

MOU Annual Reporting Template Instructions

Pursuant to the 2024 Managed Care Plan Contract (MCP), Exhibit A, Attachment III, Section 5.6 and All Plan Letter (APL) 23-029, Medi-Cal MCPs, are required to execute Memoranda of Understanding (MOUs) with a number of Third-Party Entities, including local health departments, local educational and governmental agencies, such as county behavioral health departments for specialty mental health care and substance use disorder treatment services, and other local programs and services. Starting in 2025, MCPs must submit to the Department of Health Care Services (DHCS), via the Managed Care Operations Division (MCOD)-MCP Submission Portal, an MOU Annual Report that includes: updates from the required quarterly meetings with the Third-Party Entities, the process and outcomes of their annual MOU review, and reports to MCP's compliance officer.

MOU Annual Report

The MOU Annual Report is intended to summarize the MCPs annual review process, any amendments that were made to the MOU or policies and procedures, and the outcomes of the review. This report is not intended to be duplicative of MOU quarterly reports, where MCPs demonstrate a good faith effort to execute MOUs. An executed MOU means an MOU that has been reviewed and approved by DHCS, if applicable, and subsequently signed by all relevant parties to the MOU. MCPs must complete and submit this MOU Annual Report as outlined below.

Annually, MCPs must report on each executed MOU that was in effect during the reporting year. For MOUs that become effective during the reporting year, MCPs must report on the MOU-related activities during the period that the MOU was effective. For example, MOUs effective 07/01/2024 shall report for the period of 07/01/2024 - 12/31/2024.

MCPs that operate in more than one county must report on all counties within the same MOU Annual Report.

MOU Annual Reports must be submitted to the MCP-MCOD Submission Portal no later than the last business day of January of each year. In addition, MOU Annual Reports must be posted to MCP's website no later than March 1st each year. MCPs must submit the Web Posting link of the MOU Annual Report to the MCP-MCOD Submission Portal by the close of business on March 10th of the reporting year. As the information in the report may be viewed by the public, **do not include any Members' Personal Health Information (PHI) or any other confidential information in the report.**

Annual MOU Review

MCPs must review their executed MOUs annually with the Other Parties to see if any amendments to the MOU are necessary. This includes, but is not limited to, incorporating any new MCP contract requirements and/or policy guidance. When submitting the MOU Annual Report, MCPs must attest that they performed the annual review and supporting documentation must be retained by the MCP for potential auditing purposes. MOUs that are amended as a result of the MCPs annual MOU review must be submitted to the MCOD-MCP Submission Portal using the appropriate MOU submission artifact (links located below).

Attestation

MCPs must attest to completing the Annual Review of the MOU and Quarterly Reporting for the specified year, as required by the 2024 Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.3). MCPs must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. MCPs will submit the MOU Annual Report artifact for File and Use and the report will not receive official DHCS approval. Please see Attestation tab for instructions.

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

Links for MCOD-MCP Submission Portal	Submission Portal
	Helpful Guides

MOU Annual Report	
Location	Explanation
MOU Effective Date (Column A)	List all MOU types, whether executed or not. For executed MOUs, enter the effective date and complete all fields. The effective date is the date that the MOU goes into effect. If no MOUs are executed, enter "N/A," complete field B, and leave the remaining fields blank.
MOU Type (Column B)	Select the MOU type from the drop-down list. If the MCP has executed MOUs with multiple organizations for the same MOU type, report each on a separate row. List all individual executed MOUs. For combined MOUs, select one type and specify the combined MOU name in Column D. Ex. If MCP executed combined MOUs for IHSS, SMHS, and DMC-ODS select "IHSS" in Column B and enter IHSS,SMHS, DMC-ODS in Column D.
Combined MOU (Column C)	Is the MOU a combination of more than one type of MOU? Select "Yes" or "No" from the drop-down menu.
Description of Combined MOU (Column D)	If the MOU is a combination of multiple types, specify the types in this field. If it is a singular type, enter "N/A" in this field. Ex. If MCP executed combined MOUs for IHSS, SMHS, and DMC-ODS select "IHSS" in Column B and enter IHSS,SMHS, DMC-ODS in Column D.
Plan Code (Column E)	From the drop-down menu, select the applicable Plan Code. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
Plan Name (Column F)	This field auto-populates when the Plan Code is entered in Column E. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
County (Column G)	This field auto-populates when the Plan Code is entered in Column E. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
Reporting Year (Column H)	Enter the corresponding reporting year for the data reported using the drop-down list provided.The reporting year is the year in which the MOU-related activities occurred. For example, for the Annual Report due on 01/31/25, the reporting year is 2024.
Other Party Organization & Name (Column I)	Enter the organization and name of the Other Party to the MOU. This may be the County Department or another applicable agency name. MCPs must list all executed MOUs, along with the respective organization and name, in this section.

Multi-Party MOU (Column J)	From the drop-down list, select "Yes" or "No" to indicate if the MOU included more than one MCP and/or Other Party who signed an MOU.
Description of Multi-Party MOU (Column K)	If "Yes" is selected in Column J, list all parties to the MOU (including subcontractors) and describe the arrangement of all parties to the MOU. If "No" is selected in Column J, enter "N/A." Limit responses to 1000 characters.
Meeting Attendees (Column L)	Provide a list of all attendees of the specified Quarterly Meeting. Include the name and title of the MOU Liaison.
Topic: Care Coordination (Column M)	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.
Topic: Referrals (Column N)	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.
Topic: Strategies to Avoid Duplication of Services (Column O)	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.
Topic: Dispute Resolution (Column P)	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.

Topic: Collaboration (Column Q)	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 MCPs and Other Party 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.
Topic: Member Engagement (Column R)	Describe any discussion at the Quarterly Meetings regarding Member engagement challenges and successes. 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.

MOU Annual Reporting Attestation

Attestation for MOU Annual Reporting and Quarterly Reporting

I hereby attest that an Annual Review of the MOU has been conducted for the specified year, as required by the 2024 Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.3), and that all information provided in this report is true, accurate, and complete to the best of my knowledge.

I hereby attest that I have reported to the Compliance Officer of the Managed Care Plan regarding the MOUs on at least a quarterly basis, as required by the Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.4).

Signature

If your MCP has no executed MOUs to report for this year, please submit an attestation that your MCP is demonstrating a good faith effort to execute these MOUs and confirm this by selecting and attesting below.

If this section does not apply to your MCP, you may disregard and leave the check box blank.

Signature

Name of Signee	Title	Managed Care Plan	Email Address

MOU Effective Date	MOU Type	Combined MOU	Description of Combined MOU	Plan Code	Plan Name (auto-populates)	County (auto-populates)	Reporting Year	Other Party Organization & Name	Multi-Party MOU	Description of Multi-Party MOU	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement
											Sequeira, Catherine Cat <CSequeira@alamedaalliance.org>; Marchetti, Rachel <RMarchetti@alamedaalliance.org>; Hunter, Lily <lhunter@alamedaalliance.org>; Lucy Rivello <lrivello@rceb.org>; Rebecca Churchill Sterling <rchurchillsterling@rceb.org>; Rosales, Jorge <JRosales@alamedaalliance.org>; Christine Hanson <CHanson@rceb.org>; Currie, Peter <pcurrie@alamedaalliance.org>; Nicole Fouladi <NFouladi@rceb.org>; Yes Grossmann-Hicks, Laura <lgrossmann@alamedaalliance.org>; Stott, Michelle <mstott@alamedaalliance.org>; Patrick, Catherine Catie <CPatrick@AlamedaAlliance.org>; Lee, Lena <llee@alamedaalliance.org>; DeRochi, Andrea <aderochi@alamedaalliance.org>; Lo, Daphne <dlo@alamedaalliance.org>; Glasby, Kimberly <kglasby@alamedaalliance.org>; Marin Karen						
	RC: Regional Centers			531			2025	Regional Center of East Bay	No	N/A							
1/1/2024		No	N/A										Yes	Yes, via closed loop referrals	No	Yes	Yes
7/1/2024	TCM: Local Government Agencies: Targeted Case Management	No	N/A	531	Alameda Alliance for Health	Alameda	2025	City of Berkeley	No	N/A	Meeting Not Held Yet	N/A	N/A	N/A	N/A	N/A	N/A
1/1/2024	LHD: Local Health Departments	No	N/A	531	Alameda Alliance for Health	Alameda	2025	City of Berkeley	No	N/A	Meeting Not Held Yet	N/A	N/A	N/A	N/A	N/A	N/A