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) *(Auto Populates)*	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.
MOU Quarterly Updates Tab: (Column 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.
MOU Annual Review Tab: (Column I) **Summary of Annual Review Process**	Provide a summary of the annual review activities conducted by the county.
MOU Quarterly Updates Tab: (Column J) **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.
MOU Annual Review Tab: (Column J) **Outcome of the Review Process**	Provide a summary of the review process.
MOU Quarterly Updates Tab: (Column K) **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.
MOU Annual Review Tab: (Column K) **MOU Amendment? (Attach supporting documents)**	Select "Yes" or "No" from the drop-down menu. If yes, provide copies of any modified or renewed MOUs.
MOU Quarterly Updates Tab: (Column L) **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.
MOU Annual Review Tab: (Column L) **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 sucesses. 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
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

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
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

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Solano	Partnership Health Plan of California	504
	Kaiser Permanente	656
Sonoma	Partnership Health Plan of California	513
	Kaiser Permanente	657
Stanislaus	Health Net Community Solutions, Inc.	361
	Health Plan of San Joaquin	312
	Kaiser Permanente	375
Sutter-Yuba	Partnership Health Plan of California	550/552
	Kaiser Permanente	658/661
Tehama	Partnership Health Plan of California	551
Trinity	Partnership Health Plan of California	522
Tulare	Health Net Community Solutions, Inc.	353
	Kaiser Permanente	376
	Anthem Blue Cross Partnership Plan	311
Tuolumne	Health Net Community Solutions, Inc.	384
	Anthem Blue Cross Partnership Plan	116
Ventura	Gold Coast Health Plan	515
	Kaiser Permanente	659
Yolo	Partnership Health Plan of California	509
	Kaiser Permanente	660

Number of Quarterly Meetings held: Four (4)

Provide an Explanation if fewer than four (4) quarterly meetings were held:

County Name	Plan Code	MCP Plan Name *(Auto Populates)*	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Dispute Resolution	Topic: Strategies to Avoid Duplication of Services	Topic: Collaboration	Topic: Member Engagement
Mendocino	512	Partnership HealthPlan of California	2025	No	DMC-ODS	Jenine Miller, Psy.D-Health Services Director, Mendocino County Nicole Escobar-Sr. Behavioral Health Manager, PHC Stephanie Wilson-Program Manager, PHC Vivina Agudelo-Quality Compliance Specialits, PHC Carina Glover-Program Coordinator II, PHC Kara Kusalich-Program Coordinator II, PHC	PHC shared the care coordination form and provided phone number for coordination.	Discussed 2024 data and PCP screenings and screenings/interventions provided by primary care.	Discussed dispute resolution procedures in the event any dispute or difference of opinion arises regarding which Party is responsible for service coverage arising out of or relating to the MOU.	Discussed strategies to avoid duplicative services such as reviewing Pharmacy MAT data.	Discussed BHIN 25-006 and BHIN 25-007 and SB43.	Discused CY 2024 screening data; it was shared that ECM and Community Supports data indicate post hospitalization stabilization continues to be the most utilized service by those with a SUD diagnosis.
Mendocino	512	Partnership HealthPlan of California	2025	No	DMC-ODS	Jenine Miller, Psy.D-Health Services Director, Mendocino County Nicole Escobar-Sr. Behavioral Health Manager, PHC Stephanie Wilson-Program Manager, PHC Vivina Agudelo-Quality Compliance Specialits, PHC Carina Glover-Program Coordinator II, PHC Kara Kusalich-Program Coordinator II, PHC	Different referral pathways: ECM, CS, SUD by PCPs.	Contact information of Community Support provided to link referrals.	Discussed dispute resolution procedures in the event any dispute or difference of opinion arises regarding which Party is responsible for service coverage arising out of or relating to the MOU.	There was no discussion about this topic in this quarter; no questions or issues raised.	Discussed collaboration in PIPs between counties and PHC, and CalAIM ECM.	Multiple ways of member engagement were discussed, such as-care coordination, EMC, community support, and provided contact inormation of Community Support for member engagement.
Mendocino	512	Partnership HealthPlan of California	2025	No	DMC-ODS	Jenine Miller, Psy.D-Health Services Director, Mendocino County Nicole Escobar-Sr. Behavioral Health Manager, PHC Stephanie Wilson-Program Manager, PHC Vivina Agudelo-Quality Compliance Specialits, PHC Carina Glover-Program Coordinator II, PHC Kara Kusalich-Program Coordinator II, PHC	24/25 ECM and CS data discussed, CalAIM KIP summary discussed.	Launched Behavioral Health Access Line, go live 9/29/25 for BH referrals. Access contact information was provided for referrals.	No additional item on this topic this quarter: Discussed dispute resolution procedures in the event any dispute or difference of opinion arises regarding which Party is responsible for service coverage arising out of or relating to the MOU.	There was no discussion about this topic in this quarter; no questions or issues raised	Access services coming to PHC from Carelon. Collaborating with all providers and county partners of the change. Expected smooth transition of the referral process. Network services (credentialing, contracting, claim payment) will remain with Carelon.	There were no member engagement challenges.
Mendocino	512	Partnership HealthPlan of California	2025	No	DMC-ODS	Jenine Miller, Psy.D-Health Services Director, Mendocino County Angie Lewis-SUDT Manager, Mendocino County Nicole Escobar-Sr. Behavioral Health Manager, PHC Stephanie Wilson-Program Manager, PHC Vivina Agudelo-Quality Compliance Specialits, PHC Carina Glover-Program Coordinator II, PHC Kara Kusalich-Program Coordinator II, PHC	Discsussed number of members served in different programs: CS, ECM.	Policy about screening and treatment for substance, and other referral guidelines.	PHC clarified that PHC does not delegate the responsibility of MCP and BHP dispute resolution to any Subcontractor.	Discussed that services can be offered by both PHC and County if it's not the same services and not duplicative	Discussed policies and procedures, referral guidelines and screening, ECM collaboration, and Community Support Services.	Discussed access line screening, connection and engagement with members to the treatment services they need, also discussed resources for members. Information about Carelon replacement and member education.

County Name	Plan Code	MCP Plan Name *(Auto Populates)*	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Summary of the Annual Review Process	Outcome of the Review Process	MOU Amendment? (attach supporting documents)	Additional Information (Optional)
Mendocino	512	Partnership HealthPlan of California	2025	No	DMC-ODS	Jenine Miller, Psy.D-Health Services Director, Mendocino County Angie Lewis-SUDT Manager, Mendocino County Nicole Escobar-Sr. Behavioral Health Manager, PHC Stephanie Wilson-Program Manager, PHC Vivina Agudelo-Quality Compliance Specialits, PHC Carina Glover-Program Coordinator II, PHC Kara Kusalich-Program Coordinator II, PHC	Partnership HealthPlan of California (Managed Care Plan) team and Counties met quarterly to facilitate effective collaboration and continuous improvement in all areas covered by the DMC-ODS MOU between Partnership HealthPlan of California and Counties. Topics discussed included but not limited to: Care Coordination, Referrals, Dispute Resolution, Strategies to Avoid Duplicate Services, Collaboration and Member Engagement. MOU amendment was not needed based on these quarterly meetings.	Continuous partnership and collaboration between Managed Care Plan and County without a need for MOU amendment.	No	

MOU Annual Reporting Attestation

Attestation for MOU Annual Reporting and Quarterly Reporting

I hereby attest, the applicable executed MOU(s) were posted on the County website within 30 calendar days of being fully executed.

I hereby attest, an Annual Review of the MOU(s) has been conducted for the **CY 2025** year and that all information provided in this report is true, accurate, and complete to the best of my knowledge.

I hereby attest, **Mendocino County** County held **four** quarterly meetings with the MCPs, and the quarterly meetings are posted on **Mendocino** County's website.

I hereby attest, **Mendocino 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.

On behalf of Mendocino 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
Jenine Miller, Psy.D.	Health Services Director	1/30/226	millerje@mendocinocounty.gov