

State of California—Health and Human Services Agency  
Department of Health Care Services • Department of Developmental Services

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# BEHAVIORAL HEALTH TREATMENT TRANSITION PLAN

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November 20, 2015



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## 1. EXECUTIVE SUMMARY

On July 7, 2014, the Centers for Medicare and Medicaid (CMS) released guidance<sup>1</sup> requiring states to cover Behavioral Health Therapy (BHT) services for Medicaid beneficiaries under 21 years of age with an Autism Spectrum Disorder (ASD) diagnosis under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

On September 15, 2014, the Department of Health Care Services (DHCS) issued interim guidance to Medi-Cal managed care health plans (MCPs) via All Plan Letter (APL) 14-011<sup>2</sup>, requiring MCPs to cover all medically necessary BHT services for beneficiaries under 21 years of age with an ASD diagnosis effective on or after September 15, 2014. DHCS submitted State Plan Amendment (SPA) 14-026<sup>3</sup> to CMS on September 30, 2014, to seek the necessary approval to include BHT as a covered Medi-Cal service for individuals under 21 years of age, pursuant to Section 14132.56 of the Welfare and Institutions (W&I) Code<sup>4</sup>.

Behavioral Intervention services, including, but not limited to BHT, and other Medicaid services for individuals with developmental disabilities that meet certain eligibility criteria are currently provided under Medicaid 1915 (c) and (i) waivers through a system of regional centers (RCs) contracted with the Department of Developmental Services (DDS). Approximately 13,000 Medi-Cal beneficiaries under 21 years of age are currently accessing BHT services through the RC system. Approximately 1,000 of those beneficiaries are enrolled in Medi-Cal Fee-For-Service (FFS) and 12,000 are enrolled in MCPs. Beneficiaries are enrolled in Medi-Cal FFS or managed care delivery systems based upon their aid code and/or county of residence.

**DHCS, in collaboration with DDS, will transition responsibility for BHT services currently being provided through the regional centers to Medi-Cal beneficiaries under 21 years of age with an ASD diagnosis from the DDS RC system to the Medi-Cal managed care and FFS delivery systems starting no sooner than February 1, 2016.** Since September 15, 2014, MCPs have provided BHT services to eligible Medi-Cal beneficiaries that were not already receiving BHT services through the RC system. MCPs also provided BHT services to eligible Medi-Cal beneficiaries who have requested to begin receiving BHT services from the MCP. Medi-Cal beneficiaries age 21 and over receiving BHT services from RCs will continue to receive those services from the RCs pursuant to the 1915(c) and (i) waivers. Furthermore, Medi-Cal beneficiaries under 21 years of age that receive non-BHT services from the RCs will continue to receive their non-BHT services from the RCs pursuant to the 1915(c) and (i) waivers.

After this transition, RCs will continue to provide medically necessary BHT services to Medi-Cal FFS beneficiaries; however, DHCS will assume responsibility for the payment of these BHT services when approved as a Medi-Cal covered service in the State Plan. Medi-Cal beneficiaries in managed care will receive BHT services through their MCP.

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<sup>1</sup> CMS Guidance: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

<sup>2</sup> DHCS All Plan Letter 14-011:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2014/APL14-011.pdf>

<sup>3</sup> State Plan Amendment: [http://www.dhcs.ca.gov/formsandpubs/laws/Documents/14-026\\_REDACTED\\_PACKAGE.pdf](http://www.dhcs.ca.gov/formsandpubs/laws/Documents/14-026_REDACTED_PACKAGE.pdf)

<sup>4</sup> WIC Section 14132.56:

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14132.56](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14132.56)

Transitioning beneficiaries will receive continuity of care protections, as described below. DHCS and MCPs will send notices to beneficiaries and MCPs will engage with beneficiaries by phone. MCPs will go through a robust readiness process prior to the transition and DHCS will conduct ongoing monitoring during and after the transition so that it is well positioned to intervene should any issues be identified. DHCS and DDS will work closely together with MCPs and RCs to ensure a smooth transition for beneficiaries and will establish a process to address and resolve any issues that may arise.

Described within this Transition Plan are the approaches and major operational steps that DHCS and DDS, in collaboration with the MCPs and RCs, will take to coordinate the transition.

## 2. TRANSITION APPROACH

Beneficiaries currently receiving BHT services from a RC will have the responsibility for those services transferred from the RC to the Medi-Cal managed care or FFS delivery systems, as applicable, beginning on February 1, 2016, as set forth below.

### *Fee-for-Service Beneficiaries*

The transition of financial responsibility for BHT services for FFS beneficiaries receiving RC BHT services will occur no sooner than February 1, 2016, to coincide with CMS’ approval of SPA 14-026. These beneficiaries will continue services with their current BHT provider(s) in the RC delivery system, at the existing levels of BHT service and reimbursement for those services. The transition to Medi-Cal BHT services from 1915(c) waiver services is administrative and expected to be seamless to the beneficiary. Medi-Cal will be responsible for the reimbursement for BHT services.

### *Managed Care Beneficiaries*

The transition for managed care beneficiaries will occur in three (3) parallel tracks over a six-month period, based on the beneficiary’s birth month (or RC if residing in Los Angeles County). The MCP’s transition track will depend on the number of beneficiaries receiving BHT services from an RC in the Plan’s county:

- **Counties with fewer than 100 beneficiaries** will transition all beneficiaries at once on February 1.
- **Counties with 100 or more beneficiaries** will begin to transition on February 1 by the beneficiary’s birth month over a period of 6 months as outlined in *Table 1*.
- **Los Angeles County** will transition beneficiaries by RC over a period of 6 months as outlined in the LA County Transition Plan linked below:

[http://www.dhcs.ca.gov/services/medi-cal/Documents/LA\\_County\\_Transition\\_Plan\\_Final.pdf](http://www.dhcs.ca.gov/services/medi-cal/Documents/LA_County_Transition_Plan_Final.pdf)

**Table 1: Transition Schedule for Counties with 100 or More Beneficiaries**

Birth Month	Transition Start Month
January – February	February
March – April	March
May – June	April
July – August	May
September – October	June
November – December	July

Thirty-seven (37) counties have fewer than 100 beneficiaries receiving BHT services from the RC system who will transition all at once in February. Twenty-one (21) counties have 100 or more beneficiaries who are scheduled to transition over six months. However, this may be subject to change due to MCPs requesting flexibility on alternative phasing approaches. Two plans with marginally over 100 beneficiaries in a county – Central California Alliance for Health that operates in three counties and Partnership Health Plan that operates in 14 counties – have requested to transition all their beneficiaries at once. DHCS has published the transition rollout schedule by county at the following link: [http://www.dhcs.ca.gov/services/med-cal/Documents/BHT\\_Transition\\_Rollout\\_Schedule\\_final.pdf](http://www.dhcs.ca.gov/services/med-cal/Documents/BHT_Transition_Rollout_Schedule_final.pdf).

Transitioning beneficiaries over a span of six months will allow MCPs to enter into continuity of care agreements and ramp up their networks to assure that there are sufficient BHT providers in place to provide timely access to care for all beneficiaries. MCPs, in collaboration with the applicable RC, may also obtain approval from DHCS for alternative phasing approaches if it will assist in a smoother transition for beneficiaries. Furthermore, if it is determined that plans and/or RCs are not ready to transition members from RC to MCP responsibility, DHCS and DDS will delay or modify the transition timeline for all or some counties as necessary in order to ensure the smoothest transition possible for consumers, plans, and providers.

### 3. COMMUNICATION PLAN AND OUTREACH

DHCS and DDS have coordinated with various entities over the past year including stakeholders and advocates, providers, MCPs, staff and members of the Legislature, and others who will be impacted by the upcoming transition. These communication efforts were structured to provide information about the transition and ensure a smooth transition for beneficiaries.

The following table provides an overview of the major BHT transition communication activities that occurred between August 2014 and September 2015. These communication activities will continue after the transition. DHCS and DDS will convene stakeholder meetings, regular MCP and RC meetings, and post regular website updates when new information is available.

**Table 2: DHCS and DDS Communication Activities**

Month	Communication Item
August 2014	Public Notice
	Tribal Notice
	Tribal webinar
	Weekly MCP planning calls
September 2014	Interim Guidance on BHT Services (APL 14-011) issued
	Stakeholder meeting
	Weekly MCP planning calls
October 2014	Stakeholder meeting
	Weekly MCP planning calls
November 2014	Stakeholder meeting
	Weekly MCP planning calls
December 2014	Stakeholder meeting
	Weekly MCP planning calls
January 2015	Stakeholder meeting
	Weekly MCP planning calls

Month	Communication Item
February 2015	Regional Center webinar
	Weekly MCP planning calls
March 2015	Stakeholder meeting
	Weekly MCP planning calls
April 2015	Stakeholder meeting
	Weekly MCP planning calls
May 2015	Evidence of Coverage template issued to the MCPs
	Stakeholder meeting
	Weekly MCP planning calls
June 2015	Regional Center Executive Directors webinar
	Legislative staff briefing
	Stakeholder meeting
	60-day Beneficiary Notice template issued to the MCPs
	30-day Beneficiary Notice template issued to the MCPs
	Medi-Cal FFS Beneficiary Notice
	State Fair Hearing Notice issued to the MCPs
	Stakeholder meeting
	Weekly MCP planning calls
July 2015	Regional Center providers webinar
	Stakeholder meeting
	Weekly MCP planning calls
August 2015	Weekly MCP planning calls
September 2015	Revised Continuity of Care APL (APL 14-021) issued
	Weekly MCP planning calls
October 2015	Frequently Asked Questions
	Regional Center Informed Consent Form
	Regional Center Informational Flyer
	Weekly MCP planning calls

### 3.1 NOTIFICATION TO BENEFICIARIES

DHCS and DDS have communicated with Medi-Cal beneficiaries to inform them of the addition of BHT services to the Medi-Cal program. These communications were intended to make beneficiaries aware of the availability of BHT services in Medi-Cal and the upcoming transition. The communication activities include:

**Table 3: Public/Beneficiary Communications**

Month	Communication Item	Description
August 2014	California Regulatory Notice Register	Informed the public of DHCS' intent to add BHT benefits to the Medi-Cal program for beneficiaries diagnosed with ASD under 21 years of age
August 2014	Tribal Notice	Informed Indian Health Service providers about the addition of BHT services to the Medi-Cal program
May 2015	Evidence of Coverage (EOC)	MCPs mailed an EOC update to all eligible beneficiaries about the addition of the benefit and

Month	Communication Item	Description
		how to access it
Ongoing	Multiple stakeholder communications	As aforementioned above, communicated through the <a href="mailto:ABAinfo@dhcs.ca.gov">ABAinfo@dhcs.ca.gov</a> distribution list and posted on the DHCS website

A number of notifications will also be sent to Medi-Cal beneficiaries regarding the transition. The following describes DHCS communications to beneficiaries:

- FFS Notice – DHCS will inform eligible FFS beneficiaries currently receiving BHT services at RCs about the transition of BHT services to Medi-Cal by mailing informational notices to beneficiaries no later than 30 days prior to the transition.
- MCP Notices – MCPs will mail one set of notices no later than 60 days and another set no later than 30 days prior to the projected February 1, 2016 transition date or the beneficiary’s scheduled transition date, whichever is later. DHCS developed template language with the assistance of stakeholders and provided the template language to MCPs for the notices. The notices explain the transition, describe changes in the provision of BHT services, and provide contact information for resources to answer questions and provide additional information and assistance. They are translated into applicable Medi-Cal threshold languages. A copy of the State Hearing form is being enclosed with the notices to ensure beneficiaries are informed of their right to file a State Fair Hearing.

DHCS is also requiring MCPs to contact each beneficiary by telephone prior to the transition to make sure they are aware of the transition, answer any questions, and provide information about their continuity of care rights, among other points addressed in the notices. MCPs will make a minimum of 5 call attempts to reach each beneficiary or their parent/guardian. DHCS will provide specific instructions for the call campaign in a revised version of APL 14-011.

### 3.2 ENGAGEMENT WITH STAKEHOLDERS

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In accordance with Welfare & Institutions Code §14132.56<sup>5</sup>, DHCS sought stakeholder input to develop the BHT benefit, subject to the limitations allowed under federal law. In addition to developing and defining eligibility criteria, provider participation criteria, utilization controls, and the delivery system for BHT services, stakeholders were provided opportunities to review and provide comments on the following:

- Transition Plan
- 30-day Beneficiary Notice
- 60-day Beneficiary Notice
- FFS Beneficiary Notice
- Continuity of Care All Plan Letter

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<sup>5</sup> Welfare & Institutions Code Section 14132.56:  
[http://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14132.56](http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14132.56).

- Behavioral Health Treatment Coverage All Plan Letter

These materials were posted on the Behavioral Health Treatment webpage at <http://www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx>.

DHCS and DDS held monthly stakeholder meetings from August 2014 through July 2015. These meetings were open to the public, individuals and families, legislative staff, BHT providers, consumer advocates, RC staff, MCPs, and state and local staff from other departments and agencies. The meetings provided stakeholders with details and updates on DHCS' implementation of BHT services and opportunities to obtain responses to questions, provide comments and recommendations to DHCS regarding beneficiary eligibility criteria, provider participation criteria, utilization controls and delivery systems for BHT.

The Departments stayed in regular communication with families, stakeholders, advocates, MCPs, RCs, providers, and others, to ensure that all aspects of the transition are shared. The Department has continued to seek input by email and/or schedule additional meetings when stakeholder input is needed. Monthly meetings will be convened upon CMS' approval of the SPA and 1915(c) Waiver amendment through the completion of the transition. DHCS will maintain the Behavioral Health Treatment webpage to include any and all updates and developments, as well as the dedicated email inbox [ABAinfo@dhcs.ca.org](mailto:ABAinfo@dhcs.ca.org) to respond to inquiries timely. Additional stakeholder meetings will continue to be scheduled as needed.

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### 3.3 GUIDANCE TO MEDI-CAL MANAGED CARE HEALTH PLANS

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On September 15, 2014, an All Plan Letter (APL 14-011<sup>6</sup>) was released to all MCPs informing them of the addition of BHT services to the Medi-Cal program and providing interim guidance regarding outreach and the delivery of BHT services to eligible plan enrollees.

DHCS has worked closely with MCPs to put the necessary structures in place prior to full implementation of this Transition Plan. DHCS holds weekly calls with MCPs to facilitate regular communication and allow for sharing of information and best practices. The Department distributed contacts between the RCs and MCPs and emphasized the need for information sharing and continued partnership upon the transition of the beneficiaries.

MCPs reviewed and provided feedback on APL 14-011, *Interim Policy for the Provision of Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder*. Additional guidance will be issued as the structure of the benefit evolves. A revision of APL 14-011 will be issued in fall of 2015. DHCS contracts with MCPs will also be updated to reflect BHT service requirements.

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### 3.4 INTER-DEPARTMENT COMMUNICATION

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DHCS and DDS have consistent, regular communication via weekly calls to prepare for the transition and operationalize steps for implementation. The departments have worked in partnership to develop member

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<sup>6</sup> All Plan Letter 14-011: [http://www.dhcs.ca.gov/services/medi-cal/Documents/APL\\_14-011\\_and\\_Attachments.pdf](http://www.dhcs.ca.gov/services/medi-cal/Documents/APL_14-011_and_Attachments.pdf)

informing materials, Memorandum of Understanding requirements, and beneficiary data reconciliation. Throughout the transition, a smooth transition for all beneficiaries continues to be the primary focal point for both Departments during all discussions.

### 3.5 REGIONAL CENTER COMMUNICATION

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DHCS and DDS have held several webinars with RC representatives from the executive director level to providers to provide information about the transition. In these webinars, participants were advised regarding the transition of responsibility for the administration of the BHT benefit for Medi-Cal beneficiaries from beneficiaries' RC BHT to Medi-Cal BHT. RC representatives were advised that Medi-Cal beneficiaries enrolled in FFS would continue to receive BHT services through the RC delivery system, but those services would now be funded by DHCS as a State Plan benefit and not a waiver benefit through DDS; and Medi-Cal Managed Care beneficiaries' BHT services would be administered through the managed care delivery systems. This change is merely administrative and will be seamless to the beneficiary.

Additionally, the webinars aided in the process to review beneficiary notifications, discuss exchange of patient information with the MCPs, track and monitor of beneficiary transitions, staff concerns, and outline processes and expectations. RC vendors providing BHT services to RC beneficiaries had opportunities to have DHCS address their concerns and answer their questions.

## 4. MEMORANDUM OF UNDERSTANDING BETWEEN MCPs AND RCs

A Memorandum of Understanding (MOU) is a document which establishes agreements between two entities. This MOU is the primary vehicle to ensure coordination of medically necessary services by and between MCPs and RCs, including BHT services. It facilitates a "no wrong door" approach for beneficiaries seeking coverage and serves as a basis to avoid gaps in care. DHCS and DDS sought input from MCPs, RCs, and the Association of Regional Center Agencies on the MOU template – multiple versions were sent out for comment and phone calls were held to obtain input. Required components of the MOU include information exchange and care coordination between the two entities. DHCS issued APL 15-022<sup>7</sup> that specifies MCP responsibilities in these areas, as well as timelines for amending or replacing MOUs with their RCs for coordination of BHT services. MCPs are required to submit an MOU to DHCS by December 31, 2015. They may also submit documentation demonstrating a good faith effort to enter into an MOU if one is not entered into to demonstrate a reason for non-compliance with the requirement.

## 5. CONTINUITY OF CARE

Continuity of care provides beneficiaries with an opportunity to stay with their same provider and assist with a smooth transition for beneficiaries when accessing new services through managed care.

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<sup>7</sup> All Plan Letter 15-022: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-022.pdf>

For this transition, MCPs must consider every beneficiary transitioning to the MCP as an automatic continuity of care request based on the DHCS-supplied data described below. This means that beneficiaries do not have to request continuity of care; instead the MCP must initiate it.

The MCP must enter into a continuity of care agreement for up to 12 months when the following conditions are met:

- The beneficiary has a pre-existing relationship<sup>8</sup> with the provider;
- The plan and the provider can agree to a rate that, at the minimum, is equal to the Medi-Cal FFS rate;
- The provider meets the MCP's applicable professional standards and has no disqualifying quality of care issues (i.e., the provider would not be eligible to provide services to any other MCP beneficiaries as documented by the MCP);
- The provider is a State Plan approved provider as defined in Health & Safety Code § 1374.73<sup>9</sup>; and
- Documents (i.e., assessment and treatment plan) are provided to the MCP by the provider to facilitate continuity of care.

DHCS will provide beneficiary-specific utilization, diagnosis and assessment data to each MCP prior to a beneficiary transitioning. This data will serve to prepare MCPs for the transition of the beneficiary and build MCP network capacity. It includes information about services currently accessed by beneficiaries and the providers offering them. DHCS will share this data with the MCPs 45 days in advance of the transition and expects that MCPs will utilize it to determine beneficiary service needs and enter into continuity of care agreements. MCPs must make a good faith effort to proactively contact the provider(s) to begin the continuity of care process. If data are not available, MCPs will identify service needs and current providers when contacting beneficiaries by phone during the call campaign prior to the transition.

Should the MCP and the beneficiary's existing providers be unable to reach a continuity of care agreement initially or after the transition is complete, MCPs must transition the beneficiary to a new provider(s) through a warm handoff to an in-network provider and ensure that the beneficiary's level of BHT services continue and are not disrupted.

## 6. PLAN READINESS

DHCS and the Department of Managed Health Care (DMHC) have coordinated efforts to conduct a joint BHT readiness review process for Knox-Keene licensed MCPs. Non-Knox-Keene licensed County Organized Health Systems (COHS) MCPs are undergoing a readiness review conducted by DHCS. Both Departments issued a

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<sup>8</sup> Defined in APL 15-019 as at least one time during the six months prior to transitioning responsibility of BHT services from the RC to the MCP, or the date of the beneficiary's initial enrollment in the MCP if enrollment occurred on, or after, September 15, 2014: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2015/APL15-019.pdf>)

<sup>9</sup> H&S Code Section 1374.73:  
[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=1374.73](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1374.73)

readiness review checklist that outlined submission requirements and timelines. The checklists include submissions of the MCP's continuity of care and timely access standards policies and procedures, as well as provider network arrangements. MCP networks will be carefully reviewed to ensure both transitioning and new beneficiaries receive timely access to care for all BHT services.

BHT providers are considered specialty provider types and are held to the timely access standard of 15 business days for non-urgent appointments<sup>10</sup>. DHCS monitors MCPs on an ongoing basis to ensure beneficiaries are able to access care within this timeframe.

## 7. MONITORING

DHCS utilizes myriad monitoring processes to evaluate access to services for beneficiaries accessing care through the Medi-Cal managed care delivery system. These processes include, but are not limited to: information from calls to the Medi-Cal Ombudsman and DMHC Call Center; Independent Medical Reviews and State Hearings; encounter data; grievances and appeals; ad hoc data requests; utilization and continuity of care reports; medical audits and surveys; stakeholder input; secret shopping; and other monitoring tools to monitor the transition and subsequent activities relating to the benefit.

MCPs are contractually required to submit reports to DHCS on transitioning populations. These reports are submitted monthly through the initial transition and then quarterly. The Department reviews report submissions for purposes of monitoring provider networks, continuity of care requests, grievances filed, and the number and nature of grievances and appeals. The information provides a snapshot of MCP utilization data and beneficiary satisfaction.

During the course of the transition, MCPs will be required to report on plan calls and inquiries regarding BHT services, the number of beneficiaries going through each evaluation process, and the number of beneficiaries utilizing BHT services. The Department will work closely with MCPs to quickly resolve any issues reported to DHCS. Additionally, the Department will conduct "secret shopping" surveys to assess whether MCPs are providing accurate information about obtaining BHT services. DHCS utilizes data and information from the aforementioned processes and conducts regular reviews of MCP performance. Should an area of concern be identified for an individual MCP, MCP model, or across all MCPs, DHCS will provide technical assistance to ameliorate the issue. Should technical assistance not fix the issue, corrective action may be imposed on an MCP.

## 8. APPENDICES

- A. California Regulatory Notice Register
- B. DHCS Tribal Notice
- C. DHCS Fee-for-Service Beneficiary Notice
- D. State Hearing Form

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<sup>10</sup> Title 28 CCR Section 1300.67.2.2:

<https://www.dmhc.ca.gov/Portals/0/LicensingAndReporting/SubmittingHealthPlanFilings/ccr13006722.pdf>

- E. 30-Day Beneficiary Notice
- F. 60-Day Beneficiary Notice
- G. Continuity of Care All Plan Letter
- H. Memorandum of Understanding (MOU) All Plan Letter and Template
- I. Transition Rollout Schedule
- J. Los Angeles County Transition Plan