

ATTACHMENT I:

**COUNTY-BASED TARGETED CASE MANAGEMENT MEMORANDUM OF
UNDERSTANDING**

BETWEEN

ALAMEDA ALLIANCE FOR HEALTH

AND

ALAMEDA COUNTY HEALTH

COVER PAGE

**Memorandum of Understanding
between
ALAMEDA ALLIANCE FOR HEALTH
and
ALAMEDA COUNTY HEALTH**

This Memorandum of Understanding (“MOU”) is entered into by Alameda Alliance for Health (“MCP”) and Alameda County Health, a Local Government Agency County-based Targeted Case Management Program (“LGA TCM Program”), effective as of July 1, 2025 (Effective Date). LGA TCM Program is a county program that delivers Targeted Case Management (“TCM”) services to limited federally approved target populations. TCM services encompassed in this MOU are distinct from TCM services provided as a component of Specialty Mental Health Services. LGA TCM Program, Alliance, and Alliance’s relevant Subcontractors and/or Downstream Subcontractors are referred to herein as a “Party” and collectively as “Parties.”

WHEREAS, Alliance is required under the Medi-Cal Managed Care Contract, Exhibit A, Attachment III, to enter into this MOU, a binding and enforceable contractual agreement, to ensure that Medi-Cal beneficiaries enrolled, or eligible to enroll, in Alliance and who are or who may be eligible for TCM services encompassed in this MOU as part of a target population in the federally-approved TCM State Plan Amendments (“Members”) are able to access and/or receive services in a coordinated manner from Alliance and LGA TCM Program; and

WHEREAS, the Parties desire to ensure that Members receive services available through LGA TCM Program in a coordinated manner and to provide a process to continuously evaluate the quality of care coordination provided.

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

1. **Definitions.** Capitalized terms have the meaning ascribed by Alliance’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 LGA TCM Program, facilitate quarterly meetings in accordance with Section 9 of this MOU, and ensure Alliance’s compliance with this MOU as described in Section 4 of this MOU. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in Alliance practices.
 - b. “Alliance-TCM Liaison” means Alliance’s designated point of contact responsible for acting as the liaison between Alliance and LGA TCM Program as described in Section 4 of this MOU. The Alliance-TCM Liaison must 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 Alliance Responsible Person and/or Alliance compliance officer as appropriate.

- c. "LGA TCM Program Responsible Person" means the person designated by LGA TCM Program to oversee coordination and communication with Alliance, facilitate quarterly meetings in accordance with Section 9 of this MOU, and ensure LGA TCM Program's compliance with this MOU as described in Section 5 of this MOU. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in LGA TCM Program practices.
- d. "LGA TCM Program Liaison" means LGA TCM Program's designated point of contact responsible for acting as the liaison between Alliance and LGA TCM Program as described in Section 5 of this MOU. The LGA TCM Program 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 LGA TCM Program Responsible Person as appropriate.
- e. "LGA TCM Program Services" means those services provided by LGA TCM Program that meet the requirements set forth in Cal. Code Regs. Tit. 22, Section 51351(a). LGA TCM encompasses a set of activities that assist individuals within an identified target population to access needed medical, social, educational, and other services. LGA TCM consists of four service components: comprehensive assessment and periodic reassessment of an individual's needs, development (and periodic revision) of a specific care plan, referral and related activities, and monitoring and follow-up activities.

2. **Term.** This MOU is in effect as of the Effective Date and continues for a term of three (3) years or as amended in accordance with Section 14.f of this MOU.

3. **Services Covered by This MOU.** This MOU governs the coordination between LGA TCM Program and Alliance for the delivery of care and services for Members who reside in LGA TCM Program's jurisdiction and may be eligible for services provided, made available, or arranged for by LGA TCM Program.

4. **Alliance Obligations.**

- a. **Provision of Covered Services.** Alliance is responsible for authorizing Medically Necessary Covered Services and coordinating care for Members provided by Alliance's Network Providers and other providers of carve-out programs, services, and benefits.

- b. **Oversight Responsibility.** The Sr. Director, Health Care Services, the designated Alliance Responsible Person 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 LGA TCM Program, 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 sufficient staff at Alliance to support compliance with and management of this MOU;
 - iv. Ensure the appropriate levels of Alliance 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 LGA TCM Program 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- TCM Liaison, the point of contact and liaison with LGA TCM Program. The Alliance-TCM Liaison is listed in Exhibit A of this MOU. Alliance must notify LGA TCM Program of any changes to the Alliance-TCM Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within five 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. LGA TCM Program Obligations.

- a. **Provision of Services.** LGA TCM Program is responsible for services that will assist Members in gaining access to needed medical, social, educational, or other services per Title 42 CFR Section 440.169 provided or made available by LGA TCM Program and applicable TCM State Plan Amendments, the TCM Provider Manual, Policy and Procedure Letters, and the Annual Participation Prerequisite (APP) submitted by LGA TCM

Programs to DHCS.

- b. **Oversight Responsibility.** The Supervising Program Specialist, the designated LGA TCM Program Responsible Person, listed in Exhibit B of this MOU, is responsible for overseeing LGA TCM Program's compliance with this MOU. The LGA TCM Program Responsible Person serves, or may designate a person to serve, as the designated LGA TCM Program Liaison, the point of contact and liaison with Alliance. The LGA TCM Program Liaison is listed in Exhibit B of this MOU. LGA TCM Program must notify Alliance of changes to the LGA TCM Program Liaison as soon as reasonably practical but no later than the date of change, except when such prior notification is not possible, in which case, such notice should be provided within five working days of the change.
- c. **Assessments and Care Plans.** LGA TCM Program is responsible for delegating or conducting comprehensive assessments and periodic reassessments for LGA TCM Program-eligible Members, and for the development and revision of LGA TCM Program's Member care plans based on such assessments related to LGA TCM Program Services.
 - i. LGA TCM Program's Member assessments shall determine the need for any medical, educational, social, or other service.
 - ii. Based on the assessment, LGA TCM Program's Member care plans must specify the goals for providing LGA TCM Program's services to the eligible Member, and the services and actions necessary to address the Member's medical, social, educational, or other service needs.
 - iii. LGA TCM Program must share Member care plans for Members receiving LGA TCM Program Services with Alliance upon Alliance's request.
- d. **Additional Requirements.**
 - i. The LGA TCM Program Responsible Person must ensure there is sufficient staff at LGA TCM Program who support compliance with and management of this MOU.
 - ii. LGA TCM Program must develop and implement MOU compliance policies and procedures for LGA TCM Program, including oversight reports and mechanisms to address barriers to care coordination.
 - iii. The LGA TCM Program Responsible Person must ensure training and education regarding MOU provisions are conducted annually for LGA TCM Program's employees, subcontractors, and network providers, as applicable.
 - iv. The LGA TCM Program Liaison must meet MOU compliance requirements, as determined by policies and procedures established by LGA TCM Program, and must report to the LGA TCM Program Responsible Person.

6. Training and Education.

- a. To ensure compliance with this MOU, Alliance must provide training and orientation for its employees who carry out responsibilities under this MOU and, as applicable, for Alliance's 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 these responsibilities as of the Effective Date, Alliance must provide this training within 60 Working Days of the Effective Date. Thereafter, Alliance 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. Alliance must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and LGA TCM Program Services to its Network Providers.
- b. In accordance with health education standards required by the Medi-Cal Managed Care Contract, Alliance must provide Members and Network Providers with educational materials related to accessing Covered Services, including for services provided by LGA TCM Program.
- c. Alliance must provide LGA TCM Program, Members, and Network Providers with training and/or educational materials on how Alliance's Covered Services and any carved-out services may be accessed, including during nonbusiness hours.

d. Additional Requirements

- i. The Parties must together develop training and education resources covering the services provided or arranged for by the Parties. The Parties must share their training and educational materials with each other to ensure the information in their respective training and educational materials includes an accurate set of services provided or arranged for by each Party and is consistent with Alliance and LGA TCM Program policies and procedures, and with clinical practice standards.
- ii. The Parties must develop and share outreach communication materials and develop initiatives to share resources about Alliance and LGA TCM Program with individuals who may be eligible for Alliance's Covered Services and/or LGA TCM Program's Services.
- iii. LGA TCM Program must provide the LGA TCM Program Liaison and LGA TCM Program's service providers with training and educational materials on Alliance's Covered Services to support LGA TCM Program in assisting Members with accessing Alliance's Covered Services.

- 7. Eligibility Screening and Referrals to LGA TCM Program and Alliance.** The Parties must work collaboratively to develop policies and procedures that ensure Members are referred to LGA TCM Program where LGA TCM Program offers services that are more intensive, extensive and specialized than what Alliance offers its Members through Complex Care Management (“CCM”), other care management programs, or Community Supports. Members who meet Enhanced Care Management (“ECM”) Population of Focus (“POF”) criteria, and opt-in, should be enrolled in ECM and may not be enrolled in ECM¹ and LGA TCM Program at the same time (except as described in Section 7.f below).
- a. LGA TCM Program must refer Members, including all Members eligible for ECM, to Alliance for Alliance’s Covered Services, such as ECM, CCM, other care management programs, and any Community Supports that Alliance offers for which Members may qualify.
 - b. The Parties must facilitate referrals to LGA TCM Program for LGA TCM Program-eligible Members who are ineligible for ECM (i.e., do not meet the ECM POF criteria) and who may potentially meet the criteria for LGA TCM Program Services. The Parties must ensure LGA TCM Program has procedures for accepting referrals from Alliance or responding to referrals where LGA TCM Program cannot accept additional Members. Alliance must refer Members using a patient-centered, shared decision-making process.
 - c. To the extent LGA TCM Program or the agency housing the TCM Program is a contracted ECM Provider, Alliance is encouraged to contract with LGA TCM Program or the agency housing the TCM Program as an ECM Provider. If LGA TCM Program is an ECM Provider pursuant to a separate agreement between Alliance and LGA TCM Program for ECM services, this MOU does not govern LGA TCM Program’s provision of ECM services.
 - d. LGA TCM Program may continue providing LGA TCM Program Services to Members who are ineligible for ECM but remain eligible for LGA TCM Program Services.
 - e. Alliance and LGA TCM Program must coordinate to ensure the non-duplication of Member services in LGA TCM Program and CCM, other care management programs and Community Supports as well as ensure the non-duplication of Member enrollment in LGA TCM Program and ECM (except as described in Section 7.f below). Alliance must notify LGA TCM Program of any Members enrolled in CCM, other care management programs, Community Supports, and ECM on a timeline agreed to by both parties.
 - f. During the period from July 1, 2024, through June 30, 2025, Members

¹ CalAIM Enhanced Care Management Policy Guide available at www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx

who are receiving LGA TCM Program Services for (1) addressing a communicable disease or (2) the sole purpose of receiving home visiting programs to support the healthy development and well-being of children and families may be in both ECM and LGA TCM Program. The ECM Provider must remain primarily responsible for the overall coordination across the physical and behavioral health delivery systems and social supports. As of July 1, 2025, Members who fall under one of the two exceptions set forth above and meet ECM POF criteria should be enrolled in ECM and can no longer be enrolled in both ECM and LGA TCM Program Services.

- g. For the small number of Members receiving both LGA TCM Program services and ECM services as of the July 1, 2024, policy change effective date, the Member may (1) choose to remain enrolled in both programs until their care plan goals are achieved, (2) choose to transition care management entirely to their LGA TCM Program, or (3) choose to transition their care management entirely to the ECM Provider. Alliance will remain responsible for ensuring non-duplication of services in these scenarios.
- h. **Closed Loop Referrals.** By July 1, 2025, the Parties must 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,² DHCS All Plan Letter (“APL”) 22- 024, or any subsequent version of the APL, and as set forth by DHCS through an APL or other, similar guidance. The Parties must work collaboratively to develop and implement a process to ensure that Alliance and LGA TCM Program comply with the applicable provisions of closed loop referrals guidance within one hundred twenty (120) 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. **Coordination and Collaboration Between Alliance and LGA TCM Program.**

- a. The Parties must adopt policies and procedures for coordinating Members’ access to care and services that incorporate all the requirements set forth in this MOU.
- b. The Parties must discuss and address care coordination issues for specific Members or barriers to care coordination efforts at least quarterly.
- c. Alliance and LGA TCM Program must have policies and procedures in place to maintain collaboration and to identify strategies to monitor and assess the effectiveness of this MOU.

- d. Alliance must access and review the Monthly Plan Data Feed files in order to identify Members receiving LGA TCM Program Services and to coordinate with LGA TCM Program to ensure non-duplication of services.
- e. For Members receiving LGA TCM Program Services, Alliance must notify the Member's Primary Care Provider ("PCP") that the Member is receiving LGA TCM Program Services and will provide contact information for the Member's PCP, ECM Provider, and any other Alliance case manager to the LGA TCM Program Liaison.
- f. Alliance must provide to the LGA TCM Program Liaison and other LGA TCM Program staff, as provided by the LGA TCM Program Liaison, information (including name and date of birth) on Members receiving LGA TCM Program Services, as applicable, that identifies Members' Medically Necessary social support needs relative to eligibility for LGA TCM Program Services.

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, in order 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, Alliance must 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 Alliance's obligations under the Medi-Cal Managed Care Contract and this MOU.
- c. Alliance must invite the LGA TCM Program Responsible Person and appropriate LGA TCM Program executives to participate in Alliance quarterly meetings to ensure appropriate committee representation, including a local presence, and to discuss and address care coordination and MOU-related issues. Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.
- d. Alliance must report to DHCS updates from quarterly meetings in a manner and at a frequency specified by DHCS.
- e. **Local Representation.** Alliance must participate, as appropriate, in meetings or engagements to which Alliance is invited by LGA TCM Program, such as local county meetings, local community forums, and LGA TCM Program engagements, to collaborate with LGA TCM Program 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. Alliance must document these QI activities in its policies and procedures.

11. Data Sharing and Confidentiality. The Parties must 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. The Parties must share information in compliance with applicable law, which may include the Health Insurance Portability and Accountability Act and its implementing regulations, as amended (“HIPAA”), 42 Code of Federal Regulations Part 2, and other State and federal privacy laws.

a. **Data Exchange.** Alliance must, and LGA TCM Program is encouraged to, 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, which may include behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data; and, if necessary, for obtaining Member consent. 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. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data. For additional information see the CalAIM Data Sharing Authorization Guidance.²

b. **Interoperability.** Alliance 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 that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on Alliance’s website pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h).

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

² CalAIM Data Sharing Authorization Guidance, available at: <https://www.dhcs.ca.gov/dataandstats/Pages/DHCS-Data-Exchange-and-Data-Sharing.aspx>.

mutually between themselves. Alliance must, and LGA TCM Program should, document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, the Parties must continue without delay to carry out all their responsibilities under this MOU, including providing Members with access to services under this MOU, unless this MOU is terminated. If the dispute cannot be resolved within 15 Working Days of initiating such dispute or such other period as may be mutually agreed to by the Parties in writing, either Party may pursue its available legal and equitable remedies under California law.

- b. Disputes between Alliance and LGA TCM Program that cannot be resolved in a good faith attempt between the Parties must be forwarded by Alliance or LGA TCM Program to DHCS. Until the dispute is resolved, the Parties may agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided.
- c. 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 LGA TCM Program who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., LGA TCM Program cannot provide any service, financial aid, or other benefit to an individual that is different, or is provided in a different manner, from that provided to others by LGA TCM Program. This Section 13 does not diminish the responsibility of LGA TCM Program and Alliance to assure adequate administrative capacity, network capacity, and timely services to Members in accordance with existing standards.

14. General.

- a. **MOU Posting.** Alliance must post this executed MOU on its website.
- b. **Documentation Requirements.** Alliance must retain all documents demonstrating compliance with this MOU for at least 10 years as required by the Medi- Cal Managed Care Contract. If DHCS requests a review of any existing MOU, Alliance 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 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, Alliance may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of Alliance's obligations under this MOU. Other than in these circumstances, Alliance cannot delegate the obligations and duties contained in this MOU.
- e. **Annual Review.** Alliance 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 must provide DHCS evidence of the annual review of this MOU as well as copies of any MOU 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, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.
- g. **Termination.** Either Party may terminate this MOU if (1) the Alliance no longer provides services in the LGA TCM Program's jurisdiction or (2) the LGA TCM Program withdraws from the LGA TCM Program. The Parties must provide each other with prior written notice of such termination.
- h. **Governance.** This MOU is governed by and construed in accordance with the laws of the State of California.
- i. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create any relationship between LGA TCM Program 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 LGA TCM Program 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.

- j. **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.
- k. **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.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

ALAMEDA COUNTY HEALTH

DocuSigned by:

E20638BBECB64AD...
signature

Aneeka Chaudhry
Interim Agency Director
1000 San Leandro Boulevard, Suite 300
San Leandro, CA 94577

Date: 7/29/2025

ALAMEDA ALLIANCE FOR HEALTH

DocuSigned by:

B72F5D390D944D8
signature

Matthew Woodruff
Chief Executive Officer
1240 South Loop Road
Alameda, California 94502

Date: 08/07/2025 | 1:56 PM PDT

Tax ID #: 94 - 6000501

NPI #: 1366623316

APPROVED AS TO FORM: DONNA
ZIEGLER

County Counsel for the County of Alameda

Signature: 

Date: 7/29/2025

Name: Raymond Leung

Title: Deputy County Counsel

Exhibits A

Alliance Responsible Person
Name: Allison Lam, MHL, RN- Sr. Director, Health Care Services
Email: allam@alamedaalliance.org
Telephone: 510-995-1010
Fax: 510-244-0963
Alliance- TCM Liaison
Name: Allison Lam, MHL, RN- Sr. Director, Health Care Services
Email: allam@alamedaalliance.org
Telephone: 510-995-1010
Fax: 510-244-0963

Exhibit B

LGA Coordinator (LGA TCM Program Responsible Person)
Name: Argentina Ramirez
Email: Argentina.Ramirez@acgov.org
Telephone: 510-667-7999
Fax: N/A
Supervising Program Specialist
Name: Argentina Ramirez
Email: Argentina.Ramirez@acgov.org
Telephone: 510-667-7999
Fax: N/A

Exhibit C

Data Elements

The Parties agree to utilize the current Business Associate Agreement (BAA) currently in place between both entities. The Parties agree to utilize Alameda County's Social Health Information Exchange (SHIE) for exchanging data elements, when possible. Parties agree to meet to discuss any future movement towards possible utilization of additional data sharing software and resources prior to implementation.

Alliance and LGA TCM Program must share the following data elements:

- a.* Member demographic information;
- b.* Behavioral and physical health information;
- c.* MEDS ID;
- d.* LGA name;
- e.* Program type;
- f.* Encounter number;
- g.* Date of service;
- h.* CIN Number; and
- i.* Known changes in condition that may adversely impact the Member's health and/or welfare and that are relevant to the services.
- j.* Member enrollment in other case management programs (e.g. Complex Care Management (CCM)), including name of assigned case manager