



CFPIC

Child & Family Policy Institute of California



CWDA

Advancing Human Services
for the Welfare of *All* Californians

IHSS MOU Walkthrough

May 24, 2024



Our training session today will be recorded. We're excited to engage with you throughout our time together today! As recording will be in progress, we appreciate your consideration and mindfulness of your microphones and cameras.



Thank you!

CalAIM: Medi-Cal Transformation

What is it?

A multi-year effort to change the health care delivery systems within CA's Medicaid program. Medi-Cal is working to build a more **coordinated, person-centered, and equitable health system** that works for everyone that will:

- Address California's physical and mental health needs
- Improve and integrate care for Californians
- Be a catalyst for equity and justice
- Work together to build a healthier state



Relationship Building with Managed Care Plans (MCPs)

Key considerations while
approaching or strategizing
for building relationships with MCPs

CalAIM is New for MCPs, too!

- There are significant knowledge gaps for all entities about how to make this Medi-Cal Transformation work successful.
- Generally, MCPs both want to and are seeking to build relationships with their new partners in the CalAIM Initiatives.

Common Issues

- Sometimes it can be difficult to find the most appropriate staff person in each MCP.
- Sometimes the program, contracting and billing staff do not work in alignment, so figuring out who has the power to make decisions can be challenging (sometimes it is a multi-step process).

Tips and Tricks for MCP Relationship Building

- Call up your designated MCP contact and **start talking**
 - If they are local, invite them to your offices, out for coffee, etc.
 - Invite them to appropriate meetings as partners in this process
- **If you have questions, ask!** Make sure to ask who at the MCP you should be talking to about contracting, billing, reporting, etc.
- Share your **success stories** with them!
- Payment rate discussions are tricky
 - Many MCPs have a set rate for service/program/region and will not be willing to negotiate



Connect with your Managed Care Plans (MCP)

- Get to know your MCP partners and their understanding of your programs and populations.
 - Do they understand the needs for these populations?
 - Do they understand the services being provided – timelines; staff duties, etc.?
 - Are they familiar with the intersections between programs?
- What is their knowledge on the gaps in services and why those gaps exist?
 - This could be the start of a conversation about how to work together to address some of the gaps.



Goals of the Memorandums of Understanding (MOUs)

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

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing.)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services
- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports
- Establish **data sharing pathways** between MCPs and Other Parties to support care coordination and enable robust monitoring
- Provide mechanisms to ensure **overall oversight and accountability** for MCPs to execute MOUs with Other Parties
- **Provide transparency** into roles/responsibilities and relationships between MCPs and Other Parties

MOU templates incorporate **existing service and program requirements into a single document** to support MCP/Other Party decision-making and relationship building. Templates are more robust where DHCS has promulgated detailed policies/guidance.

Managed Care MOU

Content Requirements (APL 23-029)

- **Services Covered by This MOU:** Describes the services that the MCP and the other party must coordinate for Members who reside in the other party's jurisdiction or who receive the other party's services.
- **Party Obligations:** Describes each party's provision of services and oversight responsibilities (e.g., the parties must designate liaisons to coordinate with each other and ensure compliance with the MOU requirements, including the MCP ensuring compliance by its Subcontractors, Downstream Subcontractors, and Network Providers)
- **Training and Education:** Requires the MCP to provide education to Members and Network Providers about accessing Covered Services and the Other Party's services. Requires the MCP to train its employees who carry out responsibilities under the MOU and, as applicable, train Network Providers, Subcontractors and Downstream Subcontractors on the MOU requirements and services provided by the Other Party.

Managed Care MOU

Content Requirements (APL 23-029)

- **Referrals:** Describes the requirement that the parties refer to each other as appropriate and describes each party's referral pathways to ensure both parties understand and are able to refer to or assist Members with obtaining services from each other. The intent of this provision is to encourage the parties to develop and document how parties can refer Members to one another and what information may need to accompany each referral.
- **Care Coordination:** Describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring the ongoing monitoring and improving of such care coordination. This provision is intended to encourage the parties to develop and document how the parties will coordinate care, monitor whether those processes are working, and improve the processes, as necessary.
- **Data Sharing and Confidentiality:** Describes the minimum data and information that the MCP must share with the Other Party to ensure the MOU requirements are met and describes the data and information the Other Party may share with the MCP to improve care coordination and referral processes.

Managed Care MOU

Content Requirements (APL 23-029)

- **Quarterly Meetings:** Requires the parties to meet at least quarterly to address care coordination, Quality Improvement (QI) activities, QI outcomes, systemic and case-specific concerns, and communicating with others within their organizations about such activities.
- **Quality Improvement:** Requires that the parties have in place MOU-specific QI policies to ensure each party's ongoing oversight and improvement of the MOU requirements.
- **Dispute Resolution:** Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS (and other departments as appropriate) General: Describes additional general Contract requirements.

MOUs FAQs [MOU FAQs \(ca.gov\)](https://www.ca.gov)

IHSS eligibility and authorized hours are determined by county social service agencies, and the county social services agency works with an IHSS recipient to connect the recipient with an IHSS providers. MCPs do NOT determine or authorize IHSS hours or providers.

The MOU template is intended to support coordination between counties and MCPs for their shared clients – IHSS recipients who are MCP Members

The IHSS MOU Template imposes new requirements with which MCPs must comply and so prior MOU's with MCPs will not suffice.

IHSS Focused Conversations

Building Common Understanding Across Systems with IHSS MOUs



Work with MCPs to better understand adult programs and how they align with IHSS

- Area Agency on Aging (depending on county)
- Adult Protective Services
- Home Safe
- Public Guardian/Public Conservator



Risk Assessments, Care Coordination & Closed Loop Referrals

- PHM guidance for risk assessments
- Multi-disciplinary team meetings
- Involvement of other programs
- Closed loop referral system expectations
- DHCS will be issuing additional guidance, but may be good to discuss expectations

IHSS MOUs – Coordination Opportunities

Identifying gaps in health care and mental health services for older adults and working together to address those gaps

- May be able to bring in other agencies with required MOUs, like AAA, Behavioral Health and Public Health

MCP Positions Identified in IHSS MOU:

- **“MCP Responsible Person”** is the person designated by MCP to oversee MCP coordination and communication with County and ensure MCP’s compliance with MOU.
- **“MCP-IHSS Liaison”** is the MCP’s designated point of contact responsible for acting as the liaison between MCP and County. The MCP-IHSS Liaison must ensure:
 - Appropriate communication and care coordination are ongoing;
 - Facilitate quarterly meetings; and
 - Provide updates to the MCP Responsible Person and/or MCP compliance officer as appropriate.

County Positions Identified in IHSS MOU:

- **“IHSS Responsible Person”** is the person designated by County to oversee coordination and communication with MCP and ensure County’s compliance with this MOU.
- **“IHSS Liaison”** is the County’s designated point of contact responsible for acting as the liaison between MCP and County. The IHSS liaison should ensure:
 - Appropriate communication and care coordination are ongoing;
 - Facilitate quarterly meetings; and
 - Provide updates to the IHSS Responsible Person as appropriate.

IHSS MOUs – Administrative Activities

Data Sharing Expectations and Requirements



- Care Coordination
- Measure MOU effectiveness
- Client/Member consent requirements

Quality Improvement (QI)



- Expectations for QI as part of MOU
- Quarterly meeting expectations



Toolkit

- Trainings
- Policies and Procedures (P&Ps)