

**DATE:** September 18, 2024

ALL PLAN LETTER 24-013

**TO:** ALL MEDI-CAL MANAGED CARE PLANS

**SUBJECT:** MANAGED CARE PLAN CHILD WELFARE LIAISON

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to clarify the intent and objectives of the Medi-Cal managed care plan (MCP) Child Welfare Liaison, formerly referred to as the Foster Care Liaison, as outlined and required by the 2024 MCP Contract (MCP Contract) with the Department of Health Care Services (DHCS). Additionally, this APL provides guidance regarding the requirements and expectations in relation to the role and responsibilities of the MCP Child Welfare Liaison.<sup>1</sup>

**BACKGROUND:**

Effective January 1, 2024, the MCP Contract requires MCPs to designate an MCP Child Welfare Liaison to ensure the needs of Members involved with child welfare and foster care are met.

Additionally, the MCP Contract and APL 23-029 requires MCPs to build partnerships with specified entities, including county child welfare agencies, and enter into Memorandums of Understanding (MOUs) to coordinate and facilitate the provision of Medically Necessary services to Members, share data, and as applicable, avoid the duplication of services where Members are served by multiple parties.<sup>2,3</sup> The MOUs are intended to clarify roles and responsibilities among parties, support local engagement, and facilitate the exchange of information necessary to enable care coordination and improve referrals. The MOU is a binding, contractual agreement between the MCP and county child welfare agencies and outlines the responsibilities and obligations of the MCP to coordinate and facilitate the provision of services to Members, when they are served by multiple parties. The MOU with county child welfare agencies must, at a minimum, include all of the MOU provisions required by the MCP Contract including the designation of an MCP Child Welfare Liaison to coordinate with county child welfare agencies.

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<sup>1</sup> The MCP Contract is available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>2</sup> MCP Contract, Exhibit A, Attachment III, Section 5.6 MOUs with Local Government Agencies, County Programs, and Third Parties.

<sup>3</sup> See APL 23-029, including subsequent updates. APLs are available at:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018) requires each county to develop and implement an MOU setting forth roles and responsibilities of agencies and other entities, such as regional centers, county offices of education, county child welfare, juvenile probation, and behavioral health agencies, that serve children and youth in foster care who have experienced severe trauma as outlined in All County Letter No. 19-116/Behavioral Health Information Notice 19-053.<sup>4</sup> The purpose of the AB 2083 MOU (i.e., Children and Youth Systems of Care (SOC) MOU) is to ensure that children and youth in foster care receive coordinated, timely, and trauma-informed services. While AB 2083 focuses on children and youth in foster care who have experienced severe trauma, it reflects a priority to build a locally governed interagency or interdepartmental model on behalf of all children and youth across California who have similar needs and who interact with and are served by multiple agencies. A component of these SOC MOUs between counties and other local entities that serve children in child welfare/foster care is the implementation of California's Integrated Core Practice Model (ICPM).<sup>5</sup> The ICPM articulates the shared values, core components, and standards of practice expected when serving California's children, youth, and families. The ICPM establishes leadership behaviors and practices that require individuals and organizations to partner and collaborate with one another and the children and families they serve. This ensures an integrated approach to meet the needs of children and families.

These efforts are integral to driving the goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT). CalAIM is a multi-year DHCS initiative to improve the quality of life and health outcomes of California's most vulnerable populations by implementing broad delivery system, program, and payment reforms across the Medi-Cal program, including by establishing Enhanced Care Management (ECM) and Community Supports.<sup>6</sup> Children and Youth Involved in Child Welfare is one of the key Populations of Focus for these efforts.

The BH-CONNECT Demonstration is a new Medicaid Section 1115 Demonstration, with an expected effective date of January 1, 2025. It seeks to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal

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<sup>4</sup> The SOC All County Letter No. 19-116/Behavioral Health Information Notice 19-053 is available at: <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2019/19-116.pdf>.

<sup>5</sup> Information about California's Integrated Core Practice Model may be found at: <https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/about-icpm>.

<sup>6</sup> Information about ECM and Community Supports may be found at: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx>.

Members living with significant behavioral health needs.<sup>7</sup> BH-CONNECT includes several components that require Centers for Medicare & Medicaid Services (CMS) waiver approval, and others that will be accomplished under existing or other authority, including the implementation of an MCP Child Welfare Liaison within each MCP.

**POLICY:**

MCPs must designate an appropriate number of staff to serve as the MCP Child Welfare Liaison to meet the health care needs of children and youth involved in child welfare in each county of the MCP's service area. For the purposes of this APL, children and youth involved in child welfare refers to any Member eligible for the ECM Population of Focus for Children and Youth Involved in Child Welfare.<sup>8</sup> Additional MCP Child Welfare Liaisons must be designated as needed to ensure the health care needs of children and youth involved in child welfare are met and should be commensurate to the number of Members involved in child welfare enrolled with the MCP. MCPs are expected to fulfill the MCP Child Welfare Liaison role with adequate staffing, and to reassess staffing levels at regular intervals, to ensure effectiveness and their ability to serve children and youth involved in child welfare and the geographical landscape of the MCP's service area(s). This includes ensuring sufficient staffing commensurate with the workload necessary to support the care managers.<sup>9</sup> DHCS requires reporting of the staff designated to the Child Welfare Liaison role, as noted in the below "DHCS Monitoring" section.

**Roles and Responsibilities**

The MCP Child Welfare Liaison assists staff who coordinate care on behalf of children and youth involved in child welfare to ensure the health care needs of these Members are met. The MCP Child Welfare Liaison serves as a leader within the MCP to advocate on behalf of children and youth involved in child welfare by serving as a point of contact to identify and resolve escalated case specific, systematic, and operational obstacles for accessing services. The MCP Child Welfare Liaison provides assistance and resources to staff responsible for the Member's care coordination, including ECM Lead Care Managers for the Children and Youth Involved in Child Welfare Population of Focus and county child welfare staff, such as Health Care Program for Children in Foster Care public health nurses, and other staff as described below, as needed. The MCP Child Welfare Liaison is not intended to duplicate care coordination activities provided to

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<sup>7</sup> Information about the BH-Connect Demonstration may be found at:

<https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx>.

<sup>8</sup> Information about ECM Population of Focus for Children and Youth Involved in Child Welfare is available in the ECM Policy Guide at:

<https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>.

<sup>9</sup> MCP Contract, Exhibit A, Attachment III, Subsection 4.3.23 Managed Care Liaisons.

Members by other Providers and staff members, but rather to support and act as a resource to solve escalated issues regarding MCP services as they arise.

The roles and responsibilities of the MCP Child Welfare Liaison include, but are not limited to:

1. Act as a resource and provide technical assistance for staff involved in the coordination of the Member's care to ensure escalated issues are resolved; in that MCP Covered Services, including Medically Necessary Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services (Medi-Cal for Kids & Teens<sup>10</sup>), are closely coordinated with other Medi-Cal programs that are carved-out from the MCP, such as Specialty Mental Health Services, as well as other non-Medi-Cal services and benefits, such as County Child Welfare Services overseen by the California Department of Social Services. Individuals who may request assistance from the MCP Child Welfare Liaison may include, but are not limited to:
  - The Member's designated ECM Lead Care Manager who is responsible for coordinating all aspects of ECM and Community Supports as a part of the Member's multi-disciplinary care team.<sup>11</sup> The ECM Lead Care Manager serves as the primary point of contact for the Member and/or parent, caregiver, legal guardian, resource parents, other family member(s) and/or other authorized support person(s) and coordinates with the other staff responsible for coordinating the Member's care and the MCP Child Welfare Liaison, as needed.
  - County child welfare staff and other county staff responsible for coordinating the Member's care including, but not limited to:
    - Health Care Program for Children in Foster Care public health nurses
    - County probation officers,
    - County child welfare social workers,
    - County behavioral health providers,
    - California Wraparound care coordinators,
    - County health education specialists,
    - Child and Family Teams facilitators, and
    - Other county child welfare staff, county staff, secondary case managers, and/or service providers, as applicable.

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<sup>10</sup> Information about Medi-Cal for Kids & Teens is available at:

<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx>.

<sup>11</sup> Information about ECM Lead Care managers is available in the ECM Policy Guide at:

<https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>.

- Other staff who may be responsible for coordinating the Member's care, including, but not limited to:
    - MCP Providers,
    - Indian Health Care Providers
    - Tribes, in the case of an American Indian Member,
    - Community Health Workers,
    - Regional Center staff, and
    - Other secondary case managers, and/or service providers, as applicable.
  - County Liaisons designated in the MOU between the MCP and county child welfare agencies, as the county's designated point of contact responsible for acting as the liaison between the county and the MCP.
2. Serve as a point of contact for staff to resolve escalated issues in a timely manner when Members are experiencing difficulty accessing services, obtaining referrals, changing Providers, or facing operational obstacles to receiving health care services. For example, if a Member faces delays in obtaining needed services and supports from the MCP, such as needing assistance with finding an appropriate Primary Care Provider, the MCP Child Welfare Liaison may assist staff, such as county child welfare staff, in navigating the health care system on behalf of Members involved in child welfare.
  3. Collaborate with the MCP ECM staff to ensure that robust and effective referral pathways exist to ensure all children and youth involved with child welfare that are eligible for the ECM benefit are offered and/or enrolled into the ECM program, including but not limited to referral pathways with the entities listed above who are serving these children and youth.
  4. Provide resources and support regarding MCP Member enrollment and disenrollment when they are made aware that the Member will move to a different county. Support may include providing information about how to report a change of address to county social services departments and how to contact the Medi-Cal Managed Care Ombudsman as needed to expedite disenrollment from the MCP in the county from which the Member is leaving.<sup>12</sup>
  5. Assist with benefits and services navigation and coordination throughout the MCPs service area, including but not limited to ECM, Community Supports, Behavioral Health, Transitional Care Services, Health Education, Home and Community Based Services, California Children's Services (CCS), tribal health care, and other local service area resources, etc., to provide full-spectrum services to Members.
  6. Coordinate with other internal MCP Liaisons related to specific Member populations and services or programs (e.g., liaisons for Long-Term Services and

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<sup>12</sup> Information about the Medi-Cal Managed Care Ombudsman is available at:  
<https://www.dhcs.ca.gov/services/MH/Pages/mh-ombudsman.aspx>.

Supports, Transportation, CCS, Regional Center, Dental, and In-Home Supportive Services). In particular, the MCP Child Welfare Liaison must coordinate with the designated tribal liaison<sup>13</sup> for Members who are American Indian children and youth involved in child welfare. This is particularly important in light of the observed disproportionate representation of American Indian children and youth involved in child welfare.<sup>14</sup>

7. If applicable, coordinate with the designated MCP County Liaison, which serves as the MCP's designated point of contact via the MOU between the MCP and county child welfare agencies. The MCP County Liaison and the MCP Child Welfare Liaison roles may be the same individual(s), as appropriate and with proper fulfillment of the respective roles.
8. Attend quarterly meetings with local county child welfare agencies as required by APL 23-029, including subsequent updates, and as outlined in the MOU between the MCP and county child welfare agencies, to address care coordination, quality improvement activities, quality improvement outcomes, systemic and case-specific concerns, and communicate with others within their organizations about such activities.<sup>15</sup>
9. Participate in and provide input for quality improvement activities associated with the MOU between the MCP and county child welfare agencies.
10. As applicable, pursuant to the MOU between the MCP and county child welfare agencies, collaborate with the MCP County Liaison to ensure compliance with the training and education provisions of the MOU, which includes providing training and/or educational materials to county child welfare agencies on how the MCP's Covered Services, and any carved-out services, may be accessed, including during nonbusiness hours.
11. Provide resources and support to MCP staff and Providers in understanding the Foster Youth Bill of Rights.<sup>16</sup>
12. Support MCP staff and Providers with using trauma-informed approaches when interacting with children, youth, non-minor dependents, parents, family members, legal guardians, resource parents, or caregivers.

Additionally, DHCS strongly encourages MCP Child Welfare Liaisons to commit to the following activities to enhance relationships between MCPs and county child welfare agencies for Members involved in child welfare:

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<sup>13</sup> See APL 24-002, including subsequent updates.

<sup>14</sup> MCP Contract, Exhibit A, Attachment III, Subsection 4.3.22 Indian Health Care Providers and Subsection 4.3.23 Managed Care Liaisons.

<sup>15</sup> See APL 23-029, including subsequent updates.

<sup>16</sup> The Foster Youth Bill of Rights is available at: [https://fosteryouthhelp.ca.gov/wp-content/uploads/sites/276/2020/10/Foster-Youth-Bill-of-Rights-WIC-16001.9\\_ADAComplaint.pdf](https://fosteryouthhelp.ca.gov/wp-content/uploads/sites/276/2020/10/Foster-Youth-Bill-of-Rights-WIC-16001.9_ADAComplaint.pdf)

- Participate in the MCP Community Advisory Committee and other MCP committees and meetings that potentially impact Members involved in child welfare and foster care.
- As applicable, collaborate with the county to identify opportunities for coordination of and alignment with the county's Interagency Leadership Team's efforts in implementing the AB 2083 SOC MOU, and participate in the SOC Local Interagency Leadership Team meetings to which the MCP may be invited.
- Collaborate with other MCP Child Welfare Liaisons internally and with MCP Child Welfare Liaisons in other MCPs to discuss best practices, lessons learned, and sharing of information and resources.

MCPs must designate individual(s) for the Child Welfare Liaison position who can competently fulfill their roles and responsibilities as outlined above. MCP Child Welfare Liaisons must meet the following criteria:

- Have expertise, demonstrable experience, or sufficient training in the following:
  - Child welfare services and county behavioral health services.
  - County care coordination and assessment processes, which may include, the full spectrum of requirements pertaining to service coordination, including referral requirements and processes, care management, and authorization processes.
  - Trauma informed care practices.

Additional expertise, experience, and training MCPs may want to consider include, but are not limited to:

- Have a master's degree and/or other additional training in social work, public health nursing, or another related field.
- Have familiarity with Medi-Cal enrollment and disenrollment processes, as well as county social services agency processes for updating addresses and other eligibility information.
- Have experience or training in coordinating care within child welfare services and juvenile justice systems and have an understanding of the Foster Care Bill of Rights.

### **Information Sharing**

In compliance with the requirements set forth in APL 23-029, including subsequent updates, and the County Social Services Agencies for Child Welfare MOU template, MCPs must have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data;

and, if necessary, for obtaining Member consent. MCPs must share information in compliance with applicable law, which may include the Health Insurance Portability and Accountability Act and its implementing regulations, as amended (“HIPAA”), 42 Code of Federal Regulations Part 2, and other state and federal privacy laws. For additional guidance related to sharing Members’ data and information, MCPs may reference the CalAIM Data Sharing Authorization Guidance.<sup>17</sup>

### **Notification**

In accordance with the MOU between the MCP and county child welfare agencies and the MCP Contract, MCPs must notify the county child welfare agency and DHCS of a change in the designated MCP Child Welfare Liaison as soon as practicable, but no later than five working days of the change.<sup>18</sup>

To support collaboration efforts, the California Department of Social Services (DSS) has created a contact list of the County Child Welfare agencies points of contact.<sup>19</sup> To obtain the point of contact list or if MCPs have questions related to child welfare they may email [cwshealth@dss.ca.gov](mailto:cwshealth@dss.ca.gov).

### **DHCS Monitoring**

MCPs must submit MCP Child Welfare Liaison contact information to the “Liaison Directory” section available on the Managed Care Operations Division (MCPD)-MCP Submission Portal.<sup>20</sup> MCPs with delegated Subcontractors that serve children and youth involved with child welfare, must submit contact information of the Subcontractor’s Child Welfare Liaison(s) to the MCPD-MCP Submission Portal. As noted below, MCPs are responsible for ensuring Subcontractors’ compliance with the requirements of this APL. DHCS will monitor MCPs’ implementation of the MCP Child Welfare Liaison role through submission of MCP Child Welfare Liaison contact information to the MCP Liaison Directory available on the MCPD-MCP Submission Portal and other methods of monitoring in a form and manner specified by DHCS, such as review of the number of Child Welfare Liaisons MCPs employ to ensure staffing of the position is commensurate with the size of the MCPs child welfare membership and the staff to whom the Liaison is to provide support and oversight.

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<sup>17</sup> CalAIM Data Sharing Authorization Guidance (October 2023), available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

<sup>18</sup> MCP Contract, Exhibit A, Attachment III, 4.3.23 Managed Care Liaisons.

<sup>19</sup> The County Child Welfare Points of Contact list is available at: <https://cdss.ca.gov/inforesources/county-child-welfare-points-of-contact>

<sup>20</sup> The MCPD-MCP Submission Portal is available at: <https://cadhcs.sharepoint.com/sites/MCPD-MCPSubmissionPortal/SitePages/Home.aspx>.

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCP Submission Portal)<sup>21</sup> within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.<sup>22</sup> These requirements must be communicated by each MCP to all Subcontractors and Network Providers. MCPs should review their Provider and/or Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate to ensure compliance with this APL. DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief  
Managed Care Quality and Monitoring Division

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<sup>21</sup> The MCOD-MCP Submission Portal is available at:

<https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.

<sup>22</sup> For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.