

ATTACHMENT B: COUNTY SOCIAL SERVICES AGENCIES FOR CHILD WELFARE
MEMORANDUM OF UNDERSTANDING

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**MEMORANDUM OF UNDERSTANDING
BETWEEN
MOLINA HEALTHCARE OF CALIFORNIA
AND
COUNTY OF RIVERSIDE ON BEHALF OF
DEPARTMENT OF PUBLIC SOCIAL SERVICES
CHILDRENS SERVICES DIVISION**

DPSS-0005287

Memorandum of Understanding
between Molina Healthcare of California and County of Riverside,
Department of Public Social Services

This Memorandum of Understanding (“MOU”) is entered into by Molina Healthcare of California (“MCP”) and County of Riverside on behalf of Department of Public Social Services, Children’s Services Division, (“County”), effective upon execution (“Effective Date”). County, and MCP are referred to herein as a “Party” and collectively as “Parties.”

WHEREAS, MCP is required under the Medi-Cal Managed Care Contract, to enter into this MOU, a binding and enforceable contractual agreement, to ensure that Medi-Cal Members enrolled, or eligible to enroll, in MCP and who are County Child Welfare involved and/or receive foster care services (“Members”) are able to access and/or receive services in a coordinated manner from MCP and County; and

WHEREAS, the Parties desire to ensure that Members receive MCP and County services set forth in this MOU in a coordinated, non-duplicative manner and to provide a process to continuously evaluate the quality of the care coordination provided.

In consideration of the mutual agreements and promises hereinafter, the Parties agree as follows:

1. Definitions. Capitalized terms have the meaning ascribed by MCP’s Medi-Cal Managed Care Contract with the Department of Health Care Services (“DHCS”), unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS webpage at www.dhcs.ca.gov.

a. “County Child Welfare Services” means the services provided by the State’s program for child protection services and interventions, including foster care, that are administered by County and monitored by the California Department of Social Services (“CDSS”), Children and Family Services Division.

b. “MCP Responsible Person” means the person designated by MCP to oversee MCP coordination and communication with County and ensure MCP’s compliance with this MOU as described in Section 4 of this MOU.

c. “MCP-County Liaison” means MCP’s designated point of contact responsible for acting as the liaison between MCP and County as described in Section 4 of this MOU. The MCP-County Liaison must ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MCP Responsible Person and/or MCP’s compliance officer as appropriate.

d. “MCP Child Welfare Liaison” means the MCP’s designated individual(s) assigned to ensure the needs children and youth involved with child welfare are met as outlined in the Medi- Cal Managed Care Contract, DHCS All Plan Letters (“APL”s), or other similar instructions.

e. County Responsible Person” means the person designated by County to

oversee coordination and communication with MCP and ensure County's compliance with this MOU as described in Section 5 of this MOU.

f. "County Liaison" means County's designated point of contact responsible for acting as the liaison between County and MCP as described in Section 5 of this MOU. The County Liaison should ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the County Responsible Person as appropriate.

2. Term. This MOU is in effect as of the Effective Date and continues for a term of five years or as amended in accordance with Section 14.f of this MOU. Each Party is responsible for tracking their own oversight agency guidance and assessing the need for amendments or modifications to this MOU.

3. Services Covered by This MOU. This MOU governs the coordination between County and MCP for the delivery of care and services for Members who are receiving County Child Welfare Services.

4. MCP Obligations.

a. **Provision of Covered Services.** MCP is responsible for authorizing Medically Necessary Covered Services, and for coordinating care for Members provided by MCP's Network Providers and other providers of carve-out programs, services, and benefits. MCP must ensure Members, and/or their caregivers or legal guardian(s), are provided with information regarding Covered Services for which they are eligible, including Medi-Cal for Kids and Teens (the Early and Periodic Screening, Diagnostic and Treatment benefit) services and other MCP covered services when indicated based on screening findings.

i. MCP must provide and cover, or arrange for, as appropriate, all Medically Necessary Medi-Cal for Kids and Teens services, including Behavioral Health Treatment services. MCP must fulfill its requirements for training on Medi-Cal Kids and Teens services, due to sunset of Child Health and Disability Prevention Program.

ii. For Members currently receiving Specialty Mental Health Services ("SMHS") or enrolled in an existing care management program, such as California Wraparound, Full Service Partnership, or Health Care Program for Children in Foster Care ("HCPCFC"), if the Mental Health Plan ("MHP") for SMHS, a SMHS provider contracted to the MHP, or the care management program has contracted with MCP to be an Enhanced Care Management ("ECM") in-network Provider, MCP must assign the Member to the MHP, SMHS provider contracted to the MHP, or existing care management program as the ECM Provider unless the Member (or parent, legal guardian, or caretaker) requests otherwise.¹

iii. If a Member is enrolled in more than one existing care management program and those programs are each contracted ECM Providers, MCP must assign the Member to the MHP or existing care management program that the Member identifies as the Member's preferred ECM Provider or, if necessary, another

ECM Provider that has capacity to accept the Member. However, if County is also an ECM Provider pursuant to a separate agreement between MCP and County for ECM services, this MOU does not govern County's provision of ECM services.

iv. MCP should attempt to develop a Plan of SafeCare in collaboration with family for eligible members (i.e., Pregnant women and/or families with infants 0-12 months of age affected by legal or illegal substances).

v. MCP shall make a good faith effort to align its ECM and CHW network with the county's network for child welfare services so that Members can receive services from a provider with whom they already have a trusted relationship. County will provide MCP a list of these providers.

vi. MCP and county will establish policies and procedures to deploy presumptive eligibility or create a streamlined enrollment process for ECM for any child meeting the population of focus definition in the DHCS policy guidance and not require any sort of prior authorization or medical documentation for eligibility.¹

b. Oversight Responsibility. The Director, Healthcare Services, the designated MCP Responsible Person listed in Exhibit A of this MOU, is responsible for overseeing MCP's compliance with this MOU. The MCP Responsible Person must:

i. Meet at least quarterly with the County Responsible Person and appropriate County program executives, as required by Section 9 of this MOU;

ii. Report on MCP's compliance with the MOU to MCP's compliance officer no less frequently than quarterly. The compliance officer is responsible for MOU compliance oversight reports as part of MCP's compliance program and must address any compliance deficiencies in accordance with MCP's compliance program policies;

iii. Ensure there is sufficient staff at MCP who support compliance with and management of this MOU;

iv. Ensure the appropriate level of MCP leadership (e.g., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from County are invited to participate in the MOU engagements, as appropriate;

v. Ensure training and education regarding MOU provisions are conducted annually for MCP's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network Providers; and

vi. Serve, or designate a person at MCP to serve, as the MCP-County Liaison, the point of contact and liaison between MCP and County to coordinate care for children and youth receiving County Child Welfare Services. The MCP-County Liaison is listed in Exhibit A of this MOU. As appropriate, the MCP-County Liaison must also serve as a family advocate. MCP must notify County of any changes to the MCP-County Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within five Working Days of the change.

¹ CalAIM Enhanced Care Management Policy Guide (p. 93):
<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>

vii. MCP must designate an individual(s) to serve as the MCP Child Welfare Liaison, to ensure the needs of children and youth involved with child welfare are met, in accordance with DHCS-issued standards and expectations for this role as set forth in the Medi-Cal Managed Care Contract, DHCS APLs”, or other similar instructions. The MCP-County Liaison and the MCP Child Welfare Liaison roles may be assigned to the same designated individual.

c. Policies and Procedures. MCP must work to develop and implement MOU compliance policies and procedures, including oversight reports and mechanisms to address barriers to care coordination.

i. No later than six months after the effective date of this MOU MCP and County will work together to develop a policy and procedure that describes the coordination workflows between the MCP-County Liaison, Foster Care Liaison and County Child Welfare Staff to support children, youth and families, specifically around procedures to ensure timely response when there is an urgent/emergent need.

d. Compliance by Subcontractors, Downstream Subcontractors, and Network Providers. MCP must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

e. MCP must collaborate with County to identify opportunities for coordination and alignment of this MOU with County’s Interagency Leadership Team’s efforts in implementing the System of Care (SOC) MOU (AB2083 MOU) as required by All County Letter No. 19-116/Behavioral Health Information Notice (“BHIN”) 19-053 to increase Members’ ability to receive timely, coordinated care.

i. MCP shall participate in AB 2083 SOC meetings pursuant to a process that is mutually agreed upon by the county and MCP.

5. County Obligations.

a. Provision of Services. County is responsible for delivering and coordinating County Child Welfare Services, which may include coordination with an ECM Provider to ensure timely and appropriate access to Member benefits and services beyond the scope of County program(s), including services provided or arranged for by County.

b. Oversight Responsibility. The Regional Manager of Children’s Services, the designated County Responsible Person, listed in Exhibit B of this MOU, is responsible for overseeing compliance with this MOU. The County Responsible Person serves, or may designate a person to serve, as the designated County Liaison, the point of contact and liaison with MCP. The County Liaison is listed in Exhibit B of this MOU. County may designate one or more liaisons by program or service line. County must notify MCP of changes to the County Liaison as soon as reasonably practical but no later than the date of change.

c. Policies and Procedures. County must work to develop and implement MOU compliance policies and procedures, including oversight reports and mechanisms to address barriers to care coordination.

d. The County Responsible Person must ensure training and education regarding MOU provisions are conducted annually for County’s employees who carry out responsibilities under this MOU, as applicable.

e. **Education.** County must ensure Members, and/or their caregivers or legal guardian(s), are provided with information regarding Covered Services, including Medi-Cal for Kids and Teens services, for which they are eligible. County must refer Members to MCP for Medi-Cal for Kids and Teens services and other MCP Covered Services when indicated based on screening findings. If the child or youth indicates a need for mental health or substance use services, Member may be served by MCP and/or County's MHP in accordance with Section 8(d) of this MOU.

6. Training and Education.

a. To ensure compliance with this MOU, MCP must provide training and orientation for its employees who carry out MCP's responsibilities under this MOU and, as applicable, for MCP's Network Providers, Subcontractors, and Downstream Subcontractors who assist MCP with carrying out responsibilities under this MOU. The training must include information on MOU requirements, what services are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing these responsibilities as of the Effective Date, MCP must provide this training within 60 Working Days of the Effective Date. Thereafter, MCP must provide this training prior to all such persons or entities performing responsibilities under this MOU and to all such persons or entities at least annually thereafter. MCP must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and County services to their Network Providers.

b. In accordance with health education standards as required by the Medi-Cal Managed Care Contract, MCP must provide Members and Network Providers with educational materials related to accessing Covered Services, including for services provided by County. In addition, MCP must provide its Network Providers with training on Medi-Cal for Kids and Teens services, utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit as required by APL 23-005 or any subsequent version of the APL.

c. MCP must provide County, Members, and Network Providers with training and/or educational materials on how MCP's Covered Services, and any carved-out services, may be accessed, including during nonbusiness hours.

d. The Parties must together develop training and education resources covering the services provided or arranged for by the Parties. The Parties must share their training and educational materials with each other to ensure the information in their respective training and education materials includes an accurate set of services provided or arranged for by each Party and is consistent with MCP and County policies and procedures, and with clinical practice standards.

i. The Parties must develop and share outreach communication materials and develop initiatives to share resources about MCP and County with individuals who may be eligible for MCP's Covered Services and/or County services.

ii. County must distribute MCP's current training and educational materials in a timely manner to support the County Liaison, County-assigned HCPCFC social workers, County behavioral health providers, public health nurses, Community Health Workers, County Health Education Specialists, and HCPCFC and secondary case managers in assisting Members with accessing Covered Services. The materials

must include information on MCP's Covered Services, including nonemergency medical transportation and non-medical transportation; Community Supports; and/or other care management programs and services for which Members may qualify, such as ECM or Complex Care Management ("CCM").

7. Referral Process.

a. **Closed Loop Referrals.** By January 1, 2025 or date set forth by DHCS, the Parties must develop policies and procedures to implement DHCS guidance regarding closed loop referrals to applicable Community Supports, ECM benefits, and/or community-based resources, as referenced in the CalAIM Population Health Management Policy Guide,² APL 22-024 or any subsequent version of the APL, and as set forth by DHCS through an APL or other, similar guidance.

i. The Parties must work collaboratively to develop and implement a process to ensure that MCP and County comply with the applicable provisions of closed loop referrals guidance. CWS shall implement the closed loop referral to the extent funding is provided by the State. The Parties must establish a system that tracks cross-system referrals and meets all requirements as set forth by DHCS through an APL or other, similar guidance.

b. MCP and County will collaboratively develop policies and procedures to describe the following:

- **Dedicated referral pathways.** MCP will create a dedicated referral pathway for children and family members involved in child welfare for non-specialty mental health services, enhanced care management, community supports, and community health worker services. MCP will create a HIPAA compliant online pathway for electronic submission of referrals and will provide updates via the online system, secure email or another agreed-upon format.
- **Non-specialty MH referrals.** MCP will identify specific providers within its non-specialty Mental Health Network that will accept referrals for children and parents and ensure timely access standards are met of appointments within 15 business days for psychiatry and 10 business days for therapy.
- **Referral reporting.** At the quarterly meetings, MCPs will provide updates on the status of referrals received via a referral dashboard for Members receiving County Child Welfare Services, along with identified parents or caregivers. (The Parties will collaborate on developing a methodology for identifying family members and/or caregivers.)

8. Care Coordination and Collaboration.

a. Care Coordination.

i. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the requirements set forth in this MOU.

ii. The Parties must discuss and address individual care planning and coordination issues or barriers to care coordination efforts no less than quarterly. Parties may opt to align these meetings with AB 2083 system of care meetings.

iii. MCP must have policies and procedures in place to maintain collaboration with County and to identify strategies to monitor and assess the effectiveness of this MOU.

iv. MCP and County must collaborate to ensure that Members receiving County Child Welfare Services continue to receive all Medically Necessary Covered Services, including, without limitation, dental, behavioral, and developmental services, when they move to a new location or they transition or age out of receiving County foster care services.

v. MCP must have processes for ensuring the continuation of Basic Population Health Management² and care coordination of all Medically Necessary Covered Services to be provided or arranged for by MCP for Members receiving County Child Welfare Services, with special attention to Members transitioning out of receiving foster care services and Members changing foster care placements.

vi. MCP's policies and procedures must include processes for coordinating with County to ensure Members (children, transition-aged foster youth, parents and caregivers) receive ECM, CCM, behavioral health and/or Community Supports and/or other case management services for which they may qualify and can help address social determinants of health that impact the entire family.

vii. MCP must ensure Members' Medical Records are readily accessible and up to date for Members transitioning or aging out of receiving County foster care services.

viii. The Parties must coordinate with the local Interagency Leadership Team to ensure the responsibilities of this MOU are carried out in alignment and coordination with County's SOC MOU as appropriate, to ensure Members receive timely, coordinated care.

ix. The Parties must coordinate to identify Members not receiving periodic preventive services in accordance with the American Academy of Pediatrics ("AAP") Bright Futures Periodicity Schedule using a data-informed methodology and develop a plan to help providers reach out to assigned Members who are not receiving periodic preventive services.

x. The Parties must develop policies and procedures to describe protocols for coordinating with other county departments and MCPs when children move between counties.

xi. The Parties must implement mechanisms for implementing care coordination across multiple providers, including a shared comprehensive point of contact list or other mechanisms for supporting cross communication, and for coordinating with HCPCFC in particular, as applicable.

b. Coordination of Medi-Cal for Kids and Teens Services.³

² CalAIM Population Health Management Policy Guide, available at: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide-May-Update-0509023.pdf>.

³ Basic Population Health Management is defined as described in the CalAIM Population Health Management Policy Guide, available at: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide-May-Update-0509023.pdf>.

³ Additional guidance available in APL 23-005: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL-23-005.pdf>.

i. Where MCP and County have overlapping responsibilities to coordinate services for Members under age 21, MCP must do the following:

1. Confer with the County on any existing or needed assessments and jointly determine the appropriate pathway to obtaining the information and follow the Member's physician's or licensed behavioral health professional's recommendations, for Medi-Cal for Kids and Teens Medically Necessary Covered Services;

2. Determine what types of services (if any) are being provided by County, or other third-party programs or services;

3. Coordinate the provision of services with County to ensure that MCP and County are not providing or ensuring the provision of duplicative services and that the Member is receiving all Medically Necessary Medi-Cal for Kids and Teens services within 60 calendar days following the preventive screening or other visit identifying a need for treatment, whether or not the services are Covered Services under the Medi-Cal Managed Care Contract. All Medi-Cal for Kids and Teens services are Covered Services unless expressly excluded under the Medi-Cal Managed Care Contract;

4. Notify the appropriate primary case manager, HCPCFC PHN, and/or social/case worker if the Member (or parent, legal guardian, or caregiver) when the Member refuses services or is unable to be reached to ensure County has information necessary to inform investigations, guide County placement decisions, and/or alert County staff to issues of safety or neglect; and

5. Notify the appropriate primary case manager and/or HCPCFC PHN, at the assumption of care to ensure that the appropriate person is aware of all services being provided to the Member.

c. **Care Coordination for Youth and Children Receiving Foster Care and their families/caregivers.**

i. MCP must implement policies and procedures to track Members receiving County Child Welfare Services by maintaining an up-to-date database of Members who are involved with child welfare and/or foster care as identified by the CDSS in collaboration with MCP.

ii. The MCP-County Liaison must oversee coordination of care for Members receiving County Child Welfare Services by:

1. Ensuring that each Member is assessed for medical and behavioral health needs, which may include conferring with the County on any existing or needed assessments and jointly determine the appropriate pathway to obtaining the information;

2. Ensuring that each Member's needs as defined under Medi-Cal for Kids and Teens services and in their CANS assessment have been met through the provision of a care plan and warm hand offs to appropriate Providers. If services are needed, the first encounter must occur without unnecessary delay and in accordance with clinical standards (e.g., AAP Bright Futures Periodicity Schedule, Advisory

Committee on Immunization Practices vaccination schedule). This includes collaborating with Providers, foster caregivers, and HCPCFC PHN as necessary to ensure medical and dental exams are provided within 30 calendar days in accordance with the Child Welfare Services Manual Division 31.206.36;

3. Notifying group homes, Short Term Residential Therapeutic Programs, child welfare case worker, HCPCFC staff, and foster parents of Members regarding MCP and County services when a Member is placed outside MCP's Service Area;

4. Informing all members of transportation resources available and, as needed, offering transportation information and resources, as needed, to Members, such as how Members can access non-emergency medical transportation for Medi-Cal services, which include, but are not limited to, appointments and medication, medical equipment, and supplies pickup;

5. Upon request by County or a Network Provider, facilitating scheduling of medical appointments and referrals for dental services for Members;

6. Informing Network Providers about the availability of benefits, including dental benefits, such as assisting Members with scheduling appointments, including behavioral health appointments, and arranging non-emergency medical transportation for Medi-Cal services; and

7. Upon request, providing information regarding the Member's Primary Care Physician ("PCP") or other Network Provider to County to assist with coordination of care.

iii. County should, when requested by Members (or Members' parent(s) or legal guardian(s) and/or caregiver(s) of foster children), assist Members ages 0-21 years with scheduling appointments for medical services through their assigned PCP and/or alert MCP of barriers to Members' access to services.

d. Care Coordination for Specialty Mental Health Services and Substance Use Disorder Services for Youth and Children, non-minor dependents, Parents and Caregivers.

i. MCP and County must coordinate to ensure that Members receiving County Child Welfare Services are directly referred to County's MHP for an SMHS assessment pursuant to BHIN 21-073 if they, or an individual acting on their behalf, contacts the MCP access line or the MHP seeking help.

ii. MCP must ensure that Members are provided with all Medically Necessary Covered Services, as identified by the assessments and communicated to MCP, in a timely and coordinated manner and in accordance with DHCS APLs 22-005, 22-006, and 22-028 or other forthcoming instructions.

iii. The Parties must develop a process for coordinating care for Members receiving County Child Welfare Services who are eligible for or are concurrently receiving Non-Specialty Mental Health Services ("NSMHS") and SMHS consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and BHIN 22-011.

iv. MCP must adopt a "no wrong door" referral process for Members and work collaboratively to ensure that Members may access NSMHS and SMHS

through multiple pathways and are not turned away based on which pathway they rely on, including but not limited to adhering to all applicable No Wrong Door for Mental Health Services Policy requirements described in APL 22-005 and BHIN 22-011.

v. The Parties must coordinate to ensure that Members receiving County Child Welfare Services, including parents and caregivers if they are Medi-Cal MCP enrollees, receive care navigation support in securing a non-specialty mental health appointment within timely access standards.

vi. The Partners must coordinate to ensure that court-ordered services eligible for Medi-Cal reimbursement, like parental counseling or substance use services, are offered to families at no cost. Families will be offered CHW or ECM services to help navigate to the appropriate services.

e. Services to prevent entry to Child Welfare shall be described in policies and procedures but will include:

i. MCP will work with County and other local agencies identified by the child welfare agency to identify families at risk for entry into Child Welfare.

ii. Once at-risk families are identified, MCP will provide screening and services to children through Community Supports, Enhanced Care Management, mental health, specialty care, and primary care.

9. Quarterly Meetings.

a. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU, but not less frequently than quarterly, in order to address care coordination, Quality Improvement activities, Quality Improvement outcomes, systemic and case-specific concerns, and communicating with others within their organizations about such activities. These meetings may be conducted virtually.

i. Within 30 Working Days after each quarterly meeting, MCP must post on its website the date and time the quarterly meeting occurred and, as applicable, distribute to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill MCP's obligations under the Medi-Cal Managed Care Contract and this MOU.

ii. MCP must invite the County Responsible Person and appropriate County program executives to participate in MCP quarterly meetings to ensure appropriate committee representation, including a local presence, to discuss and address care coordination and MOU-related issues. Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings as appropriate.

iii. MCP must report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS.

b. **Local Representation.** MCP must participate, as appropriate, in meetings or engagements to which MCP is invited by County, such as local county meetings, local community forums, Child and Family Team Meetings, and County engagements, to collaborate with County in equity strategy and wellness and prevention activities.

c. **AB 2083 SOC Local Interagency Leadership Team (ILT) Meetings.** As stated in Section 4.f.i, County will invite MCP to participate in the appropriate AB 2083

meetings at the discretion of the ILT to discuss aligning care coordination activities wherever possible.

10. Quality Improvement. The Parties must develop Quality Improvement activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and Quality Improvement initiatives, including those to prevent duplication of services, as well as reports that track referrals, Member engagement, service utilization, engagement by second visit rates, grievance data and Health care Effectiveness Data and Information Set (HEDIS) measures (as determined by Managed Care Accountability Set per reporting year). MCP must document these Quality Improvement activities in policies and procedures.

a. **Dashboards.** As part of the quality improvement processes, MCP will work collaborative with County to develop Population Dashboards to track process improvement. The goal is to have initial dashboards developed within one year of executing the MOU. Policy and procedure will describe the data specifications, but examples of dashboards may include:

i. **Referral dashboard.** Status of all referrals received, including the “conversation rate,” meaning how many referrals resulted in a service rendered (ECM, CS, CHW, NSMHS), the avg (mean, median and standard deviation) time from referral to service date.

ii. **Service utilization dashboard.** Utilization rates for well child visits, non-specialty mental health services, community supports, enhanced care management and community health worker services, emergency department and inpatient hospitalization data.

iii. **Health outcome reporting.** Performance on HEDIS metrics for children in child welfare, including but not limited to, child and adolescent well care visits, child and adolescent immunizations, lead screening in children, depression screening and follow-up, and developmental screening.

11. Data Sharing and Confidentiality. The Parties must implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth below. The Parties 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, the Parties may reference the CalAIM Data Sharing Authorization Guidance.⁴

a. **Data and/or Information Exchange.** MCP must, and County is

⁴ CalAIM Data Sharing Authorization Guidance VERSION 2.0, available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-Version-2-Draft-Public-Comment.pdf>.

encouraged to, share the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include sharing authorization documentation and Member demographic, contact, behavioral, and physical health information; CANS data; diagnoses; relevant physical assessments and screenings for adverse childhood experiences; medications prescribed; documentation of social or environmental needs identified; individual nursing service plan (“INSP”)/Case Plan; and known changes in condition that may adversely impact the Member’s health and/or welfare; and, if necessary, obtaining Member consent. The minimum necessary information and data elements to be shared quarterly as agreed upon by the Parties are set forth in Exhibit C of this MOU. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data.

i. MCP must implement processes and procedures to ensure the Medical Records of those Members receiving County Child Welfare Services are readily accessible to ensure prompt information exchange and linkages to services, and to assist with ensuring that this population’s complex needs remain met once Members are no longer involved with County Child Welfare and/or foster care.

ii. MCP must share the necessary information with County to ensure the County Liaison is made aware of Members who are enrolled in ECM and/or Community Supports and (i) are receiving County Child Welfare Services; (ii) have been involved with foster care in the past 12 months; (iii) are eligible for and/or enrolled in the Adoption Assistance Program;⁵ or (iv) have received Family Maintenance services⁶ in the past 12 months, in order to improve collaboration between County and ECM to help ensure Members have access to all available services.

iii. MCP must collaborate with County to develop processes and implement strategies to ensure their systems share data, and work together to improve outcomes that require collaboration across systems, including process measures (such as appropriate cross-sector attendance at Child and Family Teams Meetings), utilization measures (such as timely and appropriate access to Medi-Cal for Kids and Teens services for each Member), and outcome measures (such as shorter intervals until placement stability, shorter time to reunification, social drivers of health disparity gap closure).

iv. If Member authorization is required, the Parties must agree to a standard consent form together to obtain a Member’s authorization to share and use information for the purposes of treatment, payment, and care coordination protected under 42 Code of Federal Regulations Part 2. Understanding that investigations of abuse and neglect often require medical records, County release of information form shall be acceptable by MCP and health entities; MCP will make efforts to facilitate records release to County to reach mandated 30-day emergency referral investigation

⁵ More information about the Adoption Assistance Program is available at <https://www.cdss.ca.gov/inforesources/adoptions/adoption-assistance-program>.

⁶ More information about Family Maintenance services is available at <https://www.cdss.ca.gov/inforesources/child-welfare-protection>.

period.

b. Any necessary changes to the data exchanged under Exhibit C may be made jointly by the Parties without a formal amendment to this Agreement unless such changes materially impact the scope or objectives of the Agreement. The determination of whether a change materially impacts the scope or objectives of the Agreement shall be made jointly by the Parties, in good faith, and with due consideration to the original intent and purpose of the Agreement. Any agreement between the Parties related to the necessary changes to the data exchanged under Exhibit C shall be confirmed via email by both Parties.

c. **Interoperability.** MCP must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL 22-026, or any subsequent version of the APL. MCP must make available an application programming interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's website pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h).

12. Dispute Resolution.

a. The Parties must agree to dispute resolution procedures such that in the event of any dispute or difference of opinion regarding the Party responsible for service coverage arising out of or relating to this MOU, the Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. MCP must, and County should, document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, County and MCP must continue without delay to carry out all their responsibilities under this MOU, including providing Members with access to services under this MOU, unless the MOU is terminated. If the dispute cannot be resolved within *15 Working Days* of initiating such dispute or such other time period as may be mutually agreed to by the Parties in writing, either Party may pursue its available legal and equitable remedies under California law.

b. Disputes between MCP and County that cannot be resolved in a good faith attempt between the Parties must be forwarded by MCP to DHCS and may be reported by County to CDSS. Until the dispute is resolved, the Parties may agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided.

c. Nothing in this MOU or provision constitutes a waiver of any of the government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or otherwise set forth in local, State, and/or federal law.

13. Equal Treatment. Nothing in this MOU is intended to benefit or prioritize Members over persons served by County who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., County cannot provide any service, financial aid, or other benefit to an individual that is different, or is provided in a different manner, from that provided to others by County.

14. General.

- a. **MOU Posting.** MCP must post this executed MOU on its website.
- b. **Documentation Requirements.** MCP must retain all documents demonstrating compliance with this MOU for at least 10 years as required by the Medi-Cal Managed Care Contract. If DHCS requests a review of any existing MOU, MCP must submit the requested MOU to DHCS within 10 Working Days of receipt of the request.
- c. **Notice.** Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the Notice Address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address; (ii) delivered by messenger or overnight delivery service to the Notice Address; (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address; or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address. Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail, certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to each other in the manner provided for herein.
- d. **Delegation.** MCP may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a Party to this MOU. Further, MCP may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of MCP's obligations under this MOU. Other than in these circumstances, MCP cannot delegate the obligations and duties contained in this MOU.
- e. **Annual Review.** MCP must conduct an annual review of this MOU to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. MCP must provide DHCS evidence of the annual review of this MOU as well as copies of any MOU modified or renewed as a result.
- f. **Amendment.** This MOU may only be amended or modified by the Parties through a writing executed by the Parties. This MOU shall be reviewed on an annual basis and as necessary upon issuance of new guidelines by the State, to determine the need to incorporate any changes pursuant to new policies issued by state agencies, MCP contract changes, or for other factors deemed appropriate by the MCP and CWS agency. However, this MOU is deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi-Cal Managed Care Contract, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.
- g. **Governance.** This MOU is governed by and construed in accordance with

the laws of the State of California.

h. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create, any relationship between County and MCP other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this MOU. Neither County nor MCP, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.

i. **Counterpart Execution.** This MOU may be executed in counterparts, signed electronically and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitute one and the same instrument.

j. **Superseding MOU.** This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is hereby terminated by mutual agreement of the Parties.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

MCP

**County of Riverside
Department of Public Social Services**

Signature: 

Signature: 

**Name: Abbie Totten
Title: Plan President**

**Name: Charity Douglas
Title: Director**

Date: Feb 18, 2025

Date: Feb 7, 2025

**Notice Address:
200 Oceangate
Long Beach, CA 90802**

**Notice Address:
County of Riverside
Department of Public Social Services
4060 County Circle Drive
Riverside, CA 92503**

Approved as to Form
Minh C. Tran
County Counsel

Katherine Wilkins
By: _____
Katherine Wilkins
Deputy County Counsel IV
Feb 5, 2025

Date

Exhibits A and B

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(Oversight and Compliance)

<u>Molina Responsible Person and County Liaison</u>	<u>Address</u>	<u>Telephone</u>
Janelyn Martin Director, Healthcare Services	300 Oceangate Long Beach, CA 90802	562-549-4899

<u>County Responsible Person and County Liaison</u>	<u>Address</u>	<u>Telephone</u> and email
Harry Freedman Regional Manager, Children's Services	10281 Kidd Street Riverside, CA 92503	951-358-6853 hfreedma@rivco.org

Exhibit C

Data Elements

1. County And MCP will work collaborative within the first year of executing the MOU on sharing the following information.
2. County agrees to share the following data on a quarterly basis:
 - i. List of children, youth, parents or caregivers that goes beyond the foster care aid codes available to the MCPs, in accordance with allowable data sharing procedures.
3. MCP and County agree to work on the creation of registries to track outcomes for foster children and youth with certain chronic medical conditions, such as diabetes (type I and type II), asthma, sickle cell, genetic anomalies like Trisomy 21, gastrostomy, tracheostomy, and certain behavioral health conditions.
4. MCP agrees to share available medical information on an individualized basis, such as diagnoses, medications, and utilization, on an as-needed with proper consent.
5. MCP agrees to share de-identified data via dashboards on a quarterly basis for an agreed-upon child welfare population (at a minimum population with foster care/adoption aid codes) that include the following information stratified by age, race/ethnicity and region/service planning area:
 - **Referral dashboard.** Status of all referrals received, including the “conversation rate,” meaning how many referrals resulted in a service rendered (ECM, CS, CHW, NSMHS), the avg (mean, median and standard deviation) time from referral to service date.
 - **Service utilization dashboard.** Utilization rates for non-specialty mental health services, community supports, enhanced care management and community health worker services, emergency department and inpatient hospitalization data.
 - **Health outcome reporting.** Performance on HEDIS metrics for children in child welfare, including but not limited to, child and adolescent well care visits, child and adolescent immunizations, lead screening in children, depression screening and follow-up, and developmental screening.