

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

426



FROM: Community Health Agency, Department of Public Health

SUBMITTAL DATE:
December 20, 2005

SUBJECT: Approval of the Healthy Families Memorandum of Understanding (MOU) between Health Families Plans serving Riverside County residents, and the Riverside County Community Health Agency, Department of Public Health, California Children's Services (CCS) Program.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the Healthy Families MOU template as developed by the State Department of Health Services (Attachment A); and
- 2) Authorize the Director of the Community Health Agency, Department of Public Health or designee to sign and approve all MOUs with Health Families plans through June 30, 2010 using the State approved MOU template.

BACKGROUND: In September 1997, the Governor of California signed legislation that established a new, low cost insurance program for children called Healthy Families. In order to ensure consistency in service coordination between Riverside County Community Health Agency, Department of Public Health, California Children's Services programs and the Healthy Families Plans, the State Department of Health Services developed an MOU intended for use by local CCS programs and Healthy Families Plans throughout the State.

SJM:dc

(continued on Page 2)

Susan D. Harrington

Susan Harrington, Director of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:
	Annual Net County Cost:	\$ N/A	For Fiscal Year:

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature *Dan Martinez*

Dept's Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: | District: | Agenda Number:

Subject: Approval of the Healthy Families Memorandum of Understanding (MOU) between Health Families Plans serving Riverside County residents, and the Riverside County Community Health Agency, Department of Public Health, California Children's Services (CCS) Program.

BACKGROUND (continued)

This MOU serves as the standard for agreements with Healthy Families Plans in Riverside County. State guidelines direct both the County and Healthy Families Plans not to edit the MOU (for providers that require a non-standard MOU, Board approval will be sought for each agreement as it is developed and approved by the State Department of Health Services). Delegation of authority to sign the standard MOUs will eliminate the need to send numerous identical MOUs to the Board of Supervisors for approval.

The State approved template; see Attachment A.

This Template has been approved as to form by County Counsel. See Attachment B.

Financial Impact: N/A

**Form 11 Attachment
Contract/Lease/Purchase Summary Data**

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Lease | <input type="checkbox"/> Purchase |
| <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Mult-Year Lease | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services | <input type="checkbox"/> Equipment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Real Property | |
| <input type="checkbox"/> Other than low Bid | <input type="checkbox"/> Change Order | |
| <input type="checkbox"/> Change Order | | |

User Department:	Community Health Agency
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Vendor/Lessor Name:	Healthy Families
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Vendor/Lessor Location:	Sacramento, California
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Selection Committee Member Names (RFP=s Only)
Minority

Applicable Board Policy #

Comments:

RFQ/RFP Process:

- Date Mailed:
- Response Date:
- # of Responses:
- # of Qualified Responses:

Bidding Process:

- | | | |
|--|----|--------|
| Bid Range: | \$ | To: \$ |
| Local Bid Range: | \$ | To: \$ |
| Responsive and Responsible Bid Range: | \$ | To: \$ |
| Local Performance Award Cost (5% maximum preference) | \$ | To: \$ |
| Local Preference FYTD: Cost | \$ | To: \$ |

**Contract/Lease Renewals Only
Proposed Differences**

Existing Agreement Items

Proposed Agreement Items

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability

Template 062081

Memorandum of Understanding California Children's Services Program/Healthy Families Program Plan

County/City:

Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
Liaison	<ul style="list-style-type: none"> Designate a liaison to CCS and/or require plan networks to designate a liaison to coordinate and track referrals. Meet, at a minimum, quarterly to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level. 	<ul style="list-style-type: none"> Designate a liaison to the plan who will be the program's point of contact for the health plan and its networks to coordinate all related activities. Meet, at a minimum, quarterly, to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level.
Provider Training	<ul style="list-style-type: none"> Develop policies and procedures that will ensure that providers are informed of CCS eligibility requirements and the need to identify potentially eligible children and refer to the CCS program. Provide multiple initial training opportunities, in conjunction with the local CCS program, for primary care providers, including organized provider groups and support staff, in order to ensure awareness and understanding of the CCS program and eligibility requirements. Collaborate with CCS to develop training materials that will assure that primary care providers, specialty providers, and hospitals understand the respective responsibilities of the health plan and the CCS program in authorizing services for subscribers with CCS-eligible conditions. Maintain training opportunities on, at least, an annual basis. 	<ul style="list-style-type: none"> Collaborate with plan to assist with the development of CCS related policies and procedures, as needed by health plan and CCS. Collaborate with health plan to provide multiple initial training opportunities that will give providers an understanding of the CCS program and eligibility requirements. Provide availability of local program medical consultant or designee to consult with primary care providers and/or specialty providers on a case-by-case basis. Support ongoing training opportunities as needed.
CCS Provider Network	<ul style="list-style-type: none"> Develop a process to review plan providers for qualifications for CCS provider panel participation and encourage those qualified to become paneled. Identify in training to providers and in the provider manual those facilities that are CCS approved, including hospitals and Special Care Centers. Ensure access for diagnostic services to appropriate specialty care within the network or medical group. When appropriate specialist not available within network or medical group, ensure access to appropriate plan specialist. 	<ul style="list-style-type: none"> Provide plans with CCS provider applications to expedite the paneling or approval of specialty and primary care network providers. Coordinate with the CMS Branch to assure identification of local CCS provider network to health plan. Coordinate with plan to refer to an appropriate CCS paneled specialty provider to complete diagnostic services and treatment as needed.

County/City:

Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
<p>Case Identification and Referral</p>	<ul style="list-style-type: none"> Develop procedures, in conjunction with the local CCS program, for plan or provider to submit the necessary documentation to determine medical eligibility at the time of referral. Develop procedures to specify that providers are to refer a subscriber to the CCS program within two days of a suspicion of the presence of a CCS eligible condition. (Referral date will identify the earliest possible date from which medically necessary services may be approved.) Inform families of subscribers of referral to the CCS program and the need to have care under the direction of an appropriate CCS paneled physician once program eligibility has been determined. Arrange for medically necessary care during the period after referral and prior to the CCS eligibility determination. (Medically necessary services provided by a CCS paneled provider during the interim may be authorized by the CCS program for a condition determined to be CCS eligible.) Develop with network designees, where applicable, a monthly tracking list to include: name of referred subscriber; address and telephone number; birth date; social security number (if known); plan eligibility status; primary care provider name, address, and telephone number; and plan number and enrollment /disenrollment dates to be used for coordination and follow-up with the local CCS program. 	<ul style="list-style-type: none"> Provide technical assistance to plans for the development of plan policies, procedures, and protocols for making referrals to the program, including necessary medical documentation. Determine medical eligibility within five working days of receiving adequate medical documentation of the suspicion of a CCS eligible condition. Ensure that provider, designated plan personnel, and subscriber family are informed of either program eligibility or denial upon eligibility determination. Provide medical consultation as appropriate during the time period from referral to medical eligibility determination. Authorize from referral date medically necessary CCS benefits required to treat a subscriber's CCS eligible condition and be responsible for the reimbursement of care to authorized providers when CCS eligibility is established. Coordinate with plan liaison and network designees to share a tracking list of CCS eligibles who are known to the plans. The list will include name, CCS case number, birth date, social security number (if known), CCS eligible diagnoses, date of eligibility and status; in case of denial or closure, reason for ineligibility and date closed; referral source and primary care provider on file, if known.
<p>Case Management/Tracking and Follow-Up</p>	<ul style="list-style-type: none"> Utilize tracking system to coordinate health care services for members receiving services authorized by the CCS program. Develop policies and procedures that specify providers' responsibility for coordination of specialty and primary care services and ensure that CCS eligible children receive all medically necessary pediatric preventive services, including immunizations. Develop policies and procedures that specify coordination activities among primary care providers, specialty providers, and hospitals and communication with CCS program case managers. 	<ul style="list-style-type: none"> Assist plan in assessing, and alleviating barriers to accessing primary and specialty care related to the CCS eligible condition. Assist subscriber/subscriber family to complete enrollment into the CCS program. Provide case management services in order to coordinate the delivery of health care services to subscribers with CCS eligible conditions, including services provided by other agencies and programs, such as Local Education Agencies and Regional Centers. Develop systems that result in transmission of medical reports of services provided by CCS authorized providers to the appropriate plan primary care providers.

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2004-05

County/City:

Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
Quality Assurance and Monitoring	<ul style="list-style-type: none"> Conduct jointly with the CCS program, regular reviews of policies and procedures related to this agreement. Participate, at a minimum, in quarterly meetings with the CCS program to update policies and procedures as appropriate. Review and update protocols annually in conjunction with the CCS program. Develop work plan, in conjunction with CCS, that will monitor the effectiveness of the MOU and the plan/CCS interface. 	<ul style="list-style-type: none"> Conduct jointly with the plans, regular reviews of policies and procedures related to this agreement. Participate, at a minimum, in quarterly meetings with the plan to update policies and procedures as appropriate. Review and update protocol on an annual basis in conjunction with the health plan. Develop work plan, in conjunction with the plan, to monitor the effectiveness of the MOU and the plan/CCS interface.
Problem Resolution	<ul style="list-style-type: none"> Assign appropriate health plan management/liaison staff to participate with the local CCS program management and professional staff in the resolution of individual subscriber issues as they are identified. Assign appropriate health plan management/liaison staff to participate in, at a minimum, quarterly meetings to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services. Refer issue to the appropriate CMS Regional Office if problem cannot be resolved locally. 	<ul style="list-style-type: none"> Assign appropriate CCS program management and professional/liaison staff to participate with health plan management staff in the resolution of individual subscriber issues as they are identified. Assign appropriate CCS program/liaison staff to participate in, at a minimum, quarterly meetings with health plan management/liaison staff to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services. Refer issue to CMS Regional Office if problem cannot be resolved locally.

Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local CCS and Healthy Families Program interface.

County CCS Administrator _____ Date

Plan Designee _____ Date

Maridee A. Gregory, MD, _____ Date
 Children's Medical Services Branch Chief

Attachment A

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Monday,



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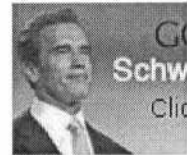
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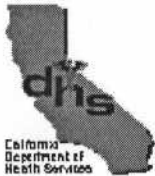
My CA

California Department of Health Services

"To Protect and Improve the Health of all Californians"



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MEMORANDUM

RIVERSIDE COUNTY COUNSEL



January 19, 2006

TO: Nancy Daudert
CHA/Contracts Administration

FROM: Marsha L. Victor
Deputy County Counsel

RE: MOU Template from State
Healthy Families Program

The above referenced document has been reviewed by this office. The document appears essentially the same as last year, and is approved as to form.


MLV:msf
Attachment