

MOU Annual Reporting Template Instructions

Pursuant to the Behavioral Health Information Notices (BHINs): 23-056, 23-057, 24-016, Behavioral Health Delivery Systems (BHDS) are required to execute a Memorandum of Understanding (MOUs) with the Medi-Cal Managed Care Plans (MCPs) operating in their county, and submit an annual MOU report to the Department of Health Care Services (DHCS) electronically to BHOMDMonitoring@dhcs.ca.gov by the last business day of January.

MOU Annual Report

MOU Quarterly Update tab: The MOU Annual Report must include updates from the quarterly meetings with the MCPs; use one row to document each quarterly meeting. This report is not intended to duplicate the MOU quarterly reports where BHDS demonstrates a good faith effort to execute MOUs.

MOU Annual Review tab: Documents the results of the annual MOU review. Counties should summarize the BHDS's annual review process, including amendments made to the MOU and/or policies and procedures, as well as the outcomes of the review. Counties have the option to document one annual review per row for each MCP or combine the annual reviews of multiple MCPs in a single row.

Do not include Members' Personal Health Information (PHI) or any other confidential information in the report.

Attestation

Pursuant to BHINs: 23-056, 23-057, and 24-016, BHDS and MCPs are required to coordinate medically necessary services, including health-related social services needs, when members are accessing services from the applicable Medi-Cal Delivery Systems. **The County must indicate the number of times BHDS and MCPs have conducted quarterly meetings within the specified year.**

BHDS must attest to completing the Annual Review of the BHDS Quarterly MOU Reporting for the specified year. BHDS must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. Please see the Attestation tab for instructions.

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

MOU Annual Report Update

Column Name	Explanation
County (Column A)	Enter the County Name.
Plan Code (Column B)	Select the plan code from the drop-down list. Use the plan code directory tab for reference. Selecting the Plan Code will automatically populate the associated MCP Plan Name in Column C. MHP/DMC-ODS/DMC that operate in more than one county should report on all counties within one MOU Quarterly Report by reporting separate rows for each applicable plan code.
MCP Plan Name (Column C) (Auto Populates)	This column will be automatically populated with the County when the associated Plan Code is entered into Column B. No action is needed in this column.
MOU Effective Date (Column D)	Enter the effective date of the Executed MOU. The effective date is the date that the MOU went into effect.
Reporting Year (Column E)	Enter the corresponding reporting year for the data reported using the drop down list provided.
Combined MOU (Column F)	Is the MOU a combination of more than one delivery system? Select "Yes" or "No" from the drop-down menu.
MOU Type (Column G)	Select the MOU type from the drop-down list. If the BHDS has executed MOUs with multiple MCPs for the same MOU type, report each on a separate row. List all individual executed MOUs..
Meeting Attendees (Column H)	Provide a list of all attendees including MCP responsible person(s), leadership, and county executives during the quarterly meetings.
MOU Quarterly Updates Tab: (Column I) Topic: Care Coordination	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding care coordination, eligibility, screening, assessment, evaluation, and/or Medical Necessity determination. If any care coordination-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
MOU Annual Review Tab: (Column I) Summary of Annual Review Process	Provide a summary of the annual review activities conducted by the county.
MOU Quarterly Updates Tab: (Column J) Topic: Referrals	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding referrals. If any referral-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
MOU Annual Review Tab: (Column J) Outcome of the Review Process	Provide a summary of the review process.
MOU Quarterly Updates Tab: (Column K) Topic: Dispute Resolution	Describe any significant disputes between the parties that were discussed at the Quarterly Meetings. What was the resolution? If the dispute is still unresolved, what are the next steps towards resolving the matter? If any changes regarding dispute resolution were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
MOU Annual Review Tab: (Column K) MOU Amendment? (Attach supporting documents)	Select "Yes" or "No" from the drop-down menu. If yes, provide copies of any modified or renewed MOUs.
MOU Quarterly Updates Tab: (Column L) Strategies to Avoid Duplication of Services	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding strategies to avoid duplication of services. If any changes regarding duplication of services were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
MOU Annual Review Tab: (Column L) Additional information (Optional)	Provide any additional information the county may have regarding the MOU annual review. Note: Additional information is optional.
Collaboration (Column M)	Describe any discussion at the Quarterly Meetings regarding effective collaboration between the MCP and Other Party, including strengths, barriers, and plans for improvement. If any changes regarding collaboration between BHDSs and MCPs were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.
Member Engagement (Column N)	Describe any discussion at the Quarterly Meetings regarding Member engagement challenges and successes. If any changes regarding Member Engagement were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Alameda	Alameda Alliance for Health	531
	Kaiser Permanente	670
Alpine	Anthem Blue Cross Partnership Plan	385
	Mountain Valley Health Plan	377
Amador	Anthem Blue Cross Partnership Plan	101
	Health Net Community Solutions Inc.	380
	Kaiser Permanente	125
Butte	Partnership Health Plan of California	543
Calaveras	Anthem Blue Cross Partnership Plan	103
	Health Net Community Solutions Inc.	381
Colusa	Partnership Health Plan of California	544
Contra Costa	Contra Costa Health Plan	532
	Kaiser Permanente	671
Del Norte	Partnership Health Plan of California	523
El Dorado	Anthem Blue Cross Partnership Plan	386
	Mountain Valley Health Plan	378
	Kaiser Permanente	387
Fresno	Anthem Blue Cross Partnership Plan	362
	Kaiser Permanente	365
	CalViva Health	315
Glenn	Partnership Health Plan of California	545
Humboldt	Partnership Health Plan of California	517
Imperial	Community Health Plan of Imperial Valley	533
	Kaiser Permanente	672
Inyo	Anthem Blue Cross Partnership Plan	107
	Health Net Community Solutions Inc.	382
Kern	Anthem Blue Cross Partnership Plan	379
	Kaiser Permanente	366
	Kern Family Health Care	303
Kings	Anthem Blue Cross Partnership Plan	363
	Kaiser Permanente	367
	CalViva Health	316
Lake	Partnership Health Plan of California	511
Lassen	Partnership Health Plan of California	518
Los Angeles	Health Net Community Solutions, Inc.	352
	L.A. Care Health Plan	304
	Kaiser Permanente	368
Madera	Anthem Blue Cross Partnership Plan	364
	Kaiser Permanente	369
	CalViva Health	317
Marin	Partnership Health Plan of California	510
	Kaiser Permanente	650
Mariposa	Central California Alliance For Health	554
	Kaiser Permanente	651
Mendocino	Partnership Health Plan of California	512

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Merced	Central California Alliance For Health	514
Modoc	Partnership Health Plan of California	519
Mono	Anthem Blue Cross Partnership Plan	109
	Health Net Community Solutions, Inc.	383
Monterey	Central California Alliance For Health	508
Napa	Partnership Health Plan of California	507
	Kaiser Permanente	652
Nevada	Partnership Health Plan of California	546
Orange	CalOptima Health	506
	Kaiser Permanente	653
Placer-Sierra	Partnership Health Plan of California	547/549
	Kaiser Permanente	662
Plumas	Partnership Health Plan of California	548
Riverside	Molina Healthcare of California	355
	Inland Empire Health Plan	305
	Kaiser Permanente	370
Sacramento	Anthem Blue Cross Partnership Plan	190
	Health Net Community Solutions, Inc.	150
	Kaiser Permanente	191
	Molina Healthcare of California	130
San Benito	Central California Alliance For Health	553
San Bernardino	Molina Healthcare of California	356
	Inland Empire Health Plan	306
	Kaiser Permanente	371
San Diego	Blue Shield of California Promise Health Plan	167
	Molina Healthcare of California	131
	Kaiser Permanente	192
San Francisco	Community Health Group Partnership Plan	29
	Anthem Blue Cross Partnership Plan	343
	Kaiser Permanente	372
San Joaquin	San Francisco Health Plan	307
	Health Net Community Solutions, Inc.	354
	Health Plan San Joaquin	308
San Luis Obispo	Kaiser Permanente	373
	CenCal Health	501
	Health Plan of San Mateo	503
San Mateo	Kaiser Permanente	654
	CenCal Health	502
Santa Barbara	Anthem Blue Cross Partnership Plan	345
	Kaiser Permanente	374
	Santa Clara Family Health Plan	309
Santa Clara	Central California Alliance For Health	505
	Kaiser Permanente	655
Santa Cruz	Partnership Health Plan of California	520
Shasta	Partnership Health Plan of California	520
Siskiyou	Partnership Health Plan of California	521

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

MOU Annual Reporting Attestation

**Attestation for MOU Annual Reporting and Quarterly Reporting
(Attest to all applicable requirements below. If the county is unable to attest to one or more requirements below, provide a reason.)**

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

The MOU with CalOptima Health was posted outside of the 30 day requirement due to operational error. It has been posted since. The MOU with Kaiser Permanente (KP) was posted as required.

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

Both MOU were executed in 2025 and an anniversary of execution has not occurred for either MCP. CalOptima Health was executed on 02/14/2025. The MOU with KP was executed on 10/27/2025.

I hereby attest, **Orange** County held **six** bi-monthly meetings with CalOptima Health in 2025 and one quarterly meeting with KP since MOU execution - the MCPs, and the quarterly meetings are posted on www.Ochealthinfo.com/dmc-ods and www.ochealthinfo.com/mhp County's website.

[Insert a reason if not applicable]

I hereby attest, **Orange** County will post the Annual Report on the County website within 30 calendar days from the due date of the annual report submission to the Department of Health Care Services.

[Insert a reason if not applicable]

On behalf of Orange County, I hereby attest, the Annual MOU Review of the 2025 year is true, accurate, and complete to the best of my knowledge.

Name of Signee	Title	Date	Email Address
Azahar V. Lopez, PsyD, CHC	Assistant Deputy Director, BHS Quality Management Services (QMS)	1/27/2026	AzLopez@ochca.com

KEY:
CY: Calendar Year
MCP: Managed Care Plans