

**Health Plan of San Mateo  
Cal MediConnect Advisory Committee  
Friday, October 16, 2020 – 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:** Beverly Karnatz, Evelina Chang, Gay Kaplan, , Lisa Mancini, Ligia Andrade Zuniga, Pete Williams, Sharolyn Kriger, Tricia Berke Vinson, Claire Day, Nancy Keegan, Christina Kahn, and Kirsten Irgens-Moller.

**Committee Members Absent:** Art Wolf, Sutep Laohavanich, Amira Elbeshbeshy, Teresa Guingona Ferrer, Diane Prosser.

**Staff Present:** 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**

Ms. Evelina Chang on behalf of Amira Elbeshbeshy asked to make a correction to the July 17, 2020 minutes on the last paragraph in **Item 7. CCI Ombudsperson Report (Legal Aid)** to read: “Ms. Elbeshbeshy reported that DHCS and CMS have extended the federal public health emergency until October 21<sup>st</sup> which means a suspension on all negative Medi-Cal actions.”

Motion to approve the minutes for July 17, 2020 with correction noted: Sherri Kriger / seconded: Beverly Karnatz.

**Verbal roll call vote was taken:**

Yes: 9 – Kriger, Karnatz, Keegan, Chang, Day, Kaplan, Kahn, Williams, Zuniga.

No: 0

Abstain: 1 - Mancini

### **Approval of 2021 Meeting Dates** [taken out of sequence]

Motion to approve the meeting dates: Christina Kahn / seconded: Ligia Andrade Zuniga

#### **Verbal roll call vote was taken:**

Yes: 10 – Kriger, Karnatz, Keegan, Chang, Day, Kaplan, Kahn, Williams, Zuniga, Mancini.

No: 0

Abstain: 0

## **4. Questions about reports distributed prior to meeting**

### **4.a Customer Support: Grievances & Appeals; Enrollment & Call Center**

Ms. Karla Rosado-Torres, Grievance and Appeals Manager reviewed the information in the written report giving the highlights:

- Average enrollment in CareAdvantage CMC in Q2 2020 was 8,649. The G&A Unit received 18 complaints per 1,000 CMC members, which was within the goal of no more than 20.10 complaints per 1,000 members.
- 98% of both grievances and appeals were resolved within the required timeframe, including pharmacy appeals.
- The G&A Unit saw a decrease in grievances, receiving 87 grievances in Quarter 2 compared with 144 received the previous quarter. The percentage for customer service and quality of care cases increased, however the volume of the cases received for these categories decreased, due to the overall decrease in grievances filed.
- HPSM received 70 appeals in Q2 compared with 78 in the previous quarter.
- DME appeals and appeals related to Other Services and Therapy increased.
- The rate of overturned appeals for Q2 was 50%, which can be attributed to 8 appeals.
- PCP changes – 22 members changed their PCP in the quarter coming from 17 different PCPs. Of these 17 providers, 10 were clinics and seven were individual practitioners.

Gay Kaplan asked for the reasons for the DME appeals. Ms. Rosado-Torres explained that these are usually requests for authorization that need more information in order to be approved.

Christina Kahn asked about the drop in grievances from 144 for the 1<sup>st</sup> quarter to 87 in the 2<sup>nd</sup> quarter and what might be the cause. Ms. Rosado-Torres explained that this could be due to the shelter in place order and expects the 3<sup>rd</sup> quarter to go back up. During the 2<sup>nd</sup> quarter, people were not seeing their providers as much, which resulted in fewer grievances.

Ms. Ault-Riche gave highlights on the Call Center and Enrollment report noting that the CareAdvantage call center is continuing to do well in meeting timeliness in answering the phones, showing that the move to remote work has been successful. The call center staff has enjoyed this shift and has done a great job continuing to serve members.

In addition, on the Medi-Cal side, Governor Newsom at the beginning of the pandemic put a stop on Medi-Cal disenrollments and other negative actions, meaning that people are not losing their Medi-Cal because of income changes or paperwork issues. In April, CMS also extended plans' ability to extend the deeming period from two months to six months. There were also rules about additional flexibility for people who were sheltering in place outside of the county, which usually would be a reason for disenrollment if they were out of county for a period of time. As a result, HPSM has seen a reduction in involuntary disenrollments from CareAdvantage.

#### **4.b. HPSM Dashboards, Educational Topics**

Ms. Ault-Riche gave a report on the dashboard for Cal Medi-Connect:

- Health Risk Assessments (HRAs) – With the shelter in place, it has been easier to reach people which has helped to increase the number of completed HRAs.
- ICP – there has been a slight increase of completion from 62% to 68%. This is likely due to people being at home as well as additional promotion through the member newsletter.
- LTSS utilization has dipped slightly likely due to shelter in place with family members possibly being more available to take on caregiving duties.
- MSSP demand continues however there has been a decrease in CBAS enrollment since the CBAS centers are closed due to the pandemic.

#### **4c. IHSS**

Ms. Lisa Mancini reported:

- Historically, there is a 5-7% annual increase in the IHSS client count and this trend seems to be continuing. During the initial stages of COVID, they were not seeing as many referrals. Between March and May there were a lot fewer referrals than normal.
- Hospitalizations were not as high, but this is ramping back up to pre-COVID levels.
- Most of the intakes taking place are virtual, done either by phone or video. However, when it is safe and the client wants an in-person assessment, they are completing observations in the home.
- All reassessments continue to be virtual as approved by the state.
- A Quality Assurance virtual monitoring visit with the state will take place in November.
- A new shipment of PPE was received, specifically surgical masks for providers, and Aging and Adult Services is working on delivering them to IHSS providers.
- Aging and Adult Services also began an on-line training with IHSS providers.

Mr. Rodriguez added:

- Initial assessments at the beginning of the shelter in place were not required to be made by home visits for several months.
- PPE guidelines made it difficult for some clients to hear providers so there was a move to N-95 masks for added protection.

- IHSS social workers report that telephone assessments and face to face home visits are taking longer due to clients expressing loneliness and anxiety due to COVID.

Ms. Kaplan asked about the amount of PPE received and about shields. Ms. Mancini noted that they had previously received shields which were all distributed on a one-time basis. They received 10,000 masks donated by SEIU and they also received two shipments from the state, all of which have been distributed. They also distributed gloves, shields, and masks.

## **5. CCI Ombudsperson Report (San Mateo County Legal Aid)**

Ms. Evelina Chang reported:

- The ABD (Aged, Blind, and Disabled) Medi-Cal Extension is scheduled to be implemented starting December 1<sup>st</sup> and will transition many beneficiaries who previously had a share of cost to full-scope Medi-Cal with no share of cost.
- Part B disregards will be implemented on December 1<sup>st</sup> preventing beneficiaries from moving to share of cost Medi-Cal.
- The public health emergency has been extended to January 21, 2021 so no negative actions on Medi-Cal will be taken until after that date.

## **6. LTC Ombudsperson Report**

There was no LTC Ombudsperson report as Ms. Kirsten Irgens-Moller was not to attend the meeting.

## **7. Group Discussion of COVID-19 community experience**

Ms. Gabrielle Ault-Riche opened the floor for discussion and to hear from the group about their experiences with members, agencies, and organizations during the public health emergency and shelter in place.

Ms. Beverly Karnatz reported on what they are seeing at the Rotary facilities:

- At the beginning of the pandemic, residents started leaving to stay with family members.
- Food needs were a concern. They are working closely with Second Harvest Food Bank. Residents took advantage of the State's program and the Rotary donated bags of food.
- Accessibility to medical care was a concern and Landmark services were very helpful.
- Social events are not happening, and social distancing is being strictly followed.
- Administration is doing some door-to-door deliveries to keep people feeling connected.
- Residents are seeing their primary care or Landmark is touching base.

Ms. Nancy Keegan shared what is happening at Mills Peninsula Senior Focus:

- As a CBAS provider, they are providing temporary alternative services since the shelter in place. Their plan of operation was approved by the State and consists of virtual telehealth services reaching out to clients.
- In-center services were suspended as mandated. They hold virtual activity groups twice a day and participants are joining through WebEx. They also provide technical support for the virtual meetings, including providing tablets to participants for those who need one.

- Virtual groups include exercise, mindfulness, and other activities. About a dozen participants are joining each group.
- They are coordinating meal deliveries through a vendor for those who need it as well as no-contact pickups of supplies.
- They are developing a person-centered action plan for each participant.
- Weekly COVID wellness risk assessments and follow up with members is being provided through their interdisciplinary team.
- They are providing family caregiver support virtually and telephonically.
- They are continuing their Health Promotion Education through their DEEP (Diabetes Empowerment Program) and are involved with CAD and connecting with other CBAS providers for temporary alternative services.
- One of the challenges is respite care. The Alzheimer's Dementia program has not figured out a way to provide respite care since they cannot provide in-person services. Care givers have found the meal delivery helpful for respite and they have been connecting them with other resources through care coordination, IHSS or other resources.

Ricky Kot reported on MSSP (Multipurpose Senior Services Program):

- Because of COVID, MSSP staff are not able to go out into the community as they normally would and are instead working with a number of different technologies to connect with their clients.
- MSSP clients have received free cell phones to connect through FaceTime and other apps.
- MSSP has had a slight increase in the need for respite care because more family members are home or working from home which can become stressful with more of a need for respite.

Christina Kahn asked if folks have noticed whether being in a home with children and therefore having more intergenerational interaction is helpful for older adults. Ms. Keegan stated that she has not heard about this experience but felt this is an interesting question. She has only heard that it is more challenging for the families with children, since parents must help their children with distance learning as well as care for their older adult family members.

Beverly Karnatz said that she noticed that residents who went to be with family were anxious to return to the residential care home, likely since it is where their friends are and because it offers them a sense of independence. She asked the senior centers with online exercise classes or other activities if they could share a link to these programs with her residents.

Ms. Mancini stated that there are some senior centers that are doing virtual classes and would check to see if she can provide some calendars to virtual events and share that with this group.

Ms. Kaplan asked if there has been an increase in elder abuse, neglect, or child abuse since the shelter in place. Chris Rodriguez answered that there has not been a significant increase, but there continues to be a trend related to financial abuse.

Ms. Sharri Kriger from Carlmont Gardens shared:

- Referrals from the hospitals are down due to families being reluctant to send their family members to congregate living sites. They are motivated to take them home rather than have them go to skilled nursing.
- Since March, families have not been able to visit their loved ones and the employees have had to fill this emotional need for patients on top of their job duties. Staff are tested weekly with the brain scrape type of testing.
- There is no communal activities or dining.

Ms. Ault-Riche asked how people are coping with feelings of isolation, loneliness, and mental health wellness since they cannot see family or spend time with other residents, and what resources are being used to meet these needs. Ms. Kriger stated that the first 14 days are the hardest because patients have to quarantine so they try to set up virtual interactions. Ms. Karnatz added the residents dislike the masks and not being able to see people's faces. She added that residents are struggling with the feeling of being restricted and confined.

Ms. Altman asked about the restrictions on visiting and Ms. Kriger stated that they have not heard an update on guidelines. Ms. Altman added that the health plan tracks the nursing homes and RCFE's along with the County and it seems that things are stabilizing as they are not seeing any major outbreaks. The RCFE's struggle without the medical support but the overall picture seems to be stabilizing for long term care and congregate settings.

Chris Rodriguez stated that several weeks ago he met with the IHSS social workers to see what they were experiencing with their clients. Several mentioned their telephone assessments and face to face home visits were taking longer due to clients verbally expressing loneliness and anxiety due to COVID. Families are not visiting to protect them or they have few people in their life to visit.

Lisa Mancini shared about the Great Plates program funded by FEMA, the State of California and a small local contribution to help older adults shelter in place and to stimulate the restaurant economy. The program serves adults over 65, and those between 60-64 with underlying health conditions. This program provides three meals a day to older adults who fall into this eligibility criteria and who are not currently receiving any federally funded nutrition assistance. Folks receiving CalFresh or some small amount monthly are disqualified. She described how the release of this program was sudden and staff were not prepared to implement. She reported that the team did an amazing job of reaching out to restaurants and doing participant intakes. The first food delivery was on May 9<sup>th</sup> which was less than two weeks after the announcement. To date they have served 2,947 clients and are currently serving 2,530. The total meals served to date are 734,466 and the money going back into the local restaurant economy is almost \$16.2 million. FEMA is extending the program on a monthly basis with very short notice. Our County Manager and Board of

Supervisors have agreed that when FEMA is no longer funding this program, they will provide funding through the end of whatever month the program ends. There are 69 restaurants participating. Aging and Adult Services is administering this program. She spoke about the food insecurity from day one and how they are learning about isolation, loneliness, and economic anxiety. They hope to prepare for a way to transition people off and what can be done in our county with home delivered meals having heard the stories of recipients' improved physical and mental health through the Great Plates program. The program is currently approved through November 30<sup>th</sup> with only monthly approvals.

Christina Kahn gave an update on HICAP:

- Due to COVID they are now able to provide phone assistance, which was not allowed previously. The phone appointments have been extremely successful resulting in higher satisfaction ratings from clients. Additionally, they are now allowed to use email.
- At the onset of the shelter in place, they received complaints that people were having difficulty reaching the Medi-Cal office and Social Security offices. At that time, their work focused on trying to help clients get connected to the representatives or to get them the information they needed. This has died down as of July.
- They had a successful outreach in partnership with HPSM around the extension for people to apply for conditional Part A and QMB. The health plan sent out about 1,100 notices to members and the HICAP counselors were seeing three clients per hour. This resulted in about 125 people assisted within three weeks which is a lot for their program.
- Medicare annual enrollment is the current focus and HICAP is slowly venturing into virtual presentations. It is taking some time especially with the independent living settings due to internet access issues. They are offering virtual presentations through the San Mateo County Library system and Christina is currently working with HPSM to provide Medi-Medi virtual presentations starting in November. She offered to do a presentation on CareAdvantage and how Medicare coordinates with Medi-Cal to the CMC Advisory Committee members if desired, which could be geared towards staff, residents or their family members.

Claire Day gave an update on the Alzheimer's Association:

- the AA is functioning completely remotely and is seeing the same trends that others have identified.
- Caregivers and people living with dementia are adjusting to some of the online opportunities more than expected. They are also thinking about ways to work creatively by recording their educational programs and burning them on DVDs to send to people who do not have access to the internet.

Beverly Karnatz reported that the Human Good has renewed their contract with HPSM for another two years to provide 10 set-aside apartments at Rotary Plaza and eight set-aside apartments at Rotary

Terrace for the Community Care Settings Program. This will allow clients to work closely with a designated Care Navigator to help ensure residents are complying with their care plans and connecting with primary care providers.

Evelina Chang reported that Legal Aid is doing everything with clients over the phone during the pandemic and is not meeting with them in person. They are working with clients with e-signatures through email, through the phone or hard copy mail and mail return. This has been working well.

## **8. State/CMS Updates**

Ms. Altman talked about the Master Plan for Aging. She is on the advisory committee for this group and they have issued recommendations made to the governor's cabinet which can be seen on the Master Plan for Aging website under the Stakeholder Advisory Committee. She talked about the LTSS report issued in May, and the other areas of focus, which included community living such as housing and transportation, social isolation, health, and financial security and safety. The group focused on both aging and disability issues. The governor's cabinet is now reviewing this information and will develop the master plan to be released in December. There were approximately 800 long term and short-term recommendations for what will become a ten-year Master Plan. There is an Executive Summary on the website. The 30 people on this advisory committee focused on developing three top priorities. LTSS was one of the priorities. This was not just for people on Medicaid but also those with middle income. Their recommendation backs a proposal for a social insurance program passed recently in the state of Washington, and they are trying to replicate this in California. This would be to help people have some sort of budget set aside for LTSS issues as they age or become disabled. The second priority is housing affordability, and the third major priority was poverty. She noted that health is not in there specifically, but the biggest influencers of health are poverty, housing, and social services, which are all non-medical issues. She stated that to really help people be healthier it is not going to be by just adding more clinics or services but attacking the root causes.

In the health area, they developed a few priorities: Skilled Nursing Facilities, Reform, and providing alternatives to SNFs including better RCFE assisted living opportunities; leadership and integration which lends to the problems in LTSS and the fragmentation of programs. Integration is about integrating physical health, behavioral health, oral health and making better connections between the health world and the LTSS world. And, having accountable leadership at the state level as opposed to being scattered among many different departments. The other priority area is health disparities and equity which is an overarching theme which is included in the Executive Summary. Lastly, another priority is workforce development for the professional workforce and both formal and informal care giving work force.

She will provide a more detailed presentation in January. The stakeholder budget committee continues to meet informally and is in the process of briefing the cabinet members to make sure the

recommendations make it to the master plan to be implemented.

**9. HPSM Updates**

There were no other updates were presented at this time.

**10. Meeting Dates for 2021**

[taken out of sequence] See Item 3.

**11. Adjournment**

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess  
Clerk of the Commission