

Transmittal Checklist

We have created this checklist as a guide for you as you prepare your submission for this deliverable. Please review, complete, and upload along with your submission for this deliverable.

Plan Name	
Submitted By	
Artifact Title	D.0076 Executed MOU A – Q
Contract	Submit executed MOUs listed in Exhibit A, Attachment III, Subsection 5.6.1 (MOU Purpose) to
Requirement	DHCS.
References	Information pertaining to this deliverable can be found in the following:
	• Exhibit A – Attachment III, Subsection 5.6
	All Plan Letter 23-029
Expected Items	In your submission, we expect to see the following items:
	Executed MOU in PDF format
	Completed Transmittal Checklist
	Max upload size = 250 MB
Review Criteria	Executed MOUs submitted for File and Use are not reviewed by DHCS.
Attestation	 Are you submitting an attestation, if "Yes" go to step 2, and if "No", please submit the draft MOU to DHCS for review and approval via the MCP Submission Portal using Artifact D.0130 Revised MOU Template A-Q. Yes
	□ No
	2. Along with your submission, please select the following attestation:
	Attests that: 1) They did not modify any of the provisions of the DHCS provided Base or
	Bespoke MOU Templates except to add provisions that do not conflict with or reduce
	either party's obligations under the Base or Bespoke Templates, or 2) Any modifications
	to any of the provisions of the DHCS provided Base or Bespoke MOU Templates have



Optional

Provisions

ICES	
previously beer	n submitted to and approved by DHCS.
3. If you believe this	deliverable does not apply to your Plan, provide a brief justification t
explain for why th	is deliverable does not apply to Plan.
MOU does no	ot apply to Plan
Explain:	
f Parties have added a	any of the DHCS provided Optional Provisions, notated in the MOU
Templates in italics and	bracketed, to the executed MOU please select all applicable provision
from the list below tha	t are included in the executed MOU.
Parties have no	ot added DHCS provided optional provisions to the executed MOU.
Parties have add	ded DHCS provided optional provisions to the executed MOU, as selected
below:	
MCP OBLIGATIONS	
County Child	Welfare MOU Specific:
□ MCP m	ust collaborate with County to identify opportunities for coordinatio
and alig	gnment of this MOU with County's Interagency Leadership Team's
efforts	in implementing the SOC MOU to increase Members' ability to receiv
timely,	coordinated care.
County	must include MCP as a party to its SOC MOU with local entities to
ensure	coordination between MCP, County, and local entities as necessary and
applica	ble to ensure Members receive whole person care.
OTHER PARTY OBLIG	ATIONS
Applicable to	o all MOUs:
The Other	ner Party Responsible Person must ensure there is sufficient staff at



Other Party who support compliance with and management of this MOU.

- Other Party must develop and implement MOU compliance policies and procedures for Other Party programs, including oversight reports and mechanisms to address barriers to care coordination.
- The Other Party Responsible Person must ensure training and education regarding MOU provisions are conducted annually for Other Party's employees, Subcontractors, Downstream Subcontractors, and Network Providers, as applicable.
- The Other Party Liaison must meet MOU compliance requirements, as determined by policies and procedures established by Other Party, and must report to the Other Party Responsible Person.

County Child Welfare MOU Specific:

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.

TRAINING AND EDUCATION

Applicable to all MOUs:

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 educational materials includes an accurate set of services provided or arranged for by each Party and is consistent with MCP and Other Party policies and procedures, and with clinical practice standards.



- The Parties must develop and share outreach communication materials and develop initiatives to share resources about MCP and Other Party with individuals who may be eligible for MCP's Covered Services and/or Other Party programs/County services.
- Other Party must provide the Other Party Liaison and Other Party program providers with training and educational materials on MCP's Covered Services to support Other Party in assisting Members with accessing MCP's Covered Services.

IHSS MOU Specific:

County must provide the IHSS Liaison with training and educational materials on MCP's Covered Services, including nonemergency medical transportation and nonmedical transportation, to support IHSS staff providers in assisting Members with accessing MCP's Covered Services.

Local Health Department (LHD) MOU Specific:

- If MCP or LHD develops training and education resources covering the services provided or arranged by the Parties, then each Party must share its training and education resources with the other Party to ensure the information included in their respective training and education resources sets forth an accurate set of 5 services provided or arranged for by each Party and is consistent with MCP and LHD policies and procedures, and with clinical practice standards.
- The Parties must make information that describes MCP Covered Services and/or LHD services or programs under this MOU available to Members, LHD clients, and/or other individuals who may be eligible for these resources. MCP training materials shared with LHD must include billing and claims requirements for LHD reimbursement for non-contracted LHD services pursuant to Section 13.
- MCP must share LHD provider training and/or educational opportunities that
 MCP is aware of with Network Providers and practitioners.
- LHD must provide to the LHD Program Liaison(s) and LHD program providers training and educational materials on MCP's Covered Services, including



nonemergency medical transportation ("NEMT") and non-medical transportation ("NMT"), to support LHD program providers in assisting Members with accessing MCP's Covered Services.

County Child Welfare MOU Specific:

- County must distribute MCP's current training and educational materials in a timely manner to support the County Liaison, County-assigned social workers, County behavioral health providers, HCPCFC PHNs, Community Health Workers, County Health Education Specialists, and child welfare case workers 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").
- MCP and County must annually provide education to Members about the requirements and obligations set forth in this MOU.

WIC MOU Specific:

- Provided Agency obtains the appropriate approvals required by its local agency agreement with CDPH prior to using or developing materials for the WIC Program, the Parties must together develop training and education resources covering the services provided or arranged for by the Parties.
- The Parties must share their applicable training and educational materials with each other to ensure the information in their respective training and educational materials includes an accurate set of services provided or arranged for by each Party and is consistent with MCP and Agency policies and procedures, and with clinical practice standards.
- Provided Agency obtains the appropriate approvals required by its local agency agreement with CDPH prior to using or developing materials for the WIC Program, the Parties must develop and share outreach communication materials and develop initiatives to share resources about MCP and Agency with individuals who may be eligible for MCP's Covered Services and/or WIC



Services.

- MCP must include Agency outreach communications to inform Members about
 WIC on its website and in its Member education materials, Member handbook, and other appropriate materials, including placing the WIC website link
 [www.myfamily.wic.ca.gov and/or local WIC link] on its website.
- Agency must provide the Agency Liaison and Agency staff and providers with training and educational materials on MCP's Covered Services to support Agency in assisting Members with accessing MCP's Covered Services.
- [As applicable] When staff resources allow, Agency must ensure the WIC Regional Breastfeeding Liaison, as defined by the CDPH Regional Breastfeeding Liaison Program (or designee), offers WIC orientation and breastfeeding group training quarterly to MCP's Network Providers and support staff, including providing information on breastfeeding policy across the continuum of care, such as the California Department of Public Health's 9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings 2015, workplace lactation accommodation, and hospital breastfeeding policy regulations.
- MCP must coordinate with the WIC Regional Breastfeeding Liaison to communicate and schedule Network Provider training on WIC orientation and breastfeeding.

REFERRALS

Applicable to all MOUs:

Closed Loop Referrals. By January 1, 2025, the Parties must develop a process 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, 1 DHCS All Plan Letter ("APL") 22- 024, or any subsequent version of the APL, and as set forth by DHCS through an APL or other, similar guidance. The Parties must work collaboratively to develop and implement a process to ensure that MCP and Other Party comply with the applicable provisions of closed loop referrals guidance within 90 Working Days of issuance of this guidance. 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.

WIC MOU Specific:

The Parties may add requirements such as the requirement that Agency must provide MCP with website link(s) or list(s) of current Agency office addresses and telephone numbers at the time of execution of this MOU and within a reasonable time after and no later than [insert #] Working Days of any changes.

CARE COORDINATION AND COLLABORATION

County Child Welfare MOU Specific:

- 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.
- 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.
- The Parties must coordinate with county social services agencies for child welfare and Medi-Cal MCPs in other counties to ensure Members' utilization of Covered Services, especially evidence-based services that are specific to the needs of children who have experienced trauma.
- 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.

WIC MOU Specific:

□ The Parties may coordinate to assemble a skilled workforce of peer counselors,



registered dietitians, lactation educators, and lactation consultants to provide clinical nutrition and lactation services for Members in a timely manner.

With prior written approval from CDPH, MCP and Agency may collaborate to collect feedback from WIC Participants on topics of interest to the Parties through surveys, focus groups, or other agreed-upon methods, and in accordance with Section 9 of this MOU. Such activities must comply with Section 11 of this MOU.

QUARTERLY MEETINGS

LHD MOU, Exhibit E. Maternal Child and Adolescent Health Specific:

The Parties may agree to additional requirements, such as that MCP and LHD may collaborate to collect feedback from Members in MCAH Programs on topics of interest to Parties through surveys, focus groups, or other agreedupon methods, and in accordance with this MOU.

QUALITY IMPROVEMENT

Applicable to all MOUs:

The Parties may agree to additional requirements, such as a requirement that the Parties must implement policies and procedures establishing and addressing QI activities for coordinating the care and delivery of services for Members.

WIC MOU Specific:

The Parties may agree to additional requirements, such as a requirement that the Parties must adopt joint policies and procedures establishing and addressing QI activities for coordinating the care and delivery of services for Members. Such activities may relate to coordinating preventive care linkages; making WIC referrals; screening for food insecurity; and disseminating information and/or resources related to preventive care service access, breastfeeding exclusivity and duration, child obesity, gestational diabetes, entry into care, and other relevant topics.



DATA SHARING AND CONFIDENTIALITY

Applicable to all MOUs:

- MCP and (IHSS, MHP, DMC-ODS, Regional Center, County Child Welfare) must enter into the State's Data Exchange Framework Data Sharing Agreement for the safe sharing of information.
- If Member authorization is required, the Parties must agree to a standard consent form 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.

LHD MOU, Exhibit E. Maternal Child and Adolescent Health Specific:

- Data Information and Exchange. MCP and LHD must exchange data and Member enrollment information in MCAH Programs and Member information related to prevention, wellness, and home visiting activities, or services designed to minimize health disparities, to ensure Members are receiving all Medically Necessary services.
- LHD will seek authorization from MCAH Program participants eligible to enroll in MCP services or programs such as ECM or Community Supports so LHD can provide MCP with participants' information regarding their needs for MCP Covered Services.

DISASTER AND EMERGENCY PREPAREDNESS

Applicable to all MOUs:

The Parties must develop policies and procedures to mitigate the effects of natural, man-made, or war-caused disasters involving emergency situations and/or broad health care surge events greatly impacting the Parties' health care delivery system to ensure the continued coordination and delivery of *(IHSS, MHP, DMC-ODS, Regional Center programs, LHD programs, County programs and WIC Services)* and MCP's Covered Services for impacted Members.



Other	If the Parties have added other provisions in the executed MOU, that do not conflict with o
Provisions	reduce either party's obligations under the Base or Bespoke Templates, please copy the
	provision(s) and page number(s) below.
	Parties have not added provisions to the executed MOU.
	Parties have added provisions to the executed MOU, as copied below:
	[MOU provision language] (page #)
	1. 2.
	3. 4.
	5.
	6. 7.
	8.
	9. 10.
	11.
	12. 13.
	14.
dditional	
nformation	