

MOU Annual Reporting Template Instructions

Pursuant to the Behavioral Health Information Notices (BHINs): 23-056, 23-057, 24-016, Behavioral Health Delivery Systems (BHDS) are required to execute a Memorandum of Understanding (MOUs) with the Medi-Cal Managed Care Plans (MCPs) operating in their county, and submit an annual MOU report to the Department of Health Care Services (DHCS) electronically to BHOMDMonitoring@dhcs.ca.gov by the last business day of January.

MOU Annual Report

MOU Quarterly Update tab: The MOU Annual Report must include updates from the quarterly meetings with the MCPs; use one row to document each quarterly meeting. This report is not intended to duplicate the MOU quarterly reports where BHDS demonstrates a good faith effort to execute MOUs.

MOU Annual Review tab: Documents the results of the annual MOU review. Counties should summarize the BHDS's annual review process, including amendments made to the MOU and/or policies and procedures, as well as the outcomes of the review. Counties have the option to document one annual review per row for each MCP or combine the annual reviews of multiple MCPs in a single row.

Do not include Members' Personal Health Information (PHI) or any other confidential information in the report.

Attestation

Pursuant to BHINs: 23-056, 23-057, and 24-016, BHDS and MCPs are required to coordinate medically necessary services, including health-related social services needs, when members are accessing services from the applicable Medi-Cal Delivery Systems. **The County must indicate the number of times BHDS and MCPs have conducted quarterly meetings within the specified year.**

BHDS must attest to completing the Annual Review of the BHDS Quarterly MOU Reporting for the specified year. BHDS must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. Please see the Attestation tab for instructions.

Unless otherwise noted in the instructions below, please do not include attachments with your report, as unsolicited attachments will not be accepted. If you have additional questions or concerns, please contact the BHOMDMonitoring@dhcs.ca.gov mailbox or your assigned county liaison.

MOU Annual Report Update	
Column Name	Explanation
County (Column A)	Enter the County Name.
Plan Code (Column B)	Select the plan code from the drop-down list. Use the plan code directory tab for reference. Selecting the Plan Code will automatically populate the associated MCP Plan Name in Column C. MHP/DMC-ODS/DMC that operate in more than one county should report on all counties within one MOU Quarterly Report by reporting separate rows for each applicable plan code.

MCP Plan Name (Column C) <i>(Auto Populates)</i>	This column will be automatically populated with the County when the associated Plan Code is entered into Column B. No action is needed in this column.
MOU Effective Date (Column D)	Enter the effective date of the Executed MOU. The effective date is the date that the MOU went into effect.
Reporting Year (Column E)	Enter the corresponding reporting year for the data reported using the drop down list provided.
Combined MOU (Column F)	Is the MOU a combination of more than one delivery system? Select "Yes" or "No" from the drop-down menu.
MOU Type (Column G)	Select the MOU type from the drop-down list. If the BHDS has executed MOUs with multiple MCPs for the same MOU type, report each on a separate row. List all individual executed MOUs..
Meeting Attendees (Column H)	Provide a list of all attendees including MCP responsible person(s), leadership, and county executives during the quarterly meetings.
<i>MOU Quarterly Updates Tab: (Column I)</i> Topic: Care Coordination	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding care coordination, eligibility, screening, assessment, evaluation, and/or Medical Necessity determination. If any care coordination-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<i>MOU Annual Review Tab: (Column I)</i> Summary of Annual Review Process	Provide a summary of the annual review activities conducted by the county.
<i>MOU Quarterly Updates Tab: (Column J)</i> Topic: Referrals	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding referrals. If any referral-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<i>MOU Annual Review Tab: (Column J)</i> Outcome of the Review Process	Provide a summary of the review process.
<i>MOU Quarterly Updates Tab: (Column K)</i> Topic: Dispute Resolution	Describe any significant disputes between the parties that were discussed at the Quarterly Meetings. What was the resolution? If the dispute is still unresolved, what are the next steps towards resolving the matter? If any changes regarding dispute resolution were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<i>MOU Annual Review Tab: (Column K)</i> MOU Amendment? (Attach supporting documents)	Select "Yes" or "No" from the drop-down menu. If yes, provide copies of any modified or renewed MOUs.
<i>MOU Quarterly Updates Tab: (Column L)</i> Strategies to Avoid Duplication of Services	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding strategies to avoid duplication of services. If any changes regarding duplication of services were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<i>MOU Annual Review Tab: (Column L)</i> Additional information (Optional)	Provide any additional information the county may have regarding the MOU annual review. Note: Additonal information is optional.

Collaboration (Column M)	Describe any discussion at the Quarterly Meetings regarding effective collaboration between the MCP and Other Party, including strengths, barriers, and plans for improvement. If any changes regarding collaboration between BHDSs and MCPs were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.
Member Engagement (Column N)	Describe any discussion at the Quarterly Meetings regarding Member engagement challenges and suceses. If any changes regarding Member Engagement were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.

MHP/DMC- ODS/DMC Counties	MCP Plans	Plan Code
Alameda	Alameda Alliance for Health	531
	Kaiser Permanente	670
Alpine	Anthem Blue Cross Partnership Plan	385
	Mountain Valley Health Plan	377
Amador	Anthem Blue Cross Partnership Plan	101
	Health Net Community Solutions Inc.	380
	Kaiser Permanente	125
Butte	Partnership Health Plan of California	543
Calaveras	Anthem Blue Cross Partnership Plan	103
	Health Net Community Solutions Inc.	381
Colusa	Partnership Health Plan of California	544
Contra Costa	Contra Costa Health Plan	532
	Kaiser Permanente	671
Del Norte	Partnership Health Plan of California	523
El Dorado	Anthem Blue Cross Partnership Plan	386
	Mountain Valley Health Plan	378
	Kaiser Permanente	387
Fresno	Anthem Blue Cross Partnership Plan	362
	Kaiser Permanente	365
	CalViva Health	315
Glenn	Partnership Health Plan of California	545
Humboldt	Partnership Health Plan of California	517
Imperial	Community Health Plan of Imperial Valley	533
	Kaiser Permanente	672
Inyo	Anthem Blue Cross Partnership Plan	107
	Health Net Community Solutions Inc.	382
Kern	Anthem Blue Cross Partnership Plan	379
	Kaiser Permanente	366
	Kern Family Health Care	303
Kings	Anthem Blue Cross Partnership Plan	363
	Kaiser Permanente	367
	CalViva Health	316
Lake	Partnership Health Plan of California	511
Lassen	Partnership Health Plan of California	518
Los Angeles	Health Net Community Solutions, Inc.	352
	L.A. Care Health Plan	304
	Kaiser Permanente	368

MHP/DMC- ODS/DMC Counties	MCP Plans	Plan Code
Merced	Central California Alliance For Health	514
Modoc	Partnership Health Plan of California	519
Mono	Anthem Blue Cross Partnership Plan	109
	Health Net Community Solutions, Inc.	383
Monterey	Central California Alliance For Health	508
Napa	Partnership Health Plan of California	507
	Kaiser Permanente	652
Nevada	Partnership Health Plan of California	546
Orange	CalOptima Health	506
	Kaiser Permanente	653
Placer-Sierra	Partnership Health Plan of California	547/549
	Kaiser Permanente	662
Plumas	Partnership Health Plan of California	548
Riverside	Molina Healthcare of California	355
	Inland Empire Health Plan	305
	Kaiser Permanente	370
Sacramento	Anthem Blue Cross Partnership Plan	190
	Health Net Community Solutions, Inc.	150
	Kaiser Permanente	191
	Molina Healthcare of California	130
San Benito	Central California Alliance For Health	553
San Bernardino	Molina Healthcare of California	356
	Inland Empire Health Plan	306
	Kaiser Permanente	371
San Diego	Blue Shield of California Promise Health Plan	167
	Molina Healthcare of California	131
	Kaiser Permanente	192
	Community Health Group Partnership Plan	29
San Francisco	Anthem Blue Cross Partnership Plan	343
	Kaiser Permanente	372
	San Francisco Health Plan	307
San Joaquin	Health Net Community Solutions, Inc.	354
	Health Plan San Joaquin	308
	Kaiser Permanente	373
San Luis Obispo	CenCal Health	501
San Mateo	Health Plan of San Mateo	503
	Kaiser Permanente	654

MHP/DMC- ODS/DMC Counties	MCP Plans
Solano	Partnership Health Plan of California
	Kaiser Permanente
Sonoma	Partnership Health Plan of California
	Kaiser Permanente
Stanislaus	Health Net Community Solutions, Inc.
	Health Plan of San Joaquin
	Kaiser Permanente
Sutter-Yuba	Partnership Health Plan of California
	Kaiser Permanente
Tehama	Partnership Health Plan of California
Trinity	Partnership Health Plan of California
Tulare	Health Net Community Solutions, Inc.
	Kaiser Permanente
	Anthem Blue Cross Partnership Plan
Tuolumne	Health Net Community Solutions, Inc.
	Anthem Blue Cross Partnership Plan
Ventura	Gold Coast Health Plan
	Kaiser Permanente
Yolo	Partnership Health Plan of California
	Kaiser Permanente

Madera	Anthem Blue Cross Partnership Plan	364
	Kaiser Permanente	369
	CalViva Health	317
Marin	Partnership Health Plan of California	510
	Kaiser Permanente	650
Mariposa	Central California Alliance For Health	554
	Kaiser Permanente	651
Mendocino	Partnership Health Plan of California	512

Santa Barbara	CenCal Health	502
Santa Clara	Anthem Blue Cross Partnership Plan	345
	Kaiser Permanente	374
	Santa Clara Family Health Plan	309
Santa Cruz	Central California Alliance For Health	505
	Kaiser Permanente	655
Shasta	Partnership Health Plan of California	520
Siskiyou	Partnership Health Plan of California	521

Plan Code
504
656
513
657
361
312
375
550/552
658/661
551
522
353
376
311
384
116
515
659
509
660

Combined MOU Yes or No	MOU Type	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Dispute Resolution	Topic: Strategies to Avoid Duplication of Services
Yes	SMHS/DMC-ODS	MCP - Bryan Weiss, Jaqueline Kalakjian, Myriah Kemp, Kathleen Lang BHP - Jose Lepe, Nancy Del Real, Victoria Mansfield, Maria Ruiz, Sarah Moore, Rosalva Aramburo, Debbie Garcia, Ryan Taylor	Sharing of data for # of screenings and cross-referrals. No issues were raised regarding care coordination.	No issues raised. MCP and BHP will work together to avoid delays/barriers in referrals.	Discussed resolving disputes collaboratively at the lowest level possible, and not waiting until the quarterly meetings to raise concerns.	No issues raised. MCP and BHP will work together to develop protocols to ensure County case management and ECM led case management do not overlap.
Yes	SMHS/DMC-ODS	MCP - Anush Schoepf, Bryan Weiss, Jaqueline Kalajian, Myriah Kemp, Sydney Turner, Kathleen Lang BHP - Jose Lepe, Nancy Del Real, Victoria Mansfield, Maria Ruiz, Sarah Moore, Rosalva Aramburo, Debbie Garcia, Ryan Taylor, Victor Torres, Mary Esquer, Brenda Sanchez	Sharing of data for # of screenings and cross-referrals. No issues were raised regarding care coordination.	No issues raised. MCP and BHP will work together to avoid delays/barriers in referrals.	Discussed resolving disputes collaboratively at the lowest level possible, and not waiting until the quarterly meetings to raise concerns.	No issues raised. MCP and BHP will work together to develop protocols to ensure County case management and ECM led case management do not overlap.
Yes	SMHS/DMC-ODS	BHP - Sarah Moore, Rosalva Aramburo, Ryan Taylor, Victor Torres, Mary Esquer, Lety Plancarte, Gabriela Jimenez, Debbie Garcia, Brenda Sanchez MCP - Anush Schoepf, Denise Andrade, Myriah Kemp, Bryan Weiss	The group discussed that every member receives a case management referral by the MCP to help bridge the gap. During the linkage process their current provider continues to see them so they don't run out of medication. The MBP doesn't want to discharge members until they know the patient has connected with a new provider.	The group discussed the length of time to process referrals, how members screened by BHP as NSHMS can get connected to MCP/provider, how transition of care tools can be shared, and how BHP can become aware of who the member's NSMHS provider is.	There have been no disputes therefore there were no topics to discuss.	There were no issues with duplication of services therefore there were no topics to discuss.
Yes	SMHS/DMC-ODS	BHP - Nancy Del Real, Victoria Mansfield, Sarah Moore, Rosalva Aramburo, Ryan Taylor, Victor Torres, Mary Esquer, Brenda Sanchez MCP - Anush Schoepf, Myriah Kemp	No issues regarding care coordination were raised, therefore there were no topics to discuss.	The group discussed how member referrals are processed when the coverage is Medi-Medi or Other Health Coverage. The group also discussed the warm hand-off process to ensure members are connected directly to the MCP.	There have been no disputes therefore there were no topics to discuss.	There were no issues with duplication of services therefore there were no topics to discuss.

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Topic: Collaboration	Topic: Member Engagement
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MCP and BHP discussed working together to develop P&P and explore data exchange. Both parties also shared updates in efforts to ensure each is aware of available services, recent changes, and ways to work in support of each other.	No issues raised. MCP and BHP discussed using the quarterly meetings to identify efforts to strengthen community outreach and engagement.
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The group discussed establishing an HIE and how it might help mitigate challenges with care coordination and collaboration.	There were no concerns or comments regarding member engagement therefore there were no topics to discuss.
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There were no issues or concerns regarding collaboration, therefore there were no topics to discuss.	There were no concerns or comments regarding member engagement therefore there were no topics to discuss.
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The group reviewed the foundation for member engagement. No issues were raised.

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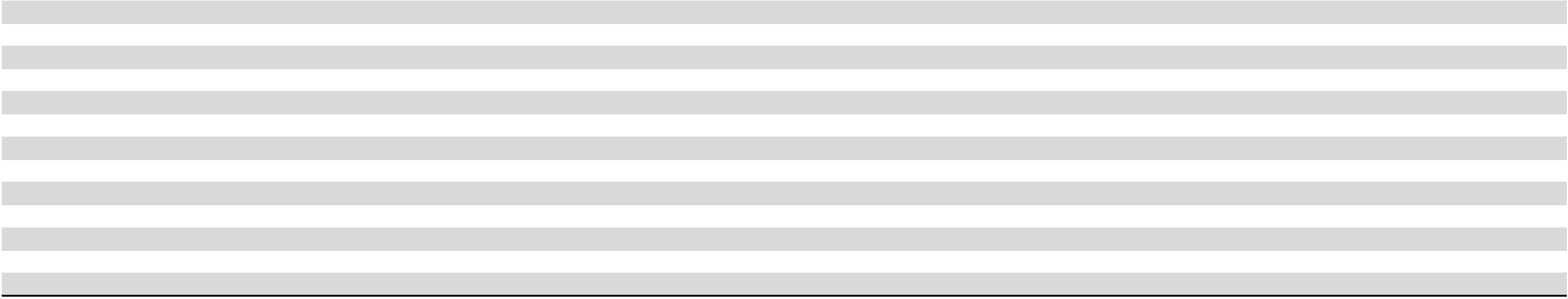
There were no issues or concerns regarding collaboration, therefore there were no topics to discuss.

The group shared updates regarding both plans. There were no concerns regarding member engagement.

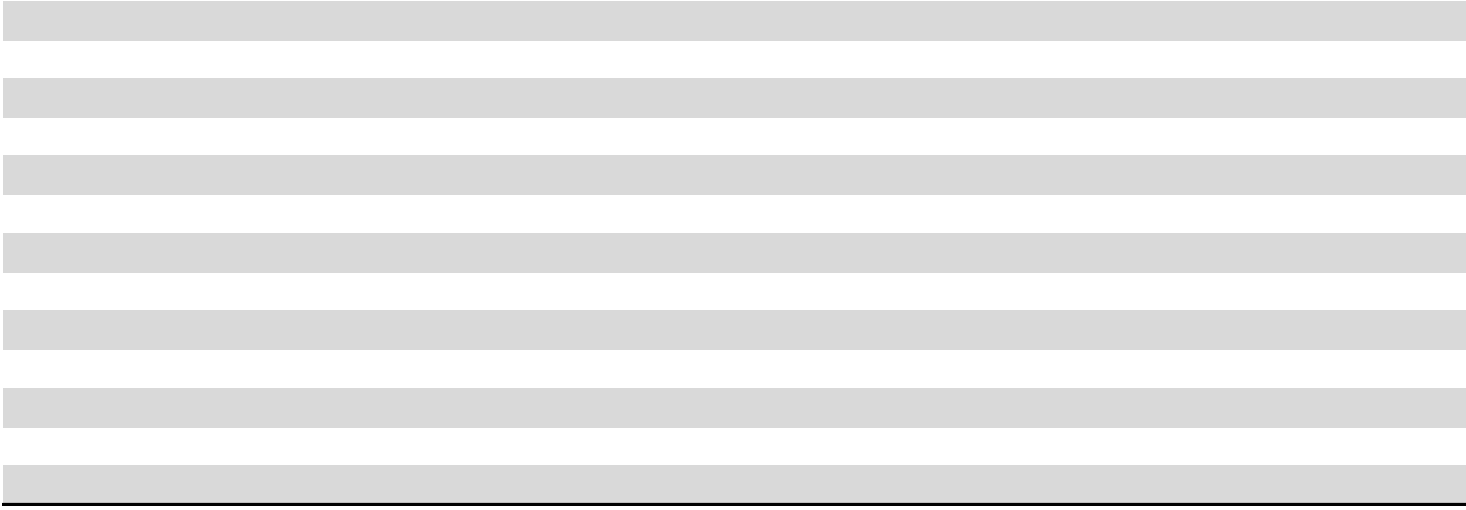
The group shared updates regarding both plans. No issues were raised regarding collaboration.

The group shared updates regarding both plans. There were no concerns regarding member engagement.

[illegible]



[illegible]



MOU Annual Reporting Attestation			
Attestation for MOU Annual Reporting and Quarterly Reporting (Attest to all applicable requirements below. If the county is unable to attest to one or more requirements below, provide a reason.)			
I hereby attest, the applicable executed MOU(s) were posted on the County website within 30 calendar days of being fully executed. [Insert a reason if not applicable]			
I hereby attest, an Annual Review of the MOU(s) has been conducted for the 2025 year and all information provided in this report is true, accurate, and complete to the best of my knowledge. [Insert a reason if not applicable]			
I hereby attest, Imperial County held eight quarterly meetings with the MCPs, and the quarterly meetings are posted on Imperial County's website. [Insert a reason if not applicable]			
I hereby attest, Imperial County will post the Annual Report on the County website within 30 calendar days from the due date of the annual report submission to the Department of Health Care Services. [Insert a reason if not applicable]			
On behalf of Imperial County, I hereby attest, the Annual MOU Review of the 2025 year is true, accurate, and complete to the best of my knowledge.			
Name of Signee	Title	Date	Email Address
Leticia Plancarte-Garcia	Director	1/20/26	letyplancarte@co.imperial.ca.us

KEY:

CY: Calendar Year

MCP: Managed Care Plans

