

Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, July 16, 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, Amira Elbeshbeshy, Beverly Karnatz, Claire Day, Gay Kaplan, Teresa Guingona Ferrer, Ligia Andrade Zuniga, Nina Rhee, Christina Kahn, Sharolyn Kriger, Sutep Laohavanich, Chris Rodriguez, Kirsten Irgens-Moller and Dr. Darlene Yee-Melichar.

Committee Members Absent: Lisa Mancini, Diane Prosser, Evelina Chang, Pete Williams, Nancy Keegan.

Staff Present: Gabrielle Ault-Riche, Maya Altman, Pat Curran.

1. Call to Order / Introductions

The meeting was called to order at 11:32 a.m. by Gay Kaplan. Ms. Kaplan welcomed our new committee member, Dr. Darlene Yee-Melichar. Dr. Yee-Melichar, who is a professor and coordinates the Gerontology program at San Francisco State University, introduced herself. Introductions were made around the room.

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 April 23, 2021, were approved as presented: Art Wolf / seconded: Kirsten Irgens-Moller. Approved unanimously.

4. State/CMS Updates

a. State Budget

Ms. Altman reported that the final bill related to the budget is to be signed on this date. She noted that the written report included in the packet has more details on the state budget. The budget is substantial with many spending plans included which present challenges in implementation. She highlighted the following:

- CalAIM – this is the reform of the Medi-Cal program in California and has been in the works for the past couple of years originally proposed to begin last year but was delayed due to the pandemic.
- Behavioral Health – is a huge section of initiatives that includes \$1 billion in spending dedicated to mental health and substance use disorder services for the CMC population. The health plan and County Behavioral Health and Recovery Services will be involved and will be working with schools to expand services for kids with early intervention and preventative services. We do not have the details at this time.
- A number of other initiatives will benefit HPSM members and other low income people. She noted that the state approved Medi-Cal eligibility for undocumented people 50 years and older.
- The asset test for Medi-Cal eligibility is being eliminated, which will happen over time in phases. This currently prevents people from qualifying for Medi-Cal who are very close to the financial threshold.
- There are several requirements and goals related to health equity and quality in the budget that will be required of health plans.
- There is an increase in SSI / SSD grants, which is the first increase in many years.
- Increase in MSSP (Multi-Services Seniors Program) slots. However, currently there is a call for carving this out of health plans. This is after many years of work to have it carved into the health plans, which has been working well.
- The Prop 56 payment, which was an initiative funded through tobacco tax to provide extra payments to providers in Medi-Cal, had been in suspension. This suspension will be eliminated for providers of Medi-Cal. This will help in the health plan's negotiations with dentists for the Dental Program.
- IHSS has had a 7% reduction in hours or cost looming over the program and this has now been eliminated. They are also creating emergency back-up systems.

Ms. Ferrer expressed her thanks for a project related to equity, diversity and inclusion that the health plan has undertaken. She asked how many people in San Mateo County would be affected by the change of the age limit for undocumented members. Ms. Ault-Riche answered that there are 20,000 participants in the ACE program, which is primarily made up of undocumented adults. This represents a rough estimate of the adult undocumented population.

Dr. Yee-Melichar thanked Ms. Altman for the budget update and asked how the expansion for the undocumented and the removal of the Medi-Cal asset test for seniors will affect HPSM's funding. Ms. Altman explained that the health plan is capitated with a per member per month rate and when our membership increases, our funding increases. Ms. Ault-Riche added that the removal of the asset test will also help reduce the churning of people going off and on Medi-Cal because they are slightly over asset. They are constantly dealing with this issue of churning which is disruptive for members.

Ms. Altman explained the health plan has hired a consultant, Janet Williams of Progressive Discoveries to help with the project mentioned by Ms. Ferrer. She is working with staff providing an objective view of the health plan staff's diversity and equity efforts. She has been interviewing staff, holding focus groups, and performing a survey among our staff. We hope to have a report in a few months. HPSM is also engaged in other efforts and targeted interventions around equity and reducing health disparities for members.

Lastly, Ms. Altman touched on the Home and Community Based spending plan. The American Rescue Act adopted by the federal government in March included a 10% increase in federal financial participation for Home and Community Based services in the states. States are required to submit plans for how they would like to spend this money. This is a temporary 18 month plan and California submitted their plan this week. She does not have the details, but it covers five key areas: workforce, Home and Community Based Services navigation, transitions services, and new service models and infrastructure. This totals about \$3 billion in spending. Some of the exciting things within this include the elimination of the waiting list for the Assisted Living Waiver program; significant funding for the purchase of residential care facilities for the elderly; initiatives around homelessness; upscaling training; and upscaling of the home and community-based workforce.

5. HPSM Updates

a. CalAIM

Ms. Altman reviewed a presentation focusing on enhanced care management and in lieu of services, and population health:

- CalAIM is the Medicaid reform effort in California with a goal to identify people through whole person care approaches to better serve them, including addressing social determinants of health.
- Other goals include moving Medi-Cal to a more seamless system for beneficiaries, improving quality outcomes, addressing health disparities, and driving delivery system reform through payment initiatives.
- **Population Health** looks at the entire population that the health plan serves and focuses on people in distinct populations (e.g., patients with dementia or with serious mental illness), and uses our data to segment this population to ensure that we are focusing resources according to the level of their needs. The state is requiring health plans to develop a population health strategy by January 1, 2023.
- Some of the work on population health management that started last year is:
 - Reorganizing our internal Care Coordination Department to focus on population health, streamlining our processes to cross-specialty teams which include nurses, social workers, and behavioral health specialists.
 - The Care Coordination team, now called Integrated Care Management, includes three teams: one focuses on a smaller population of our most

vulnerable and highest risk members. Another team focuses on members with emerging risks that have issues for which we want to intervene at early stages. And the third team focuses on prevention, which covers most of our members.

- Staff uses data to identify our members' physical and behavioral health needs through partnership with County Health, social determinant data, and some data about members' functional abilities.
- These processes were implemented in late 2020 during which time members were categorized into these three risk areas.
- **Enhanced Case Management (ECM)** is an initiative of CalAIM. Ms. Altman explained that counties in California have set up Whole Person Care programs to focus on members who are homeless, those with serious mental illnesses, and hard to reach populations. Whole Person Care had been federally funded, but this is ending at the end of 2021. The state has asked plans to offer these programs and to continue contracts with the counties to provide face-to-face case management. The Whole Person Care to ECM transition target date is January 1, 2022. County and HPSM staff are in the process of comparing what Whole Person Care is providing currently to what ECM will provide and determining how to transition that program to the health plan. Aging and Adult Services and Behavioral Health are also involved. An RFI is being done to interested community-based providers. Later, a gap analysis will be performed to see where we may need to expand current offerings.
- **Health Homes** program was a program working with community clinics to provide care coordination and other services. This was not implemented in San Mateo County.
- **In Lieu of Services (ILOS)** is another initiative in CalAIM and is a program that the health plan offers to place people in independent housing or residential care facility in lieu of a nursing home stay. This is a less expensive service in lieu of a more expensive service. The state has now adopted this as a policy going forward. There are a set of 14 services the plan can use to provide alternatives. This is optional and not a Medi-Cal benefit. The go-live date is January 1, 2022. Many of these services relate to housing such as housing navigation services and assistance with housing deposits. **Recuperative Care** is another program the plan offers that will be converted to an in lieu of service benefit. This is for people coming out of the hospital that need a safe place to recover but do not meet clinical criteria for skilled nursing care. Recuperative Care provides a temporary place to stay until they are better and sometimes provides help with permanent housing.
- **Residential Care Facilities for the Elderly (RCFE)** have been a resource the health plan has used to help people find housing, paying for this out of HPSM's reserves. HPSM will now be able to put this in the cost report that goes to the state. We expect in 2 to 3 years to be reimbursed for these costs.

- **Personal Care / Homemaker Services** is a service that is above and beyond IHSS. On a temporary basis, the plan can fund these services as opposed to clients waiting for the IHSS process to be completed. IHSS is developing an emergency back-up system, however this will be an additional tool to help people with immediate personal care needs at home.
- **Mom's Meals and Medically Tailored Meals** is a service that provides food as medicine. We are working with partners like Institute on Aging on ways to transition this program and have already implemented some processes.
- The state is offering monetary incentives to plans for reaching certain goals for offering ILOS. HPSM has been an early adopter of some of these programs and we hope not to be penalized for already making some of the alternatives available to members.
- On July 1st, the plan submitted its **Model of Care** document with our overall approach for providing ECM and ILOS. There will be another deadline in September.
- Other things: Cal MediConnect is ending in 2022 and transitioning to a **Duals Special Needs Plan (D-SNP)** under the Medicare Advantage Program in 2023. The state is requiring all Medicaid Managed Care Plans to develop a D-SNP. The D-SNP will serve dually eligible members and integrate alignment for these dually eligible members to have the opportunity to receive their Medicare services through their Medi-Cal plan. HPSM already provides CareAdvantage Cal MediConnect and will therefore transition CareAdvantage back to a D-SNP plan.
- The state is also requiring all plans to be responsible for Long Term Care and for dual eligible members to have the option to enroll in Medi-Cal Managed Care. Again, HPSM already provides this option, and has recently hired a Medicare Program Manager to lead the transition to a D-SNP. Pat Curran added that there will be a lot of work behind the scenes to be ready for this transition in January 2023, but this will be seamless to members and providers.

Ms. Altman stated that ILOS will be great for members although it won't help all members at the onset. These initiatives in CalAIM will help us sustain our programs and will provide more resources to work with our providers to ensure they have the capacity to provide the services. She did express concerns with ECM because of the potential for confusion for providers and members. The health plan already provides many of these services to its members and ECM is intended to be in addition to that. However, ECM is complicated to execute and implement. It will be another care management layer for some people and determining eligibility for the program will be a challenge.

Mr. Wolf talked about training administrators at the board and care homes and asked how inappropriate placements of patients might be handled in the future. Ms. Altman stated placements for people with behavior issues is a struggle. Members with these

conditions require the proper facility with properly trained staff to provide the services needed to deal with people with certain behavioral health struggles. This is a good reminder that we need to focus on this. She mentioned that the organization that handles our Recuperative Care project, Bay Area Community Services, has a lot of experience with people with these types of issues. It will take finding these types of providers and funding them appropriately to address these issues.

a. Dental Integration

Mr. Curran stated that all Medi-Cal members have dental coverage currently administered by the state. HPSM will begin administering this benefit on January 1, 2022. We will be contracting with dentists, answering member's questions, providing access to care, and paying claims. Recruitment of dentists is going on now and the plan is working with the state on implementation. Member focus groups have been performed and have validated the fact that currently access to care is poor with very few providers accepting Medi-Cal. Those who do have access have had poor experiences and some having to pay out of pocket. This is a very critical program and dental care is a real need in the community for low income individuals. It will take time for the program to have a population impact. More updates to follow at future meetings.

Ms. Kaplan stated that the clinic she worked in previously was contacted by the dental schools for opportunities for their students and they also operated a mobile dental clinic. Mr. Curran stated that active conversations with both dental schools to open up access is a great idea and hopes to make some progress there.

6. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbesy reported:

- Eligibility for the undocumented population over 50 years old in Medi-Cal has a target implementation date of May 2022. We expect the ACWDL (All County Welfare Director's Letter) detailing this reform to be released in August.
- The elimination of the asset test has been a provision that Legal Aid has been advocating around for years. This provision will begin to be phased out in July 2022 and will increase from \$2,000 for an individual to \$130,000. The hope is it will be completely eliminated by January 2024.
- Training for county staff on how to properly screen for the expanded spousal impoverishment provision will begin next month by DHCS. They will provide written materials including a checklist and FAQs to help the screening process.
- DHCS is also working with Legal Aid in developing their post public health emergency policies. They are drafting ACWDLs to provide guidance to counties on how to process renewals after the public health emergency lifts and is expected to be released after January.

- The moratorium on Medi-Cal negative actions will be in place until the public health emergency is lifted.

7. LTC Ombudsperson Report

Ms. Irgens-Moller reported:

- Ombuds staff are now entering all facilities.
- Issues being expressed are around visitation, which continues to be confusing. Facilities are confused about what they can or cannot do around vaccination status and the number of visitors permitted. The patients are experiencing a decline in their health due to the reduction in visitation so Legal Aid is working on ensuring visits can happen safely and consistently. The county and the state are reconciling their requirements, and this should help to eliminate the confusion.
- Residents are outliving their savings in assisted living facilities and their family members are supplementing the residents' social security income. Because of COVID, many family members have lost their employment which has made it a challenge for them to help with this support, causing members to become behind in payments. The eviction moratorium is ending at the end of September and Legal Aid expects residents will have issues with this. They are considering what can be done for residents in private pay facilities who will run out of money but do not meet criteria for a nursing home. Ms. Altman asked if they are applying for Medi-Cal and Ms. Irgens-Moller stated Legal Aid is advising them to do so. Ms. Altman stated this is key because there may be ways we can assist if they are an HPSM member.

Mr. Rodriguez asked if we know how many people are being affected in this way. Ms. Irgens-Moller stated it may be around 25 at this point but expect this to increase due to growing family debt and late fees.

Ms. Kahn asked if the board and care facilities have a transition plan for residents who may be close to running out of funds. Ms. Irgens-Moller stated that there is no good transition plan in place. Currently, they simply refer residents to the Ombudsman program. There have been discussions around convening the larger assisting living facilities to develop a consistent process for transition planning. There has been some thought about developing a monthly patch and looking at how sustainable that could be, but we do not want this to be in competition with the Community Care Settings Program. Mr. Wolf stated if anyone has contacts in the larger assisted living chains, it would be helpful to share that with Ms. Irgens-Moller.

Ms. Kahn asked if the lifting of the waiting list for the board and care waiver will help with this population. Ms. Altman thought there might be something in the Home and Community Based spending plan.

Dr. Yee-Melichar added that she is on the board for the California Advocates for Nursing Home Reform and suggested Ms. Irgens-Moller reach out to Pat McGinnis. Their lawyer referral service might help look into a transition plan for San Mateo. She will also check with other contacts that could be helpful and put them in touch with Ms. Irgens-Moller.

8. Questions about reports distributed prior to meeting.

a. HPSM Dashboards

Ms. Ault-Riche opened the floor for any questions on the HPSM Dashboard report included in the meeting materials. Mr. Wolf asked about the statewide averages compared to health plan averages and the discrepancy between the two. Ms. Ault-Riche projected the HRA completion rate chart that shows the California average is higher than the health plans. She will look into this and get back to the committee with this information. Ms. Altman stated that it is difficult to know why we do better than the state in some areas and in others we are worse.

b. IHSS

Ms. Rhee informed the group there is an online form for initial applications. They hope this will improve access for people. There were no other comments or questions about the IHSS reports for this quarter.

9. Group Discussion: Open Floor

There was no other discussion at this time.

10. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission