

# MOU Annual Reporting Template Instructions

Pursuant to the 2024 Managed Care Plan Contract (MCP), Exhibit A, Attachment III, Section 5.6 and All Plan Letter (APL) 23-029, Medi-Cal MCPs, are required to execute Memoranda of Understanding (MOUs) with a number of Third-Party Entities, including local health departments, local educational and governmental agencies, such as county behavioral health departments for specialty mental health care and substance use disorder treatment services, and other local programs and services. Starting in 2025, MCPs must submit to the Department of Health Care Services (DHCS), via the Managed Care Operations Division (MCOD)-MCP Submission Portal, an MOU Annual Report that includes: updates from the required quarterly meetings with the Third-Party Entities, the process and outcomes of their annual MOU review, and reports to MCP's compliance officer.

### MOU Annual Report

The MOU Annual Report is intended to summarize the MCPs annual review process, any amendments that were made to the MOU or policies and procedures, and the outcomes of the review. This report is not intended to be duplicative of MOU quarterly reports, where MCPs demonstrate a good faith effort to execute MOUs. An executed MOU means an MOU that has been reviewed and approved by DHCS, if applicable, and subsequently signed by all relevant parties to the MOU. MCPs must complete and submit this MOU Annual Report as outlined below.

Annually, MCPs must report on each executed MOU that was in effect during the reporting year. For MOUs that become effective during the reporting year, MCPs must report on the MOU-related activities during the period that the MOU was effective. For example, MOUs effective 07/01/2024 shall report for the period of 07/01/2024 - 12/31/2024.

MCPs that operate in more than one county must report on all counties within the same MOU Annual Report.

MOU Annual Reports must be submitted to the MCP-MCOD Submission Portal no later than the last business day of January of each year. In addition, MOU Annual Reports must be posted to MCP's website no later than March 1st each year. MCPs must submit the Web Posting link of the MOU Annual Report to the MCP-MCOD Submission Portal by the close of business on March 10th of the reporting year. As the information in the report may be viewed by the public, **do not include any Members' Personal Health Information (PHI) or any other confidential information in the report.**

### Annual MOU Review

MCPs must review their executed MOUs annually with the Other Parties to see if any amendments to the MOU are necessary. This includes, but is not limited to, incorporating any new MCP contract requirements and/or policy guidance. When submitting the MOU Annual Report, MCPs must attest that they performed the annual review and supporting documentation must be retained by the MCP for potential auditing purposes. MOUs that are amended as a result of the MCPs annual MOU review must be submitted to the MCOB-MCP Submission Portal using the appropriate MOU submission artifact (links located below).

### Attestation

MCPs must attest to completing the Annual Review of the MOU and Quarterly Reporting for the specified year, as required by the 2024 Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.3). MCPs must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. MCPs will submit the MOU Annual Report artifact for File and Use and the report will not receive official DHCS approval. Please see Attestation tab for instructions.

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

<b>Links for MCOB-MCP Submission Portal</b>	<a href="#">Submission Portal</a> <a href="#">Helpful Guides</a>
<b>MOU Annual Report</b>	
Location	Explanation
<b>MOU Effective Date (Column A)</b>	List all MOU types, whether executed or not. For executed MOUs, enter the effective date and complete all fields. The effective date is the date that the MOU goes into effect. If no MOUs are executed, enter "N/A," complete field B, and leave the remaining fields blank.
<b>MOU Type (Column B)</b>	Select the MOU type from the drop-down list. If the MCP has executed MOUs with multiple organizations for the same MOU type, report each on a separate row. List all individual executed MOUs. For combined MOUs, select one type and specify the combined MOU name in Column D. Ex. If MCP executed combined MOUs for IHSS, SMHS, and DMC-ODS select "IHSS" in Column B and enter IHSS, SMHS, DMC-ODS in Column D.
<b>Combined MOU (Column C)</b>	Is the MOU a combination of more than one type of MOU? Select "Yes" or "No" from the drop-down menu.
<b>Description of Combined MOU (Column D)</b>	If the MOU is a combination of multiple types, specify the types in this field. If it is a singular type, enter "N/A" in this field. Ex. If MCP executed combined MOUs for IHSS, SMHS, and DMC-ODS select "IHSS" in Column B and enter IHSS, SMHS, DMC-ODS in Column D.
<b>Plan Code (Column E)</b>	From the drop-down menu, select the applicable Plan Code. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
<b>Plan Name (Column F)</b>	This field auto-populates when the Plan Code is entered in Column E. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
<b>County (Column G)</b>	This field auto-populates when the Plan Code is entered in Column E. MCPs that operate in more than one county should report on all counties within one MOU Annual Report by reporting separate rows for each applicable plan code.
<b>Reporting Year (Column H)</b>	Enter the corresponding reporting year for the data reported using the drop-down list provided. The reporting year is the year in which the MOU-related activities occurred. For example, for the Annual Report due on 01/31/25, the reporting year is 2024.
<b>Other Party Organization &amp; Name (Column I)</b>	Enter the organization and name of the Other Party to the MOU. This may be the County Department or another applicable agency name. MCPs must list all executed MOUs, along with the respective organization and name, in this section.
<b>Multi-Party MOU (Column J)</b>	From the drop-down list, select "Yes" or "No" to indicate if the MOU included more than one MCP and/or Other Party who signed an MOU.

<b>Description of Multi-Party MOU (Column K)</b>	If "Yes" is selected in Column J, list all parties to the MOU (including subcontractors) and describe the arrangement of all parties to the MOU. If "No" is selected in Column J, enter "N/A." Limit responses to 1000 characters.
<b>Meeting Attendees (Column L)</b>	Provide a list of all attendees of the specified Quarterly Meeting. Include the name and title of the MOU Liaison.
<b>Topic: Care Coordination (Column M)</b>	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.
<b>Topic: Referrals (Column N)</b>	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.
<b>Topic: Strategies to Avoid Duplication of Services (Column O)</b>	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.
<b>Topic: Dispute Resolution (Column P)</b>	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.
<b>Topic: Collaboration (Column Q)</b>	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 MCPs and Other Party 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.
<b>Topic: Member Engagement (Column R)</b>	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.

# MOU Annual Reporting Attestation

## Attestation for MOU Annual Reporting and Quarterly Reporting

I hereby attest that an Annual Review of the MOU has been conducted for the specified year, as required by the 2024 Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.3), and that all information provided in this report is true, accurate, and complete to the best of my knowledge.

I hereby attest that I have reported to the Compliance Officer of the Managed Care Plan regarding the MOUs on at least a quarterly basis, as required by the Managed Care Contract (Exhibit A, Attachment III, Subsection 5.6.3.B.4).

## Signature

If your MCP has no executed MOUs to report for this year, please submit an attestation that your MCP is demonstrating a good faith effort to execute these MOUs and confirm this by selecting and attesting below.

If this section does not apply to your MCP, you may disregard and leave the check box blank.

## Signature

Name of Signee	Title	Managed Care Plan	Email Address



MOU Effective Date	MOU Type	Combined MOU	Description of Combined MOU	Plan Code	Plan Name (auto-populates)	County (auto-populates)	Reporting Year	Other Party Organization & Name	Multi-Party MOU	Description of Multi-Party MOU	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement
	TCLM: Local Government Agencies/ Targeted Case Management	No	N/A	543	Partnership HealthPlan of California	Butte	2025	County of Butte	No	N/A							
N/A	WCM: Whole Child Model	No	N/A	543	Partnership HealthPlan of California	Butte	2025	County of Butte	No	N/A							
N/A	WLC: Local Health Departments/WC	No	N/A	543	Partnership HealthPlan of California	Butte	2025	County of Butte	No	N/A							
N/A	HSD: Local Government Agencies- In-Home Supportive Services	No	N/A	543	Partnership HealthPlan of California	Butte	2025	County of Butte	No	N/A							
N/A	FS: First 5 Programs	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	First 5 Programs	No	N/A							
	SMHS: Local Government Agencies/Social Services Departments/ Specialty Mental Health Services	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
6/26/2024		No	N/A														
	DMC-SP: Local Government Agencies/County Behavioral Health Departments/ Alcohol and Substance Use Disorder Treatment Services/ DMC Safe Plan	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
8/13/2024		No	N/A														
	CW: Local Government Agencies/Social Services Departments/ Social Services and Child Welfare	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
N/A	LHD: Local Health Departments	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
	HC: Regional Centers	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	Alta California Regional Centers	No	N/A							
10/7/2024	TCLM: Local Government Agencies/ Targeted Case Management	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
N/A	WCM: Whole Child Model	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
N/A	WLC: Local Health Departments/WC	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
N/A	HSD: Local Government Agencies- In-Home Supportive Services	No	N/A	544	Partnership HealthPlan of California	Colusa	2025	County of Colusa	No	N/A							
N/A	FS: First 5 Programs	No	N/A	543	Partnership HealthPlan of California	Del Norte	2025	First 5 Programs	No	N/A							









MOU Effective Date	MOU Type	Combined MOU	Description of Combined MOU	Plan Code	Plan Name (auto-populates)	County (auto-populates)	Reporting Year	Other Party Organization & Name	Multi-Party MOU	Description of Multi-Party MOU	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement	
											Q1: Tiffany Armstrong (attendee); Barbara Longo (invitee); Mark Bontrager, Sr Director of Behavioral Health							
											Q2: Tiffany Armstrong (attendee); Mark Bontrager, Sr Director of Behavioral Health			Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them.	Q1: Data Sharing discussion and presentation with Sac Valley Med Share		
											Q3: Tiffany Armstrong (attendee); Joshua Wadler (attendee); Kevin Barreche (attendee); Lori Griffin (attendee); Barbara Longo (invitee); Mark Bontrager, Sr Director of Behavioral Health	Q1: Discussed quarterly utilization report	Q2: Discussed the CLR Tracker	Q2: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q2: Partnership shared the process for disputes and resolving them.	Q2: Data Sharing discussion and presentation with Sac Valley Med Share	Q1: Reviewed utilization report, accessing services	
											Q4: Tiffany Armstrong (attendee); Barbara Longo (invitee); Mark Bontrager, Sr Director of Behavioral Health	Q3: Discussed quarterly utilization report	Q3: Discussed the CLR Tracker	Q3: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q3: Partnership shared the process for disputes and resolving them.	Q3: Data Sharing discussion and presentation with Sac Valley Med Share	Q3: Reviewed utilization report, accessing services	
4/30/2024		No	N/A								Q4: Discussed quarterly utilization report	Q4: Discussed the CLR Tracker	Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q4: Partnership shared the process for disputes and resolving them.	Q4: Data Sharing discussion and presentation with Sac Valley Med Share	Q4: Reviewed utilization report, accessing services		
											Q1: Tiffany Armstrong (Attendee) Partnership: Vivian Aguilero, Carina Glover, Stephanie Wilson, Kara Kuslich, Nicole Escobar	Q1: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.	Q1: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.	Q1: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q1: Parties continue to collaborate on all standing topics and communication pathways.			
											Q2: Tiffany Armstrong (Attendee) Partnership: Vivian Aguilero, Carina Glover, Stephanie Wilson, Kara Kuslich, Nicole Escobar	Q2: Partnership liaison provided utilization data for CARM, ECM, and Community Supports. Referral pathways were discussed and Partnership Care Coordination phone number were provided.	Q2: Partnership liaison shared Partnership contact information, referral forms for various Partnership departments, and information available to members on our member-facing website.	Q2: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.	Q2: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q2: Parties continue to collaborate on all standing topics and communication pathways.		
											Q3: Tiffany Armstrong (Attendee) Partnership: Vivian Aguilero, Carina Glover, Stephanie Wilson, Kara Kuslich, Nicole Escobar	Q3: Partnership liaison provided utilization data for CARM, ECM, and Community Supports. Referral pathways were discussed and Partnership Care Coordination phone number were provided.	Q3: Partnership liaison shared Partnership contact information, referral forms for various Partnership departments, and information available to members on our member-facing website.	Q3: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q3: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q3: Closed Loop Referral (CLR) disagreements raised during the meeting; therefore, no resolutions were required.	Q3: Topic was addressed with no updates, questions, or concerns.	
											Q4: Tiffany Armstrong (Attendee) Partnership: Vivian Aguilero, Carina Glover, Stephanie Wilson, Kara Kuslich, Nicole Escobar	Q4: Partnership liaison provided utilization data for CARM, ECM, and Community Supports. Referral pathways were discussed and Partnership Care Coordination phone number were provided.	Q4: Partnership liaison shared Partnership contact information, referral forms for various Partnership departments, and information available to members on our member-facing website.	Q4: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q4: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q4: Discussed community opinion for consideration for the Bit access line. Contact information was provided.	Q4: Discussed Partnership's honoring the Bit access line. Contact information was provided.	
4/30/2024		No	N/A								Q1 (2-19-25): Partnership updated counties on Care Coordination processes, including establishing Authorized Representatives and ensuring contacts for document sharing. We reminded counties to email eurl@partnership.org whenever a CHL Workflow involved youth is identified or a placement change occurs.	Q1 (2-19-25): Partnership updated counties on Care Coordination processes, including establishing Authorized Representatives and ensuring contacts for document sharing. We reminded counties to email eurl@partnership.org whenever a CHL Workflow involved youth is identified or a placement change occurs.	Q1 (2-19-25): Partnership reviewed our policy discussing how we ensure proper use of funds, avoiding duplication, and committed to improvements.	Q1 (2-19-25): Partnership reviewed our policy in detail, sharing how we avoid duplication, related resources will be shared in the minutes.	Q1 (2-19-25): Partnership discussed ECMCS referral pathways. Reviewed the separate youth/adult forms and support CW liaisons can support with.	Q1 (2-19-25): Partnership highlighted that foster youth with Direct Member Status have quick access to services without a referral. Counties were asked to notify us if a youth is not showing as "Direct Member Status," so CWI can assist.		
											Q2 (2-21-25): Partnership shared how to coordinate care across MOU within the state. Additionally, we discussed acceptable forms of documentation and urged proactive submission of documents.	Q2 (2-21-25): Partnership shared how to coordinate care across MOU within the state. Additionally, we discussed acceptable forms of documentation and urged proactive submission of documents.	Q2 (2-21-25): Partnership reviewed our policy in detail, sharing how we avoid duplication, related resources will be shared in the minutes.	Q2 (2-21-25): Partnership discussed ECMCS referral pathways. Reviewed the separate youth/adult forms and support CW liaisons can support with.	Q2 (2-21-25): Partnership discussed ECMCS referral pathways. Reviewed the separate youth/adult forms and support CW liaisons can support with.	Q2 (2-21-25): Partnership highlighted that foster youth with Direct Member Status have quick access to services without a referral. Counties were asked to notify us if a youth is not showing as "Direct Member Status," so CWI can assist.		
											Q3 (8-20-25): Partnership reviewed referral paths for ECMCS, clarified acceptable documentation standards, and encouraged counties to proactively share required information at eurl@partnership.org and also provided updates on CARM initiatives.	Q3 (8-20-25): Partnership facilitated an open discussion offering the topic of avoiding duplication and how to refer to each program.	Q3 (8-20-25): Partnership facilitated an open discussion offering the topic of avoiding duplication and how to refer to each program.	Q3 (8-20-25): Partnership facilitated an open discussion offering the topic of avoiding duplication and how to refer to each program.	Q3 (8-20-25): Partnership facilitated an open discussion offering the topic of avoiding duplication and how to refer to each program.	Q3 (8-20-25): Partnership facilitated an open discussion offering the topic of avoiding duplication and how to refer to each program.		
											Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.	Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.	Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.	Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.	Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.	Q4 (11-19-25): Partnership presented on coordinating care for transportation needs.		
N/A	10/17/2024	No	N/A								Q2 (5-21-25): LHJ: Local Health Departments							
											Q2 (5-21-25): LHJ: Local Health Departments							
											Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	Q3 (11-19-25): FNIC Jennifer Badger (Health Program Administrator, invited and attended), Kate Farber, Christine Austin, Holly Carreras, Tammy Farber (Associate Director of Client Services, invited and attended)	
											Partnership: Kelly Stone (Director of Care Coordination, invited and attended), Susan Williams, Amber Rogien, Brandi Walker, Nicole Harigan, Doreen Cruise, Samantha Ogden, Sarah Wilson, Anissa Jensen, Shannon Boyle, Brianna Sa	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	Q4: The Parties continued discussions in coordination of Durable Medical Equipment (DME) between the member, provider, and Partnership. Partnership shared eligibility and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance.	
											Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	Q4 (12-21-25): FNIC Tamra Furrher (Associate Director of Client Services, invited and attended), Holly Carreras, Amy Badger, Christine Austin, MD	
											Partnership: Kelly Youngstone (Director of Care Coordination, invited and attended), Shannon Boyle, Samantha Ogden, Julie Poyton, Sarah Wilson, Jeanne Williams, Esau Cvor	Q4: FNIC closed a need for primary care providers willing to visit group homes.	Q4: FNIC closed a need for primary care providers willing to visit group homes.	Q4: FNIC closed a need for primary care providers willing to visit group homes.	Q4: FNIC closed a need for primary care providers willing to visit group homes.	Q4: FNIC closed a need for primary care providers willing to visit group homes.		
											Q4 (11-19-25):							
											Q1: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them.	Q1: Data Sharing discussion and presentation with Sac Valley Med Share			
											Q2: Todd Schimmer (attendee); Christine Lee (attendee); Gary Hej-Risue (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q1: Discussed the CLR Tracker	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them.	Q1: Data Sharing discussion and presentation with Sac Valley Med Share	Q1: Reviewed utilization report, accessing services		
											Q3: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q2: Discussed quarterly utilization report	Q2: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q2: Partnership shared the process for disputes and resolving them.	Q2: Data Sharing discussion and presentation with Sac Valley Med Share	Q2: Reviewed utilization report, accessing services		
											Q4: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q3: Discussed quarterly utilization report	Q3: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q3: Partnership shared the process for disputes and resolving them.	Q3: Data Sharing discussion and presentation with Sac Valley Med Share	Q3: Reviewed utilization report, accessing services		
											Q4: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q4: Discussed quarterly utilization report	Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q4: Partnership shared the process for disputes and resolving them.	Q4: Data Sharing discussion and presentation with Sac Valley Med Share	Q4: Reviewed utilization report, accessing services		
											Q1: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them.	Q1: Data Sharing discussion and presentation with Sac Valley Med Share	Q1: Reviewed utilization report, accessing services		
											Q2: Todd Schimmer (attendee); Christine Lee (attendee); Gary Hej-Risue (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q1: Discussed the CLR Tracker	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them.	Q1: Data Sharing discussion and presentation with Sac Valley Med Share	Q1: Reviewed utilization report, accessing services		
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											Q4: Todd Schimmer (attendee); Mark Bontrager, Sr Director of Behavioral Health	Q4: Discussed quarterly utilization report	Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q4: Partnership shared the process for disputes and resolving them.	Q4: Data Sharing discussion and presentation with Sac Valley Med Share	Q4: Reviewed utilization report, accessing services		







MOU Effective Date	MOU Type	Combined MOU	Description of Combined MOU	Plan Code	Plan Name (auto-populates)	County (auto-populates)	Reporting Year	Other Party Organization & Name	Multi-Party MOU	Description of Multi-Party MOU	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement			
											12/10/23 FMC Jennifer Badger (Health Program Administrator, invited and attended), Kyla Taylor, Christine Austin, Nelly Carreras, Tammy Parthen (Associate Director of Client Services, invited and attended) Partnership: Kelly Stone (Director of Care Coordination, invited and attended), Renee Williams, Amber Rouse, Brandi Walker, Nicole Hartigan, Dorian Greene, Samantha Ogden, Sarah Wilson, Anika Jensen, Shannon Boyle, Braxton Lee Q4 (12.21.23) FMC Tamra Parthen (Associate Director of Client Services, invited and attended), Nelly Carreras, Jennifer Badger, Christine Austin, MD Partnership: Kelly Youngstone (Director of Care Coordination, invited and attended), Shannon Boyle, Samantha Ogden, Julia Parthen, Sarah Wilson, Janine Williams, esau4cvt	Far North Regional Center required about opportunities for Medication Management (DME) for members. Partnership offered a didactical training to discuss resources and assessment of specific cases. The parties discussed utilizing Partnership interpreter services for Spanish-speaking mutual members. General transportation services and access were mutually discussed. Q4: The Parties continued discussions in coordination of the State Health Equipment (SHE) between the member, provider, and Partnership. Partnership shared slightly and policy resources regarding DME. Partnership encouraged utilization of Care Coordination Department to for member assistance. Q3: The parties discussed mutual communication and referral pathways for a variety of programs. Q4: Partnership Liaison shared information, referral forms for various Partnership departments, and information available to members on our member-facing website. Q3: There were no concerns of duplication raised during the meeting; therefore, no resolutions were required. Q4: There were no concerns of duplication raised during the meeting; therefore, no resolutions were required.	Q3: Partnership offered individual case consults as needed. Partnership to invite Utilization Management and/or Medical Director(s) to future meetings to discuss eligibility for DME and/or other benefits or services. Q4: Parties mutually agree on quarterly meetings, ad hoc meetings as needed, sharing of member resources, case consults, closed loop referral tracking, and best communication pathways. Q3: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required. Q4: There were no disputes or disagreements raised during the meeting; therefore, no resolutions were required.	Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q3: Partnership shared the open discussion offering the topic of avoiding duplication. Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q3: Partnership shared the open discussion offering the topic of avoiding duplication. Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q3: Partnership shared the open discussion offering the topic of avoiding duplication. Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q3: Partnership shared the process for disputes and resolving them. 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	IC: Regional Centers			519	Partnership HealthPlan of California	Modoc	2025	Far Northern Regional Center	No	N/A										
5/22/2025		No	N/A																	
N/A	TCM: Local Government Agencies: Targeted Case Management	No	N/A	519	Partnership HealthPlan of California	Modoc	2025	Not Applicable	No	N/A										
N/A	WCM: Whole Child Model	No	N/A	519	Partnership HealthPlan of California	Modoc	2025	Modoc County Department of Social Services	No	N/A										
N/A	WIC: Local Health Departments/WIC	No	N/A	519	Partnership HealthPlan of California	Modoc	2025	Not Applicable	No	N/A										
N/A	HSD: Local Government Agencies in Home Supportive Services	No	N/A	519	Partnership HealthPlan of California	Modoc	2025	Modoc County Department of Social Services	No	N/A										
N/A	FS: First 5 Programs	No	N/A	517	Partnership HealthPlan of California	Napa	2025	First 5 Programs	No	N/A										
											Q1: Mario Simmons (attended); Cassandra Eslami & Nathan Hobbs (invited); Mark Bontrop, Sr Director of Behavioral Health Q2: Jenna Bolyard (attended); Mark Bontrop, Sr Director of Behavioral Health Q3: Cassandra Eslami (invited); Mario Simmons (attended); Mark Bontrop, Sr Director of Behavioral Health Q4: Mario Simmons & Cassandra Eslami (attended); Mark Bontrop, Sr Director of Behavioral Health	Q1: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q2: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q3: Partnership facilitated an open discussion offering the topic of avoiding duplication. Q4: Partnership facilitated an open discussion offering the topic of avoiding duplication.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	
	SMHS: Local Government Agencies/Social Services Departments: Specialty Mental Health Services			507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										
2/11/2025		No	N/A																	
											Q1: Cassandra Eslami (invited) Partnership: Vivian Aguilero, Carina Givoe, Stephanie Wilson, Kara Kuslich, Nicole Escobar Q2: Cassandra Eslami (invited) Partnership: Vivian Aguilero, Carina Givoe, Stephanie Wilson, Kara Kuslich, Nicole Escobar Q3: Cassandra Eslami (invited) Partnership: Vivian Aguilero, Carina Givoe, Stephanie Wilson, Kara Kuslich, Nicole Escobar Q4: Cassandra Eslami (invited) Partnership: Vivian Aguilero, Carina Givoe, Stephanie Wilson, Kara Kuslich, Nicole Escobar	Q1: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q2: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q3: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q4: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	
	DMC-ODS: Local Government Agencies/City Behavioral Health Departments: Alcohol and Substance Use Disorder Treatment Services; DMC-ODS			507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										
2/11/2025		No	N/A																	
											Q1 (2.19.25): Veronica Pfeffer-Jefferson, Jennifer Yasumoto Q2 (5.21.25): Veronica Pfeffer-Jefferson, Invited: Jennifer Yasumoto, Shaan Keener, Q3 (8.20.25): Shaan Keener, Veronica Pfeffer-Jefferson, Invited: Jennifer Yasumoto Q4 (11.19.25): Shaan Keener, Invited: Veronica Pfeffer-Jefferson, Jennifer Yasumoto	Q1 (2.19.25): Partnership updated counties on Care Coordination processes, including establishing Authorized Representatives and ensuring contacts for document sharing. We reminded counties to email evm@partnership.org whenever a C&A or placement change occurs. Q2 (5.21.25): Partnership shared how to coordinate care across MOUs within the state. Additionally, we discussed acceptable forms of documentation and urged proactive submission of documents. Q3 (8.20.25): Partnership received referral paths for ECMCS, clarified acceptable documentation standards, and encouraged counties to proactively share required information at evm@partnership.org and also provided updates on CAAM initiatives. Q4 (11.19.25): Partnership presented on coordinating care for transportation needs.	Q1: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q2: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q3: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party. Q4: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.	Q1: Partnership shared the process for disputes and resolving them. Q2: Partnership shared the process for disputes and resolving them. Q3: Partnership shared the process for disputes and resolving them. Q4: Partnership shared the process for disputes and resolving them.
	CW: Local Government Agencies/Social Services Departments: Social Services and Child Welfare			507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										
10/7/2025		No	N/A																	
N/A	LHD: Local Health Departments	No	N/A	507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										
N/A	IC: Regional Centers	No	N/A	507	Partnership HealthPlan of California	Napa	2025	North Bay Regional Center	No	N/A										
N/A	TCM: Local Government Agencies: Targeted Case Management	No	N/A	507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										
N/A	WCM: Whole Child Model	No	N/A	507	Partnership HealthPlan of California	Napa	2025	Napa County Health and Human Services Agency	No	N/A										





















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N/A	WCM: Whole Child Model	No	N/A	551	Partnership HealthPlan of California	Tahama	2025	County of Tehama	No	N/A							
N/A	WIC: Local Health Departments/WIC	No	N/A	551	Partnership HealthPlan of California	Tahama	2025	County of Tehama	No	N/A							
N/A	HSS: Local Government Agencies- In-Home Supportive Services	No	N/A	551	Partnership HealthPlan of California	Tahama	2025	County of Tehama	No	N/A							
FS: First 5 Programs		522	Partnership HealthPlan of California	Trinity	2025	First 5 Programs	No	N/A									
N/A		No	N/A														
SMS: Local Government Agencies/Social Services Departments, Specialty Mental Health Services		522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A									
3/14/2024		No	N/A														
DMC: SP: Local Government Agencies/County Behavioral Health Department, Alcohol and Substance Use Disorder Treatment Services, DMC State Plan		522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A									
7/12/2024		No	N/A														
CLW: Local Government Agencies/Social Services Departments: Social Services and Child Welfare		522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A									
N/A		No	N/A														
LHD: Local Health Departments		522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A									
N/A		No	N/A														
IC: Regional Centers		522	Partnership HealthPlan of California	Trinity	2025	Far Northern Regional Center	No	N/A									
5/22/2025	TCM: Local Government Agencies: Targeted Case Management	No	N/A	522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A							
N/A	WCM: Whole Child Model	No	N/A	522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A							
N/A	WIC: Local Health Departments/WIC	No	N/A	522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A							
N/A	HSS: Local Government Agencies- In-Home Supportive Services	No	N/A	522	Partnership HealthPlan of California	Trinity	2025	County of Trinity through its H&MS Public Health Branch	No	N/A							





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N/A	LHD: Local Health Departments	No	N/A	552	Partnership HealthPlan of California	Yuba	2025	County of Yuba	No	N/A	Q1 (1.12.25) ACRC: Camelia Houston, Jennifer Bloom (Director of Client Services, invited, absent), Faye Tai, Tracy Brown  Partnership: Cecilia Martinez, Bridgit Galt (Senior Director of Care Management, invited and attended), Nadine Bergerson, Sarah Wilson, Shannon Boyki, Luis Atayde  Q2 (05.29.25) Alta California Regional Center: Trudy Brown, Camelia Houston (Director of Intake and Clinical Services, invited and attended) Jennifer Bloom (Director of Client Services, invited and attended)  Partnership: Luis Atayde, Bridgit Galt (Senior Director of Care Management, invited and attended), Brandi Walker, Cassia Martinez, Jill Blake, Cori Olney, Kortnie Cruz-Maldonado, Nadine Bergerson, Sarah Wilson, Shannon Boyki, Kelly Ston	Partnership provided ACRC with Transportation benefits information. Both parties acknowledged inclement weather may present transportation challenges. Partnership encouraged use of communication between member, Partnership Transportation, and Care Coordination Department for high-priority appointments.  Q2: Partnership/Transportation Manager presented information on Transportation service types and access. ACRC noted an increased access to successful transportation services.  Q3: Partnership Liaison shared Partnership contact information, referral forms for various Partnership Department to present at a future meeting.  Q4: Director of Client Services noted that the Partnership team remains accessible and	There were no questions or concerns related to referrals in this meeting.  Q2: Referrals for transportation were primary topic of referral discussion. Partnership Transportation Manager presented on how members and providers can access transportation information and services.  Q3: Partnership Liaison shared Partnership contact information, referral forms for various Partnership departments, and ACRC had no further questions at members on our member-facing website.  Q4: Partnership's Enhance	There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q2: Topic was addressed, there were no questions or concerns about Strategies to Avoid Duplication of Services from either party.  Q3: The Parties discussed Regional Center services and Community Supports. Partnership offered general program overview, contacts for referrals and information, and reinforced that Partnership Liaison can assist with questions and support at any time.  Q4: The Parties discussed communication pathways to	There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q1: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q2: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q3: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q4: There were no disputes or disagreements raised during the meeting, therefore,	Parties mutually agree to hold ad hoc meetings as needed, sharing of member resources, closed loop referral tracking, and communication pathways.  Partnership discussed meeting structure and examples of common topics of discussion.  Q2: Parties continue to collaborate on all standing topics and communication pathways.  Q3: Partnership Transportation Department successfully prevented access to services for members and providers.  Partnership offered Enhanced Health Services presentation at future meeting, ACRC accepted networking.  Q4: Director of Client Services noted that the Partnership team remains accessible and engaged, with no current questions. Partnership invited	Q1: During the meeting, there were no questions or updates related to member engagement. This topic was not brought up in any other context during the meeting.  Q2: This topic was addressed, with no challenges, questions, or concerns from either party.  Q3: ACRC shared that a recent open house event was successful. It was attended by community partners, stakeholders, school district representatives, clients, vendors, and health services presentation at future meeting, ACRC accepted networking.  Q4: ACRC Member Engagement Event shared with Partnership-Santa Cruz 12/19/25.
	HC: Regional Centers			552	Partnership HealthPlan of California	Yuba	2025	Alta California Regional Centers	No	N/A							
10/7/2024	TCM: Local Government Agencies: Targeted Case Management	No	N/A	552	Partnership HealthPlan of California	Yuba	2025	County of Yuba	No	N/A							
N/A		No	N/A	552	Partnership HealthPlan of California	Yuba	2025	County of Yuba	No	N/A	The parties discussed access to care at Medical Therapy Program and Clinic. Partnership encouraged Care Coordination referrals to support members in accessing care.  Q1 (03.13.25) Lily Nguyen, Makia Fisher (Delegated, invited and attended)  Q2 (06.26.25) Makia Fisher (Delegated, invited and attended), Otilia Martinez  Q3 (09.25.25) Lily Nguyen, Makia Fisher (Delegated, invited and attended), Otilia Martinez  Q4 (11.13.25) Aneesh Bhatia (Director of Nursing, invited and attended), Otilia Martinez	The parties discussed access to care at Medical Therapy Program and Clinic. Partnership encouraged Care Coordination referrals to support members in accessing care.  Q2: Partnership shared the updated referral form that has been included in the meeting minutes.  Q3: Partnership utilization Management shared dedicated communication pathways for CCS authorizations.  Q4: The parties engaged in open discussions on referral pathways, specifically distinguishing the differences between Partnership's Care Coordination for Case Management versus provider-to-provider	There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q1: There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q2: There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q3: There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q4: There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.	There were no questions or concerns about Strategies to Avoid Duplication of Services in this meeting.  Q1: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q2: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q3: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.  Q4: There were no disputes or disagreements raised during the meeting, therefore, no resolutions were required.	The parties mutually agreed to discuss CCS Transition (Agree out) at next IDC meeting.  Q2: Partnership presented a Whole Child Model video, highlighting the real-life impact of Home Care Coordination, referral process, and individualized Care Plan made a positive impact on a member's health.  Q3: Discussed MTU/MTC member engagement.  Q4: Partnership added Age Out Process as an agenda item to the Family Advisory Committee (FAC). Parties agreed developing procedures with insight from members would be beneficial. Partnership encouraged all attendees through the FTP to recruitment. Attendees cited successful FAC participation resulting from direct interactions with members, such as at appointments.		
	WCM: Whole Child Model			552	Partnership HealthPlan of California	Yuba	2025	County of Yuba	No	N/A							
N/A	1/13/2025	WIC: Local Health Departments/WIC HHS: Local Government Agencies: In-Home Supportive Services	No	N/A	552	Partnership HealthPlan of California	Yuba	2025	Amplia Health	No	N/A						
N/A		No	N/A	552	Partnership HealthPlan of California	Yuba	2025	Amplia Health	No	N/A							

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