Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, January 15, 2021 – 11:30 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor's Office, in order to minimize the spread of the COVID-19 virus, Health Plan of San Mateo offices were closed for this meeting, and the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Clerk in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Committee Members Present: Art Wolf, Diane Prosser, Amira Elbeshbeshy, Beverly Karnatz, Evelina Chang, Gay Kaplan, Lisa Mancini, Ligia Andrade Zuniga, Nina Rhee, Pete Williams, Claire Day, Nancy Keegan, Christina Kahn, Sutep Laohavanich, Teresa Guingona Ferrer, and Kirsten Irgens-Moller.

Committee Members Absent: Sharolyn Kriger.

Staff Present: Andria Lebsack, Colleen Murphy, Gabrielle Ault-Riche, Maya Altman, Karla Rosado-Torres, Ricky Kot, Pat Curran.

1. Call to Order

The meeting was called to order at 11:32 a.m. by Gay Kaplan.

2. Public Comment

There were no public comments received via email prior to the meeting or made at this time.

3. Approval of Minutes

Motion to approve the minutes for October 16, 2020 were approved as presented: Christina Kahn / seconded: Ligia Andrade Zuniga. Approved unanimously.

4. State/CMS Updates

a. Master Plan on Aging

Ms. Altman talked about the beginning of the Master Plan which was formed from a Governor's Executive Order over a year ago. Ms. Altman serves on the Stakeholder Advisory Committee he appointed consisting of about 35 people and in May, an LTSS committee was formed. She explained there have been a number of delays because of the pandemic but there has been a steadfast commitment by the Department of Aging and a tremendous amount of public engagement through the ENGAGE website as well

as the stakeholder advisory committee and other committees such as LTSS subcommittee. This is the first time that the Governor has issued something to address these issues.

Ms. Atman stated the stakeholder advisory committee developed a report that includes over 800 recommendations and can be found on the web. They reorganized it quite a bit and put their own stamp on this plan. As a group, they felt this was a great start. The next task will to be implement the plan.

Ms. Alman pointed out the Five Bold Goals outlining the framework for the initiatives: Housing for All Ages & Stages; Health Reimagined; Inclusion & Equity, Not Isolation; Caregiving that Works; and Affording Aging. Beneath these goals are over 100 initiatives and strategies.

Ms. Altman reviewed the website at https://mpa.aging.ca.gov and how to navigate through the Five Bold Goals which lead to specific initiatives under each goal, and strategies related to each initiative. She focused on the Health Reimagined goal and encouraged the group to look at the initiatives. She talked about the stakeholder's LTSS report and the two large topics within. The Governor's cabinet combined them together under Health Reimagined to make a point of having a unified system and integration. She expressed concern that the emphasis on LTSS may have been a little lost here. Other initiatives related to LTSS appear in other areas as things don't fit neatly under one area. The point is to see people holistically.

Ms. Altman talked about the summit on the Master Plan held earlier that week. The discussion at the summit focused on areas the group felt most excited about for the long term and the next year or two, explaining this plan is for the next ten years. Some goals are for the next couple of years and other loftier goals are for the next ten years. She feels this framework presents a lot of opportunities with many ideas from the stakeholder advisory committee reflected.

Ms. Altman briefly reviewed Strategy A: Bridging Health with Home, stating that CalAIM is covered here and is in the budget. This program is immediately relevant to HPSM as it calls upon health plans throughout the state to implement programs around enhanced care management and in lieu of services (services not necessarily medical in nature). This allows plans flexibility to offer supportive services such as residential care facilities for the elderly as opposed to being placed in a nursing home. The health plan has done this but from its reserves, making this unsustainable. CalAIM will offer a path of sustainability and provide tools such as housing services, more respite care, more personal care, in some instances provide home modifications, remote monitoring and

other things to enhance the LTSS infrastructure. There will also be incentive dollars for plans to invest in more services in their community for LTSS. The state has committed more than $1 Billion to this program and offers a roadmap beyond Cal MediConnect that continues to support services for dual eligibles and others on Medicaid only.

Another benefit to LTSS is under Initiative 40 where the State will apply for federal funds of several million dollars to perform a gap analysis for every county in the state. She added that while not in the master plan, there is a commitment in the budget of $250 million for the state to acquire residential care facilities for the elderly that would otherwise go out of business. There will be a competitive process for counties to apply for this funding and a commitment to implement a Medicare Innovation Integration office to look at Medicare/Medicaid/Dual Eligibles integration elevating dual eligibles even more in the state.

Another Strategy she touched on was Dementia in Focus, Initiative 65, which seeks stakeholder feedback on care coordination models for IHSS participants with dementia or cognitive impairment. These initiatives do not yet have a policy or program but there is an indication to proceed.

Strategy F is about Nursing Home Innovation. Ms. Altman would like to see more on this strategy and is encouraged by initiative 70 to revisit a pilot for "small house" nursing homes. Initiative 71 explores additional payment methodology leading to higher care quality, job quality, equity, and health outcomes in nursing homes. The problem with nursing homes is the fragmentation of settings and agencies. COVID has magnified the need for a more coordinated effort for nursing homes and RCFE's.

Ms. Andrade asked about the Medi-Cal threshold around people with disabilities and how some people with disabilities do not qualify for IHSS and Medi-Cal. Ms. Altman referred to the Affording Aging section of the Master Plan and the initiatives there. She noted the advisory committee brought forward many recommendations on expanding Medi-Cal eligibility and feels more needs to be done. A very important recommendation made by the committee has been advanced in the state by a coalition of disability and aging advocates for a universal LTSS benefit since the middle-class earn too much to qualify for Medi-Cal. The issue is how to pay for it. She stated this has recently been implemented in Washington using a payroll tax, however California is not willing to do this right now. Under Health Reimagined there is a commitment to pursue this with the Federal government. Biden made campaign commitments around caregiving both for children and adults, so there is some interest.

Beverly Karnatz commented on the initiative that includes housing and dementia. She stated there is a point where they are not able to provide the appropriate care for some patients and asked what happens at that point. Ms. Altman spoke about the first goal under the Master Plan related to housing where there are a number of references to the importance of housing and health. She said there are references in the budget, as well as in Health Reimagined related to housing.

Christina Kahn stated that she has submitted a report to CDA, AAA and HICAP on modernizing their program and she thanks Ms. Altman for her contribution. She did see some of the MPA summit and was glad to hear that they are working out a plan to help middle-class seniors as well as for care givers.

Ms. Mancini felt another major focus at the summit was on housing and noted this has been an issue for many years for funding and services. It is great to hear all the work being done in this area. Ms. Altman added that though the stakeholder committee meetings are officially done, the group continues to talk weekly on calls led by Kevin Prindiville from Justice in Aging.

Nancy Hogan commented on a presentation by Lydia Missaelides who is also on the stakeholder advisory committee and presented to CAADS members on a web talk focused on Adult Day Care Services. She asked how this will be implemented locally and how providers can be engaged. She suggested that each of the providers having different areas of specialty could help coordinate different portions. Ms. Altman suggested that possibly the health plan and the health department can work together to come up with some ideas to frame a discussion for the future.

5. HPSM Updates

- **Revised Health Risk Assessment**

  Ms. Adrienne Lebsack gave a brief update on the Health Risk Assessment (HRA) which was launched after 18 months of work. The format has been updated and includes an introductory paragraph that outlines the importance of the HRA and associated care plan. All CMC members receive this through our vendor, ILS. Members can also complete this HRA through the mail or now through HPSM's website. The questions are tailored to focus on members' specific health needs, including urgent needs. The hope is to improve completion rates. Ms. Lebsack stated that she will bring data on completion rates and feedback from members to a future meeting. Gay Kaplan asked what languages the HRA is translated into. Ms. Lebsack confirmed the HRA is translated into the health plan's five threshold languages.

b. Long Term Care Collaborative

Ms. Colleen Murphey, HPSM Network and Strategy Officer, shared an update on the efforts with HPSM's Long Term Care Collaborative working with hospital and nursing facility partners. She explained that HPSM held in-person meetings with the nursing facilities teams collaborating for the past two years on capability building and improving quality of care. The hospital learning collaborative started more recently.

Ms. Murphey reviewed what the nursing collaborative worked on together:

- Designed a value-based payment model including financial incentives related to better quality.
- Held weekly calls when COVID began to help support them on best practices around infection prevention and sharing information as it became available and connected facilities with public health on topics such as testing
- The focus of the group shifted to vaccinations
- The frequency changed to monthly, bringing in experts to speak on infection prevention and other quality improvement practices.

Ms. Murphey reported on the recent activities with the Hospital Collaborative:

- Meetings are virtual and have included three calls with local hospitals.
- Discussions have been around quality and financial incentives.

The focus since the surge in COVID cases has been on supporting operations, keeping people safe and dealing with bottlenecks in the acute space.

Ms. Murphey explained that due to the surge they are taking a Centers of Excellence (CoE) approach working with the County, partners at Kaiser, and with the nursing facilities. They are looking for the strengths of certain facilities and their infection prevention plan actions. Using Medicare data on quality ratings like nursing hours and experience with similar diseases, they have developed selection criteria for Centers of Excellence. The health plan is offering these facilities a higher reimbursement model as they have the ability to successfully isolate COVID positive patients. The health plan is also working with hospital partners to direct COVID positive admissions to these CoE's where there is strong confidence in their ability to safely isolate patients. She shared the list of newly added CoE facilities.

The learning collaboratives have given the health plan an opportunity to hear from providers about their issues allowing us to respond to their needs quickly. In support of the surge, the plan has lifted some authorization requirements prior to discharge, provided weekend and after hours support with our Health Services staff, and lifted some admissions authorizations to expedite admissions with COVID diagnoses.

Kirsten Irgens-Moller commented that she heard that CoE wings could not be kept open because there were not enough COVID-positive patients. Ms. Murphey replied this was an issue that led the first three CoE's to close. The recently added facilities are for short term arrangements and the health plan is keeping a close eye on the need during the surge. In total, the new facilities added represent 58 potential beds. These beds are also being used by Kaiser who is also directing patients to these facilities.

Gay Kaplan asked if we are anticipating increased activity in long term care needs. Ms. Murphey stated we don't know yet but this could be true. We have heard that custodial placements remain a problem. A big part of the challenge is staffing at nursing facilities given the number of recent outbreaks in the county, making supply and demand a challenge.

6. CCI Ombudsperson Report (Legal Aid)

Amira Elbeshbeshy reported the public health emergency has been extended to April 21, 2021 but there is some talk about extending to the end of 2021. The negative action moratorium remains in effect through the end of the public health emergency. Legal Aid updates their COVID information on their website about every two weeks.

All full scope Medi-Cal members will have access to the vaccine and will be fully covered. They will be required to present their BIC number. The aged and disabled federally poverty level increase to 138% went into effect December 1st as well as the "Yoyo" rule. This means a significant number of people should qualify for full scope no share of cost Medi-Cal and others who are on the cusp, moving back and forth, should no longer experience that instability. The COVID premium waiver program could affect the working disabled who are able to request this premium waiver retroactively to March 2020 by calling DHCS. It is also effective through the public health emergency. For those who already paid and submit a request, a retroactive waiver will be credited the amount paid so when the premiums becomes due after the public health emergency this credit will be on their account.

7. LTC Ombudsperson Report

Kirsten Irgens-Moller commended the health plan for reaching out to the Ombudsman. The work between the health plan and Legal Aid is working well with the PCSP program and Landmark. COVID has created challenges but the Ombudsman staff are still going out to skilled nursing facilities every week and the RCFE's once a month. Administrators have shared their personal contact information making them easy to reach. She expressed concern about receiving calls regarding vaccinations for which they do not have the information. It was great to hear from Amy Scribner with information about the event center and information has been sent out to all of their RCFE's. She suggested using the Ombudsman to get information out to the facilities since they are in touch with the residents and the administrators.

Ms. Altman added that the county has recently set up mass vaccination days at the event center for those in the 1A category (health care workers or in congregate settings). The health plan keeps in close contact with county staff as much as possible and do what we can to spread the word. The county did a fabulous job vaccinating thousands of people in the past week. Ms. Mancini and Mr. Laohavanich talked about outreach by email and text done to inform IHSS providers (approximately 6,000) so they could receive their vaccination.

8. Questions about reports distributed prior to meeting

a. **Customer Support: Grievances & Appeals, Enrollment & Call Center**

Ms. Gabrielle Ault-Riche asked if anyone had questions about the Call Center and Enrollment Report or the Grievances and Appeals Report. Mr. Wolf asked about the complaints and grievances related to quality of care and the process of investigating and validating complaints and, how feedback loops to providers. Ms. Ault-Riche replied that the investigation begins by reaching out to the provider where staff shares the feedback received and requests medical records as well as a written response to the issues reported. This packet of information is reviewed by HPSM's Quality Nurse and Medical Directors giving the case a score which determines the appropriate follow up to take place. Specifically related to the PCP's, there is a Provider Grievance Report that shows the rate of grievances for their assigned population for a volume and rate comparison. This report is reviewed by the provider Peer Review Committee as well.

b. **HPSM Dashboards**

Christina Kahn asked about the number of chronic conditions that qualify members for case management. Ms. Lebsack replied that the HRA is related to the individualized care plan so all CMC members receive a care plan. This is different than case management. If something within the care plan identifies case management then the case is escalated. This still applies if they have five or more chronic conditions which pushes the patient to automatic case management. Ms. Altman added that if they are healthy and have trouble accessing food, we are going to help them. If people need care coordination, they are going to get it.

c. **IHSS**

Art Wolf asked about the number of Active and Leave Cases this year compared to last year. Ms. Mancini replied there was a dip in referrals at the beginning of the pandemic. They are now seeing an influx of referrals coming in to IHSS. The average is about 5-7% growth in the IHSS caseload and is back on track. Ms. Rhee stated that they have seen the same number of people leaving the program for various reasons so these are the aggregate numbers and the growth may not be that significant in reality. There are reassessments being done by phone and people have changing conditions, and the amount of support people receive changes, especially during the pandemic.

9. Group Discussion: Community considerations regarding COVID vaccine distribution or other COVID-related topics

Ms. Ault-Riche announced that the health plan is in the process of putting together member messaging for the member newsletter, website, and member letters and asked what the group is hearing in the community.

Ms. Mancini reported that she sits on the statewide advisory committee representing older adults and people with disabilities. There are over 80 committee members that meet including advocate groups. The state is looking at how to distribute vaccinations with an equity lens. The county had its first local advisory meeting and was looking for those areas that have been the most impacted by COVID and how to outreach to those areas to get the vaccinations to those communities.

Ms. Altman asked for input on how to reach people who are at home or in settings where they can't get to a provider office or a mass vaccination site. She is concerned some people will be left behind who really need the vaccine when vaccinations are opened up for people over 65. Ms. Kaplan asked if the county clinic van could go to certain neighborhoods to distribute the vaccine. Ms. Mancini replied this is an excellent idea and they are also looking at this for people who are homebound. Ms. Kaplan mentioned that the Library has a van that goes into various communities where there are no libraries. This could also go to areas where people are isolated, especially the elderly and those with disabilities.

Ms. Irgens-Moller mentioned they received calls from dialysis centers that thought they would be a good place to offer the vaccine since their patients are high risk and centers are set up.

Ms. Keegan suggested considering people who receive home delivered meals as a connection to those in need. The question is how this would work operationally to make sure they get the two doses in the appropriate time frame, and kept at the correct temperatures, etc. There is so much operationally to be considered for this kind of effort.

Ms. Karnatz asked Ms. Mancini about using a mobile van to go to congregate housing where they could reach a lot of people in one day. Nancy Keegan stated that the ridership for Ready Wheels is very low and may have capacity to provide additional services to help get people to the vaccine with an ADA acceptable vehicle.

10. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission