

**MEMORANDUM OF UNDERSTANDING
BETWEEN VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION dba
GOLD COAST HEALTH PLAN
AND
VENTURA COUNTY PROBATION AGENCY**

This Memorandum of Understanding (“MOU”) is entered into by and between the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan (“MCP”) and the Ventura County Probation Agency (“Correctional Facility”), effective as of April 1, 2026 (“Effective Date”). Correctional Facility and MCP are referred to herein as a “Party” and collectively as “Parties.”

WHEREAS, MCP is required under the Medi-Cal Managed Care Contract Exhibit A, Attachment III, to enter into this MOU, a binding and enforceable contractual agreement, to ensure that incarcerated individuals (“Qualified Individuals”) who are Medi-Cal beneficiaries enrolled in or have suspended enrollments in a MCP, including individuals newly enrolled during their period of incarceration in the Ventura County Juvenile Facilities, (“Members”) are able to access and/or receive services in a coordinated manner from MCP and Correctional Facility;

WHEREAS, in January 2023, the Centers for Medicare and Medicaid Services (“CMS”) approved a Section 1115 Demonstration authorizing waiver and expenditure authority that enables the California Department of Health Care Services (“DHCS”) to cover a targeted set of Medi-Cal services¹ for incarcerated individuals for up to 90 days prior to the expected date of release (“Justice Involved (JI) Initiative”);

WHEREAS, Welfare and Institutions Code section 14184.800 states that “a qualifying inmate of a public institution shall be eligible to receive targeted Medi-Cal services for 90 days . . . prior to the date they are released from a public institution, if otherwise eligible for those services. . .”;

WHEREAS, the Parties desire to ensure that Qualified Individuals receive a targeted set of Medi-Cal services for up to 90 days prior to expected date of release;

WHEREAS, by establishing relationships between Correctional Facility, MCP and Qualified Individuals prior to release, the Parties seek to improve health care outcomes for adults and youth who meet qualifying criteria for pre-release services as defined by the CalAIM Section 1115 Demonstration’s Special Terms and Condition 9.2, youth who meet the “Eligible Youth” criteria as required under the Consolidated Appropriations Act, 2023 and defined in CMS’ State Health Official Letter 24-004, “RE: Provision of Medicaid and CHIP Services to Incarcerated Youth,” by connecting individuals to a network of health care services and supports prior to and upon release, and as described in the Policy and Operational Guide for Planning and Implementing the CalAIM

¹ For a list of covered services, see Appendix W of the Reentry Standard Terms and Conditions (STCs), available here: <https://www.dhcs.ca.gov/provgovpart/Documents/California-Reentry-Demonstration-Initiative-Amendment-Approval.pdf>

Justice Involved Initiative (hereinafter, the “CalAIM JI Reentry Policy and Operational Guide”²); and

WHEREAS, the Parties desire to ensure that Qualified Individuals who are enrolled or have suspended enrollment in MCP, receive services for which they are eligible in a coordinated manner, provide a process to share information across the Parties, and continuously evaluate the quality of care coordination provided.

In consideration of the mutual agreements and promises hereinafter, the Parties agree as follows:

I. DEFINITIONS

Capitalized terms have the meaning ascribed by MCP’s Medi-Cal Managed Care Contract with DHCS, unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS [webpage at https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx)

“Behavioral Health Link” means the facilitation of referrals by Correctional Facility to county specialty mental health services (“SMHS”), Drug Medi-Cal (“DMC”), the Drug Medi-Cal Organized Delivery System (“DMC-ODS”), and/or MCP for Qualified Individuals who received behavioral health or substance use disorder (“SUD”) services or medication while housed at the Ventura County Juvenile Facilities, to allow for the continuation of Behavioral Health and/or SUD services upon release into the community.

“Care Manager Warm Handoff” or “Warm Handoff” is a required meeting between the Pre-Release Care Manager, the Post-Release JI ECM Provider, and the Qualified Individual to ensure care coordination and review the Reentry Care Plan.

“Correctional Facility Liaison” means Correctional Facility’s designated point of contact responsible for acting as the liaison between MCP and Correctional Facility as described in Section V of this MOU. The Correctional Facility Liaison should ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section IX of this MOU, and provide updates to the Correctional Facility Responsible Person, as appropriate. The Correctional Facility Responsible Person may serve, or designate a person to serve, as the Correctional Facility Liaison. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in JI related practices.

“Correctional Facility Responsible Person” means the person designated by Correctional Facility to oversee coordination and communication with MCP and ensure Correctional Facility’s compliance with this MOU as described in Section V of this MOU.

“JI Liaison” means an individual or a team (i.e., a live person(s), not an automated hotline) designated by MCP who will be available to support Correctional Facility, Pre-Release Care

² DHCS, “CalAIM JI Reentry Policy and Operational Guide,” October 2023. Available at <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>

Managers, and/or Enhanced Care Management (“ECM”) Providers as needed. The JI Liaison is MCP’s designated point of contact responsible for acting as the liaison between MCP and Correctional Facility as described in Section IV of this MOU. The JI Liaison must ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section IX of this MOU, and provide updates to the MCP Responsible Person and/or MCP compliance officer as appropriate. Additional requirements for the JI Liaison are described in Section 13: MCP Requirements for Implementing Enhanced Care Management for the Justice Involved Population of Focus of the CalAIM JI Reentry Policy and Operational Guide.

“MCP Responsible Person” means the person designated by MCP to oversee MCP coordination and communication with Correctional Facility and ensure MCP’s compliance with this MOU as described in Section IV of this MOU. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in JI related practices.

“Post-Release JI ECM Provider” or “JI ECM Provider” means an ECM Provider as defined in the ECM Policy Guide³ (i.e., a community-based entity with experience and expertise providing intensive, in-person care management services to individuals in one or more of the ECM Populations of Focus) that meets the minimum requirements to administer ECM services to justice-involved individuals and participate in Care Manager Warm Handoffs for Qualified Individuals.⁴ Additional requirements to administer ECM services are described in Section 8.4: Care Management Model and Section 10.2: Care Management Bundles of the CalAIM JI Reentry Policy and Operational Guide.

“Pre-Release Care Manager” means the individual providing pre-release care management services to individuals in the Correctional Facility. This position may be filled by an Embedded or an In-Reach Pre-Release Care Manager, defined as:

- i. “Embedded Pre-Release Care Manager” means a care manager directly employed or contracted by Correctional Facility who delivers pre-release care management services to individuals in the Correctional Facility (in person or via telehealth).
- ii. “In-Reach Pre-Release Care Manager” means a community-based JI ECM care management Provider who delivers pre-release care management services to individuals in the Correctional Facility (in person or via telehealth) and should become, as practicable, the individual’s JI ECM Provider after an individual’s release and enrollment into managed care.

“Qualified Individual” means a housed youth at the Ventura County Juvenile Facilities who is found eligible for pre-release services as outlined in Section 6 of the CalAIM JI Reentry Policy and Operational Guide. For purposes of this MOU, Qualified Individuals are referred to as “Members.”

³ DHCS, “CalAIM Enhanced Care Management Policy Guide,” August 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>.

⁴ DHCS, “CalAIM Enhanced Care Management Model of Care for Individuals Transitioning from Incarceration Population of Focus,” September 2023. Available at <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/JI-ECM-POF-ModelOfCareTemplateSept2023.pdf>.

“Reentry Care Plan” means a patient-centered health care plan of action created in collaboration with the Member, the clinician(s) providing consultation services (as available), and Correctional Facility’s reentry planning team prior to the Member’s release. The required elements of the Reentry Care Plan are defined in Section 8.4: Care Management Model of the CalAIM JI Reentry Policy and Operational Guide.

II. TERM AND TERMINATION

A. Term. This MOU is in effect as of the Effective Date and continues for a term of three (3) years; thereafter, it shall automatically renew for additional one (1) year terms, unless earlier terminated by either Party in accordance with the provisions of this MOU, or as amended in accordance with Section XIV.F of this MOU.

B. Termination without Cause. This MOU may be terminated without cause and for convenience by either Party upon at least sixty (60) days written notice to the other Party.

C. Termination with Cause. In the event of a breach of any material provision of this MOU, the Party claiming the breach will give the other Party written notice of termination setting forth the facts underlying its claim(s) that the other Party has breached the MOU. The Party receiving the notice of termination shall have thirty (30) days from the date of receipt of such notice to remedy or cure the claimed breach to the satisfaction of the other Party. During this thirty (30) day period, the Parties agree to meet as reasonably necessary and to confer in good faith to resolve the claimed breach. If the Party receiving the notice of termination has not remedied or cured the breach within such thirty (30) day period, the Party who provided the notice of termination shall have the right to immediately terminate this MOU.

III. SERVICES COVERED BY THIS MOU

This MOU governs the coordination between the Parties for the delivery of care and services for Members who are or have been housed in Correctional Facility’s custody and are enrolled, or have suspended enrollment, in MCP.

IV. MCP OBLIGATIONS

A. Provision of Covered Services. MCP is responsible for authorizing Medically Necessary Covered Services for Members prior to being housed at the Ventura County Juvenile Facilities and after release from the Ventura County Juvenile Facilities . MCP is also responsible for coordinating care for Members that may be provided by MCP’s Network Providers and/or other Providers of Medi-Cal covered services including carved-out services and benefits prior to a Member’s stay and after their release from the Ventura County Juvenile Facilities .

B. Oversight Responsibility. MCP must designate an employee to act as the MCP Responsible Person on Exhibit A. The designated MCP Responsible Person is responsible for overseeing MCP’s compliance with this MOU. (Note that the designated MCP Responsible Person is not responsible for overseeing Correctional Facility compliance with this MOU). MCP must notify Correctional Facility of any changes to the MCP Responsible Person in writing as soon as reasonably practical, but no later than the date of the change, and must notify DHCS within five Working Days of the change. The MCP Responsible Person must:

1. Meet at least quarterly with Correctional Facility, as required by Section IX of this MOU;
2. Report on MCP's compliance with the MOU to MCP's compliance officer no less frequently than quarterly. MCP's compliance officer is responsible for MOU compliance oversight reports as part of MCP's compliance program and must address any compliance deficiencies in accordance with MCP's compliance program policies;
3. Ensure there is sufficient staff at MCP to support compliance with and management of this MOU;
4. Ensure the appropriate levels of MCP leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from Correctional Facility are invited to participate in the MOU engagements, as appropriate;
5. Ensure training and education regarding MOU provisions and the CalAIM JI Reentry Policy and Operational Guide are conducted annually, and as otherwise described in Section VI of this MOU, for MCP's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network Providers; and
6. Serve, or designate a person at MCP to serve, as the JI Liaison, the point of contact and liaison with Correctional Facility.
7. MCP must notify Correctional Facility of any changes to the JI Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within five Working Days of the change. The JI Liaison and their contact information is listed in Exhibit B of this MOU.

C. Compliance by Subcontractors, Downstream Subcontractors, and Network Providers. MCP must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

V. CORRECTIONAL FACILITY OBLIGATIONS

A. Provision of Services.

1. Correctional Facility is responsible for screening youth housed at the Ventura County Juvenile Facilities for Medi-Cal eligibility; supporting Medi-Cal applications, if applicable; screening all Medi-Cal-eligible adults for physical and behavioral health needs to determine if the youth meets access criteria for pre-release services; and activating the JI Aid Code in the JI Screening Portal,⁵ as defined in Section 4.2: Pre-Release Medi-Cal Application Process

⁵ Note: youth do not need to be screened to assess whether they meet a qualifying condition. All youth under 21 and former foster youth between 18-26 years of age that were in foster care on their 18th birthday and are housed in youth or adult correctional facilities do not need to demonstrate a health care need to qualify for pre-release services.

Implementation Requirements, Section 6.3: Screening Approach, and Section 6.7: JI Screening Portal of the CalAIM JI Reentry Policy and Operational Guide.

2. Correctional Facility is responsible for authorizing and delivering pre-release case management reentry services to eligible Members, through embedded and/or in-reach community-based providers, as described in the CalAIM JI Reentry Policy and Operational Guide.

B. Oversight Responsibility. Correctional Facility must designate a person to act as the Correctional Facility Responsible Person on Exhibit B. The designated Correctional Facility Responsible Person is responsible for overseeing Correctional Facility's compliance with this MOU. (Note that the designated Correctional Facility Responsible Person is not responsible for overseeing MCP compliance with this MOU). The Correctional Facility Responsible Person serves, or must designate a person (s) to serve, as the designated Correctional Facility Liaison, the point of contact and liaison with MCP. The Correctional Facility Liaison and their contact information are listed in Exhibit B of this MOU. Correctional Facility must notify MCP of changes to the Correctional Facility Liaison or Correctional Facility Responsible Person as soon as reasonably practical, but no later than the date of the change, except when such prior notification is not possible, in which case, notice should be provided within five Working Days of the change.

1. The Correctional Facility Responsible Person must:

a. Meet at least quarterly with MCP, as required by Section IX of this MOU;

b. Ensure that there are sufficient staff at the Correctional Facility to support compliance with and management of this MOU;

c. Manage and oversee the Correctional Facility Liaison (if the Correctional Facility Responsible Person is not also the Correctional Facility Liaison).

2. The Correctional Facility Liaison must ensure the appropriate communication and care coordination is ongoing between the Parties, facilitate quarterly meetings in accordance with Section IX of this MOU, and provide updates to the Correctional Facility Responsible Person, as appropriate.

C. Compliance by Subcontractors and Downstream Subcontractors. Correctional Facility must require and ensure that its subcontractors and downstream subcontractors, as applicable, comply with all applicable provisions of this MOU.⁶

VI. TRAINING AND EDUCATION

A. Training and Orientation. To ensure compliance with this MOU, MCP must provide training and orientation for its employees who carry out responsibilities under this MOU and, as applicable, for MCP's Network Providers, Subcontractors, and Downstream

⁶ For purposes of this MOU, subcontractors and downstream subcontractors of the Correctional Facility means any individual(s) or entity(ies) with whom the Correctional Facility contracts with or to whom the Correctional Facility delegates to carry out any of its obligations or responsibilities under in this MOU.

Subcontractors who assist in carrying out the MCP's responsibilities. In the MCP training information, MCP must include what care management services are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing these responsibilities as of the Effective Date, MCP must provide this training within 60 of the Effective Date. Thereafter, MCP must provide this training prior to any such person or entity performing responsibilities under this MOU and to all such persons or entities at least annually thereafter. MCP must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and Correctional Facility processes and services to its Network Providers.

B. Education Materials.

1. In accordance with health education standards required by the Medi-Cal Managed Care Contract, MCP must provide Members and Network Providers with educational materials related to accessing Covered Services.

2. MCP must provide Correctional Facility, Members, and Network Providers with training and/or educational materials on how MCP's Covered Services and any carved-out services may be accessed, including during nonbusiness hours.

C. Annual Training Requirement. The Correctional Facility Responsible Person must ensure training and education regarding MOU provisions are conducted annually for the Correctional Facility's employees and contractors, as applicable.

VII. REFERRALS

A. General.

1. The Parties must work collaboratively to develop policies and procedures that ensure Members are referred to the appropriate programs and/or services upon release from the Ventura County Juvenile Facilities .

2. If Correctional Facility is providing pre-release care management, Correctional Facility must ensure the assigned Pre-Release Care Manager identifies the Covered Services or supports needed by Members upon reentry to the community.

3. If Correctional Facility is providing pre-release care management, Correctional Facility must ensure Members' needs are identified through the development of a Health Risk Assessment, a goals and objectives document, and a Reentry Care Plan, in accordance with the CalAIM JI Reentry Policy and Operational Guide Section 8.4: Care Management Model.

4. If Correctional Facility is providing pre-release care management, Correctional Facility must ensure that the assigned Pre-Release Care Manager refers Members for any needed services and/or supports to MCP through the JI Liaison or another identified pathway agreed to by the Parties.

5. If Correctional Facility is providing pre-release care management, MCP and Correctional Facility must coordinate to ensure that MCP receives all Member referrals for

services or supports and any information needed to support the referral (e.g., Member's name, date of birth, client index number, expected address at the time of release, expected release date, recommended timeframe for requested services) for MCP to authorize and ensure the services or supports are available to Members upon release and effectuation of active MCP coverage.

6. MCP is responsible for ensuring that, upon release and effectuation of active MCP coverage, Members receive all Medically Necessary Covered Services for which they are referred by Correctional Facility clinical staff, the Embedded Pre-Release Care Manager, or the In-Reach Pre-Release Care Manager and for which the Member is eligible; such as Community Supports, medical transportation services, Primary Care Provider assignments, and assignments to other necessary Network Providers. MCP must ensure that these post-release Covered Services are coordinated by the Member's Post-Release JI ECM Provider.

B. Short-Term Stays. For Members with short-term stays, referral activities should take place in accordance with the short-term model timelines defined in Section 8.2 of the CalAIM JI Reentry Policy and Operational Guide.

C. Closed-Loop Referrals.⁷

1. MCP must develop a process to implement the closed-loop referral requirements outlined in the Closed-Loop Referral Implementation Guidance, an Addendum to the CalAIM Population Health Management Policy Guide.⁸ MCP must work collaboratively with Correctional Facility to develop and implement a process to ensure that MCP complies with the applicable provisions of the Closed-Loop Referral Implementation Guidance.

2. Correctional Facility and Pre-Release Care Manager must comply with the Closed-Loop Referral Implementation Guidance when referring Members who reside in Correctional Facilities and receive or are eligible for pre-release services, to ECM and Community Supports.

3. MCP must accept referrals during the 90-day pre-release period while youth are housed at the Ventura County Juvenile Facilities and ensure services are available on the day of release (or the day their MCP enrollment is active, if enrollment is effectuated after release). Closed-Loop Referral requirements apply to all referrals for ECM or Community Supports made while the youth is housed at the Ventura County Juvenile Facilities and assigned to an MCP.

4. MCP must provide a notice of authorization for ECM and Community Supports to Correctional Facility and the Member within the time frames set forth in APL 21-011 or superseding APL 21-011 (within 24 hours of authorization to Providers and within two business days of the authorization to the Member using the appropriate Notice of Action (NOA) template).⁹

⁷ Requirements for Closed-Loop Referrals are described in further detail on page 32 of the Closed-Loop Referral Implementation Guidance and Section 13.3.e: Closed-Loop Referrals of the CalAIM JI Reentry Policy and Operational Guide.

⁸ DHCS, "Addendum to the PHM Policy Guide: Closed-Loop Referral Implementation Guidance," Updated May 2025. Available at: <https://www.dhcs.ca.gov/CalAIM/Documents/CLR-Implementation-Guidance.pdf>.

⁹ APL 21-011, August 31, 2022, p. 4. Available at

5. MCP must also provide a notice of referral loop closure to the Correctional Facility within two Working Days of receiving the information, as described in the Closed-Loop Referral Implementation Guidance.¹⁰

6. MCP must adhere to the same requirements for additional services DHCS integrates into subsequent versions of Closed-Loop Referral Implementation Guidance.

VIII. CARE COORDINATION AND COLLABORATION

A. General.

1. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the care-coordination related requirements set forth in this MOU.

2. The Parties must discuss and address systematic and individual care coordination issues or barriers to care coordination efforts at least quarterly.

3. MCP must have policies and procedures in place to maintain collaboration with Correctional Facility and to identify strategies to monitor and assess the effectiveness of this MOU.

B. Care Manager Assignments.

1. MCP and Correctional Facility must work collaboratively to ensure that each Member is assigned a Pre-Release Care Manager and Post-Release JI ECM Provider (if different from the person assigned as the Pre-Release Care Manager). These assignments must be made as described in Section 8.4: Care Management Model of the CalAIM JI Reentry Policy and Operational Guide or as described in mutually agreed upon and formally documented policies and procedures. For Members with short-term stays, assignments should take place in accordance with the short-term model timelines defined in Section 8.2: Short-Term Model Minimum Requirements of the CalAIM JI Reentry Policy and Operational Guide.

2. MCP must respond to the Correctional Facility's requests for a Post-Release JI ECM Provider assignment to provide in-reach pre-release care management services and/or to participate in a Warm Handoff via the JI Liaison or other mutually agreed-upon methods.

3. MCP must ensure that, in circumstances where the Member is served by an In-Reach Pre-Release Care Manager, that provider continues to serve the Member as their Post-Release JI ECM Provider.¹¹

4. MCP must communicate confirmation of the JI ECM Provider assignment to Correctional Facility.

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL20_21/APL21-011.pdf.

¹⁰ DHCS, Addendum to the PHM Policy Guide: Closed-Loop Referral Implementation Guidance, May 2025, p. 16.

¹¹ There may be circumstances where a Member changes their post-release JI ECM Provider due to a change in county of residence or Member preferences for provider, in which case such change is acceptable.

C. Reentry Planning and Coordination. Correctional Facility and MCP must conduct planning and coordination to ensure smooth reentry for Members consistent with Section 8.4: Care Management Model and Section 11: Reentry Planning of the CalAIM JI Reentry Policy and Operational Guide, including ensuring coordination for the following tasks. Note that, for Members with short-term stays, reentry planning and coordination activities should take place in accordance with the short-term model timelines defined in Section 8.2 of the CalAIM JI Reentry Policy and Operational Guide.

1. Health Risk Assessments. Upon request from the assigned Pre-Release Care Manager, MCP must coordinate and share information known or accessible to the MCP with the Pre-Release Care Manager and/or Correctional Facility about the Member's care and treating Providers prior to being housed at the Ventura County Juvenile Facilities .

2. Creation of the Reentry Care Plan. MCP must assist the assigned Pre-Release Care Manager with creating the Reentry Care Plan by timely responding to requests for post-release service authorizations and identifying in-network or approved out-of-network Providers to provide post-release care.

3. Behavioral Health Links.

a. Correctional Facility must conduct an initial mental health and SUD screening at intake and a second screening and/or full assessment, as indicated, in accordance with the CalAIM JI Reentry Policy and Operational Guide Section 6 to determine if the Member's behavioral health needs meet the Behavioral Health Link criteria described in the CalAIM JI Reentry Policy and Operational Guide Section 11.

b. Correctional Facility must facilitate referrals for Members who meet the Behavioral Health Link criteria and require a Behavioral Health Link for either County-based behavioral health services (SMHS, DMC, or DMC-ODS) or managed care and/or fee-for service based behavioral health services, as described in Section 6 of the CalAIM JI Reentry Policy and Operational Guide.

c. For MCP-enrolled Members who do not meet the criteria for SMHS, DMC, or DMC-ODS services, Correctional Facility and MCP must coordinate to ensure the Member receives referrals for managed care Providers to meet their behavioral health needs post-release.¹² These referrals are to be shared with the JI ECM Provider.

d. For MCP-enrolled Members who do not meet the criteria for SMHS, DMC, or DMC-ODS services, Correctional Facility must ensure that the Member's Pre-Release Care Manager coordinates with the Post-Release JI ECM Provider (if different) to facilitate the Member's Behavioral Health Link for managed care and/or fee-for-service delivery system Providers.

e. MCP must ensure that the Post-Release JI ECM Provider participates in the Behavioral Health Link for managed care and/or fee-for-service behavioral

¹² Additional information on MCP role coordinating behavioral health services for Members who do not meet the criteria for SMHS, DMC, or DMC-ODS services (including definitions of SMHS criteria) is located in APL 22-006.

health services and, upon request from the post-release behavioral health provider, for County-based behavioral health services (SMHS, DMC, or DMC-ODS).

f. MCP must assist Correctional Facility by providing information about in-network behavioral health providers, as requested.

g. MCP must assist the assigned Pre-Release Care Manager or post-release JI ECM Provider (if different) in identifying available appointments with behavioral health providers within the recommended Behavioral Health Link follow-up timeframe.

4. Care Manager Warm Handoffs.¹³ The Parties must comply with warm handoffs as described in Section 8.4: Care Management Model and Section 10.2: Care Management Bundles of the CalAIM JI Reentry Policy and Operational Guide. The Warm Handoff is required in cases where different care managers provide pre-release care management and post-release ECM (i.e., if a Qualified Individual is served by an Embedded Pre-Release Care Manager or if the Qualified Individual will be released into a county in which their In-Reach Pre-Release Care Manager does not operate): The warm handoff may be conducted in-person or via telehealth if applicable, and if approved by Correctional Facility.

a. Correctional Facility and MCP must coordinate to ensure the Member's Embedded Pre-Release Care Manager and Post-Release JI ECM Provider conduct a Warm Handoff at least 14 days prior to the Member's release date (if known) in accordance with Sections 8.4: Care Management Model and 13: MCP Requirements for Implementing Enhanced Care management for the JI Population of Focus of the CalAIM JI Reentry Policy and Operational Guide.

b. MCP must require that the JI ECM Provider participate in Warm Handoffs with Pre-Release Care Manager in person or via telehealth if applicable, and if approved by Correctional Facility.

c. Correctional Facility must provide a private space and technical support, such as telehealth equipment, for the Warm Handoff to occur.

d. If the Warm Handoff does not occur before the Member is released from the Correctional Facility, Correctional Facility and MCP must develop written policies and procedures to ensure that:

(i) Warm Handoffs occur within the first week following notification of the Member's release.

(ii) All necessary information to support the Warm Handoff is shared with the Post-Release JI ECM Provider within one business day of the Member's release. If the Post-Release JI ECM Provider was not identified prior to release, the Correctional Facility

¹³ Additional information on billing for the warm handoff can be found in Section 10.2: Care Management Bundles of the CalAIM JI Reentry Policy and Operational Guide.

must share all necessary information with the MCP, which is then responsible for sharing that information with the Post-Release JI ECM Provider upon their assignment.

5. Coordinated Care at Reentry. Correctional Facility and MCP must coordinate to ensure Members receive coordinated care and a smooth transition upon their release.

a. Correctional Facility must notify MCP within one business day of a Member's release, if Member is assigned to MCP.

b. Correctional Facility must ensure that Post-Release JI ECM Provider (if different than the Pre-Release Care Manager) receives the Reentry Care Plan as a part of the Warm Handoff or, if the Warm Handoff does not take place before the Member is released from the Correctional Facility, within one business day of the Member's release. If the post release-JI ECM Provider was not assigned prior to release from the Ventura County Juvenile Facilities, Correctional Facility must share the Reentry Care Plan with the MCP.

c. If the post-release JI ECM Provider was not assigned prior to release from the Ventura County Juvenile Facilities , the MCP must share the Member's Reentry Care Plan with the post-release JI ECM Provider and ensure that they share the Reentry Care Plan with clinical providers on an as needed basis (e.g., Primary Care Providers, specialists).

d. MCP must ensure Members have access to Covered Services, including ECM, upon reentry into the community, either on the day of release or the day their MCP enrollment is effective (if enrollment is effectuated after release). In instances where a Member declines pre-release care management and/or post-release ECM, MCP must still ensure the Member is assigned to an appropriate provider for necessary post-release services.

e. MCP must ensure that JI ECM Providers conduct a follow-up appointment with the released Member within one week of notification of release to ensure continuity of care, a seamless transition, and to monitor progress and the implementation of the Member's Reentry Care Plan.

IX. QUARTERLY MEETINGS

A. General.

1. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU, but not less frequently than quarterly, to address care coordination, Quality Improvement ("QI") activities, QI outcomes, systemic and case-specific concerns, and communication with others within their organizations about such activities. These meetings may be conducted virtually. Meetings may be county-wide (i.e., all MCPs in the county attend) or regional (i.e., all MCPs and Correctional Facilities in a region attend), with case-specific issues handled in a separate forum between only the relevant parties. The Correctional Facility Liaison will facilitate these meetings.

2. Within thirty (30) Working Days after each quarterly meeting, MCP must post on its website the date and time the quarterly meeting occurred and, as applicable, distribute

to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill MCP's obligations under the Medi-Cal Managed Care Contract and this MOU.

3. MCP must invite Correctional Facility Responsible Person and their designee(s), as needed, and any additional appropriate Correctional Facility executives to participate in meetings with the MCP as frequently as necessary but at least quarterly to ensure appropriate committee representation, including a local presence, and to discuss and address care coordination and MOU-related issues. Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.

4. MCP must report updates from quarterly meetings to DHCS in a manner and at a frequency specified by DHCS.

B. Local Representation. MCP must participate, as appropriate, in meetings or engagements to which MCP is invited by Correctional Facility, such as local county meetings, local community forums, and Correctional Facility engagements.

X. QUALITY IMPROVEMENT

The Parties must develop QI activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and QI initiatives, including those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. MCP must document these QI activities in its policies and procedures.

XI. DATA SHARING AND CONFIDENTIALITY

A. General. The Parties must implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely, confidentially, and in compliance with the requirements set forth below. The Parties must share information in compliance with applicable law, which may include the Health Insurance Portability and Accountability Act and its implementing regulations, as amended ("HIPAA"), 42 Code of Federal Regulations Part 2, and other state and federal privacy laws.

B. Data Exchange. MCP and Correctional Facility must share the minimum necessary data and information to facilitate pre- and post-release care management assignments and coordinate care under this MOU and as described in the CalAIM JI Reentry Policy and Operational Guide. The Parties must have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include requested medical records, behavioral health data, including Behavioral Health Link information, physical health data, and the Member's Reentry Care Plan, for ensuring the confidentiality of exchanged information and data, and, if necessary, for obtaining Member consent. The minimum necessary information and data elements to be shared as agreed upon by the Parties are set forth in Exhibit C-1 of this MOU. The Parties must annually review and, if appropriate, update Exhibit C-1 of this MOU to facilitate sharing of information and data.

C. Interoperability. MCP must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL 22-026 or any subsequent version of the APL. MCP must make available an application programming interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's website pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h).

XII. DISPUTE RESOLUTION

A. The Parties must agree to dispute resolution procedures such that in the event of any dispute or difference of opinion regarding the Party responsible for service coverage arising out of or relating to this MOU, the Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. MCP must, and Correctional Facility should, document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, the Parties must continue without delay to carry out all their responsibilities under this MOU, including providing Members with access to services under this MOU, unless this MOU is terminated. If the dispute cannot be resolved within 15 Working Days of initiating such dispute or such other period as may be mutually agreed to by the Parties in writing, either Party may pursue its available legal and equitable remedies under California law.

B. Disputes between MCP and Correctional Facility that cannot be resolved in a good faith attempt between the Parties must be forwarded by MCP to DHCS. Until the dispute is resolved, the Parties may agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided.

XIII. EQUAL TREATMENT

Nothing in this MOU is intended to benefit or prioritize Members over persons served by the Correctional Facility who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., Correctional Facility cannot provide any service, financial aid, or other benefit to an individual that is different, or is provided in a different manner, from that provided to others by Correctional Facility.

XIV. GENERAL

A. MOU Posting. MCP must post this executed MOU on its website.

B. Documentation Requirements. MCP must retain all documents demonstrating compliance with this MOU for at least ten (10) years as required by the Medi-Cal Managed Care Contract. If DHCS requests a review of any existing MOU, MCP must submit the requested MOU to DHCS within ten Working Days of receipt of the request.

C. Notice. Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the notice address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address, (ii) delivered by messenger or overnight delivery service to the Notice Address, (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address, or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address.

Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail, certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to each other in the manner provided for herein.

D. Delegation. MCP may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is a Party to this MOU. Further, MCP may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of MCP's obligations under this MOU. Other than in these circumstances, MCP cannot delegate the obligations and duties contained in this MOU.

E. Annual Review. MCP must conduct an annual review of this MOU to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. MCP must provide DHCS evidence of the annual review of this MOU and copies of any MOU modified or renewed as a result.

F. Amendment. This MOU may only be amended or modified by the Parties in writing executed by the Parties. However, this MOU is deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi-Cal Managed Care Contract, or as required by applicable law or any applicable guidance issued by a state or federal oversight entity.

G. Governance. This MOU is governed by and construed in accordance with the laws of the state of California.

H. Independent Contractors. No provision of this MOU is intended to create, nor is any provision deemed or construed to create, any relationship between Correctional Facility and MCP other than that of independent entities contracting with each other hereunder solely for the purpose of affecting the provisions of this MOU. Neither Correctional Facility nor MCP, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.

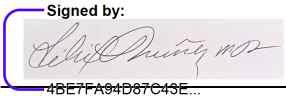
I. Counterpart Execution. This MOU may be executed in counterparts, signed electronically and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitute one and the same instrument.

J. Superseding MOU. This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is hereby terminated by mutual agreement of the Parties.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

MCP CEO or MCP Responsible Person

Signature:  Signed by:
 4BE7FA94D87C43E...

Name: Felix L. Nuñez, MD, MPH

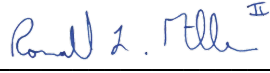
Date: May 4, 2026 | 16:54:52 PDT

Title: Chief Executive Officer

Notice Address:

Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

Correctional Facility Authorized Representative

Signature: 

Name: Ronald L. Miller II

Date: April 27, 2026

Title: Chief Probation Officer

Notice Address:

**Ventura County Probation Agency
Juvenile Facility
4333 Vineyard Avenue
Oxnard, CA 93036**

Exhibit A
MCP Responsible Person

MCP Responsible Person	Contact Information
David Tovar, Business Strategy Manager	DTovar@GoldCHP.org 805-889-2586

JI Liaison	Contact Information
CalAIM Care Management	CalAIM@GoldCHP.org 805-437-5911

Exhibit B
Correctional Facility Responsible Person, JI Liaison, and Correctional Facility Liaison

Correctional Facility Responsible Person	Contact Information
Andy Souza Chief Deputy, Juvenile Facilities	Andy.souza@venturacounty.gov

JI Liaison	Contact Information
Yasmin Guerra, Program Administrator II- CalAIM, Juvenile Facilities Toni Diaz, Program Administrator II-CalAIM, Juvenile Facilities	Yasmin.guerra@venturacounty.gov Toni.diaz@venturacounty.gov

Correctional Facility Liaison	Contact Information
Yasmin Guerra, Program Administrator II- CalAIM, Juvenile Facilities Toni Diaz, Program Administrator II-CalAIM, Juvenile Facilities	Yasmin.guerra@venturacounty.gov Toni.diaz@venturacounty.gov

Exhibit C Data Exchange

I. DEFINITIONS

The below definitions shall apply to this Exhibit C, including all exhibits hereto. Capitalized terms used but not defined in this Exhibit shall have the meanings assigned to such terms in the MOU.

“Applicable Law” means any federal or state laws governing the privacy, confidentiality, or security of medical, mental health, substance abuse, social services, housing, and/or criminal justice information, records, and other data.

“Authorization” shall mean an authorization that is valid under 45 C.F.R. section 164.508.

“Consent” means a consent that is valid under 42 C.F.R. Part 2, and complies with the requirements of 42 C.F.R. section 2.31.

“Disclosure” shall mean “disclose,” as defined at 42 C.F.R. section 2.11, and “disclosure,” as defined at 45 C.F.R. section 160.103.

“Part 2 Records” means “records” as defined at 42 C.F.R. section 2.11 and subject to Part 2 of Subchapter A of Chapter I of Title 42 of the Code of Federal Regulations.

“Personally Identifiable Information” or “PII” means any social services, housing, and criminal justice information, records, and other data that is individually identifiable.

“Protected Health Information” or “PHI” means “protected health information” as defined at 45 C.F.R. section 160.103. PHI may include Part 2 Records.

“Use” shall mean “use,” as defined at 42 C.F.R. section 2.11, and “use,” as defined at 45 C.F.R. section 160.103.

II. APPLICABLE PRIVACY LAWS

A. The Parties agree that Members’ PII and PHI are subject to the requirements of federal and state confidentiality and privacy laws governing their Use and Disclosure, including HIPAA, Confidentiality of Substance Use Disorder Patient Records statutes and regulations (42 United States Code (“U.S.C”) section 290dd-2 et seq., 42 C.F.R. Part 2), Welfare and Institutions Code section 5328 *et seq.*, Health and Safety Code sections 11812 and 11845.5, Civil Code section 1798.29, and federal and state laws governing social services, housing, and criminal justice data.

B. The Parties further agree that notwithstanding any other state or local law, including, but not limited to, Welfare and Institutions Code section 5328 and Health and Safety Code sections 11812 and 11845.5, Welfare and Institutions Code section 14184.102(j) expressly permits the sharing of health, social services, housing, and criminal justice information, records, and other data with and among DHCS, other state departments, including the State Department of Public Health and the State Department of Social Services, Medi-Cal managed care plans, Medi-Cal behavioral health delivery systems, counties, health care providers, social services

organizations, care coordination and case management teams, and other authorized provider or plan entities, and contractors of all of those entities, to the extent necessary to implement applicable CalAIM components described in Welfare and Institutions Code section 14184.100 et seq., the “CalAIM Terms and Conditions,” as defined at Welfare and Institutions Code section 14184.101(c), and to the extent consistent with federal law.

C. The Parties acknowledge that the DHCS CalAIM Data Sharing Guidance, updated in October 2025, states that the waivers set forth under Welfare and Institutions Code section 14184.102 apply to Civil Code section 56 et seq., Health and Safety Code section 120985, Welfare and Institutions Code section 10850, Penal Code section 4011.11, and state and local laws that may prevent the Disclosure of inmates’ release dates and other inmate information relevant to providing services under CalAIM.

D. In the event of any conflict between this Exhibit C and the Applicable Laws, the rules and requirements of the Applicable Laws shall control the Parties’ request, Use, and Disclosure of Members’ PHI and Part 2 Records.

III. USE AND DISCLOSURE OF PII AND PHI

A. The Parties will request, Use, and Disclose PII and PHI to carry out their respective roles and responsibilities under this MOU and only in accordance with Applicable Law.

B. The Parties agree to collaborate to further define routine data sharing required to implement the requirements of this MOU.

C. The Parties agree to collaborate to develop real-time methods for data exchange, including Application Program Interfaces (“API”), or a health information exchange.

IV. DHCS REQUIREMENTS FOR COORDINATION OF SERVICES

A. Data Sharing Purposes under the MOU.

1. Section XI of the MOU requires both Parties to establish and implement policies and procedures to ensure that the minimum necessary Member information and data to accomplish the goals of the MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth in Section XI of the MOU to the extent permitted under applicable State and federal law. The Parties are required to have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include requested medical records, behavioral health data, including Behavioral Health Link information, physical health data, and the Member’s Reentry Care Plan, for ensuring the confidentiality of exchanged information and data, and, if necessary, for obtaining Member consent.

2. Section VIII of the MOU sets forth the care coordination and collaboration requirements for the services covered by the MOU (i.e., the coordination between the Parties for the delivery of care and services for Members who are or have been incarcerated in Correctional Facility’s custody and are enrolled, or have suspended enrollment, in MCP), as set forth in Section III of the MOU.

B. Correctional Facility and MCP Responsibilities.

1. Section XI of the MOU requires the Parties to have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include requested medical records, behavioral health data, including Behavioral Health Link information, physical health data, and the Member's Reentry Care Plan, for ensuring the confidentiality of exchanged information and data, and, if necessary, for obtaining Member consent.

2. To the extent permitted under applicable law, the Parties shall share, at a minimum, the data elements set forth in Attachment C-1.

3. All Uses and Disclosures must be consistent with the requirements of Applicable Laws to ensure that the Parties' providers with medical and psychological responsibility for the patient are able to access one another's records for the benefit of the patient's treatment and care coordination.

4. To the extent that any of the information exchanged includes Part 2 Records, the Party sharing such data shall ensure that it has obtained valid Consent to Disclose records to the other Party for care coordination and reporting purposes.

V. TERM AND TERMINATION

A. Unless earlier terminated in accordance with Section II of the MOU, this Exhibit C shall remain in effect during the term of the MOU and shall be terminated upon termination or expiration of the MOU.

B. Notwithstanding the foregoing, sharing of data pursuant to this Exhibit C may be suspended or terminated immediately by either Party if continued sharing of data would result in an unauthorized Use or Disclosure of PHI or PII, a material violation of Applicable Law, or otherwise jeopardize the privacy and/or security of Member information.

VI. DATA SHARING POLICIES, PROCEDURES, AND OBLIGATIONS UNDER THE MOU FOR IMPLEMENTATION OF THE MOU

A. Subject to Applicable Law, the Parties agree that each Party may request, Use, and Disclose Member PII and PHI in relation to the performance of their respective roles and responsibilities under this Exhibit C.

B. Subject to Applicable Law, the Parties shall engage in bi-directional ongoing exchange of the data elements in Attachment C at the frequencies agreed by the Parties, which may include via an SFTP or API.

C. If required by Applicable Law, the disclosing Party shall obtain Authorization or Consent to share the patient's PHI or PII for a GCHP Member. Such Authorization or Consent shall allow Disclosure of PHI and PII for the purposes set forth in Section IV.

D. Correctional Facility shall allow GCHP access to Authorization and/or Consent forms for assigned Members and shall use its reasonable best efforts to respond to requests for a Member's Authorization or Consent forms within twenty-four (24) hours.

E. As required by Applicable Law, each Party shall limit access to PHI, PII, and related data to their respective employees, subcontractors, or agents who have a legitimate purpose for accessing such data.

F. Each Party shall protect the PHI and PII received from the other Party in accordance with Applicable Law.

Exhibit C-1

Minimum Necessary Data Elements for Elements for Exchange between MCP and Correctional Facility

Data exchange will occur securely via agreed-upon transmission methods (e.g., secure SFTP, API, or encrypted portal) and in compliance with HIPAA, 42 CFR Part 2, and any other applicable state privacy laws, and in accordance with Exhibit C to this MOU.

In accordance with Section XI.B of the MOU, the Parties shall review the data elements at least annually to ensure compliance with the terms of this MOU and to account for changes in program requirements, operational needs, technological advancements, and/or regulatory updates. The Parties shall amend this Exhibit C-1 as necessary to facilitate sharing of information and data and to reflect changes in program requirements, operational needs, technological advancements, and/or regulatory updates.

All amendments to this Exhibit C-1 shall be in accordance with Section XIV.F of the MOU and shall become part of this MOU upon mutual agreement. All necessary amendments to the data element requirements shall be made promptly and in good faith to support the effective implementation and reporting of the program(s) covered under this MOU.

1. Data Shared by Ventura County Probation Agency (VCPA) to GCHP

A. Member Demographic & Identification Information

- Member/Client Index Number (CIN)
- Assigned MCP Name
- Member First Name
- Member Last Name
- Member Date of Birth
- Member Gender Code
- Member Phone Number
- Alternative contact information
- Name of Parent/Custodian
- Phone Number of Parent/Custodian
- Member Residential Address Line
- Member Residential City
- Member Residential State
- Member Residential Zip

B. Justice-Involved (JI) Operational Attributes

- Expected release date
- Actual release date (if released)
- Correctional Facility Name
- Correctional Facility TIN
- Correctional Facility NPI
- Pre-Release Provider Name
- Pre-Release Provider Tax ID Number (TIN)

- Pre-Release Provider National Provider Identifier (NPI)
- Date of Incarceration / Booking Date

C. Clinical & Behavioral Health Screening Information

- Re-Entry Care Plan
 - Results of Initial Intake Screenings (Physical Health, Mental Health, Substance Use Disorder (SUD))
 - Chronic Physical Health Diagnoses
 - Behavioral Health Link Criteria Status
 - Known physical/cognitive disabilities or Activities of Daily Living (ADL) needs
 - Pregnancy Status (If applicable)

D. Reentry Care Management Information

- Pre-Release Care Manager Name
- Pre-Release Care Manager Telephone
- Pre-Release Care Manager Email
- Preferred ECM Provider Name
- Preferred ECM Provider Tax ID Number (TIN)
- Preferred ECM Provider National Provider Identifier (NPI)
- Preferred ECM Provider Phone Number

E. ECM Population of Focus

- Adult - Individual Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
- Adult - Individual Experiencing Homelessness: Homeless Family
- Adult - Individuals at Risk for Avoidable Hospital or ED Utilization
- Adult - Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs
- Adult - Individuals Transitioning from Incarceration
- Adult - Individuals Living in the Community and at Risk for LTC Institutionalization
- Adult - Nursing Facility Residents Transitioning to Community
- Adult - Birth Equity Population of Focus
- Child/Youth - Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness
- Child/Youth - Individual Experiencing Homelessness: Homeless Family
- Child/Youth - Individuals at Risk for Avoidable Hospital or ED Utilization
- Child/Youth - Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs
- Child/Youth - Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition
- Child/Youth - Involved in Child Welfare
- Child/Youth - Individuals Transitioning from Incarceration
- Child/Youth - Birth Equity Population of Focus

2. Data Shared by Gold Coast Health Plan (GCHP) to VCPA

A. Member Enrollment & Eligibility Attributes

- Member Health Plan Eligibility Status (Verification of Active GCHP Medi-Cal Enrollment)

- Member First Name
- Member Last Name
- Member DOB
- Member Gender Code
- Medi-Cal CIN

B. Post-Release Care Management Assignments

- Post-Release ECM Provider Name
- Post-Release ECM Provider Tax ID Number (TIN)
- Post-Release ECM Provider National Provider Identifier (NPI)
- Post-Release ECM Provider Phone Number
- Lead Care Manager Name
- Lead Care Manager Phone Number
- Lead Care Manager Email
- Medical Group/IPA Name
- Primary Care Provider/Clinic Name
- Primary Care Provider/Clinic National Provider Identifier (NPI)
- Primary Care Provider/Clinic Phone Number
- Primary Care Provider Group TIN

3. Reporting Cadence & Triggers

To operationalize this data exchange, the Parties agree to the following minimum transmission frequencies:

1. **Daily/Weekly Census File:** VCPA to transmit list of newly identified Qualified Individuals entering the 90-day pre-release window.
2. **Release Notification:** VCPA to transmit Actual Release Date within one (1) business day of the Member's release.
3. **Warm Handoff Scheduling:** GCHP to transmit Post-Release JI ECM Provider assignments within five (5) business days of receiving the pre-release census file