Memorandums of Understanding for

- Targeted Case Management
- Specialty Mental Health

Provider training, 2025

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Prepared by:
L.A. Care Health Plan
Blue Shield of California Promise Health Plan
Anthem Blue Cross

LA7229 0925

Instructions for completing this training

View this document in its entirety and click the **Attestation** button at the end to confirm your completion. This training covers two Memorandums of Understanding (MOUs): Targeted Case Management (TCM) and Specialty Mental Health Services (SMHS)

Click the links below to review specific sections.

- Targeted Case Management MOU Network Provider Training
- Specialty Mental Health Services MOU Network Provider Training
- Key MOU Provisions: TCM and SMHS
- Resources

Welcome and Purpose

Welcome, and thank you for reviewing this provider training material. This training is provided as a self-paced resource to support our Network Providers in understanding the Targeted Case Management (TCM) Memorandum of Understanding (MOU) and the Specialty Mental Health Services (SMHS) MOU.

Purpose of this Training Material:

- To fulfill the requirements outlined in California Department of Health Care Services (DHCS) All Plan Letter (APL) 23-029.
- To clearly define the respective roles and responsibilities of Managed Care Plan (MCP), Plan Partners, and Third-Party Agencies.
- To outline procedures for resolving inter-agency disputes in a timely and collaborative manner.
- To foster effective partnerships with Third-Party Agencies in delivering comprehensive, whole-person care to Medi-Cal members.

Targeted Case Management (TCM) MOU Network Provider Training DHCS APL 23-029

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What is Targeted Case Management (TCM)?

Targeted Case Management (TCM) is a Medi-Cal benefit designed to help eligible members, particularly those in vulnerable or high-risk populations, gain access to a broad range of necessary medical, social, educational, and other supportive services. These services are intended to address the whole person, not just isolated health conditions.

TCM includes personalized case management and coordination activities that:

- Assist members in navigating complex health and social service systems.
- Connect members with appropriate service providers.
- Support ongoing follow-up and monitoring to ensure services meet the member's evolving needs.

Key Features of TCM (*see subsequent slides for details*):

1. Target Populations Served
2. Core Service Components
3. Who Provides TCM Services

Key Features of TCM

- TCM Program Overview: https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM_FactSheet_01212016.pdf
- TCM Program Description: https://www.dhcs.ca.gov/provgovpart/Documents/Section-2-Program-Descriptions.pdf

Target Populations

TCM supports Medi-Cal eligible individuals who face increased health and social risks. Eligible populations include:

- Children under the age of 21
- Medically fragile individuals
- Individuals at risk of institutionalization
- Individuals in jeopardy of negative health or psycho-social outcomes
- Individuals with a communicable disease

Core Service Components

TCM services must include at least one of the following during an encounter:

- Comprehensive assessment and periodic reassessment
- Development and periodic revision of a personalized care plan
- Referral to services and coordination across systems
- Monitoring and follow-up to ensure service effectiveness

Key Features of TCM: Who Provides TCM Services

In Los Angeles County, TCM services are delivered by:

- County of Los Angeles, Department of Public Health
- The City of Long Beach, Department of Health and Human Services

These Third-Party Agencies or Local Governmental Agencies (LGAs) coordinate with MCP and Plan Partners to ensure services are delivered appropriately and without duplication.

Other Parties to the TCM MOU

In addition to the Local Governmental Agencies (LGAs) who administer TCM services, the following Managed Care Plan and Plan Partners are parties to the TCM MOU:

- Managed Care Plan (MCP):
  - L.A. Care Health Plan
    (Local Initiative Health Authority of Los Angeles County)
- Plan Partners:
  - Blue Shield of California Promise Health Plan (Blue Shield Promise)
    (Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association)
  - Anthem Blue Cross (Blue Cross of California)
    (Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. Anthem is a registered trademark of Anthem Insurance Companies, Inc.)

These entities collaborate with the LGAs to:

- Coordinate care for Medi-Cal Members
- Authorize Covered Services
- Support program oversight and compliance
- Ensure non-duplication of services across programs

Overview: Key Provisions and Requirements of the TCM MOU

The TCM MOU establishes the foundational requirements for coordination between MCP, Plan Partners, and LGAs. These provisions are intended to ensure that Medi-Cal members receive coordinated, non-duplicative, and timely services.

Key MOU Provisions include (*details of each provision are provided in the subsequent slides, and in the Key MOU Provisions section*):

- Designated Points of Contact
- Training and Education
- Referral Pathways and Non-Duplication of Services
- Coordination and Collaboration
- Quarterly Meetings and Local Engagement
- Quality Improvement Activities
- Dispute Resolution Procedures
- Compliance, Documentation, and Reporting

These requirements, mandated under APL 23-029, must be reviewed annually by all parties to the MOU.

Key MOU Provisions: Designated Points of Contact

As required under the MOU, each party must designate individuals responsible for the successful implementation, oversight, and day-to-day coordination of TCM services. These roles ensure accountability, continuity, and effective communication across entities.

Designated Roles:

- MCP & Plan Partners Responsible Person: Oversees MOU compliance and strategic coordination
- MCP & Plan Partners TCM Liaison: Serves as operational point of contact for referrals and care coordination
- LGA TCM Responsible Person: Provides oversight of LGA TCM Program operations and compliance.
- LGA TCM Liaison: Coordinates with MCP and Plan Partners on referrals, communication, and case management

Key MOU Provisions: Training and Education

To ensure effective coordination and compliance, the MOU requires all parties, including MCP, Plan Partners, and LGAs, to provide training and education on TCM Program expectations.

Training and education must:

- Be provided to employees, Network Providers, and Downstream Subcontractors responsible for implementing the MOU.
- Be conducted within **60 working days of the MOU effective date**, and **prior to any new staff or subcontractor** performing MOU-related duties.
- Be conducted **at least annually** for all applicable Network Providers, or individuals thereafter.

TCM MOU Effective Date:

Local Governmental Agency	Effective Date
County of Los Angeles, Department of Public Health	November 1, 2025
The City of Long Beach, Department of Health and Human Services	September 10, 2025

Key MOU Provisions: Referrals and Non-Duplication of Services

The MOU requires a structured referral process to ensure members are connected to the most appropriate care management program without overlap.

Key requirements:

- MCPs must refer members to LGA TCM if services are more specialized than what the MCP provides.
- LGAs must refer members back to MCPs for Enhanced Care Management (ECM), Complex Care Management (CCM), and Community Supports (CS).
- **Dual enrollment in ECM and TCM is prohibited** as of July 1, 2025, except for limited exceptions (e.g., communicable disease or home visiting programs).
- Closed-loop referral tracking must be implemented by July 1, 2025.

Referral Forms (see next slide):
Referrals to TCM services must use, or be supported by, standardized forms required by LGAs. These forms ensure consistency and help facilitate coordinated care.

The parties must ensure referrals are tracked, monitored, and coordinated using shared decision-making approaches.

These are the LGA's general referral forms used for all applicable programs, including the TCM Program. Right click on the referral forms below to open as a PDF.

Los Angeles County Home Visiting Programs Confidential Referral Form

County of Los Angeles Public Health

Email completed form to: (encrypted) HomeVisit@ph.lacounty.gov OR
call 1-800-427-8700 (press #4, option #2), 213-639-6478 for assistance to complete form.

Referrals are accepted for any pregnant and/or parenting individuals who meet at least one criterion in the "Circumstances Needing Support" box below:

- ☐ Receiving CalWORKs
- ☐ Pregnant, if so EDD: _____
- ☐ First-time Pregnancy
- ☐ Parenting a child(ren) ages 0-kindergarten age. If so, child(ren)'s ages:
  Child 1 DOB: _____ Child 2 DOB: _____

OPTIONAL: HV Model preference, if eligible:

- ☐ Healthy Families America (HFA)
- ☐ Nurse-Family Partnership (NFP)
- ☐ Parents As Teachers (PAT)

Is there any circumstance that qualifies referral for Doula Support Service? ☐ Yes ☐ No

Date: _____ Person making referral: _____ Title: _____

Is pregnancy **CONFIDENTIAL**: ☐ Yes ☐ No Agency Name: _____

Email Address: _____ Phone: _____ Cell Phone: _____

Name of Client: _____ Date of Birth: _____ Email Address: _____

Home Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Other: _____

Preferred Language: _____ Race/Ethnicity: (Blank) English Speaking? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No

Receiving Medi-Cal (MC): ☐ Yes ☐ No MC# _____ If no, is client Medi-Cal eligible? ☐ Yes ☐ No

Circumstances Needing Support: (Current OR History – Check ALL that apply)

☐ Mental health condition/diagnosis	☐ Medical diagnosis/complexity	☐ 19 years old or younger
☐ Maternal depression/anxiety	☐ Housing instability	☐ Foster care system
☐ Involvement with DCFS	☐ Exposed to trauma/violence/abuse	☐ Stressed Family
☐ Substance use	☐ Less than HS education or GED	☐ No Support System
☐ Entry into juvenile justice system	☐ Previous pre-term birth (Less than 37 weeks)	☐ IPV/DV
☐ Entry into criminal justice system	☐ Previous low birthweight baby (Less than 5lb, 8oz)	
☐ Adult and/or children with support needs: Pls. Specify: _____	☐ Unsafe physical living conditions: Pls. Specify: _____	☐ Other: _____

RELEASE AUTHORIZATION

I give permission to representatives of Los Angeles County Department of Public Health (LAC DPH), Division of Maternal, Child, and Adolescent Health (MCAH) and its contracted home visiting agencies to contact me regarding enrollment into one of its home visiting programs. I have been informed and do understand that LAC DPH representatives, its contracted home visiting agencies, and/or their contracted data administrators may use information on this form solely to determine prospective eligibility for services and assist in quality improvement and assurance of services provided through this referral process. I further understand that the data will be kept securely for seven (7) years, in compliance of HIPAA guidelines, whether I accept or decline services.

I have also been informed that should I have questions related to this release authorization and/or LAC DPH's policies relating to data safety, I may contact HomeVisit@ph.lacounty.gov or call at 213-639-6478. LAC DPH privacy practices can be reviewed at publichealth.lacounty.gov/docs/noticeofprivacy-eng.pdf.

Client consented to be referred to home visiting programs. Signature: _____ or ☐ Verbal

Comments: _____

LAC DPH Home Visitation Programs
Main Office: MCAH, 600 S. Commonwealth Ave. Suite 800, Los Angeles, CA 90005
Phone: (213) 639-6478

Revised Form (6/2024)
Please discard old forms

Clear Form

CONFIDENTIAL REFERRAL FORM

Public Health Nursing

LONG BEACH HEALTH & HUMAN SERVICES

LANGUAGE:

Primary Contact information (Individual, Parent or Guardian):

FIRST AND LAST NAME:		DATE OF BIRTH:
ADDRESS:	CITY:	ZIP:
PHONE:	EMAIL:	
ETHNICITY:	HEALTH INSURANCE INFO: (MEDI-CAL, MEDICARE, OR PRIVATE INS.)	PRIMARY CARE PROVIDER/MEDICAL HOME INFO:

Referring Agency:

AGENCY NAME:		REFERRAL DATE:
CONTACT PERSON:	EMAIL:	PHONE:

Child or Children being referred:

FIRST AND LAST NAME:	DATE OF BIRTH:	MEDI-CAL BIC/SSN
FIRST AND LAST NAME:	DATE OF BIRTH:	MEDI-CAL BIC/SSN
FIRST AND LAST NAME:	DATE OF BIRTH:	MEDI-CAL BIC/SSN

THIS FAMILY/INDIVIDUAL HAS ALSO BEEN REFERRED TO THE FOLLOWING:
(E.G. DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS), ADULT PROTECTION SERVICES (APS), ENVIRONMENTAL HEALTH)

AGENCY	CONTACT PERSON	PHONE:
AGENCY	CONTACT PERSON	PHONE:

REASON(S) FOR PUBLIC HEALTH NURSE (PHN) REFERRAL:
(DETAILS NEEDED, PLEASE INCLUDE: MEDICAL/HEALTH ISSUES, MENTAL HEALTH ISSUES, MEDICATION, PSYCH/SOCIAL ISSUES) ATTACH ADDITIONAL PAGE IF NECESSARY

FAX THE REFERRAL FORM TO: **562-570-4099**

FOR QUESTIONS OR CONCERNS PLEASE CALL:
Eileen Margolis, PHN Supervisor at 562-570-4272 OR EMAIL: Eileen.Margolis@longbeach.gov

FOR OFFICE USE ONLY

RECORD NUMBER:	REFERRAL TAKEN BY:
ASSIGNED PHN:	DATE:

Key MOU Provisions, TCM: Coordination and Collaboration

The MOU outlines expectations for coordinated care service delivery across systems. MCP/Plan Partners and LGAs must jointly manage member's care to promote whole-person, culturally appropriate support.

Requirements include:

- Regular communication on member status and care plans.
- Joint protocols for coordinating access to services.
- Use of State All-Payer Claims Database-Common Data Layout (APCD-CDL) files to identify members enrolled in TCM.
- Notification to the member's PCP and case managers on TCM enrollment.

Ongoing collaboration ensures services are not duplicated and care is both effective and aligned.

Key MOU Provisions: Quality Improvement (QI)

The MOU requires the development of targeted QI activities to monitor, evaluate, and improve service coordination under the MOU.

QI activities must:

- Prevent service duplication.
- Track key metrics such as referrals, member engagement, and service utilization.
- Be documented in MCP/Plan Partners and LGAs internal policies and procedures.
- Align with performance measures and clinical standards.

Parties are expected to use these metrics to inform operational improvements and ensure program effectiveness.

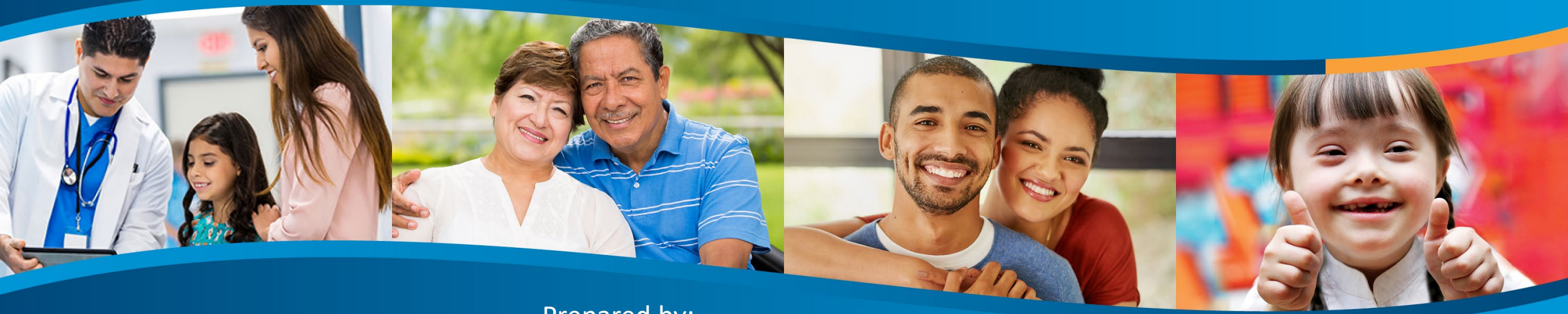
Key Takeaways

As a Network Provider, your partnership is essential to ensuring that Medi-Cal members receive coordinated, high-quality care under the TCM MOU. Below are the key points to remember:

- ✅ **Understand the MOU's Purpose:** It formalizes coordination between MCP, Plan Partners, and LGAs to support whole-person care and avoid service duplication.
- ✅ **Know Your Role in TCM:** You may be involved in referrals, supporting care plans, or working alongside TCM case managers to ensure smooth care transitions.
- ✅ **Refer Members Appropriately:** Use the LGA TCM Program for non-medical or community-based needs that require face-to-face case management. Refer to MCP-led programs like ECM, CCM, or Community Supports for medical care management needs.
- ✅ **Avoid Duplication**: As of July 1, 2025, members cannot be enrolled in both ECM and TCM (with limited exceptions).
- ✅ **Know Who to Contact:** If you have questions about referrals, coordination, or responsibilities, **contact the MCP or Plan Partner you are contracted with for the specific member assignment.** They will connect you to the appropriate TCM liaison or responsible person.
- ✅ **Stay Informed:** Training must be reviewed annually, and updated guidance will be shared as needed to maintain compliance with the MOU.

Your active engagement ensures aligned, effective care across programs and supports the well-being of Medi-Cal members.

Specialty Mental Health Services (SMHS) MOU Network Provider Training DHCS APL 23-029



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Two Pathways of Mental Health Services in Medi-Cal

The Medi-Cal Program organizes mental health services into two pathways: **Specialty Mental Health Services (SMHS)** and **Non-Specialty Mental Health Services (NSMHS)**. SMHS is designed for individuals with more severe or complex needs, while NSMHS supports those with mild to moderate conditions. Understanding these differences is essential to meeting the Memorandum of Understanding (MOU) requirements and ensuring members receive the right care at the right level.

SMHS vs. NSMHS - Overview of Services and Coordination Differences

Category	Specialty Mental Health Services (SMHS)	Non-Specialty Mental Health Services (NSMHS)
Provider	County Mental Health Plan (DMH, contractors)	Medi-Cal Managed Care Plans (MCPs) and their provider networks
Population	Serious mental illness, serious emotional disturbance	Mild to moderate mental health conditions (depression, anxiety)
Services	Intensive outpatient, crisis intervention, inpatient psych, case management, day rehab	Therapy (individual/group), medication management, psych testing
Coordination	Led by County Mental Health Plan, intensive cross-system case management High-intensity needs, frequent coordination with crisis and hospital services	Led by MCPs, integrated with primary care and behavioral health providers Lower-intensity needs, outpatient focused

Network Providers may refer members to MCP and Plan Partners for NSMHS using the contact information provided below:

L.A. Care's vendor for NSMHS: Carelon Behavioral Health (877) 344-2858 www.CarelonBehavioralHealth.com	Blue Shield Promise Customer Call Center: (800) 605-2556 Blue Shield Promise Behavioral Health: (855) 765-9701 Behavioral Health website: https://www.blueshieldca.com/en/bsp/medi-cal-members/benefits/behavioral-health-services	Anthem Customer Call Center: (888) 285-7801 Anthem Behavior Health Intake: (800) 407-4627

Specialty Mental Health Services (SMHS)

Medi-Cal eligible members who meet the criteria for Specialty Mental Health Services (SMHS) can access mental health services through the **Los Angeles County, Department of Mental Health (DMH),** the designated Mental Health Plan (MHP) in Los Angeles County. Services can include:

Adult Residential Treatment Services	Crisis Interventional Services
Crisis Residential Treatment Services	Crisis Stabilization Services
Day Rehabilitation	Day Treatment Intensive Services – Intensive Outpatient (IOP)
Medication Support Services	Mental Health Services
Mobile Crisis Services	Peer Support Services
Psychiatric Health Facility Services	Psychiatric Inpatient Hospital Services
Targeted Case Management	
Additional Services for members under 21:	Intensive Home-Based Services
	Intensive Care Coordination
	Therapeutic Behavioral Services

ACCESS line: (800) 854-7771

Available 24 hours a day, 7 days a week, including holidays

https://dmh.lacounty.gov/

Parties to the SMHS MOU

In addition to Los Angeles County, Department of Mental Health (DMH), who administer the Specialty Mental Health Services (SMHS) in Los Angeles County as the designated Mental Health Plan, the following Managed Care Plan and Plan Partners are parties to the SMHS MOU:

- Managed Care Plan (MCP):
  - L.A. Care Health Plan
    (Local Initiative Health Authority of Los Angeles County)
- Plan Partners:
  - Blue Shield of California Promise Health Plan (Blue Shield Promise)
    (Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association)
  - Anthem Blue Cross (Blue Cross of California)
    (Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. Anthem is a registered trademark of Anthem Insurance Companies, Inc.)

These entities collaborate with DMH to:

- Coordinate care for Medi-Cal Members
- Authorize Covered Services
- Support program oversight and compliance
- Ensure non-duplication of services across programs

Key Provisions and Requirements of the SMHS MOU

The SMHS MOU establishes the foundational requirements for coordination between MCP, Plan Partners, and DMH. These provisions are intended to ensure that Medi-Cal members receive coordinated, non-duplicative, and timely services.

Key MOU Provisions include (*details of each provision are provided in the subsequent slides and in the Key MOU Provisions section*):

- Designated Points of Contact
- Training and Education
- Care Coordination and Collaboration
- Quarterly Meetings and Local Engagement
- Quality Improvement Activities
- Data Sharing and Confidentiality
- Dispute Resolution Procedures
- Compliance, Documentation, and Reporting

These requirements are mandated under APL 23-029 and must be reviewed annually by all parties to the MOU.

Key MOU Provision: Designated Points of Contact

As required under the MOU, each party must designate individuals responsible for the successful implementation, oversight, and day-to-day coordination of SMHS. These roles ensure accountability, continuity, and effective communication across entities.

Designated Roles:

- MCP & Plan Partners Responsible Person: Oversees MOU compliance and strategic coordination
  - L.A. Care - Behavioral Health Services Department
  - Blue Shield Promise – Director, Behavioral Health; Program Manager, Behavioral Health
  - Anthem Blue Cross - Director, Program Management
- MCP & Plan Partners SMHS Liaison: Serves as operational point of contact for referrals and care coordination
  - L.A. Care - Behavioral Health Services Department
  - Blue Shield Promise – Director, Behavioral Health; Program Manager, Behavioral Health
  - Anthem Blue Cross - Program Director
- DMH SMHS Responsible Person: Provides oversight of DMH SMHS Program operations and compliance.
- DMH SMHS Liaison: Coordinates with MCP and Plan Partners on referrals, communication, and case management

Key MOU Provision: Training and Education

To ensure effective coordination and compliance, the MOU requires all parties, including MCP, Plan Partners, and DMH, to provide training and education on SMHS Program expectations.

Training and education must:

- Be provided to employees, Network Providers, and Downstream Subcontractors responsible for implementing the MOU.
- Be conducted within **60 working days of the MOU the effective date**, and **prior to any new staff or subcontractor** performing MOU-related duties.
- Be conducted **at least annually** for all applicable Network Providers, or individuals thereafter.

SMHS MOU Effective Date:

County Behavioral Health Department	Effective Date
Los Angeles County, Department of Mental Health	September 1, 2025

Key MOU Provision: Care Coordination and Collaboration

Care coordination activities between MCP, Plan Partners and DMH will include, but is not limited to:

- Individual issues and/or barriers to Member's access to care
- Inpatient and outpatient medical and mental health care
- Any Medically Necessary services for Members
  - Connection to Primary Care Providers
  - Transportation services
  - Home Health services
- Collaborative treatment planning and coordination activities:
  - Services that are concurrent need to be coordinated
  - Services can NOT be duplicative
  - Ensure care is clinically appropriate
  - Considers member's therapeutic relationships
  - Involving member, caregivers and providers in care program

Key MOU Provision: Quality Improvement (QI)

The MOU requires the development of targeted QI activities to monitor, evaluate, and improve service coordination under the MOU.

QI activities must:

- Prevent service duplication.
- Track key metrics such as referrals, member engagement, and service utilization.
- Be documented in MCP/Plan Partners and DMH internal policies and procedures.
- Align with performance measures and clinical standards.

Parties are expected to use these metrics to inform operational improvements and ensure program effectiveness.

Key Takeaways

As a Network Provider, your partnership and active engagement is essential to ensuring that Medi-Cal members receive coordinated, high-quality care to support their well-being. Below are the key points to remember:

✅ **Understand the MOU's Purpose:** It formalizes coordination between MCP, Plan Partners, and MHP to support whole-person care and avoid service duplication.
✅ **Know Your Role in SMHS:** You may be involved in referrals, supporting care plans.
✅ **Avoid Duplication of Services**: If connected to services, encourage continued care with current provider to avoid duplication.
✅ **Refer Members Appropriately:** Refer to MCP-led programs like ECM, CCM, or Community Supports for medical care management needs.
✅ **Know Who to Contact:** If you have questions about referrals, coordination, or responsibilities, contact L.A. Care or the Plan Partner you are contracted with for the specific member assignment. They will connect you to the appropriate Liaison.
✅**Stay Informed:** Training must be reviewed annually, and updated guidance will be shared as needed to maintain compliance with the MOU.

Key MOU Provisions: TCM and SMHS

Key MOU Provisions, TCM and SMHS: Quarterly Meetings and Local Engagement

MCP, Plan Partners, and LGAs must convene **at least quarterly** to review MOU implementation, share insights, and resolve coordination issues.

Quarterly Meetings must:

- Address care coordination challenges and successes.
- Review QI activities and outcome trends.
- Include local representation from each party.
- Allow participation by subcontractors and network providers as needed.

MCP must post the meeting date and time within **30 working days** on its website at: https://www.lacare.org/memorandums-of-understanding, and report updates to DHCS.

Key MOU Provisions, TCM and SMHS: Data Sharing and Confidentiality

To support referrals and coordination of care, the MOU requires secure and timely exchange of only the **minimum necessary** member data.

Data sharing must comply with **HIPAA**, **42 CFR Part 2**, and **State** privacy laws.

Requirements for Targeted Case Management:

- Parties must establish and maintain written procedures for data sharing, access, and security.
- MCP/Plan Partners must provide interoperability tools (e.g., public provider directory).
- The MOU outlines required data elements, which must be reviewed annually.
- Secured data exchange is fundamental to effective cross-agency care coordination.

File Exchange Process for Specialty Mental Health Services:

- L.A. Care and DMH have a weekly file exchange process that contains information about which members are accessing services through DMH
- L.A. Care shares member match files with the appropriate Plan Partners based on assigned membership
- L.A. Care shares this information with PPGs and PCPs to facilitate care coordination amongst behavioral and physical health care providers

Key MOU Provisions, TCM and SMHS: Dispute Resolution

When disagreements arise between parties on service responsibilities or coordination, the MOU outlines a structured dispute resolution process.

Written policies must document these procedures, and all steps should be logged for compliance.

For Targeted Case Management, steps include:

- Parties must first attempt to resolve issues internally within **30 working days**.
- If unresolved, escalate to executive leadership and then to **DHCS within 90 calendar days**.
- While the dispute is pending, all parties must continue fulfilling their obligations under the MOU to avoid service disruption.

For Specialty Mental Health Services, steps include:

- Parties must first attempt to resolve issues internally within **15 working days**.
- If unresolved, escalate to executive leadership and then to **DHCS within 3 working days**.
- While the dispute is pending, all parties must continue fulfilling their obligations under the MOU to avoid service disruption.

Key MOU Provisions, TCM and SMHS: Compliance and Reporting

Each party is responsible for maintaining documentation and ensuring full compliance with MOU obligations.

Key requirements:

- Maintain training records, meeting summaries, and MOU documentation for **at least 10 years**.
- MCP must post the fully executed MOUs on its website at: https://www.lacare.org/memorandums-of-understanding
- MCP must submit an **Annual MOU Report** to DHCS, including any amendments or updates.
- All parties must participate in the annual MOU review process to determine if the MOU should be amended, renewed, or replaced.

Timely documentation and review are essential for regulatory alignment and accountability.

Resources

We are here to help!

If you require assistance with the County Mental Health Plan or the Drug Medi-Cal Organized Delivery System, please contact your Blue Shield of California Promise Health Plan liaison by emailing: BSC_BHQI@BLUESHIELDCA.COM. Ensure that all emails are sent securely when submitting Protected Health Information (PHI).

Resources: Helpful Links to Support TCM and SMHS Implementation & Compliance

- **DHCS APL 23-029:** https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf
- **DHCS TCM Program Overview:** https://www.dhcs.ca.gov/provgovpart/Documents/Section-2-Program-Descriptions.pdf
- **DHCS TCM Program Description:** https://www.dhcs.ca.gov/provgovpart/Documents/Section-2-Program-Descriptions.pdf
- **CalAIM Enhanced Care Management Policy Guide:** https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx
- **L.A. Care Health Plan**
  - **Community Supports Reference Guide:** https://www.lacare.org/sites/default/files/la6282_comm_supports_reference_guide_202410_0.pdf
  - **MOU Information Hub:** https://www.lacare.org/memorandums-of-understanding
  - **Universal Provider Manual:** https://www.lacare.org/sites/default/
- **Blue Shield Promise**
  - **Provider Manual:** Blue Shield Promise Provider Manual
  - **Behavioral Health Services Benefits:** Behavioral Health Services | Blue Shield of CA Promise Health Plan
  - **Community Support Benefits:** Community Supports Eligibility | Blue Shield of CA Promise
  - **Enhanced Care Management Benefits:** Enhanced Care Management | Blue Shield of CA Promise Health Plan
  - **Community Resources:** Blue Shield Promise Community Resources
- **Anthem Blue Cross**
  - **Provider Manual:** https://providers.anthem.com/docs/gpp/california-provider/CA_CAID_ProviderManual.pdf?v=202507162019
  - **Community Resources:** https://mss.anthem.com/california-medicaid/get-help/community.html

Training Attestation

We sincerely appreciate your time, attention and ongoing collaboration. Your partnership is vital to the success of this program and the quality of care we provide together.

Click the link below to record your completion of this training and receive credit.

ATTESTATION