

# MOU Annual Reporting Template Instructions

Pursuant to the Behavioral Health Information Notices (BHINs): 23-056, 23-057, 24-016, Behavioral Health Delivery Systems (BHDS) are required to execute a Memorandum of Understanding (MOUs) with the Medi-Cal Managed Care Plans (MCPs) operating in their county, and submit an annual MOU report to the Department of Health Care Services (DHCS) electronically to [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov) by the last business day of January.

## MOU Annual Report

**MOU Quarterly Update tab:** The MOU Annual Report must include updates from the quarterly meetings with the MCPs; use one row to document each quarterly meeting. This report is not intended to duplicate the MOU quarterly reports where BHDS demonstrates a good faith effort to execute MOUs.

**MOU Annual Review tab:** Documents the results of the annual MOU review. Counties should summarize the BHDS's annual review process, including amendments made to the MOU and/or policies and procedures, as well as the outcomes of the review. Counties have the option to document one annual review per row for each MCP or combine the annual reviews of multiple MCPs in a single row.

**Do not include Members' Personal Health Information (PHI) or any other confidential information in the report.**

## Attestation

Pursuant to BHINs: 23-056, 23-057, and 24-016, BHDS and MCPs are required to coordinate medically necessary services, including health-related social services needs, when members are accessing services from the applicable Medi-Cal Delivery Systems. **The County must indicate the number of times BHDS and MCPs have conducted quarterly meetings within the specified year.**

BHDS must attest to completing the Annual Review of the BHDS Quarterly MOU Reporting for the specified year. BHDS must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. Please see the Attestation tab for instructions.

Unless otherwise noted in the instructions below, please do not include attachments with your report, as unsolicited attachments will not be accepted. If you have additional questions or concerns, please contact the [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov) mailbox or your assigned county liaison.

## MOU Annual Report Update

Column Name	Explanation
<b>County (Column A)</b>	Enter the County Name.
<b>Plan Code (Column B)</b>	Select the plan code from the drop-down list. Use the plan code directory tab for reference. Selecting the Plan Code will automatically populate the associated MCP Plan Name in Column C.  MHP/DMC-ODS/DMC that operate in more than one county should report on all counties within one MOU Quarterly Report by reporting separate rows for each applicable plan code.
<b>MCP Plan Name (Column C) (Auto Populates)</b>	This column will be automatically populated with the County when the associated Plan Code is entered into Column B. No action is needed in this column.
<b>MOU Effective Date (Column D)</b>	Enter the effective date of the Executed MOU. The effective date is the date that the MOU went into effect.
<b>Reporting Year (Column E)</b>	Enter the corresponding reporting year for the data reported using the drop down list provided.
<b>Combined MOU (Column F)</b>	Is the MOU a combination of more than one delivery system? Select "Yes" or "No" from the drop-down menu.
<b>MOU Type (Column G)</b>	Select the MOU type from the drop-down list. If the BHDS has executed MOUs with multiple MCPs for the same MOU type, report each on a separate row. List all individual executed MOUs..
<b>Meeting Attendees (Column H)</b>	Provide a list of all attendees including MCP responsible person(s), leadership, and county executives during the quarterly meetings.
<b>MOU Quarterly Updates Tab: (Column I) Care Coordination</b>	<b>Topic:</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>MOU Annual Review Tab: (Column I) Summary of Annual Review Process</b>	Provide a summary of the annual review activities conducted by the county.
<b>MOU Quarterly Updates Tab: (Column J) Topic: Referrals</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>MOU Annual Review Tab: (Column J) Outcome of the Review Process</b>	Provide a summary of the review process.
<b>MOU Quarterly Updates Tab: (Column K) Topic: Dispute Resolution</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>MOU Annual Review Tab: (Column K) MOU Amendment? (Attach supporting documents)</b>	Select "Yes" or "No" from the drop-down menu. If yes, provide copies of any modified or renewed MOUs.
<b>MOU Quarterly Updates Tab: (Column L) Strategies to Avoid Duplication of Services</b>	<b>Strategies</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>MOU Annual Review Tab: (Column L) Additional information (Optional)</b>	Provide any additional information the county may have regarding the MOU annual review. <b>Note:</b> Additional information is optional.
<b>Collaboration (Column M)</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 BHDSs and MCPs 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>Member Engagement (Column N)</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.

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Alameda	Alameda Alliance for Health	531
	Kaiser Permanente	670
Alpine	Anthem Blue Cross Partnership Plan	385
	Mountain Valley Health Plan	377
Amador	Anthem Blue Cross Partnership Plan	101
	Health Net Community Solutions Inc.	380
	Kaiser Permanente	125
Butte	Partnership Health Plan of California	543
	Anthem Blue Cross Partnership Plan	103
Calaveras	Health Net Community Solutions Inc.	381
	Partnership Health Plan of California	544
Colusa	Contra Costa Health Plan	532
	Kaiser Permanente	671
Contra Costa	Partnership Health Plan of California	523
Del Norte	Anthem Blue Cross Partnership Plan	386
	Mountain Valley Health Plan	378
El Dorado	Kaiser Permanente	387
	Anthem Blue Cross Partnership Plan	362
	Kaiser Permanente	365
	CalViva Health	315
Glenn	Partnership Health Plan of California	545
	Partnership Health Plan of California	517
Humboldt	Community Health Plan of Imperial Valley	533
	Kaiser Permanente	672
Imperial	Anthem Blue Cross Partnership Plan	107
	Health Net Community Solutions Inc.	382
	Anthem Blue Cross Partnership Plan	379
Inyo	Kaiser Permanente	366
	Kern Family Health Care	303
	Anthem Blue Cross Partnership Plan	363
Kings	Kaiser Permanente	367
	CalViva Health	316
	Partnership Health Plan of California	511
Lake	Partnership Health Plan of California	518
Lassen	Health Net Community Solutions, Inc.	352
	L.A. Care Health Plan	304
	Kaiser Permanente	368
Los Angeles	Anthem Blue Cross Partnership Plan	364
	Kaiser Permanente	369
	CalViva Health	317
Madera	Partnership Health Plan of California	510
	Kaiser Permanente	650
Marin	Central California Alliance For Health	554
	Kaiser Permanente	651
Mariposa	Partnership Health Plan of California	512
Mendocino	Partnership Health Plan of California	512

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Merced	Central California Alliance For Health	514
	Partnership Health Plan of California	519
Modoc	Anthem Blue Cross Partnership Plan	109
	Health Net Community Solutions, Inc.	383
Mono	Central California Alliance For Health	508
	Partnership Health Plan of California	507
Monterey	Kaiser Permanente	652
	Partnership Health Plan of California	546
Napa	CalOptima Health	506
	Kaiser Permanente	653
Nevada	Partnership Health Plan of California	547/549
	Kaiser Permanente	662
Orange	Partnership Health Plan of California	548
	Molina Healthcare of California	355
Placer-Sierra	Inland Empire Health Plan	305
	Kaiser Permanente	370
Plumas	Anthem Blue Cross Partnership Plan	190
	Health Net Community Solutions, Inc.	150
	Kaiser Permanente	191
	Molina Healthcare of California	130
Riverside	Central California Alliance For Health	553
	Molina Healthcare of California	356
San Benito	Inland Empire Health Plan	306
	Kaiser Permanente	371
	Blue Shield of California Promise Health Plan	167
San Bernardino	Molina Healthcare of California	131
	Kaiser Permanente	192
	Community Health Group Partnership Plan	29
San Diego	Anthem Blue Cross Partnership Plan	343
	Kaiser Permanente	372
	San Francisco Health Plan	307
San Francisco	Health Net Community Solutions, Inc.	354
	Health Plan San Joaquin	308
San Joaquin	Kaiser Permanente	373
	CenCal Health	501
San Luis Obispo	Health Plan of San Mateo	503
	Kaiser Permanente	654
San Mateo	CenCal Health	502
	Anthem Blue Cross Partnership Plan	345
Santa Barbara	Kaiser Permanente	374
	Santa Clara Family Health Plan	309
Santa Clara	Central California Alliance For Health	505
	Kaiser Permanente	655
Santa Cruz	Partnership Health Plan of California	520
	Partnership Health Plan of California	521
Shasta	Partnership Health Plan of California	520
Siskiyou	Partnership Health Plan of California	521

MHP/DMC-ODS/DMC Counties	MCP Plans	Plan Code
Solano	Partnership Health Plan of California	504
	Kaiser Permanente	656
Sonoma	Partnership Health Plan of California	513
	Kaiser Permanente	657
Stanislaus	Health Net Community Solutions, Inc.	361
	Health Plan of San Joaquin	312
Sutter-Yuba	Kaiser Permanente	375
	Partnership Health Plan of California	550/552
Tehama	Kaiser Permanente	658/661
	Partnership Health Plan of California	551
Trinity	Partnership Health Plan of California	522
	Health Net Community Solutions, Inc.	353
Tulare	Kaiser Permanente	376
	Anthem Blue Cross Partnership Plan	311
Tuolumne	Health Net Community Solutions, Inc.	384
	Anthem Blue Cross Partnership Plan	116
Ventura	Gold Coast Health Plan	515
	Kaiser Permanente	659
Yolo	Partnership Health Plan of California	509
	Kaiser Permanente	660

County Name	Plan Code	MCP Plan Name <i>(Auto Populates)</i>	MOU Effective Date	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees
Sonoma	513	Partnership HealthPlan of California	August, 2024	2025	No	SMHS	Chris Marlow Wendy Wheelwright Will Gayowski Katrina Suprise Masha McCarthy
Sonoma	513	Partnership HealthPlan of California	June, 2024	2025	No	DMC-ODS	Chris Marlow Wendy Wheelwright Will Gayowski Katrina Suprise Masha McCarthy
Sonoma	657	Partnership HealthPlan of California	June, 2024	2025	No	DMC-ODS	Chris Marlow Wendy Wheelwright Will Gayowski Katrina Suprise Masha McCarthy

County Name	Plan Code	Summary of the Annual Review Process
Sonoma	513	<p>During Calendar Year 2025, Sonoma County conducted ongoing internal oversight of its executed MCP–MHP MOU with Partnership through recurring QAPI/Compliance review meetings and internal coordination forums. These reviews evaluated MOU-related performance and implementation across core domains including care coordination and Closed Loop Referral tracking, data sharing requirements, member engagement workflows, and planning for CalAIM initiatives (including Transitional Rent). Sonoma County’s internal governance process was supplemented by quarterly MCP–MHP coordination meetings with Partnership/Carelon used to review system changes and confirm shared expectations (e.g., Closed Loop Referral tracking enhancements, data sharing updates, and Transitional Rent implementation planning).</p>
Sonoma	513	<p>During Calendar Year 2025, Sonoma County conducted continuous internal oversight of its executed DMC-ODS MOU with Partnership through recurring QAPI and Compliance governance forums and internal operational meetings. These reviews evaluated MOU-related performance and implementation across core domains, including SUD access and referral workflows, Closed Loop Referral expectations, data-sharing requirements, dispute resolution pathways, and planning for CalAIM initiatives such as ECM, Community Supports, and Transitional Rent.</p> <p>Internal review activity informed Sonoma County’s participation in quarterly DMC-ODS MOU meetings with Partnership, where policy changes, operational transitions, and system readiness were addressed. Collectively, Sonoma County’s internal governance and quarterly MCP–County coordination meetings constituted the County’s Annual MOU Review process for DMC-ODS.</p>
Sonoma	657	<p>During CY 2025, Sonoma County and Kaiser used quarterly MOU meetings and interim coordination to review implementation status, data sharing readiness, Closed Loop Referral expectations, and workflow updates. Annual review planning was discussed in Q2 2025 tied to the contract anniversary and included considering incorporation of updated DHCS Closed Loop Referral language.</p>

County Name	Plan Code	Outcome of the Review Process
Sonoma	513	Based on Sonoma County's internal annual review activity in CY 2025, the County determined that the executed Partnership MCP-MHP MOU remained active and operationally supported through ongoing monitoring and quarterly coordination. Review activities in 2025 emphasized readiness and compliance alignment for evolving requirements, including strengthened Closed Loop Referral documentation expectations and expanded data-sharing requirements, as well as implementation planning for Transitional Rent.
Sonoma	513	Based on Sonoma County's annual review activity in CY 2025, the County determined that the Partnership DMC-ODS MOU remained active and operationally supported through ongoing monitoring and quarterly coordination. Review activities emphasized readiness for evolving requirements, including strengthened Closed Loop Referral tracking, data-sharing expectations, and the transition of member-facing functions to Partnership. Planning for CalAIM initiatives, including ECM, Community Supports, and Transitional Rent, was integrated into MOU oversight to ensure alignment between MCP and County responsibilities. No executed amendment was required during the reporting year.
Sonoma	657	The annual review process confirmed that the Kaiser DMC-ODS MOU remained in effect and operational throughout CY 2025. During the year, DHCS separately requested minor technical updates to the executed MOU (e.g., identification of responsible persons and related details). These DHCS-requested revisions were paused pending Data Use Agreement (DUA) finalization, which was communicated to DHCS, and the County and Kaiser continued operating under the original executed MOU. Later in 2025, Sonoma County and Kaiser coordinated on incorporating DHCS feedback into a revised DMC-ODS MOU, which was submitted in December 2025. The County's annual review itself did not result in an amendment to the MOU

County Name	Plan Code	MOU Amendment? (attach supporting documents)	Additional Information (Optional)
Sonoma	513	No	Sonoma County’s annual review approach is intentionally continuous (not a single annual meeting). Internal QAPI/Compliance monitoring throughout the year is used to maintain audit readiness, track implementation issues, and ensure quarterly MCP–MHP coordination discussions remain aligned with DHCS expectations (including referral tracking/Closed Loop Referral requirements, data sharing, and CalAIM-related responsibilities).
Sonoma	513	No	Sonoma County’s annual MOU review approach is intentionally continuous rather than limited to a single annual meeting. Internal QAPI and Compliance oversight throughout the year is used to maintain audit readiness, track implementation risks, and ensure quarterly DMC-ODS MOU meetings remain aligned with DHCS expectations for access, referrals, data sharing, and CalAIM-related responsibilities.
Sonoma	657	<p>No – the County’s annual review did not result in an amendment to the existing MOU.</p> <p>A newly executed DMC-ODS MOU incorporating DHCS-requested technical revisions (e.g., identification of responsible persons) was submitted in December 2025 following Data Use Agreement (DUA) finalization. The County and Kaiser continued operating under the original June 27, 2024 MOU throughout CY 2025.</p>	Kaiser’s data-sharing approach and CalMHSA coordination were discussed as part of MOU implementation strategy, including discussion of claims-based data elements and operational considerations/lag times.

## MOU Annual Reporting Attestation

**Attestation for MOU Annual Reporting and Quarterly Reporting  
(Attest to all applicable requirements below. If the county is unable to attest to one or more requirements below, provide a reason.)**

I hereby attest, the applicable executed MOU(s) were posted on the County website within 30 calendar days of being fully executed.

I hereby attest, an Annual Review of the MOU(s) has been conducted for the 2025 year and all information provided in this report is true, accurate, and complete to the best of my knowledge.

I hereby attest, Sonoma County held (4) quarterly meetings with Partnership, and (3) quarterly meetings with Kaiser, and the quarterly meetings are posted on Sonoma County's website.

**In addition to the formal quarterly MOU meetings, Sonoma County and Kaiser met on a more frequent (monthly) basis throughout 2025 to address DMC-ODS operational and coordination issues. The Kaiser DMC-ODS MOU was executed on June 27, 2024. In early 2025, DHCS requested minor technical revisions to the MOU (e.g., identification of responsible persons). Those revisions were paused pending Data Use Agreement (DUA) finalization, which was communicated to DHCS. During this period, the County and Kaiser continued operating under the original executed MOU. As a result, no separate Q1 2025 Kaiser DMC-ODS quarterly MOU meeting occurred. Quarterly MOU meetings resumed later in 2025, and the revised MOU incorporating DHCS feedback was submitted in December 2025.**

I hereby attest, Sonoma County will post the Annual Report on the County website within 30 calendar days from the due date of the annual report submission to the Department of Health Care Services.

**On behalf of Sonoma County, I hereby attest, the Annual MOU Review of the 2025 year is true, accurate, and complete to the best of my knowledge.**

Name of Signee	Title	Date	Email Address
Chris Marlow	QAPI Section Manager	1/30/2026	<a href="mailto:christina.marlow@sonomacounty.gov">christina.marlow@sonomacounty.gov</a>

KEY:
CY: Calendar Year
MCP: Managed Care Plans