**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

**POLICY / PROCEDURE**

<table>
<tr><td colspan="4">Policy/Procedure Number: MCCP2035</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Local Health Department (LHD) Coordination</td><td colspan="3">☒ External Policy<br>☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 03/13/2024<br>Effective Date: 01/01/2024</td><td colspan="4">Next Review Date: 03/13/2025<br>Last Review Date: 03/13/2024</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 03/13/2024</td></tr>
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**I. RELATED POLICIES**:

A. MCUP3015 – Family Planning Bypass Service
B. MCUP3047 – Tuberculosis Related Treatment
C. MCQG1005 – Adult Preventive Health Guidelines
D. MCQG1015 – Pediatric Preventive Health Guidelines
E. MCCP2022 – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
F. MCCP2024 – Whole Child Model for California Children's Services
G. MPCP2002 – California Children's Services
H. MCCP2033 – Community Health Worker (CHW) Services Benefit
I. MCCP2032 – CalAIM Enhanced Care Management (ECM)

**II. IMPACTED DEPTS**:

A. Claims
B. Configuration
C. Compliance
D. Care Coordination
E. Population Health Management
F. Transportation
G. Quality
H. Grievance and Appeals
I. Utilization Management
J. Member Services
K. Provider Relations

**III. DEFINITIONS**:

A. Closed Loop Referral: A closed loop referral means bidirectional information sharing between two or more parties to communicate requests for services and the associated outcomes of the requests. The frequency and format of this information sharing varies by service provider and by the degree of formality that may be required according to local community norms. Depending on the type of service needed, this process may include referral to medical, dental, behavioral, and /or social services or community agencies. While a warm hand off may occasionally be appropriate, a closed loop referral does not imply that a warm hand off is required.
B. Medical Necessity: Means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
C. Medical Necessity for EPSDT Services: For individuals under 21 years of age, a service is

medically necessary if the service meets the standards set for in Section 1396d(r)(5) of Title 42 of the United States Code and is necessary to correct or ameliorate defects and physical and mental illnesses that are discovered by screening services.

D. Memorandum of Understanding (MOU): A formal written agreement between two or more governmental entities to outline and define roles and responsibilities. MOUs do not constitute a provider contract.

## IV. ATTACHMENTS:

A. Local Health Department Memorandum of Understanding template (DHCS)

## V. PURPOSE:

To describe and define the coordination with the Local Health Departments (LHD) in the health plan's network to ensure that members receive all Medically Necessary services even if those services are not the financial responsibility of Partnership HealthPlan of California (PHC).

## VI. POLICY / PROCEDURE:

A. MEMORANDUM OF UNDERSTANDING (MOU)
   1. PHC shall negotiate in good faith and execute an MOU with LHDs in each county within PHC's service area to ensure care coordination, data sharing, and non-duplicative services for members for the following programs and services, at minimum:
      a. California Children's Services (CCS) / CCS Whole Child Model (CCS WCM);
      b. Maternal, Child and Adolescent Health (MCAH);
      c. Tuberculosis (TB) Direct Observed Therapy (DOT);
      d. Community Health Workers (CHW) services, as appropriate;
      e. Emergency Preparedness and Response Plan;
      f. All other medically necessary services that are the responsibility of the LHD, not otherwise specified

B. LHD MOU REQUIREMENTS
   1. PHC's MOU with the LHD shall contain all the following components, at minimum:
      a. Identification of services that are the responsibility of the LHD under the MOU, and populations that are to be served;
      b. Identification of the oversight responsibilities for the LHD and PHC;
      c. Policies and procedures that the LHD and PHC establish for eligibility, screening, assessment, evaluation, and/or medical necessity determination;
      d. Policies and procedures for coordinating member care between the parties, including but not limited to, Closed Loop Referrals;
      e. Policies and procedures for the timely and frequent exchange of Member information and data, including Behavioral Health and physical health data, maintaining the confidentiality of exchanged information and data, bi-directional monitoring of data exchange processes, and obtaining Member consent;
      f. Policies and procedures to address and document Quality Improvement (QI) activities for services covered under the MOU, including but not limited to, any applicable performance measures and QI initiatives, reports that track cross-system referrals, Member engagement, and service utilization;
      g. Agreement by both parties to participate in quarterly meetings to discuss Care Coordination as well as systemic and case-specific concerns including allowing Subcontractors and Downstream Subcontractors to participate, as appropriate;
      h. Policies and procedures detailing how complaints can be raised and how to resolve disputes between the parties, including but not limited to, a mutually agreed upon review process to

facilitate timely resolution of disputes, differences of opinion and responsible entity for covering services until the dispute is resolved. The review process must not result in delays in Member access to services pending formal dispute resolution;

i. Policies and procedures regarding Member access to Medically Necessary services and Network Providers during non-business hours;
j. Policies and procedures for Member, Subcontractor, Downstream Subcontractor, and Network Provider education related to access to services covered under the MOU;
k. Policies and procedures to address emergency preparedness protocols;
l. Provision requiring third-party entities and county programs to participate in Contractor's Population Needs Assessment (PNA).

2. MOUs must be publically posted.
3. MOUs cannot be delegated.
4. PHC shall invite the LHD liaison(s) and/or other identified LHD staff (ex: MCAH, TB, etc.) to participate in a quarterly meeting, as appropriate, to discuss and address care coordination and/or MOU-related issues.
5. PHC shall conduct an annual review of the LHD MOU to determine whether any modifications, amendments, updates or renewals of responsibilities and obligations outlined are required. PHC shall provide evidence of the annual review of the LHD MOU to DHCS, as well as any copies of any MOU modified or renewed as a result.

C. MOU OVERSIGHT & COORDINATION

1. PHC shall have processes in place that maintain collaboration with the LHD and parties identified in the MOU and identify strategies to monitor and assess the effectiveness of the MOU with the LHDs as follows:
   a. Conduct regular meetings at least quarterly to address policy and practical concerns that may arise between PHC and the LHD;
   b. Resolve conflicts between PHC and the LHD within a reasonable timeframe;
   c. Designate a contact person to be responsible for the oversight and supervision of the terms of any MOUs entered into and notify DHCS within five working days of any change in the designated MOUs liaison;
   d. Ensure Subcontractors, Downstream Subcontractors, and Network Providers comply with any applicable provisions of the MOU;
   e. Provide training and orientation of MOU requirements with Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, on an annual basis, at a minimum. If DHCS requests a review of any existing MOU, Contractor must submit the requested MOU within ten Working Days of receipt of the request;
   f. Ensure appropriate committee representation, including local presence, for each quarterly meeting and the opportunity to discuss and address Care Coordination and MOU-related issues with county executives;
   g. Ensure an appropriate level of leadership on MOU engagements from both the Contractor and entity; and
   h. Report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS.
2. Blood Lead Screening:
   a. PHC shall cover and ensure the provision of a blood lead screening test to Members at ages one (1) and two (2) in accordance with 17 CCR §§ 37000 - 37100 and in accordance with APL 20-016 (Revised) Blood Lead Screening of Young Children.
   b. PHC will coordinate with its provider network and the MCAH Provider to ensure each eligible Member receives a blood lead screening.
   c. PHC shall identify, at least quarterly, all members under the age of six (6) years of age with no record of receiving a required lead test and will remind the LHD of the requirement to test

children.

d. Each quarter, PHC will share a list of those Members enrolled in MCAH Programs who have not received a required blood lead test to assist MCAH Providers with providing such test to PHC Members.
e. Where blood lead screening is done by the Childhood Lead Poisoning Prevention Branch ("CLPPB") and administered by Care Management Section staff at the state level, PHC must coordinate directly with the CLPPB to address barriers to care coordination.
f. For more information, see PHC policy MCQG1015 Pediatric Preventive Guidelines.

3. Tuberculosis (TB) and Direct Observed Therapy (DOT)
   a. PHC and the LHD shall ensure, as needed, joint case management and coordination of care between the PHC and LHD TB control officer for Members on DOT.
   b. LHD is responsible for assigning a TB case manager to notify the PHC provider of suspected and active cases, and the TB case manager must be the primary LHD contact for coordination of care with PHC.
   c. PHC's Care Coordination department shall be available to assist in the coordination of care for each PHC member diagnosed with TB.
   d. The member's PHC provider will serve as the primary contact for coordination of care with LHD for suspected and active TB cases.
   e. Please see PHC policy MCUP3047 Tuberculosis Related Treatment.
4. Maternal Child and Adolescent Health
   a. Partnership shall ensure the provision of all screening, preventative, and medically necessary diagnostic treatment services for PHC members under twenty-one (21) years of age.
   b. The LHD must administer Maternal, Child and Adolescent Health (MCAH) programs in accordance with California Department of Public Health (CDPH) guidance set forth in the Local MCAH Programs Policies and Procedures manual and other guidance documents.
   c. PHC shall coordinate, as necessary, with the provider network, member and/or MCAH provider to ensure that the MCAH provider receives necessary information or documentation to assist the MCAH provider with performing an eligibility assessment or enrolling a PHC member into MCAH programs.
   d. The LHD is responsible for providing PHC with information regarding how to refer to an MCAH program, including as applicable, referral forms, links, fax numbers, email addresses, and other means of making and sending referrals to MCAH programs.
   e. The LHD is responsible for the timely enrollment of, and follow-up with, PHC members eligible for MCAH programs.
   f. PHC shall coordinate with the LHD to ensure that PHC members who are eligible for MCAH programs have access to prevention and wellness information and services.
   g. PHC shall screen members enrolled in MCAH programs for eligibility for care management programs such as basic population health management, complex case management, and/or Enhanced Care Management (ECM) such as members identified as having a high-risk pregnancy and/or children with special health care needs. For these members, PHC shall engage the LHD, as needed, in care management and care coordination.
5. Coordination of EPSDT:
   a. Where PHC and the LHD have overlapping responsibilities to provide services to members under age 21, PHC shall:
      1) Assess the member's need for EPSDT medically necessary services using the American Academy of Pediatrics Periodicity Table and the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) child vaccination schedule;
      2) Determine what type of services, if any, are being provided by MCAH programs, or other third-party programs/services; and

3) Coordinate the provision of services with the MCAH programs to ensure that PHC and the LHD are not providing duplicative services and that the member is receiving all medically necessary EPSDT services within sixty (60) calendar days following the preventative screening or visit that identified a need for treatment.

b. For more information, see PHC policy MCCP2022 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services.

6. California Children's Services (CCS)
   a. Please see PHC policy MCCP2024 Whole Child Model for California Children's Services.

D. Reimbursement for LHD Services
1. PHC shall ensure that members have access and covered services for immunizations, blood lead screening, Sexually Transmitted Infection (STI) services, Family Planning, HIV Testing and Counseling.
2. When applicable, LHDs must ensure and avoid duplicative billing for LHD services.
3. When and where possible, PHC makes a good faith attempt to contract with the LHD within PHC's service area for the provision of LHD services.
4. For LHDs that provide the following services as a non-contracted provider:
   a. Immunizations:
      1) PHC does not require the LHD to obtain prior authorization.
      2) PHC shall reimburse the LHD for immunization services provided under the MOU at no less than the Medi-Cal Fee-for-Service (FFS) rate.
      3) PHC shall reimburse the LHD for the administration fee for immunization given to members who are not already immunized as of the date of immunization, in accordance with APL 18-004 Immunization Requirements.
      4) When not already in state wide systems such as the California Immunization Registry (CAIR2), PHC shall provide updated information on the status of member's immunization to LHD
      5) If LHD provides immunizations to a PHC member, the LHD must provide updated information on the member's immunization status to PHC.
   b. Sexually Transmitted Infections (STI) Services, Family Planning, and HIV Testing and Counseling
      1) PHC shall not require prior authorization or referral for members to access STI services. For more information on this, see PHC policy MCUP3015 Family Planning Bypass Services.
      2) PHC shall reimburse the LHD for STI services at no less than the Medi-Cal Fee-for-Service (FFS) rate for the diagnosis and treatment of an STI episode.
      3) PHC shall reimburse the LHD for family planning services at a rate no less than the appropriate Medi-Cal FFS rate for the services listed in Exhibit A of the LHD MOU (refer to Attachment A above) that are provided to PHC members of childbearing age to temporarily or permanently prevent or delay pregnancy.
      4) If the LHD provides HIV testing and counseling services to PHC members, PHC shall reimburse the LHD at a rate no less than the Medi-Cal fee-for-service (FFS) rate.
      5) For reimbursement for STI services, family planning and/or HIV testing and counseling, the LHD must submit the appropriate billing information to PHC and/or treatment records or documentation of a member's refusal to release medical records to PHC.
   c. Blood Lead Screening:
      1) If an MCAH provider performs a blood lead screening, they will be reimbursed at a rate of no less than the Medi-Cal fee-for-service (FFS) rate.
      2) The MCAH provider must share results of the screening with PHC.
   d. Tuberculosis
      1) PHC does not cover Direct Observation Therapy (DOT). The LHD must submit claims for reimbursement of DOT services directly to the state Medi-Cal program.

| Policy/Procedure Number: MCCP2035 | | Lead Department: Health Services |
|---|---|---|
| **Policy/Procedure Title:** Local Health Department (LHD) Coordination | | ☒ **External Policy**<br>☐ **Internal Policy** |
| **Original Date:** 02/14/2024<br>Effective Date: 01/01/2024 | **Next Review Date: 03/13/2025**<br>**Last Review Date: 03/13/2024** | |
| **Applies to:** | ☒ **Medi-Cal** | ☐ **Employees** |

**VII. REFERENCES:**

A. DHCS All Plan Letter (APL) 23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023)
   - Local Health Department Memorandum of Understanding template (DHCS Contract Attachment F)

B. DHCS APL 20-016 *(Revised)* Blood Lead Screening of Young Children (11/02/2020)

C. DHCS APL 18-004 Immunization Requirements (01/31/2018)

**VIII. DISTRIBUTION**:

A. PHC Department Directors

B. PHC Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE**: Chief Health Services Officer

**X. REVISION DATES:** N/A

**PREVIOUSLY APPLIED TO:**

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.