

ADDENDUM TO COORDINATION OF SERVICES MENTAL HEALTH MEMORANDUM OF UNDERSTANDING

This Addendum is an addendum to the signed Memorandum of Understanding (MOU) Agreement number 28234 between County of Tulare Department of Behavioral Health (hereinafter referred to as COUNTY) and Health Net Community Solutions, Inc. (hereinafter referred to as Health Net). The purpose of the Addendum is to describe the responsibilities of the COUNTY and Health Net for coordination of Medi-Cal alcohol and other drug services for Plan Members served by both parties under the Department of Health Care Services (DHCS) Medi-Cal Managed Care Program.

This Addendum delineates the specific roles and responsibilities by Health Net and COUNTY for screening, referral, coordination and delivery of alcohol and other drug services for Health Net Medi-Cal beneficiaries (sometimes referred to herein as "Members"), who meet the medical necessity criteria for Medi-Cal services and identified by DHCS as a Medi-Cal Managed Care Health Plan benefit. MHSUDS Information Notice No: 16-005 has been used as the reference for the required elements in the Addendum. All references in this addendum to "Members" are limited to individuals assigned to or enrolled in the Health Net health plan.

BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursue a positive transformation of the Medi-Cal system.

On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS). Critical elements include:

- Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services
- Increased local control and accountability
- Greater administrative oversight
- Creation of utilization controls to improve care and efficient use of resources
- Evidence based practices in substance use disorder treatment
- Integrate care with mental health and physical health

TERMS

The MOU, as modified by this Addendum, constitutes the entire understanding and obligation of each of the parties' specific roles and responsibilities. This Addendum shall commence on January 1, 2019, and all other terms of the MOU remain in effect.

OVERSIGHT RESPONSIBILITIES OF HEALTH NET AND COUNTY

1. Health Net has responsibility to work with the COUNTY to ensure that oversight is coordinated and comprehensive and that the Member's healthcare is at the center of all oversight. Specific processes and procedures will be developed cooperatively with COUNTY, as well as any actions required to identify and resolve any issues or problems that arise.
2. The COUNTY will serve as the entity that will be responsible for program oversight, quality improvement, problem and dispute resolution, and ongoing management of the Addendum to the existing MOU.
3. Health Net and COUNTY will formulate a multidisciplinary clinical team oversight process for clinical operations: screening, assessment, referrals, care management, care coordination, and exchange of medical information. Health Net and COUNTY will determine the final composition of the multidisciplinary teams to conduct this oversight function.
4. Health Net and the COUNTY will designate as appropriate and when possible the same staff to conduct tasks associated within the oversight and multidisciplinary clinical teams.

SPECIFIC ROLES AND RESPONSIBILITIES

A. Screening, Assessment and Referral

1. Determination of Medical Necessity
 - a. The COUNTY will follow the medical necessity criteria outlined for the Drug Medi-Cal Organized Delivery System described in the 1115 Waiver Standard Terms and Conditions. DMC-ODS shall be available as a Medi-Cal benefit for Members who meet the medical necessity criteria and reside in a county in which Health Net is contracted with DHCS that opts into the Pilot program.
 - b. Health Net will be responsible for determining medical necessity as it relates to covered health care benefits, as outlined in 22 CCR51303(a) and its contract with DHCS.
2. Assessment Process
 - a. Health Net and COUNTY shall develop and agree to written policies and procedures regarding agreed-upon screening, assessment and referral processes.

- b. Health Net and COUNTY will distribute to the community and to their provider's information regarding the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, medical necessity for SUD treatment, and the continuum of care for referral purposes.
- c. Health Net providers will ensure a substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services for Members, is available.

3. Referrals

- a. Health Net and COUNTY shall develop and agree to written policies and procedures regarding referral processes and tracking of referrals, including the following:
 - i. The COUNTY will accept referrals of Members from Health Net staff, providers and Members' self-referral for determination of medical necessity for alcohol and other drug services.
 - ii. Health Net will accept referrals of Members from COUNTY staff, providers and Members' self-referral for physical health services, including Medically Monitored Intensive Inpatient Services (ASAM level 3.7) and Medically Managed Intensive Inpatient Services (ASAM level 4.0) as needed. Level 3.7 includes 24-hour nursing care with physician availability, and Level 4.0 includes 24- hour nursing care and daily physician care with counselor availability to engage in treatment.

B. Care Coordination

1. Health Net and COUNTY will develop and agree to policies and procedures for coordinating health care for Members enrolled in Health Net and receiving alcohol and other drug services through COUNTY.
2. An identified point of contact from each party to serve as a liaison and initiate, provide, and maintain the coordination of care as mutually agreed upon in Health Net and COUNTY protocols.
3. Coordination of care for alcohol and other drug treatment provided by COUNTY shall occur in accordance with all applicable federal, state and local regulations. A process for shared development of care plans by the beneficiary, caregivers and all providers and collaborative treatment planning activities will be developed to ensure clinical integration between DMC-ODS and managed care providers.
4. Health Net and COUNTY will promote availability of clinical consultation for Members Health Net and clients of COUNTY receiving physical health, mental health and/or SUD services, including consultation on medications when appropriate.
5. The delineation of case management responsibilities will be outlined.
6. Regular meetings to review referral, care coordination, and information exchange protocols and processes will occur with COUNTY and Health Net representatives.

C. Information Exchange

Health Net and COUNTY will develop and agree to information sharing policies and procedures and agreed upon roles and responsibilities for timely sharing of protected health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3) and other pertinent state and federal laws and regulations, including the Health Insurance Portability and Accountability Act, Title 22 and 42 CFR part 2, governing the confidentiality of mental health, alcohol and drug treatment information.

D. Reporting and Quality Improvement Requirements

Health Net and COUNTY will have policies and procedures to address quality improvement requirements and reports.

1. Hold regular meetings, as agreed upon by Health Net and COUNTY, to review the referral and care coordination process and monitor Member engagement and utilization.

E. Dispute Resolution Process

At this time, Health Net and COUNTY agree to follow the resolution of dispute process in accordance to Title 9, Section 1850.505, and the contract between the Medi-Cal Managed Care Plans and the State Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS). A dispute will not delay Member access to medically necessary covered services.

F. Telephone Access

The COUNTY must ensure that Members will be able to access services for routine, urgent or emergency services 24 hours per day, 7 days a week.

Referrals may come from primary care physicians, providers, Health Net staff, County Departments, and self-referral by calling the COUNTY's Beneficiary Access Line toll free number that will be available 24 hours per day, 7 days a week for service access, service authorization and referral.

G. Provider and Member Education

Health Net and COUNTY shall determine the requirements for coordination of Member and provider information about access to Health Net and COUNTY covered services to increase navigation support for beneficiaries and their caregivers.

H. Point of Contact for the MOU Addendum

The Point of Contact for the MOU Addendum will be a designated liaison from both COUNTY and Health Net.

IN WITNESS TO WHICH, each party to this Agreement has signed this Agreement upon the date indicated, and agrees for itself, its employees, officers, partners, and successors, to be fully bound by all terms and conditions of this Agreement.

APPROVED AS TO CONTENT:
County Counsel

COUNTY OF TULARE
Board of Supervisors

By: _____
Deputy

By: _____
Chairman
"County"

Date: _____

Date: _____

APPROVED AS TO FORM:
HEALTH NET COMMUNITY SOLUTIONS, INC.
Office of the County Counsel

By: _____
Gurujodha Khalsa
Chief Deputy

By: Abbie A. Totten
Abbie A. Totten
Medi-Cal Program Officer
"Contractor"

Date: _____

Date: 1/30/19

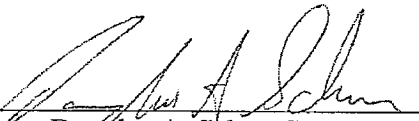
APPROVE AS TO FORM:
COUNTY COUNSEL
BY Er Sun
DEPUTY 20181548

CERTIFICATE OF SECRETARY

The undersigned, DOUGLAS A. SCHUR, does hereby certify that he is the Secretary of Health Net Community Solutions, Inc., a California corporation (the "Corporation"), and further certifies that the attached resolution is a true and correct copy of certain resolutions (the "Resolutions") adopted by the Board of Directors of the Corporation at its meeting held on December 11, 2018 and that such Resolutions are in full force and effect and have not been rescinded or amended by any subsequent action.

Executed this 14 day of January, 2019, in Woodland Hills, California.

HEALTH NET COMMUNITY SOLUTIONS, INC.

By 
Douglas A. Schur, Secretary

RESOLUTION

RE

APPOINTMENT OF OFFICER

December 11, 2018

WHEREAS, Article IV, Section 1 of the Bylaws permits the Board to appoint the officers of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that the following person be, and hereby is, appointed as an officer of the Corporation effective immediately, to serve in the capacity indicated below until her resignation or removal in accordance with applicable law and the Bylaws:

Abbie Totten

Chief State Health Programs and Medi-Cal Officer