 version of the ECM Policy Guide includes the below update that is relevant to TCM.

- » The ECM Provider must remain primarily responsible for the overall coordination across the physical and behavioral health delivery systems and social supports.
- » This policy is incorporated into the TCM MOU and describes the responsibilities of the MCP and LGA TCM Program to communicate and coordinate to ensure that only Members who fall under this exception are enrolled in both ECM and TCM.

TCM MOU Template

The following TCM MOU template provisions were revised to address stakeholder feedback:

- » **LGA TCM Program Obligations.** Describes the population and services for which the LGA TCM Program is responsible, such as assisting Members in gaining access to needed medical, social, educational, or other services per Title 42 CFR Section 440.169 and the applicable TCM State Plan Amendments, the TCM Provider Manual, Policy and Procedure Letters, and the Annual Participation Prerequisite (APP) submitted by LGA TCM Programs to DHCS. LGA TCM Program is also responsible for assessments and care plans for Members they serve in order to:
 - Conduct comprehensive assessments and periodic reassessments for Members for the development and revision of Member care plans;
 - Determine the need for any medical, educational, social, or other service; and
 - Specify the goals for providing LGA TCM Program's services to the eligible Member, and the services and actions necessary to address the Member's medical, social, educational, or other service needs.
 - LGA TCM Program must share Member care plans for Members receiving LGA TCM Program Services with MCP upon MCP's request.

TCM MOU Template

The following TCM MOU template provisions were revised to address stakeholder feedback:

- » **Eligibility Screening and Referrals to LGA TCM Program and MCP.** Describes how the Parties must work collaboratively to develop policies and procedures that ensure Members are referred to the LGA TCM Program where LGA TCM Program offers services that are more intensive, extensive and specialized than what MCP offers its Members through Complex Care Management (“CCM”), other care management programs, or Community Supports. Members who meet Enhanced Care Management (“ECM”) Population of Focus (“POF”) criteria should be enrolled in ECM and may not be enrolled in ECM and LGA TCM Program at the same time.
 - LGA TCM Program must refer Members to MCP for MCP’s Covered Services, including ECM, other care management programs, and any Community Supports that MCP offers for which Members may qualify.
 - MCP and LGA TCM Program must facilitate referrals to LGA TCM Program for Members who are ineligible for ECM (i.e., do not meet the ECM Population of Focus criteria) and who may meet the criteria for LGA TCM Program Services.
 - To the extent LGA TCM Program or the agency housing the TCM Program is a contracted ECM Provider, MCP is encouraged to contract with LGA TCM Program or the agency housing the TCM Program as an ECM Provider.
 - LGA TCM Program may continue providing LGA TCM Program Services to Members who are ineligible for ECM but remain eligible for LGA TCM Program Services.

TCM MOU Template

The following TCM MOU template provisions were revised to address stakeholder feedback:

- » **Eligibility Screening and Referrals to LGA TCM Program and MCP.** The following provisions have been added or revised to assist the MCP and LGA TCM Program with operationalizing the requirements set forth in the ECM Policy Guide as they relate to the non-duplication of ECM and TCM services:
 - MCP must notify LGA TCM Program of any Members enrolled in CCM, other care management programs, Community Supports, and ECM on a timeline agreed to by both parties.
 - During the period from July 1, 2024, through June 30, 2025, Members who are receiving LGA TCM Program Services for (1) addressing a communicable disease or (2) the sole purpose of receiving home visiting programs to support the healthy development and well-being of children and families may be in both ECM and LGA TCM Program Services. The ECM Provider must remain primarily responsible for the overall coordination across the physical and behavioral health delivery systems and social supports. As of July 1, 2025, Members who fall under one of the two exceptions set forth above and meet ECM POF criteria should be enrolled in ECM and can no longer be enrolled in both ECM and LGA TCM Program Services.
 - For the small number of Members receiving both LGA TCM Program services and ECM services as of the July 1, 2024, policy change effective date, the Member may (1) choose to remain enrolled in both programs until their care plan goals are achieved, (2) choose to transition care management entirely to their LGA TCM Program, or (3) choose to transition their care management entirely to the ECM Provider. MCP will remain responsible for ensuring non-duplication of services in these scenarios.

TCM MOU Template

The following TCM MOU template provisions were revised to address stakeholder feedback:

- » **Coordination and Collaboration Between MCP and LGA TCM Program.** The following provisions have been revised for clarity based on questions from stakeholders:
 - MCP must access and review the Monthly Plan Data Feed files in order to identify Members receiving LGA TCM Program Services and to coordinate with LGA TCM Program to ensure non-duplication of services.
 - For Members receiving LGA TCM Program Services, MCP must notify the Member's Primary Care Provider ("PCP") that the Member is receiving LGA TCM Program Services and will provide contact information for the Member's PCP, ECM Provider, and any other MCP case manager to the LGA TCM Program Liaison.
 - MCP must provide to the LGA TCM Program Liaison and other LGA TCM Program staff, as provided by the LGA TCM Program Liaison, information (including name and date of birth) for Members receiving LGA TCM Program Services, as applicable, that identifies Members' Medically Necessary social support needs relative to eligibility for LGA TCM Program Services.

TCM MOU Template

The following TCM MOU template provisions were revised to address stakeholder feedback:

- » **Equal Treatment.** The following provision was added to clarify the meaning and impact of the Equal Treatment requirement on the parties:
 - [The Equal Treatment requirement] does not diminish the responsibility of LGA TCM Program and MCP to assure adequate administrative capacity, network capacity, and timely services to Members in accordance with existing standards.

- » **Termination.** The following provision was added to clarify how the parties should proceed in when certain events render the MOU moot:
 - Either Party may terminate this MOU if (1) the MCP no longer provides services in the LGA TCM Program's jurisdiction or (2) the LGA TCM Program withdraws from the LGA TCM Program. The Parties must provide each other with prior written notice of such termination.

MOU Execution Timeline

- » 7/1/2024 Requirement to Have Executed MOUs Go Live
- » MCPs submit executed MOUs on a rolling basis
- » MCPs are required to submit quarterly report demonstrating good faith effort and executed MOUs
- » Beginning July 31, 2024, MCPs must begin reporting on the TCM MOUs in the MOU Quarterly Report

Questions?

