



## Legislation Text

---

**File #:** 15-1058, **Version:** 1

---

Health and Human Services Agency recommending the Board consider the following:

- 1) Approve and authorize the Chair to sign non-financial Memorandum of Understanding (MOU) 530-M1510 with California Health and Wellness Plan (CHWP) to establish the roles and responsibilities of the Health and Human Services Agency and CHWP for the provision of services for Medi-Cal beneficiaries of the Targeted Case Management program for CHWP Members for a perpetual term that shall commence upon execution;
- 2) Authorize the Chief Administrative Officer to execute further documents relating to the above noted Agreement, including amendments which do not increase the maximum dollar amount or term of the MOU, and contingent upon approval by County Counsel, and
- 3) Authorize the Director of Health and Human Services Agency, or designee, to administer said MOU and execute any subsequent administrative documents relating to said MOU including required fiscal and programmatic reports.

**FUNDING:** Federal and State Funding.

**DEPARTMENT RECOMMENDATION:**

The Health and Human Services Agency (HHS) recommends approval of Memorandum of Understanding 530-M1510 (MOU) with CHWP to ensure compliance with California's "Bridge to Reform", Section 1115 Medicaid Demonstration Waiver and the related Medi-Cal Managed Care Expansion requirements within the State of California.

**DISCUSSION / BACKGROUND:**

In June 2013, the Governor's Budget expanded managed health care, including Targeted Case Management (TCM) into rural areas that had previously been Fee-For-Service (FFS) only. This rural expansion provides beneficiaries throughout the State with care through an organized delivery system. El Dorado County is one of 28 FFS counties being transitioned to Medi-Cal Managed Care rural expansion, which is the result of State Assembly Bill 1467 which added Article 2.82 (commencing with Section 14087.98) to the Welfare and Institutions Code. Section 14087.98 includes a procedure for transitioning to a Medi-Cal Managed Care Plan (MCP) and requires the State to establish a methodology for selecting vendors to administer MCP. The state utilized a Request for Application (RFA) process that resulted in the State's selection of vendors to administer MCP in the counties. The County has been participating in the TCM program since 1998; and currently, the Public Guardian Office provides TCM services to Medi-Cal clients. The TCM reimbursement program is federally funded and regulated with the objective to connect Medi-Cal recipients to needed Medi-Cal reimbursable medical, social, educational, and other services.

California has six models of managed care: 1) County Organized Health Systems, 2) Geographic Managed Care, 3) Two-Plan, 4) Regional (County of El Dorado's designation), 5) Imperial, and 6) San Benito. In Regional model counties, there are two Commercial Plans that contract with the Department of Health Care Services (DHCS): Anthem Blue Cross and California Health and Wellness Plan, as well as Kaiser Permanente, specific to existing members only.

Affordable Care Act insurance exchanges were opened October 1, 2013. Beginning November 1, 2013, Medi-Cal recipients were required to enroll in either Anthem Blue Cross or California Health and Wellness Plan, or access other insurance opportunities through the Covered California Insurance Exchange.

MOU 270-M1411 was signed by the Board March 11, 2014 and established certain roles and responsibilities regarding the provision of services to beneficiaries of CHWP under the MCP. MOU 530-M1510 will serve to define the respective responsibilities and necessary coordination between TCM and MCPs. The majority of the activities defined in the MOU are also included in the DHCS Policy and Procedure Letters 15-002, 11-006, and 11-008.

#### **ALTERNATIVES:**

The Health and Human Services Agency has statutory requirements for access and service delivery assurance to the disenfranchised population generically addressed under Welfare and Institutions Code 17000. Failure to execute the MOU will result in HHSA being unable to effectively carry out the legally required activities as identified in the statute, as well as ensure compliance with California's "Bridge to Reform", Section 1115 Medicaid Demonstration Waiver and the related Medi-Cal Managed Care Expansion requirements within the State of California, and could jeopardize both State and Federal funding to those programs.

#### **OTHER DEPARTMENT / AGENCY INVOLVEMENT:**

County Counsel, Human Resources

#### **CAO RECOMMENDATION:**

[This section is completed by the CAO's Office. This section is required]

#### **FINANCIAL IMPACT:**

There is no Net County Cost associated with the non-financial Memorandum of Understanding.

#### **CLERK OF THE BOARD FOLLOW UP ACTIONS**

1. Clerk of the Board to obtain signature of Chair on three (3) original MOU 530-M1510.
2. Clerk of the Board to return two (2) fully executed MOU to HHSA at 3057 Briw Road.

#### **STRATEGIC PLAN COMPONENT:**

This MOU reflects HHSA's Strategic Plan goal number 3: Program Effectiveness/Integration - To develop collaborative partnerships and community networks that focus on quality, performance standards, outcomes, and accountability through mutual goals and continuous improvement.

#### **CONTACT**

Don Ashton, M.P.A., Director