

# TCM MOU Template – Stakeholder Webinar

# Objectives for Today's Discussion



Review the County-Based Targeted Case Management (TCM) 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 (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 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.

# 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, 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

## » **Additional Opportunity for Engagement**

- DHCS will host another webinar post-release of the MOU to discuss any changes made based on stakeholder input and to provide another opportunity for Q&A about the MOU



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 of the resources: "Memoranda of Understandings Between Medi-Cal Managed Care Plans and Third Party Entities". Below the title is a link to the Managed Care All Plan Letters Homepage and a paragraph of introductory text.

CA.GOV Home About DHCS Translate

**DHCS**

## 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:

# 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 on MOU Requirements

The omnibus APL explains the Base MOU Template and Bespoke MOU Templates

- Explains the intent and purpose of the provisions set forth in the MOUs
- Sets forth MCP expectations such as an annual review of the MOU
- Requirements related to MOU execution and submission to DHCS
- Monitoring plan of how DHCS will oversee MCP compliance with the MOU requirements

## Base MOU Template

Minimum required provisions for all MOUs

- Clarifies roles and responsibilities of MCP and Other Parties
- Establishes “rules of engagement” to cooperate and address disputes

Also 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)

- Required provisions for that particular MOU, including incorporating Other Party requirements based on existing guidance
- DHCS recommended optional provisions that parties may consider for execution for that particular MOU
- Clarifies specific policies (i.e., more detail) as needed

For more information, see the [DHCS MOU Webpage](#)

# 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:**

- » Opening channels of and improving communication between MCPs and TCM Programs 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.

# 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-TCM 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.

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

# TCM/ECM Overlap Policy

DHCS will release an updated Enhanced Care Management (ECM) Policy Guide in January 2024. The January 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.***

CALAIM  
ENHANCED CARE  
MANAGEMENT  
POLICY GUIDE

January 2024 update  
forthcoming

# TCM/ECM Overlap Policy

**DHCS will release an updated Enhanced Care Management (ECM) Policy Guide in January 2024. The January 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.

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MANAGEMENT  
POLICY GUIDE**

January 2024 update  
forthcoming

# TCM MOU Template

The TCM MOU template contains the following provisions specific to the MCP relationship with LGA TCM Programs:

- » **Definitions.** Adds the definition for “LGA TCM Program Services.”
- » **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 that are provided or made available by LGA TCM Program. 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.

# TCM MOU Template

The TCM MOU template contains the following provisions specific to the MCP relationship with LGA TCM Programs:

- » **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 go beyond what MCP offers its Members through ECM, other care management programs, or Community Supports. For example:
  - 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.

# TCM MOU Template

The TCM MOU template contains the following provisions specific to the MCP relationship with LGA TCM Programs:

» **Eligibility Screening and Referrals to LGA TCM Program and MCP.** *(continued)*

- MCP and LGA TCM Program must coordinate to ensure the non-duplication of Member services in LGA TCM Program and Basic Population Health Management, Complex Care Management, and Community Supports as well as ensure the non-duplication of Member enrollment in LGA TCM Program and ECM.
- Exception: 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.

# TCM MOU Template

The TCM MOU template contains the following provisions specific to the MCP relationship with LGA TCM Programs:

- » **Coordination and Collaboration Between MCP and LGA TCM Program.** This section describes that the Parties must adopt policies and procedures for coordinating Members' access to care and services. For example, this section sets forth that:
- Parties must discuss and address care coordination issues for specific Members or barriers to care coordination efforts at least quarterly.
  - MCP must have policies and procedures in place to maintain collaboration with LGA TCM Program and to identify strategies to monitor and assess the effectiveness of this MOU.
  - MCP must work with DHCS by contacting [DataExchange@dhcs.ca.gov](mailto:DataExchange@dhcs.ca.gov) each month to access and review the Monthly Plan Data Feed files 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 and/or any Case Manager that the Member is receiving LGA TCM Program Services along with the appropriate LGA TCM Program contact information, such as the LGA TCM Program Liaison.
  - MCP must provide Members' information, as applicable, that identifies Members' medically necessary social support needs to LGA TCM Program.

# 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

# Questions?

