

**COMBINED MANAGED CARE PLAN (MCP) and MENTAL HEALTH PLAN (MHP) and
DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) MEMORANDUM OF
UNDERSTANDING**

BETWEEN

ALAMEDA ALLIANCE FOR HEALTH

AND

ALAMEDA COUNTY BEHAVIORAL HEALTH DEPARTMENT

**Memorandum of Understanding
between
Alameda Alliance for Health
and
Alameda County Behavioral Health Department**

This Memorandum of Understanding (“MOU”) is entered into by and between Alameda Alliance for Health (“MCP” or “Alliance”) and Alameda County Behavioral Health Department (“MHP” or “DMC-ODS” or “MHP/DMC-ODS”), MHP/DMC-ODS, Alliance, and Alliance’s relevant Subcontractors and/or Downstream Subcontractors may be referred to herein as a “Party” and collectively as “Parties.”

WHEREAS, with respect to Non-Specialty Mental Health Services (NSMHS) and Specialty Mental Health Services (SMHS), the Parties are required to enter into this MOU, a binding and enforceable contractual agreement under the Medi-Cal Managed Care Contract Exhibit A, Attachment III, All Plan Letters (“APL”) [18-015](#), [22-005](#), [22-006](#), [22-028](#), and MHP is required to enter into this MOU pursuant to Cal. Code Regs. tit. 9 § 1810.370, MHP Contract, Exhibit A, Attachment 10, Behavioral Health Information Notice (“BHIN”) 23- 056 and any subsequently issued superseding BHINs, to ensure that Medi-Cal beneficiaries enrolled in Alliance who are served by MHP (“Members”) are able to access and/or receive mental health services in a coordinated manner from Alliance and MHP;

WHEREAS, with respect to Substance Use Disorder (SUD) services, the Parties are required to enter into this MOU, a binding and enforceable contractual agreement, under the Medi-Cal Managed Care Contract Exhibit A, Attachment III, All Plan Letter (“APL”) 22-005, APL 23-029, and subsequently issued superseding APLs, and DMC-ODS is required to enter into this MOU under the Drug Medi-Cal Organized Delivery System (DMC- ODS) Intergovernmental Agreement Exhibit A, Attachment I, Behavioral Health Information Notice (“BHIN”) 23-001, BHIN 23-057 and any subsequently issued superseding BHINs, to ensure that Medi-Cal Members enrolled in Alliance who are served by DMC-ODS (“Members”) are able to access and/or receive substance use disorder (“SUD”) services in a coordinated manner from Alliance and DMC-ODS;

WHEREAS, the Parties desire to ensure that Members receive MHP and DMC-ODS services in a coordinated manner and to provide an agreed upon process to continuously evaluate the quality of the care coordination provided, subject to 42 Code of Federal Regulations Part 2 (each party shall obtain Member consent to the extent required under applicable law); and

WHEREAS, the Parties understand and agree that any Member information and data shared to facilitate referrals, coordinate care, or to meet any of the obligations set forth in this MOU must be shared in accordance with all applicable federal and state statutes and regulations, including, without limitation, 42 Code of Federal Regulations Part 2.

In consideration of mutual agreements and promises hereinafter, the Parties agree as

follows:

1. Definitions. Capitalized terms have the meaning ascribed by MCP's Medi-Cal Managed Care Contract with the California Department of Health Care Services ("DHCS"), unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS webpage at www.dhcs.ca.gov.

a. "Alliance Responsible Person" means the person designated by Alliance to oversee Alliance coordination and communication with MHP/DMC-ODS and ensure Alliance's compliance with this MOU as described in Section 4 of this MOU.

b. "Alliance-MHP/DMC-ODS Liaison" means Alliance's designated point of contact responsible for acting as the liaison between Alliance and MHP/DMC-ODS as described in Section 4 of this MOU. The Alliance-MHP/DMC-ODS Liaison must ensure the appropriate communication and care coordination is ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the Alliance Responsible Person and/or Alliance compliance officer as appropriate.

c. "MHP/DMC-ODS Responsible Person" means the person designated by MHP/DMC-ODS to oversee coordination and communication with Alliance and ensure MHP/DMC-ODS's compliance with this MOU as described in Section 5 of this MOU.

d. "MHP/DMC-ODS Liaison" means MHP/DMC-ODS's designated point of contact responsible for acting as the liaison between Alliance and MHP/DMC-ODS as described in Section 5 of this MOU. The MHP/DMC-ODS Liaison should ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MHP/DMC-ODS Responsible Person and/or MHP/DMC-ODS compliance officer as appropriate.

e. "Network Provider", as it pertains to Alliance, has the same meaning ascribed by the Alliance's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP/DMC-ODS, has the same meaning ascribed by the MHP Contract or DMC-ODS Intergovernmental Agreement with the DHCS, as applicable.

f. "Subcontractor" as it pertains to Alliance, has the same meaning ascribed by the Alliance's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP/DMC-ODS, has the same meaning ascribed by the MHP Contract or DMC-ODS Intergovernmental Agreement with the DHCS, as applicable.

g. "Downstream Subcontractor," as it pertains to Alliance, has the same meaning ascribed by the Alliance's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP/DMC-ODS, has the same meaning ascribed by the MHP Contract or DMC-ODS Intergovernmental Agreement with the DHCS, as applicable.

2. Term. This MOU is in effect as of the Effective Date, January 1, 2025, and continues for a term of 5 years, through December 31, 2029, or as amended in accordance with Section 14.f of this MOU.

3. Services Covered by This MOU. This MOU governs the coordination between Alliance and MHP for Non-specialty Mental Health Services ("NSMHS") covered by

Alliance and further described in APL 22-006, and Specialty Mental Health Services (“SMHS”) covered by MHP and further described in APL 22-003, APL 22-005, and BHIN 21-073, and any subsequently issued superseding APLs or BHINs, executed contract amendments, or other relevant guidance. The population eligible for NSMHS and SMHS set forth in APL 22-006 and BHIN 21-073 is the population served under this MOU. This MOU further governs the coordination between DMC-ODS and the Alliance for the provision of SUD services as described in APL 22-006, and any subsequently issued APLs, and Medi-Cal Managed Care Contract, BHIN 23-001, DMC-ODS Requirements for the Period of 2022-2026, and the DMC-ODS Intergovernmental Agreement, and any subsequently issued superseding APLs, BHINs, executed contract amendments, or other relevant guidance.

4. Alliance Obligations.

a. **Provision of Covered Services.** Alliance is responsible for authorizing Medically Necessary Covered Services, including NSMHS, ensuring Alliance’s Network Providers coordinate care for Members as provided in the applicable Medi-Cal Managed Care Contract, and coordinating care from other providers of carve-out programs, services, and benefits.

b. **Oversight Responsibility.** The Sr. Director of Behavioral Health, listed in Exhibit A of this MOU, is responsible for overseeing Alliance’s compliance with this MOU. The Alliance Responsible Person must:

- i. meet at least quarterly with MHP/DMC-ODS, as required by Section 9 of this MOU;
- ii. report on Alliance’s compliance with the MOU to Alliance’s compliance officer no less frequently than quarterly. Alliance’s compliance officer is responsible for MOU compliance oversight reports as part of Alliance’s compliance program and must address any compliance deficiencies in accordance with Alliance’s compliance program policies;
- iii. ensure there is a sufficient staff at Alliance who support compliance with and management of this MOU;
- iv. ensure the appropriate levels of Alliance leadership (i.e., person with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from MHP/DMC-ODS are invited to participate in the MOU engagements, as appropriate;
- v. ensure training and education regarding MOU provisions are conducted annually for Alliance’s employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network Providers; and
- vi. serve, or may designate a person at Alliance to serve, as the Alliance- MHP/DMC-ODS Liaison, the point of contact and liaison with MHP/DMC-ODS. The Alliance-MHP/DMC-ODS Liaison is listed in Exhibit A of this MOU. Alliance must notify MHP/DMC-ODS of any

changes to the Alliance-MHP/DMC-ODS Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within 5 Working Days of the change.

c. **Compliance by Subcontractors, Downstream Subcontractors, and Network Providers.** Alliance must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

5. MHP/DMC-ODS Obligations.

a. **Provision of Specialty Mental Health Services.** MHP/DMC-ODS is responsible for providing or arranging for the provision of SMHS and covered SUD services.

b. **Oversight Responsibility.** The Deputy Director of Operations and Deputy Director of Plan Administration the designated MHP/DMC-ODS Responsible Persons, listed on Exhibit B of this MOU, are responsible for overseeing MHP/DMC-ODS's compliance with this MOU. The MHP/DMC-ODS Responsible Persons serve, or may designate a person to serve, as the designated MHP/DMC-ODS Liaison, the point of contact and liaison with Alliance. The MHP/DMC-ODS Liaison is listed on Exhibit B of this MOU. The MHP/DMC-ODS Liaison may be the same person as the MHP/DMC-ODS Responsible Person. MHP/DMC-ODS must notify Alliance of changes to the MHP/DMC-ODS Liaison as soon as reasonably practical but no later than the date of change. The MHP/DMC-ODS Responsible Person must:

- i. meet at least quarterly with Alliance, as required by Section 9 of this MOU;
- ii. report on MHP-DMC-ODS's compliance with the MOU to MHP/DMC-ODS's compliance officer no less frequently than quarterly. MHP/DMC-ODS's compliance officer is responsible for MOU compliance oversight and reports as part of MHP/DMC-ODS's compliance program and must address any compliance deficiencies in accordance with MHP/DMC-ODS's compliance program policies;
- iii. ensure there is sufficient staff at MHP/DMC-ODS to support compliance with and management of this MOU;
- iv. ensure the appropriate levels of MHP/DMC-ODS leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from Alliance are invited to participate in the MOU engagements, as appropriate;
- v. ensure training and education regarding MOU provisions are conducted annually to MHP/DMC-ODS's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network providers; and
- vi. be responsible for meeting MOU compliance requirements, as determined by policies and procedures established by MHP/DMC-ODS, and reporting to the MHP/DMC-ODS Responsible Person.

c. **Compliance by Subcontractors, Downstream Subcontractors, and**

Network Providers. MHP/DMC-ODS must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

6. Training and Education.

a. To ensure compliance with this MOU, the Parties must provide training and orientation for their employees who for carry out activities under this MOU and, as applicable, Network Providers, Subcontractors, and Downstream Subcontractors who assist Alliance with carrying out Alliance's responsibilities under this MOU. The training must include information on MOU requirements, what services are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing responsibilities as of the Effective Date, the Parties must provide this training within 60 Working Days of the Effective Date. Thereafter, the Parties must provide this training prior to any such person or entity performing responsibilities under this MOU and to all such persons or entities at least annually thereafter. The Parties must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and MHP or DMC-ODS services, as applicable, to their contracted providers.

b. In accordance with health education standards required by the Medi-Cal Managed Care Contract, the Parties must provide Members and Providers with educational materials related to accessing Covered Services, including for services provided by MHP/DMC-ODS.

c. The Parties each must provide the other Party, Members, and Network Providers with training and/or educational materials on how Alliance Covered Services and MHP/DMC-ODS services may be accessed, including during nonbusiness hours.

7. Screening, Assessment, and Referrals.

a. Screening and Assessment.

i. The Parties must develop and establish policies and procedures that address how Members must be screened and assessed for: mental health services, including administering the applicable Screening and Transition of Care Tools for Medi-Cal Mental Health Services as set forth in APL [22-028](#) and BHIN [22-065](#); and Alliance Covered Services and MHP/DMC-ODS services.

ii. Alliance and MHP must use the required screening tools for Members who are not currently receiving mental health services, except when a Member contacts the mental health provider directly to seek mental health services.

iii. Alliance and MHP must use the required Transition of Care Tool to facilitate transitions of care for Members when their service needs change.

iv. The policies and procedures must incorporate agreed-upon and/or required timeframes; list specific responsible parties by title or department; and include any other elements required by DHCS for the mandated statewide Adult Screening Tool for adults aged 21 and older, Youth Screening Tool for youth under age 21, and Transition of Care Tool, for adults aged 21 and older and youth under age 21, as well as the following requirements:

1. The process by which Alliance and MHP must conduct mental health screenings for Members who are not currently receiving mental health services when they contact Alliance or MHP to seek mental health services. Alliance and MHP must refer such Members to the appropriate delivery system using the Adult or Youth Screening Tool for Medi-Cal Mental Health Services based on their screening result.

2. The process by which Alliance and MHP must ensure that Members receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to another delivery system or when services are being added to their existing mental health treatment from another delivery system in accordance with APL [22-028](#) and BHIN [22-065](#).

v. Alliance must develop and establish policies and procedures for providing Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (“SABIRT”) to Members aged eleven (11) and older in accordance with APL 21-014. Alliance policies and procedures must include, but not be limited to:

1. A process for ensuring Members receive comprehensive substance use, physical, and mental health screening services, including the use of American Society of Addiction Medicine (ASAM) Level 0.5 SABIRT guidelines;

2. A process for providing or arranging the provision of medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings;

b. **Referrals.** The Parties must work collaboratively to develop and establish policies and procedures that ensure that Members are referred to the appropriate Alliance Covered Services, or applicable MHP or DMC-ODS services.

i. The Parties must adopt a “no wrong door” referral process for Members and work collaboratively to ensure that Members may access services through multiple pathways and are not turned away based on which pathway they rely on, including, but not limited to, adhering to all applicable No Wrong Door for Mental Health Services Policy requirements described in APL [22-005](#) and BHIN [22-011](#). The Parties must refer Members using a patient-centered, shared decision-making process.

ii. The Parties must develop and implement policies and procedures addressing the process by which Alliance and MHP coordinate referrals based on the completed Adult or Youth Screening Tool in accordance with APL [22-028](#) and BHIN [22-065](#), including:

1. The process by which MHP and Alliance transition Members to the other delivery system.

2. The process by which Members who decline screening are assessed.

3. The process by which Alliance:

a. Accepts referrals from MHP for assessment, and the mechanisms of communicating such acceptance and that a timely assessment has

been made available to the Member.

b. Provides referrals to MHP for assessment, and the mechanisms of sharing the completed screening tool and confirming acceptance of referral and that a timely assessment has been made available to the Member by MHP.

c. Provides a referral to an MHP Network Provider (if processes agreed upon with MHP), and the mechanisms of sharing the completed screening tool and confirming acceptance of the referral and that a timely assessment has been made available to the Member by the MHP.

4. The process by which MHP:

a. Accepts referrals from Alliance for assessment, and the mechanisms for communicating such acceptance and that a timely assessment has been made available to the Member.

b. Provides referrals to Alliance for assessment, and the mechanisms of sharing the completed screening tool and confirming acceptance of the referral and provided a timely assessment by Alliance.

c. Provides a referral to an Alliance Network Mental Health Provider (if processes agreed upon with Alliance), and the mechanisms of confirming the Alliance Network Mental Health Provider accepted the referral and timely assessed the Member.

d. Provides a referral to Alliance when the screening indicates that a Member under age 21 would benefit from a pediatrician/Primary Care Physician ("PCP") visit.

5. The process by which Alliance and MHP coordinate referrals using the Transition of Care Tool in accordance with APL [22-028](#) and BHIN [22-065](#).

6. The process by which Alliance (and/or its Network Providers):

a. Accepts referrals from MHP, and the mechanisms of communicating such acceptance, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

b. Provides referrals to MHP and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a provider who accepts their care and that services have been made available to the Member.

c. Provides a referral to an MHP Network Provider (if processes have been agreed upon with MHP), and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a provider who accepts their care and that services have been made available to the Member.

d. Alliance must coordinate with MHP to facilitate transitions between Alliance and MHP delivery systems and across different providers, including guiding referrals for Members receiving NSMHS to transition to an SMHS provider and vice versa, and the new provider accepts the referral and provides care to

the Member.

7. The process by which MHP (and/or its Network Providers):

a. Accepts referrals from Alliance, and the mechanisms of communicating such acceptance, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

b. Provides referrals to Alliance, and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

c. Provides a referral to an Alliance Network Provider (if processes have been agreed upon with Alliance), and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

iii. MHP must refer Members to Alliance for Alliance's Covered Services, as well as any Community Supports services or care management programs for which Members may qualify, such as Enhanced Care Management ("ECM"), Complex Care Management ("CCM"), or Community Supports. However, if MHP is also an ECM Provider, MHP provides ECM services pursuant to a separate agreement between Alliance and MHP for ECM services; this MOU does not govern MHP's provision of ECM.

iv. Alliance must have a process for referring eligible Members for substance use disorder ("SUD") services to a Drug Medi-Cal-certified program or a Drug Medi-Cal Organized Delivery System ("DMC-ODS") program in accordance with the Medi-Cal Managed Care Contract.

v. The Parties must facilitate referrals to DMC-ODS for Members who may potentially meet the criteria to access DMC-ODS services and ensure DMC-ODS has procedures for accepting referrals from Alliance.

vi. Alliance must refer Members using a patient-centered, shared decision-making process.

vii. Alliance must develop and implement an organizational approach to the delivery of services and referral pathways to DMC-ODS services.

viii. DMC-ODS must refer Members to Alliance for Covered Services, as well as any Community Supports services or care management programs for which they may qualify, such as Enhanced Care Management ("ECM") or Complex Case Management ("CCM"). If DMC-ODS is an ECM Provider, DMC-ODS provides ECM services pursuant to that separate agreement between Alliance and DMC-ODS for ECM services; this MOU does not govern DMC-ODS's provision of ECM.

ix. The Parties must work collaboratively to ensure that Members may access services through multiple pathways. The Parties must ensure Members receive SUD services when Members have co-occurring SMHS and/or NSMHS and SUD needs.

x. Alliance must have a process by which Alliance accepts referrals from DMC-ODS staff, providers, or a self-referred Member for assessment, and a mechanism for communicating such acceptance to DMC-ODS, the provider, or the self-referred Member, respectively; and

xi. DMC-ODS must have a process by which DMC-ODS accepts referrals from Alliance staff, providers, or a self-referred Member for assessment, and a mechanism for communicating such acceptance to Alliance, the provider, or the self-referred Member, respectively.

xii. **Closed Loop Referrals.** By January 1, 2025 or a future date as determined by DHCS, the Parties must actively work together to 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 APL 22-024, or any subsequent version of the APL, and as set forth by DHCS through APL, or other, similar guidance. The Parties must work collaboratively to develop and implement a process to ensure that Alliance and MHP/DMC-ODS 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.

8. Care Coordination and Collaboration.

a. Care Coordination.

i. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the specific requirements set forth in this MOU and ensure Medically Necessary NSMHS and SMHS provided concurrently are coordinated and non-duplicative.

ii. The Parties must discuss and address individual care coordination issues or barriers to care coordination efforts at least quarterly. Host a standard agenda topic in the quarterly meetings that discusses the agreed upon process to continuously evaluate the quality of the care coordination provided, subject to 42 Code of Federal Regulations Part 2 in relation to SUD treatment (each party shall obtain Member consent to the extent required under applicable law);

iii. The Parties must establish policies and procedures to maintain cross-system collaboration with each other and to identify strategies to monitor and assess the effectiveness of this MOU. The policies and procedures must ensure coordination of inpatient and outpatient medical and mental health care for all Members enrolled in Alliance and receiving SMHS through MHP, and must comply with federal and State law, regulations, and guidance, including Cal. Welf. & Inst. Code Section 5328.

iv. The Parties must establish and implement policies and procedures that align for coordinating Members' care that address:

1. The requirement for MHP/DMC-ODS to refer Members to Alliance to be assessed for care coordination and other similar programs and other services for which they may qualify provided by Alliance including, but not limited to, ECM, CCM, or Community Supports;

¹ CalAIM Population Health Management Policy Guide available at <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf>

2. The specific point of contact from each Party, if someone other than each Party's Responsible Person, to act as the liaison between Parties and be responsible for initiating, providing, and maintaining ongoing care coordination for all Members under this MOU;

3. A process for coordinating care for individuals who meet access criteria for and are concurrently receiving NSMHS and SMHS consistent with the No Wrong Door for Mental Health Services Policy described in APL [22-005](#) and BHIN 22-011 to ensure the care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;

4. A process for how Alliance and DMC-ODS will engage in collaborative treatment planning to ensure care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;

5. A process for coordinating the delivery of Medically Necessary Covered Services with the Member's Primary Care Provider, including without limitation transportation services, home health services, and other Medically Necessary Covered Services for eligible Members;

6. Permitting Members to concurrently receive NSMHS and SMHS when clinically appropriate, coordinated, and not duplicative consistent with the No Wrong Door for Mental Health Services Policy described in APL [22-005](#) and BHIN [22-011](#).

7. A process for how Alliance and DMC-ODS will help to ensure the Member is engaged and participates in their care program and a process for ensuring the Members, caregivers, and providers are engaged in the development of the Member's care;

8. A process for reviewing and updating a Member's problem list, as clinically indicated. The process must describe circumstances for updating problem lists and coordinating with outpatient SUD providers;

9. A process for how the Parties will engage in collaborative treatment planning and ensure communication among providers, including procedures for exchanges of medical information; and

10. A process for ensuring that Members and Network Providers can coordinate coverage of Covered Services and carved-out services outlined by this MOU outside normal business hours, as well as providing or arranging for 24/7 emergency access to Covered Services and carved-out services or admission to psychiatric inpatient hospital.

v. Transitional Care.

1. The Parties must establish policies and procedures and develop a process describing how Alliance and MHP and DMC-ODS coordinate transitional care services for Members. A "transitional care service" is defined as the transfer of a Member from one setting or level of care to another, including, but not limited to, discharges from hospitals, institutions, and other acute care facilities and skilled nursing facilities to home or community-based settings,² level of care transitions that

² Expectations for transitional care are defined in the PHM Policy Program Guide: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf>

occur within the facility, or transitions from outpatient therapy to intensive outpatient therapy and vice versa.

2. For Members who are admitted to an acute psychiatric hospital, psychiatric health facility, adult residential, or crisis residential stay, including, but not limited to, Short-Term Residential Therapeutic Programs and Psychiatric Residential Treatment Facilities, where MHP is the primary payer, MHPs are primarily responsible for coordination of the Member upon discharge. In collaboration with MHP, Alliance is responsible for ensuring transitional care coordination as required by Population Health Management,³ including, but not limited to:

a. Tracking when Members are admitted, discharged, or transferred from facilities contracted by MHP (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities) in accordance with Section 11(a)(iii) of this MOU.

b. Approving prior authorizations and coordinating services where Alliance is the primary payer (e.g., home services, long-term services and supports for dual-eligible Members);

c. Ensuring the completion of a discharge risk assessment and developing a discharge planning document;

d. Assessing Members for any additional care management programs or services for which they may qualify, such as ECM, CCM, or Community Supports and enrolling the Member in the program as appropriate;

e. Notifying existing CCM Care Managers of any admission if the Member is already enrolled in ECM or CCM; and

f. Assigning or contracting with a care manager to coordinate with behavioral health or county care coordinators for each eligible Member to ensure physical health follow up needs are met as outlined by the Population Health Management Policy Guide.³

3. For Members who are admitted for residential SUD treatment, including, but not limited to, Short-Term Residential Therapeutic Programs and Psychiatric Residential Treatment Facilities where DMC-ODS is the primary payer, DMC-ODS is primarily responsible for coordination of the Member upon discharge. In collaboration with DMC-ODS, Alliance is responsible for ensuring transitional care coordination as required by Population Health Management,⁴ including, but not limited to:

a. Tracking when Members are admitted, discharged, or transferred from facilities contracted by DMC-ODS in accordance with Section 11(a)(iii) of this MOU;

b. Approving prior authorizations and coordinating services

³ CalAIM Population Health Management Policy Guide available at <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf>.

⁴ Expectations for transitional care are defined in the PHM Policy Program Guide: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf>; see also PHM Roadmap and Strategy: <https://www.dhcs.ca.gov/CalAIM/Documents/Final-Population-Health-Management-Strategy-and-Roadmap.pdf>

where Alliance is the primary payer (e.g., home services, long-term services, and supports for dual-eligible Members);

c. Ensuring the completion of a discharge risk assessment and developing a discharge planning document;

d. Assessing Members for any additional care management programs or services for which they may qualify, such as ECM, CCM, or Community Supports, and enrolling the Member in the program as appropriate;

e. Notifying existing CCM Care Managers of any admission if the Member is already enrolled in ECM or CCM; and

f. Assigning or contracting with a care manager to coordinate with county care coordinators to ensure physical health follow-up needs are met for each eligible Member as outlined by the Population Health Management Policy Guide.

4. The Parties must include a process for updating and overseeing the implementation of the discharge planning documents as required for Members transitioning to or from Alliance or MHP/DMC-ODS services.

5. For inpatient mental health treatment or inpatient residential SUD treatment provided by MHP/DMC-ODS or for inpatient hospital admissions or emergency department visits known to Alliance, the process must include the specific method to notify each Party within 24 hours of admission and discharge and the method of notification used to arrange for and coordinate appropriate follow-up services.

6. The Parties must have policies and procedures for addressing changes in a Member's medical or mental health condition when transferring between inpatient psychiatric service and inpatient medical services, including direct transfers.

vi. Clinical Consultation.

1. For covered SUD services, the Parties must establish policies and procedures to ensure that Members have access to clinical consultation, including consultation on medications, as well as clinical navigation support for patients and caregivers.

2. The Parties must establish policies and procedures for Alliance and MHP to provide clinical consultations to each other regarding a Member's mental illness, including consultation on diagnosis, treatment, and medications.

3. The Parties must establish policies and procedures for reviewing and updating a Member's problem list, as clinically indicated (e.g., following crisis intervention or hospitalization), including when the care plan or problem list must be updated, and coordinating with outpatient mental health Network Providers.

vii. Enhanced Care Management.

2. Delivery of the ECM benefit for individuals who meet ECM Population of Focus definitions (including, but not limited to, the Individuals with Severe Mental Illness and Children Populations of Focus) must be consistent with DHCS guidance regarding ECM, including:

a. That Alliance prioritize assigning a Member to an SMHS Provider or DMC-ODS Provider as the ECM Provider if the Member receives SMHS or covered SUD services from that Provider and that Provider is a contracted ECM

Provider, unless the Member has expressed a different preference or Alliance identifies a more appropriate ECM Provider given the Member's individual needs and health conditions;

b. That the Parties implement a process for SMHS Providers and DMC-ODS Providers to refer their patients to Alliance for ECM if the patients meet Population of Focus criteria; and

c. That the Parties implement a process for avoiding duplication of services for individuals receiving ECM with SMHS Targeted Case Management ("TCM"), Intensive Care Coordination ("ICC"), and/or Full-Service Partnership ("FSP") services as set forth in the CalAIM ECM Policy Guide, as revised or superseded from time to time, and coordination activities (including DMC-ODS care coordination). Members receiving DMC-ODS care coordination can also be eligible for and receive ECM.

d. Alliance must have written processes for ensuring the non-duplication of services for Members receiving ECM and DMC-ODS care coordination.

viii. Community Supports.

1. Coordination must be established with applicable Community Supports providers under contract with Alliance, including:

a. The identified point of contact, from each Party to act as the liaison to oversee initiating, providing, and maintaining ongoing coordination as mutually agreed upon in Alliance and MHP/DMC-ODS protocols;

b. Identification of the Community Supports covered by Alliance; and

c. A process specifying how MHP/DMC-ODS will make referrals for Members eligible for or receiving Community Supports.

ix. Eating Disorder Services.

1. MHP is responsible for the SMHS components of eating disorder treatment and Alliance is responsible for the physical health components of eating disorder treatment and NSMHS, including, but not limited to, those in APL 22-003 and BHIN 22-009, and any subsequently issued superseding APLs or BHINs, and must develop a process to ensure such treatment is provided to eligible Members, specifically:

a. MHP must provide for medically necessary psychiatric inpatient hospitalization and outpatient SMHS.

b. Alliance must also provide or arrange for NSMHS for Members requiring eating disorder services.

2. For partial hospitalization and residential eating disorder programs, MHP is responsible for medically necessary SMHS components, while Alliance is responsible for the medically necessary physical health components.

a. Alliance is responsible for the physical health components of eating disorder treatment, including emergency room services, and inpatient hospitalization for Members with physical health conditions, including those

who require hospitalization due to physical complications of an eating disorder and who do not meet criteria for psychiatric hospitalization.

The Parties intend to enter into a separate agreement outlining the Parties' financial responsibility for services covered by this MOU where the MCP and MHP have shared responsibility for providing the services to Members. This separate agreement will be incorporated into this Agreement by this reference once executed.

x. Prescription Drugs.

1. The Parties must establish policies and procedures to coordinate prescription drug, laboratory, radiological, and radioisotope service procedures. The joint policies and procedures must include:

- a. MHP is obligated to provide the names and qualification of prescribing physicians to the Alliance.
- b. Alliance is obligated to provide the Alliance's procedures for obtaining authorization of prescribed rugs and laboratory services, including a list of available pharmacies and laboratories.
- c. The Parties must have a process for referring eligible Members for SUD services to a Drug Medi-Cal-certified program or a DMC-ODS program in accordance with the Medi-Cal Managed Care Contract.

xi. CARE Act (Group Care Line of Business Only)

Per APL 23-016 and any subsequent related APLs, the Alliance shall designate a point of contact and phone number for MHP and/or providers to contact the Alliance about claims for services that arise from a CARE Agreement or CARE Plan (CARE Services) or about a Member that is the subject of a pending CARE petition.

CARE Act requires health plans to fully cover health care services pursuant to a CARE agreement or CARE plan without prior authorization for services, other than prescription claims, for CARE Service provided pursuant to a Care agreement or Care plans to be processed in the same automated manner as standard claims and shall accept claims for CARE Services outside its standardized claims process.

When a MHP or provider contacts the Alliance about a Member in a CARE petition or about a claim for CARE Services, the Alliance shall return the call by 5:00pm, the next business day. Upon request, the Alliance shall provide instructions, within one (1) business day of the request, about how to submit a claim for CARE Services to the Alliance for processing and payment.

The Alliance shall not require claims for CARE Services to be processed in the same automated manner as standard claims and shall accept claims for CARE Services outside of its standardized claims process and process CARE Services claims within the Knox-Keene Act claims processing timelines.

The Alliance shall not require MHPs or providers to submit additional or different information that it requires to process claims for standard behavioral health services. The Alliance, if necessary, may ask MHPs or providers to affirm or specify whether claims are for CARE Services.

The Alliance shall reimburse MCP per claims submission policy and procedure for medically necessary treatment of a mental health or substance use disorder, including but not limited to, behavioral health crisis services, provided to a Member with CARE

agreement or CARE plan, by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider pursuant to Section 1374.72.

Payment for services may be denied only if the plan reasonably determines the Member was not enrolled with the plan at the time the services were rendered, the services were never performed, or the services were not provided by a health care provider appropriately licensed or authorized to provide the services. (CA Health and Safety Code section 1374.723).

The Alliance shall accept and pay claims for CARE Services that were rendered by providers qualified to provide such services under their professional license or credential in the State of California. The Alliance shall not require CARE Service providers to enroll through the health plan's provider enrollment process.

9. Quarterly Meetings.

a. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU but not less frequently than quarterly to address care coordination, Quality Improvement ("QI") activities, QI outcomes, systemic and case-specific concerns, and communication with others within their organizations about such activities. These meetings may be conducted virtually.

b. Within 30 Working Days after each quarterly meeting, the Parties must each post on its website the date and time the quarterly meeting occurred, and, as applicable, distribute to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill the Parties' obligations under the Medical Managed Care Contract, the MHP Contract and the DMC-ODS Intergovernmental Agreement, and this MOU.

c. The Parties must invite the other Party's Responsible Person and appropriate program executives to participate in quarterly meetings to ensure appropriate committee representation, including local presence, to discuss and address care coordination and MOU-related issues. The Parties' Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.

d. The Parties must report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS.

e. **Local Representation.** Alliance must participate, as appropriate, in meetings or engagements to which Alliance is invited by MHP/DMC-ODS, such as local county meetings, local community forums, and MHP/DMC-ODS engagements, to collaborate with MHP/DMC-ODS in equity strategy and wellness and prevention activities.

10. Quality Improvement. The Parties must develop QI activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and QI initiatives, including those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. Such QI activities must include processes to monitor the extent to which Members are able to access mental health services across SMHS and NSMHS, and Covered Service utilization. The Parties must document these QI activities in policies and

procedures.

11.Data Sharing and Confidentiality. The Parties must establish and implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth below to the extent permitted under applicable state and federal law. The Parties will share protected health information (“PHI”) for the purposes of medical and behavioral health care coordination pursuant to Cal. Code Regs. tit. 9, Section 1810.370(a)(3), and to the fullest extent permitted under the Health Insurance Portability and Accountability Act and its implementing regulations, as amended (“HIPAA”) and 42 Code Federal Regulations Part 2, and other State and federal privacy laws. For additional guidance, the Parties should refer to the CalAIM Data Sharing Authorization Guidance.⁵

a. **Data Exchange.** Except where prohibited by law or regulation, Alliance and MHP/DMC-ODS must share the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must have policies and procedures for supporting the timely and frequent exchange of Member information and data, including behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data; and, if necessary, for obtaining Member consent, when required. The minimum necessary information and data elements to be shared as agreed upon by the Parties, are set forth in Exhibit C of this MOU. To the extent permitted under applicable law, the Parties must share, at a minimum, Member demographic information, behavioral and physical health information, diagnoses, assessments, medications prescribed, laboratory results, referrals/discharges to/from inpatient or crisis services and known changes in condition that may adversely impact the Member’s health and/or welfare. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data. MHP/DMC-ODS and Alliance must establish policies and procedures to implement the following with regard to information sharing:

- i. A process for timely exchanging information about Members eligible for ECM, regardless of whether the Specialty Mental Health provider or DMC-ODS Provider is serving as an ECM provider;
- ii. A process for MHP/DMC-ODS to send regular, frequent batches of referrals to ECM and Community Supports to Alliance in as close to real time as possible;
- iii. A process for MHP/DMC-ODS to send admission, discharge, and transfer data to Alliance when Members are admitted to, discharged from, or transferred from facilities contracted by MHP/DMC-ODS (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities, residential SUD treatment facilities, residential SUD withdrawal management facilities), and for Alliance to receive this data. This process may incorporate notification requirements as described in Section

⁵ CalAIM Data Sharing Authorization Guidance VERSION 2.0 June 2023 available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-Version-2-Draft-Public-Comment.pdf>.

8(a)(v)(3);

iv. A process to implement mechanisms to alert the other Party of behavioral health crises (e.g., MHP alerts Alliance of Members' uses of mobile health, psych inpatient, and crisis stabilization and Alliance alerts MHP of Members' visits to emergency departments and hospitals; and DMC-ODS alerts Alliance of uses of SUD crises intervention); and

v. A process for Alliance to send admission, discharge, and transfer data to MHP/DMC-ODS when Members are admitted to, discharged from, or transferred from facilities contracted by Alliance (e.g., emergency department, inpatient hospitals, nursing facilities), and for MHP/DMC-ODS to receive this data. This process may incorporate notification requirements as described in Section 8(a)(v)(5).

b. **Behavioral Health Quality Improvement Program.** If MHP/DMC-ODS is participating in the Behavioral Health Quality Improvement Program, then Alliance and MHP/DMC-ODS are encouraged to execute a DSA. If MHP/DMC-ODS and Alliance have not executed a DSA, MHP/DMC-ODS must sign a Participation Agreement to onboard with a Health Information Exchange that has signed the California Data Use and Reciprocal Support Agreement and joined the California Trusted Exchange Network.

c. **Interoperability.** Alliance and MHP must make available to Members their electronic health information held by Alliance pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL [22-026](#) or any subsequent version of the APL. Alliance must make available an application programming interface ("API") that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on Alliance's and MHP's respective websites pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h). Alliance and DMC-ODS must exchange data in compliance with the payer-to-payer data exchange requirements pursuant to 45 Code of Federal Regulations Part 170. Alliance must make available to Members their electronic health information held by the Parties and make available an application program interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on Alliance's and DMC-ODS's respective websites pursuant to 42 Code of Federal Regulations Section 438.242(b) and 42 Code of Federal Regulations Section 438.10(h). The Parties must comply with DHCS interoperability requirements set forth in APL 22-026 and BHIN 22-068, or any subsequent version of the APL and BHIN, as applicable.

12. Dispute Resolution.

a. The Parties must agree to dispute resolution procedures such that in the event of any dispute or difference of opinion regarding the Party responsible for service coverage arising out of or relating to this MOU, the Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. The Parties must document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, Alliance and MHP must continue without delay to carry out all responsibilities under this MOU unless the MOU is terminated. If the dispute cannot be resolved within 15 Working Days of initiating such negotiations, either Party may

pursue its available legal and equitable remedies under California law. Disputes between Alliance and MHP/DMC-ODS that cannot be resolved in a good faith attempt between the Parties must be forwarded by Alliance and/or DMC-ODS to DHCS.

b. Disputes between Alliance and MHP that cannot be resolved in a good faith attempt between the Parties must be forwarded to DHCS via a written “Request for Resolution” by either MHP or Alliance within three business days after failure to resolve the dispute, consistent with the procedure defined in Cal. Code Regs. tit. 9, § 1850.505, “Resolutions of Disputes between MHPs and Medi-Cal Managed Care Plans” and APL 21-013. Any decision rendered by DHCS regarding a dispute between Alliance and MHP concerning provision of Covered Services is not subject to the dispute procedures set forth in the Primary Operations Contract Exhibit E, Section 1.21 (Contractor’s Dispute Resolution Requirements);

c. A dispute between MHP and Alliance must not delay the provision of medically necessary SMHS, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries as required by Cal. Code Regs. tit. 9, § 1850.525;

d. Until the dispute is resolved, the following must apply:

- i. The Parties may agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided; or
- ii. When the dispute concerns Alliance’s contention that MHP is required to deliver SMHS to a Member either because the Member’s condition would not be responsive to physical health care-based treatment or because MHP has incorrectly determined the Member’s diagnosis to be a diagnosis not covered by MHP, Alliance must manage the care of the Member under the terms of its contract with the State until the dispute is resolved. MHP must identify and provide Alliance with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available

to provide clinical consultation, including consultation on medications to Alliance provider responsible for the Member’s care.

- iii. When the dispute concerns MHP’s contention that Alliance is required to deliver physical health care-based treatment of a mental illness, or to deliver prescription drugs or laboratory, radiological, or radioisotope services required to diagnose or treat the mental illness, MHP is responsible for providing or arranging and paying for those services until the dispute is resolved.

- iv. When the dispute concerns Alliance’s contention that DMC-ODS is required to deliver SUD services to a Member and DMC-ODS has incorrectly determined the Member’s diagnosis to be a diagnosis not covered by DMC-ODS, Alliance must manage the care of the Member under the terms of its contract with the State, including providing or arranging and paying for those services until the dispute is resolved.

- v. When the dispute concerns DMC-ODS’s contention that Alliance is required to deliver physical health care-based treatment, or to deliver prescription drugs or laboratory, radiological, or radioisotope services required to diagnose, DMC-ODS is responsible for providing or arranging and paying for those services until the dispute is

resolved.

e. If decisions rendered by DHCS find Alliance is financially liable for services, Alliance must comply with the requirements in Cal. Code Regs. tit. 9, § 1850.530.

f. The Parties may agree to an expedited dispute resolution process if a Member has not received a disputed service(s) and the Parties determine that the routine dispute resolution process timeframe would result in serious jeopardy to the Member's life, health, or ability to attain, maintain, or regain maximum function. Under this expedited process, the Parties will have one Working Day after identification of a dispute to attempt to resolve the dispute at the plan level. All terms and requirements established in APL [21-013](#) and BHIN [21-034](#) apply to disputes between Alliance and MHP where the Parties cannot agree on the appropriate place of care. Nothing in this MOU or provision must constitute a waiver of any of the government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, state, and federal law.

g. MHP must designate a person or process to receive notice of actions, denials, or deferrals from Alliance, and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination. Unless otherwise determined by the Parties, the DMC-ODS Liaison must be the designated individual responsible for receiving notice of actions, denials, or deferrals from Alliance, and for providing any additional information requested in the deferral notice as necessary for a medical necessity determination.

h. Alliance must monitor and track the number of disputes with MHP/DMC-ODS where the Parties cannot agree on an appropriate place of care and, upon request, must report all such disputes to DHCS.

i. Once MHP receives a deferral from Alliance, MHP must respond by the close of the business day following the day the deferral notice is received, consistent with Cal. Welf. & Inst. Code § 14715.

j. Nothing in this MOU or provision constitutes a waiver of any of the government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, State, or federal law.

13. Equal Treatment. Nothing in this MOU is intended to benefit or prioritize Members over persons served by MHP/DMC-ODS who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., MHP/DMC-ODS cannot provide any service, financial aid, or other benefit, to an individual which is different, or is provided in a different manner, from that provided to others provided by MHP/DMC-ODS.

14. General.

a. **MOU Posting.** Alliance and MHP/DMC-ODS must each post this executed MOU on its website.

b. **Documentation Requirements.** Alliance and MHP/DMC-ODS must retain all documents demonstrating compliance with this MOU for at least 10 years as

required by the Medi-Cal Managed Care Contract, MHP Contract, and DMC-ODS Intergovernmental Agreement. If DHCS requests a review of any existing MOU, the Party that received the request must submit the requested MOU to DHCS within 10 Working Days of receipt of the request.

c. **Notice.** Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the Notice Address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address; (ii) delivered by messenger or overnight delivery service to the Notice Address; (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address; or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address. Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail, certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to each other in the manner provided for herein.

d. **Delegation.** Alliance and MHP/DMC-ODS may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a Party to this MOU. Further, the Parties may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of the Parties' obligations under this MOU. Other than in these circumstances, the Parties cannot delegate the obligations and duties contained in this MOU.

e. **Annual Review.** Alliance and MHP/DMC-ODS must conduct an annual review of this MOU to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. Alliance and MHP/DMC-ODS must provide DHCS evidence of the annual review of this MOU as well as copies of any MOUs modified or renewed as a result.

f. **Amendment.** This MOU may only be amended or modified by the Parties through a writing executed by the Parties. However, this MOU is deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi-Cal Managed Care Contract, the MHP Contract, the DMC-ODS Intergovernmental Agreement, and any subsequently issued superseding APLs, BHINs, or guidance, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.

g. **Governance.** This MOU is governed by and construed in accordance with the laws of the state of California.

h. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create any relationship between MHP/DMC-ODS and Alliance other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this MOU.

Neither MHP/DMC-ODS nor Alliance, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.


i. **Counterpart Execution.** This MOU may be executed in counterparts signed electronically, and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitute one and the same instrument.

j. **Superseding MOU.** This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is hereby terminated by mutual agreement of the Parties.

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The Parties represent that they have authority to enter into this MOU on behalf of their respective entities.

ALAMEDA COUNTY
BEHAVIORAL HEALTH
DEPARMTENT

Signed by:

BA167CA0C0D444A...
signature

ALAMEDA ALLIANCE FOR HEALTH

DocuSigned by:
Matthew Woodruff
B72F5D390D944D8...
signature

Name: Karyn L. Tribble, PsyD, LCSW
Behavioral Health Director, Alameda
County

Matthew Woodruff
Chief Executive Officer

2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

1240 South Loop Road
Alameda, California 94502

Date: 7/18/2025

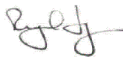
Date: 07/08/2025 | 2:16 PM PDT

Tax ID #: 94-6000501

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APPROVED AS TO FORM: Donna Ziegler
County Counsel for the County of Alameda

Raymond Leung, Deputy County Counsel

DocuSigned by:

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Exhibits A

Alameda Alliance for Health Responsible Person	
Name:	Dr. Peter Currie, Sr. Director of Behavioral Health
Email:	pcurrie@alamedaalliance.org
Fax #:	N/A
Telephone:	510-747-6061
Alliance-MHP/DMC-ODS Liaison	
Name:	Dr. Peter Currie, Sr. Director of Behavioral Health
Email:	pcurrie@alamedaalliance.org
Fax #:	N/A
Telephone:	510-747-6061

EXHIBIT B

MHP/DMC-ODS Liaison Responsible Persons	
Name: Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director	
Email: karyn.tribble@acgov.org	
Fax : 510-567-8180	
Telephone : 510-567-8100	
Name: Vanessa Baker, Deputy Director, Plan Administrator	
Email: vanessa.baker2@acgov.org	
Fax #: 510-567-8180	
Telephone: 510-567-8194	
MHP/DMC-ODS Liaison	
Name: Danielle Moore, Senior Contract Manager	
Email: danielle.moore@acgov.org	
Fax #: 510-567-8290	
Phone # 510-383-1774	

EXHIBIT C
Data Elements

To the extent permitted under applicable law, the Parties must share, at a minimum, Member demographic information, behavioral and physical health information, diagnoses, assessments, medications prescribed, laboratory results, referrals/discharges to/from inpatient or crisis services and known changes in condition that may adversely impact the Member's health and/or welfare.