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**THE SAN MATEO HEALTH COMMISSION**  
**Regular Meeting**  
**January 8, 2020 - 12:30 p.m.**  
**Health Plan of San Mateo**  
**801 Gateway Blvd., 1st Floor, Boardroom**  
**South San Francisco, CA 94080**

**AGENDA**

**1. Call to Order/Roll Call**

**2. Public Comment/Communication**

**3. Approval of Agenda**

**4. Consent Agenda\***

- 4.1 CMC Advisory Committee Minutes, October 2019
- 4.2 CCS Family Advisory and CCS Clinical Advisory Minutes, December 2019
- 4.3 Waiver of Request for Proposal Process and Approval of Amendment to Letter of Engagement with Moss-Adams, LLP
- 4.4 Approval of Amendment to Agreement with KN Consulting, LLC
- 4.5 Approval of Advisory Group Membership for 2020
- 4.6 Approval of San Mateo Health Commission Meeting Minutes from December 11, 2019

**5. Specific Discussion/Action Items**

- 5.1 Discussion/Action on Election of Officers.\*
- 5.2 Presentation on HEDIS Results 2019.
- 5.3 Presentation on the Children's Health Initiative.

**6. Report from Chairman/Executive Committee**

**7. Report from Chief Executive Officer**

**8. Other Business**

**9. Adjournment**

*\*Items for which Commission action is requested.*

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**DRAFT**

**Health Plan of San Mateo  
Cal MediConnect Advisory Committee  
Meeting Minutes  
Friday, October 25, 2019 - 10:00 a.m.  
Health Plan of San Mateo  
801 Gateway Blvd., Boardroom  
South San Francisco, CA 94080**

**AGENDA ITEM: 4.1**

**DATE: January 8, 2020**

**Committee Members Present:** Gay Kaplan, Beverly Karnatz, Janet Hogan, Ligia Andrade Zuniga, Pete Williams, Teresa Guingona Ferrer, Sharolyn Kriger, Tricia Berke Vincent, Claire Day, Nancy Keegan, and Kirsten Irgens-Moller.

**Committee Members Absent:** Christina Kahn, Lisa Mancini, Evelina Chang, and Diane Prosser.

**Staff Present:** Maya Altman, Amy Scribner, Adrienne Lebsack, Susan Huang, M.D., Ricky Kot

**1. Call to Order**

The meeting was called to order at 11:35 a.m. by Gay Kaplan.

**2. Public Comment**

Gay Kaplan congratulated Maya Altman for being appointed to the Master Plan on Aging workgroup. She also welcomed Art Wolf as a guest presenter today. There were no further public comments at this time.

**3. Approval of Minutes**

The minutes for the July 19, 2019 meeting were approved as presented. **M/S/P.**

**4. CCI Ombudsman Services Report (Legal Aid)**

Ms. Berke Vinson reported what they are seeing in the office related to CMC members:

- Continue to have issues with people losing their Medi-Cal at renewal and switching from free Medi-Cal to share of cost Medi-Cal.
- Increased requests for more documentation in renewal process.
- Problems with a slow-down in enrollment processing
- Concerns about Medi-Cal staff being able to improve the ability to recognize and educate people about some beneficial programs such as the Working Disabled program and Spousal Impoverishment.

Ms. Vinson noted that though there is a two month deeming period that keeps members enrolled on CMC while we work to reinstate Medi-Cal benefits, there are share of cost issues for some members which can be devastating. Ms. Vinson reported they have a meeting scheduled with Human Services and hope to see some improvements in some of these areas.

Additionally, Legal Aid has been working around the public charge regulations. Though this should not directly impact CMC members, there are a lot of people in CMC who have concerns. Members don't understand what it means and are afraid that their use of benefits will impact

family members. Legal Aid has a lot of literature available explaining that few people are impacted and they have postings on their website.

Statewide, Ms. Vinson reported they are watching the following bills and budget items:

- An increase to the aged and disabled poverty level passed as part of the Governor's budget though the implementation may be delayed by the state, possibly until July 2020. Legal Aid is planning to bring this to the attention of the legislature and raise awareness about people in this group. She is collecting member stories to bring to the state legislators who passed this bill.
- AB 1088 passed recently. This affects people who are eligible for the aged and disabled program because there is a deduction for paying the Medicare premium. However, once they are on the program, the state pays the Medicare premium. Once the state starts paying the Medicare premium, members lose that deduction and go over the level for the aged and disabled program putting them into a share of cost for two months. The Governor signed into law a bill that says if a person is eligible when paying the Medicare premium, they will remain eligible even when it is paid by the state. But, we don't know when the state is going to implement this.
- A bill related to an increase in asset levels to the amount of money a person can have and be eligible for Medi-Cal was unsuccessful. She stated that the current asset level is \$2,000 for an individual and \$3,000 for a couple. The bill proposed last year was to raise this level to \$10,000 for an individual and \$15,000 for a couple, and would also have exempted certain types of assets such as pensions and IRAs. It did not pass but has been made into a two-year bill. Legal Aid is watching this potential bill. Ms. Vinson asked for member stories if we see the asset level affecting our members.

Ms. Altman stated that Human Services department in the county is looking for a new director. She will be on the interview panel and will look for someone who can work on these issues. Ms. Vinson added in the past there seemed to be time to recognize the risk of losing Medi-Cal in advance and proactively avoid it but lately they are finding out the day before. The ability to collaborate more with the Health Plan can make all the difference.

## 5. **LTC Ombudsperson Services Report**

Ms. Kirsten Irgens-Moller reported they hear that HPSM is being very responsive on the phone and thanked the health plan for this. They are still having problems with Skilled Nursing Facilities not having Medi-Cal beds. They don't seem to be able to make it clear that every Medicare bed is a Medi-Cal bed. She wonders if there is a way for the health plan to intervene.

Dr. Huang spoke about the year-long collaborative for long term care and the new payment model as of October 1<sup>st</sup>. This payment model will help facilities get reimbursed in similar fashion for their Medi-Cal short term skilled stays as they would for their Medicare short term skilled stays. There are also incentives built in for encouraging appropriate discharge planning and community placements, as well as providing extra tools to the facilities relative to our Medi-Cal members.

Ms. Kriger suggested we look at the people who can go to lower levels of care and do not need 24 hour nursing care coverage to see if there is some way to help them ADLs. Dr. Huang stated that there is some movement on this issue.

Ms. Irgens-Moller concluded her report stating that there is still some difficulty with people who do not have family and are falling off of Medi-Cal because there is no one to open their mail or help them complete the re-enrollment. Ms. Vinson added that this is a real problem when someone loses cognitive capacity. Legal Aid is not able to help them unless they have a capable person who has durable power of attorney in place. Without this, the only thing that can be done once a person loses competence is to get a conservatorship. Legal Aid does not do conservatorships, Public Guardian can but is not easy to do and is a low priority. This is a common issue and attorneys would like to help but are not legally allowed to represent someone who cannot authorize them.

## **6. Grievances and Appeals Report**

Ms. Altman handed out the G&A Report for Q2 of 2019. There were no questions at this time.

## **7. Updates and Discussion**

Ms. Adrienne Lebsack and Ms. Amy Scribner reviewed the dashboard, educational topics, and IHSS reports in the absence of Katie-Elyse Turner:

- **Dashboard**

### ***Health Risk Assessments Completion (Q2 2019):***

- HRAs completed category was down slightly at 49% which could be attributed to staffing issues.
- “Unable to Locate” category has decreased to 22% which is good. A vendor has been used to distribute HRAs and is tracking people down with better contact information.

There was discussion of the different reasons that an HRA may not be completed such as the member not being able to complete the process or have someone to help them. Some with intellectual disabilities may also need to refer this back to the health plan and the care coordination unit can assist to see if there is someone that should be contacted to help or if they can mail the survey and follow up.

Beverly Karnatz mentioned the issue of the contact data or patient status being out of date. Dr. Huang realizes there are limitations of the HRAs since it is done only once a year or possibly more frequently due to triggers. However, this does not mean that we are not outreaching and doing care coordination with the members.

There was some question about the reliability of the HRAs if they are all self-reported. Dr. Huang explained that the health plan has other ways of evaluating member health status. Ms. Lebsack added there are also other ways they validate the information

such as A1C report for diabetics. They can also do a validation to see that members are accurately self-reporting.

Ms. Lebsack reviewed the chart regarding care plans showing high and low risk member plans were both up and above the state average for the quarter.

***LTSS Utilization among CMC Enrollees:***

Ms. Scribner reviewed the four charts related to LTSS utilization:

- IHSS – enrollment is fairly stable
- MSSP – there has been a focused effort since Q1 of 2019 to increase enrollment in MSSP. This report is only a portion of the enrollment of MSSP, which is closer to 93% capacity. One of the challenges identified in getting people into MSSP is the turnaround for the authorizations and enrollment process.
- Nursing Facilities - fluctuated a little in Q2
- CBAS – Nancy Keegan noted that Senior Focus has a wait list but has made progress reducing the wait list. She hopes to see more movement in the New Year. There have been some changes in their enrollment and intake process to help make it go quicker.

**Education Topics**

Ms. Scribner reported on the CMT call topics from the last quarter (July, August, September):

- **Members with an Annual Reassessment**  
Relates again to the HRAs. ILS became our vendor in 2017 so 2018 was a ramp up period. Targeting the unreachable members through care coordination.
- **Documented Discussions of Care Goals**  
We have a lot of data captures on this. Landmark is one of the ways we are discussing care goals but it is hard to extract data.
- **Consumer Advisory Board**  
Recruitment of member participants is a challenge and efforts are made at member events. We are working on ways to engage members.
- **IHSS Services MOU**  
CMS-DHCS was interested in hearing from plans about the status of MOUs with county IHSS. Some of the challenges discussed are when members are transitioning back to the community from LTC they have a share of cost, resulting in a problem getting IHSS. It takes a little while for the aid code to switch over to a non-LTC aid code. Caregiver availability, especially if the member does not have a family member or friend, can also cause a delay in getting services. Ms. Vinson suggested that these people be referred to Legal Aid who can help expedite this aid code change rather than a person being put in the queue.

- **Durable Medical Equipment**

HPSM receives and identifies DME requests through prior-authorizations. It's also identified through our Care Management program. When a patient is getting discharged from acute or inpatient stay we identify DME needs. We use a vendor, DME Consultants, who does some of the in-home evaluations to confirm the patient's needs and that the right equipment is requested.

Repair and maintenance requests are managed and tracked by the Health Services department. We are pursuing improvements in the delivery confirmation process for DME through claims data and grievances and appeals to confirm the equipment was delivered to the member. Dr. Huang added that Health Services is working on a more proactive process to confirm timely and accurate delivery of equipment with the member once an authorization has been approved.

- **IHSS Updates**

Janet Hogan reported there are 2,045 clients in aging and adult services that will be impacted by the most recent power outage this weekend. Of those, there are 450 that are considered medium to high risk. They have a team making calls to these clients to discuss what their provision plans are and to see what they have in place.

She noted challenges with the electronic visit verification process. San Mateo County goes live in June 2020 but are trying to get everyone on electronic timesheets before that. We are currently at 41%. LA has gone live and is doing well. The biggest problem is that the system does not have the ability to manage the capacity of people enrolled and crashes each pay period.

Another challenge is the issue of share of cost. This causes a huge impact to the provider as the provider is not getting paid and it's taking a long time to fix this issue. If the family pays the provider directly and submits a claim, it can take up to six months to be reimbursed.

Public Authority:

- They had 122 referrals for care givers last month
- The training program ended last fiscal year with 46 trainings. These trainings are offered in English and Spanish. In addition to the basic core essential care giving skills classes that are being taught, there are a large number of specialty classes dealing with unique problems that clients and providers face.
- They are working with an advisory committee to develop a new set of classes that people can take and receive certification for completion of skill level two.

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

### **Power Outages**

Ms. Altman asked Dr. Huang to report on the current power outages. Dr. Huang stated that the health plan has been coordinating with county on the recent power outages. They have been happening so quickly not allowing much opportunity to prepare. The health

plan has extracted a list of about 800+ members, Medi-Cal and Duals combined. Staff is prioritizing anyone on electrical medical equipment such as cardio pulmonary assist devices, oxygen related equipment, etc. This will be enhanced further for additional equipment like nutrition pumps and mobility equipment in the future. The outage this weekend is so broad that HPSM sent the lists out in waves. Some people are very fragile and will be getting in home visits, and some are being contacted through other partners such as housing, CCSP, Wider Circle, ILS, Matrix. We have also produced a quick guide and given instructions to staff on how to advise members about refrigerated medications. The health plan has participated in huddles such as the county incident command and is continuing to review the CMS guidelines and tool kits from prior disasters. The health plan is also preparing its own business continuity plan should there be a power outage here in the HPSM office. Ms. Altman added that staff is also outreaching to critical providers to ask about their business continuity plans.

Ms. Zuniga stated that CID received a grant through PG&E to provide generators and instructed if there is someone with disabilities that needs a generator, anyone can call CID. They are not open over the weekend but it will be routed to a specific number that will answer that call.

### **MSSP**

Ms. Altman reported that in the beginning of September, the state issued a brief announcement saying that by 2021 all Medicaid plans in California will have to cover Long Term Care and will become a standing benefit across plans. Also, plans will cover organ transplants and, like LTC, this is not standard throughout health plans. The state also announced that they will be carving out MSSP. HPSM and SM County worked extremely hard to integrate the program with staff, integrating data systems, providers, etc., and it has been working very well. Ms. Altman asked the committee to help support by signing a letter that the county and the plan would develop to the new leadership of the DHCS and to the Secretary.

### **CalAIM**

Ms. Altman announced the state's new program, CalAIM, which is geared toward improving and advancing Medi-Cal. They are revealing their plan on Tuesday. One encouraging component is a program called In Lieu of Services which would be an opportunity that could provide funding to the CCSP. This could allow us to have a funding source to sustain this program. There are other In Lieu of Services that could pay for social determinates such as food and housing.

### **Master Plan on Aging**

Ms. Altman reported that she is teaming up with Justice in Aging to push for Long Term Services and Supports integration and overall integration. The process is just starting and she will bring more to this group as it develops.

### **CareAdvantage Day at HSPM**

HPSM invited CareAdvantage and Cal MediConnect members to an event here at the health plan. There were representatives from Legal Aid, among many other organizations. More than 300 people attended with questions about their plan benefits. A number of volunteer staff was present to help and some people signed up for the CareAdvantage program. We plan to try to do this type of event each year.

In conclusion, Ms. Altman stated that at a future meeting, we will have an update on the CCSP program. Also, the Long Term Care Collaborative is just starting after a year of planning. A lot of work has happened with the high volume facilities and with their staff to help them improve quality.

### **Dental Integration**

Ms. Altman announced that at the October commission meeting, the commission approved the dental integration program. We will be working towards a start date of January 2021.

## **9. 2020 Meeting Dates**

The 2020 meeting dates were approved as presented. Next meeting will be on January 17, 2020.

## **10. Adjournment**

The meeting adjourned at 12:57 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess  
Clerk of the Commission

**CCS FAMILY ADVISORY COMMITTEE MEETING**  
**Thursday, December 12, 2019 – 6:00 p.m.**  
**2000 Alameda de las Pulgas**  
**San Mateo, CA 94403**

**AGENDA ITEM: 4.2**

**DATE: January 8, 2020**

**Meeting Summary**

<b>Members Present:</b>	Lianna Chen, Marilyn Wendt, Gladis Gomez, Leticia Acevedo, Stephanie Gradek, Stephanie Bayless, Imelda Aguilar, Amabilia Espinoza, Carol Elliott.
<b>Members Excused:</b>	Faviola Morales, Miguel Sr. Bejar Arias, Doris Dablo, Nyla Dowden, Miguel Pina, Sr., Rocio Jimenez, and Katie Humphrey.
<b>San Mateo County Members present:</b>	Glenn Ibarrientos, Anand Chabra, M.D., Lizelle Lirio de Luna, Marsha Guevara.
<b>San Mateo County Members Excused:</b>	Helen Phung, Mitch Eckstein.
<b>HPSM Members Present:</b>	Cynthia Cooper, M.D., and Sophie Scheidlinger.
<b>HPSM Members Excused:</b>	Jessica Arevalo, Susan Huang, M.D., Maya Altman.
<b>Guests:</b>	Jaqui Knudson, Family Voices; Rita Estrada, Interpreter; and Leticia Ferrusquia, Interpreter.

**1. Call to Order:** The meeting was called to order at 6:00 p.m. by Sophie Scheidlinger.

**2. Introductions:** Introductions were made around the room.

Ms. Scheidlinger introduced Ms. Leticia Acevedo, Family Advisory Committee chair to continue to facilitate the rest of the meeting.

**3. Public Comment:** The chair and co-chair reviewed particular issues they had been experiencing. After hearing the issues described, staff made note to follow up outside of the meeting to address these issues. There were no other public comments.

**4. Approval of Minutes:** The minutes were approved as presented.

**5. 2020 Meeting Schedule**

The meeting dates for 2020 are as follows:

March 19, 2020

June 18, 2020

September 17, 2020

December 10, 2020

The committee was in agreement of the above listed dates.

**6. Youth Advisory Committee & Transitions Work**

Lianna Chen reported there have been two meetings since September's family advisory group meeting: October – the discussion focused on describing the CCS program, the Youth Advisory

Committee, their beginnings and current status. They held interactive exercises about self-care and mindfulness to better understand how to manage stress. Another topic discussed was transition to adulthood, in particular, what happens if a client moves out of state and how they can continue to access health insurance.

The last meeting took place on Monday, December 9<sup>th</sup>. Even though it was a difficult scheduling week with the holidays and finals, the meeting was well attended. There was a guest speaker from Canada College who discussed the cost of colleges in California (community colleges and state colleges). She stressed the importance of filing for financial aid and the steps to apply. Additionally, financial aid applications tie into the applying for scholarship programs that can help cover costs of books, food, and gas for commuting to school. She also informed the youth that they are able to take classes at Canada College while they are still in high school. Their next meeting will take place in March 2020.

## **7. Family Voices Presentation**

Jaqui Knudson from Family Voices of California gave an overview of who they are and what they do. They are an organization that works through the family resource center network of California. There are about 52 resource centers throughout California that provides support to parents and families, including the educational project leadership program. This program provides education and information to help families understand the legislative processes, working on committees, and how to go from self-advocacy to systems change and advocacy through committees such as the CCS Advisory Group that happens quarterly in Sacramento. This is an opportunity for families to have a voice in that state setting. Each year, they host a Health Summit and Legislative Day. 2020 will be their 17<sup>th</sup> year and will consist of three days in Sacramento where they are expecting about 225 families to participate. This is supported by a number of different health plans who donate money. Family Voices of California will be hosting families, and providing information and education; on the third day, families meet with legislators and tell their stories to hopefully have an impact on change.

She described her role as the Outreach and Education Manager of the Whole Child Model. She is the liaison to the five health plans throughout the state in the 21 out of 58 CCS participating counties in California and help families navigate the system. Health Plan of San Mateo has been working on the CCS Pilot/Whole Child Model for many years, however, in other parts of the state the transition happened more recently. Family Voices of California is located in San Francisco and part of a nationwide organization. Ms. Knudson works out of Orange County and is working with CalOptima to navigate the changes to Whole Child Model.

The question was asked if a workshop could be conducted for families in our area. Ms. Knudson said this is something they can do through the local family resource center. Ms. Gomez mentioned that she leads a Spanish speaking support group in South San Francisco for parents and would like Ms. Knudson to present information about Family Voices to them. Ms. Scheidlinger asked who to contact if there is interest in attending the Health Summit. Ms. Knudson said to contact her and she could make that connection. Dr. Chabra mentioned that CRISS (Children's Regional Integrated Service System) is an organization that works with Northern California CCS programs and is very involved with Family Voices and the summit.

Ms. Knudson concluded that Family Voices is very involved at the level of families having a voice at the table of the decision making process. "Nothing about us, without us" is the driving motto. She noted that recently Family Voices has been working with UCSF to inform the WCM evaluation project interviews with families. Often they are involved with those types of tasks throughout the state because they have connections with the families.

Ms. Gomez stated that it is good for the families to know what agencies are available so they know where to go for support. It is difficult for those who only speak Spanish to know how to navigate the system and many times don't know what resources are available. She would like to train parents so they know that when a door closes they cannot just give up but rather they can continue to advocate and persist.

## **8. 2019 Year in Review**

Ms. Scheidlinger shared the presentation reviewing the activities of the Family Advisory Committee over the past year:

- Introducing our new Family Advisory chair and vice-chair: Leticia Acevedo, and Gladis Gomez
- Educational Topics included dental project; safety and bullying (Kidpower); family advocacy (Family Voices) – future speakers and topics will include Gatepath and Kaiser; Ms. Scheidlinger asked the committee for continued input on areas of interest.
- Family satisfaction survey
- Reports on key programs and services that the committee is interesting in including: Grievances and Appeals; information on private duty nursing; and, the Legal Aid Conservatorship program that was started through the advocacy of this committee for the children who are unable to make their own medical decisions and to help their parents/guardians to continue care for them.

Ms. Scheidlinger thanked the committee for their participation, attendance, input and continued support in the effort to improve the processes and systems to serve their family members. Mr. Ibarrientos expressed his appreciation for the committee and the way the members have committed to the process and keeping this committee active and productive.

## **9. Adjournment/Closing Remarks**

The next meeting will be held on March 19, 2020 at 6:00 pm. The meeting was adjourned at 6:50 pm

**CCS CLINICAL ADVISORY COMMITTEE**  
**Thursday, December 12, 2019 – 7:00 p.m.**  
**2000 Alameda de las Pulgas**  
**San Mateo, CA 94403**

**Meeting Summary**

<b>Members Present:</b>	Grace Chen M.D., Sherri Sager, Lianna Chen, Marilyn Wendt, Leticia Acevedo, and Lee Sanders, M.D.
<b>Members Excused:</b>	Katie Humphrey, Michelle deBlank, Michelle Blakely, Benjamin R. Mandac, M.D.
<b>San Mateo County</b>	
<b>Members present:</b>	Anand Chabra, M.D., Marsha Guevara, Glenn Ibarrientos
<b>San Mateo County</b>	
<b>Members Excused:</b>	Mitch Eckstein, Lizelle Lirio de Luna
<b>HPSM Members</b>	
<b>Present:</b>	Cynthia Cooper, M.D., and Sophie Scheidlinger
<b>HPSM Members</b>	
<b>Excused:</b>	Maya Altman, Jessica Arevalo, and Susan Huang, M.D.
<b>Guests:</b>	Rita Estrada, Interpreter

- 1. Opening Remarks - Call to order** at 7:00 p.m. by Sophie Scheidlinger.
- 2. Introductions:** Introductions were made.
- 3. Public Comment:** None.
- 4. Approval of Minutes:** September 19, 2019 minutes were approved as presented.

**5. Family Advisory Committee Report Out**

Ms. Acevedo reported that meeting of the CCS Family Advisory Committee was well attended with comments from staff and family members. The minutes from the previous meeting were reviewed and approved. The meeting dates for 2020 were approved as well. They had a report on the activities of the Youth and Transition work, and a presentation from Family Voices. There was also a summary of the activities of the committee for 2019. The next meeting will be on March 19, 2020.

**6. Youth/Young Adult Advisory Committee Report Out**

Lianna Chen reported on the two meetings of the Youth Advisory Committee that have taken place since September's advisory group meeting. In October the discussion focused on describing the CCS program, the Youth Advisory Committee, their beginnings and current status. They held interactive exercises about self-care and mindfulness to better understand how to manage stress. Another topic discussed was transition to adulthood in particular, what happens if a client moves out of state and how they can continue to access health insurance.

The latest meeting took place on Monday, December 9<sup>th</sup>. There was a guest speaker from Canada College who discussed the cost of colleges in California (community colleges and state colleges). She stressed the importance of filing for financial aid and the steps to apply. Additionally, financial aid applications tie into scholarship programs that can help cover costs of books, food,

and gas for commuting to school. She also informed the youth that they are able to take classes at Canada College while still in high school. Their next meeting will take place in March 2020.

Dr. Chabra talked about the scholarship program and that it is a wonderful grant and a tremendous support specifically for community colleges and is a two year program. Dr. Sanders asked about the members of the Youth Advisory Committee. Ms. Chen confirmed that the members are all involved with CCS, either current or former CCS patients.

## **7. Meeting Schedule for 2020:**

The meeting dates for 2020 are as follows:

March 19, 2020

June 18, 2020

September 17, 2020

December 10, 2020

The committee was in agreement of the above listed dates.

## **8. Opportunities to expand scope of meeting and recruit additional providers**

Ms. Scheidlinger stated we have wonderful participation in our family advisory committee. For the clinical advisory committee, the challenge is that is not as much active decision making as at the beginning when shaping the program. At this juncture, the family committee has transitioned to educational topics that are engaging for the people involved. On the clinical side, we are looking for more providers and ideas to add value to the meeting or an expansion of scope that would allow us to invite additional types of providers. Dr. Chabra added that the state requires a minimum of four CCS paneled providers so we need to recruit at least one more. Sherri Sager offered to talk to some other LPCH providers. She anticipates that some of the policies that will be coming out of Sacramento in the next year, such as CalAIM, will warrant further discussion. There was discussion about some of the residents and others at LPCH for consideration for this committee. Dr. Sanders suggested this committee discuss the issues raised from the family advisory and youth advisory committees such as transition care, integrated behavioral health, home health, etc. Dr. Chabra stated it would also be helpful to get providers from UCSF and/or CPMC since many San Mateo children receive services there. Ms. Scheidlinger added that we try to have a diverse representation such as various specialists. Dr. Chen offered to check in with providers at UCSF.

Ms. Scheidlinger stated that incorporating more topics from our other groups is a great idea, as well as including the regulatory activity; such as CalAIM, private duty nursing, and the pharmacy carve out which will have a huge impact on CCS. In addition to relevant regulatory activity and updates, and hot button issue discussion, there will still be opportunities to discuss issues that have been cropping up for providers.

There was the question about the meeting time for the Clinical Advisory. Ms. Scheidlinger talked about how the meeting was scheduled back to back with the Family Advisory since a number of the participants would attend both. Now that there are fewer that attend both meetings the time could be reconsidered. She suggested that we keep the same dates and poll the participants about their availability for a possible noon time meeting at the 2000 Alameda de las Pulgas location.

Dr. Chabra talked about the Dental Integration program that the Health Plan of San Mateo is beginning. Legislation was passed to allow the health plan to integrate medical and dental benefits for health plan members including the CCS members. By integrating the medical and dental benefits, it would simplify the process for members and the health plan. The health plan would contract with a network of dentists, members would have one place to go for assistance with their medical and dental benefits, providers would receive an augmented rate, prior authorizations would be submitted to the health plan instead of the state, and the health plan would have the ability to reduce the requirements on prior authorization information. The San Mateo Health Commission approved the program with upfront costs for the first five years at its October meeting. There would be an evaluation component of this program which is a pilot for six years. The State and CDA are behind this program and it is moving forward. There are plans to hire a Project Manager and Dental Director in the near future. The go live target date is January 2021.

Dr. Chen talked about the need to screen parents and care givers for their mental health and wellbeing. She asked how CCS currently handles this. Ms. Scheidlinger explained that the health risk assessment which is conducted annually asks a variety of questions about the child but also about the family. They use PHQ-2 for the child and the adult or guardian who is completing the assessment. They also ask in general if the caregiver or family need help with immigration and a variety of other social challenges that affect the caregiver. If anyone says they are struggling it automatically triggers follow-up as part of the care plan which goes to the social workers. The social workers then reach out to the family and close it out once they are connected to services. The reality is that difficulty working with children who are chronically ill is an ongoing issue. Dr. Chen asked if this assessment could be done more frequently than once a year. Ms. Scheidlinger stated they do have an opportunity for the CCS team to check in on the family any time they speak with them. Dr. Chabra stated this is not formalized, and could be done informally but every staff will be different in how they interact with members and families. He will discuss with Glenn and see if there is a structured way of accomplishing this. Dr. Cooper stated that the parent may be more inclined to talk to the provider rather than the payer. Dr. Sanders added that the model of screening for post-partum depression that PCPs do is a way to better serve kids with special needs. The other model for increasingly identifying post intensive care syndrome or a post hospitalization syndrome is another opportunity to provide more support which is integrated behavioral health.

## **9. Adjournment/Closing Remarks**

The meeting adjourned at 8:00 p.m.

**MEMORANDUM**

**AGENDA ITEM:** 4.3

**DATE:** January 8, 2020

**DATE:** December 27, 2019

**TO:** San Mateo Health Commission

**FROM:** Maya Altman, Chief Executive Officer  
Trent Ehrgood, Chief Financial Officer

**RE:** Waive Request for Proposal Process and Approve Letters of Engagement with Moss-Adams LLP

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**Recommendation**

Waive request for proposal process and approve the Letters of Engagement with Moss-Adams, LLP to perform the external financial audits for an additional five years in an amount not to exceed \$119,500 for FY2019, and \$112,000 annually for FY2020 through FY2023, and to authorize the Chief Executive Officer to execute said Letters of Engagement.

**Background**

Moss-Adams, LLP has been performing the Health Plan of San Mateo's (HPSM) annual audits since 2006. The firm was originally selected from several bidders through a Request for Proposal process. The main objective of the annual audit is the expression of an opinion regarding the fair presentation of HPSM's financial statements. Moss-Adams, LLP also reports on the fairness of the Management Discussion and Analysis in relation to the financial statements taken as a whole, internal controls related to the financial statements, and compliance with applicable laws, regulations, contracts, and grants.

Moss-Adams, LLP has been a consistent and valued partner. Since contracting with HPSM, the firm has secured agreements with most of the other County Organized Health Systems and Local Initiative plans in Northern California, which has proven useful in addressing shared financial issues.

Moss-Adams has kept their base audit fees of \$99,500 flat for the next five years. However, new regulations requiring audits of retirement plans will add an extra \$20,000 in audit fees the first year (FY2019). Then this added fee will drop to \$12,500 for remaining years (FY2020-FY2023). Management recommends retaining Moss Adams for the next five years.

**Term and Fiscal Arrangements**

The Letters of Engagement would now cover the external audits, including the retirement plan, for fiscal years 2019, 2020, 2021, 2022 and 2023. The amount to be paid to Moss Adams, LLP will not exceed \$120,000 annually.

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVING THE REQUEST FOR PROPOSAL PROCESS AND  
APPROVING LETTERS OF ENGAGEMENT WITH  
MOSS ADAMS, LLP FOR FY2019-FY2023 AUDITS**

**RESOLUTION 2020 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission has engaged Moss-Adams LLP to perform external audits since 2006 after an initial request for proposal process;
- B. Moss-Adams, LLP has proposed a special offer to hold the annual base audit fees of \$99,500 for another five years, plus added fees for the retirement plan audit of \$20,000 for year one (FY2019), and then \$12,500 for remaining four years (FY2020 through FY2023); and
- C. Management recommends retaining Moss Adams and taking advantage of base audit fees remaining flat for the next five years.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

1. The San Mateo Health Commission waives the request for proposal process and approves the Letters of Engagement with Moss-Adams, LLP for the next five years with total annual fees of \$119,500 for FY2019, and \$112,000 for FY2020, FY2021, FY2022 and FY2023; and
2. Authorizes the Chief Executive Officer to sign said Letters of Engagement.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8<sup>th</sup> day of January, 2020 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

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David Canepa, Chair

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_

C. Burgess, Clerk

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Kristina Paszek  
DEPUTY COUNTY COUNSEL

**MEMORANDUM**

**AGENDA ITEM:** 4.4

**DATE:** January 8, 2020

**DATE:** December 30, 2019  
**TO:** San Mateo Health Commission  
**FROM:** Maya Altman, Chief Executive Officer  
**RE:** Waiver Request for Proposal Process and Approval of Amendment to Agreement with KN Consulting, LLC

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**Recommendation:**

Approve a waiver of the RFP process and an amendment to the agreement with KN Consulting, LLC to extend the agreement for one year and increase the total amount not to exceed to \$280,000 for a contract expiring December 31, 2020.

**Background:**

KN Consulting, LLC is the name of the consulting firm created by Khoa Nguyen, who was HPSM's Chief Strategy Officer for many years and left HPSM in November 2018 to work on a special project with multiple California safety net health plans to build capabilities that could support shared services and group purchasing opportunities.

The sixteen (16) California safety net health plans represent approximately 8 million covered lives and over 8,000 employees. HPSM frequently collaborates with other safety net health plans on policies and programs that benefit our respective membership and operations, but joint operational and purchasing efforts have been limited or inconsistent. In 2019, a small pilot was initiated by HPSM and three other California safety net health plans – LA Care, Inland Empire Health Plan and Kern Health Plan, to work collaboratively through an organized process and identify opportunities for efficiency and cost reductions. This project utilized Khoa Nguyen as a dedicated resource given his extensive experience with HPSM and other California safety net health plans.

The 2019 collaboration project focused on four services: printing of the Medi-Cal provider directory, purchasing of office supplies (including breakroom, paper and janitorial supplies), telephonic interpreter services and 3<sup>rd</sup> party information security risk assessments. The collaboration helped identify best practices and significant savings opportunities for HPSM, such as:

- Utilizing an “opt-in notice letter” in lieu of printing 22,000 Medi-Cal provider directories annually (each are 800-pages total) for the new member welcome packet, and when member do request a printed version, printing a “smaller personalized version” (e.g., providers within 10 miles of their address) that could reduce the printing by 70-90%;
- Purchasing office supplies through a group purchasing organization (GPOs aggregate demand from multiple organizations to negotiate and make available very competitive prices from vendors) has the potential to save HPSM approximately 10% or \$18,000 annually;

- Purchasing telephonic interpreter services through a GPO has the potential to save HPSM approximately 5-20% or \$11,000-\$51,000 annually;
- Conducting 3<sup>rd</sup> party information security risk assessments through a shared assessment network, where a security firm does a single assessment of a vendor or organization utilizing a standard industry assessment tool, and makes the assessment findings available to all member organizations of the network at a significantly reduced price – e.g., \$699 for each vendor in this shared assessment model compared to \$7,000-\$15,000 for each vendor assessment when our health plans hired a firm in the past to do an independent assessment.

**Discussion:**

Based on the progress to date, HPSM and the other safety net health plans recognize the need to build on the initial project and continue to identify additional opportunities to leverage the full potential of shared operational knowledge and buying power of the California safety net health plans. As part of this agreement with KN Consulting, LLC, Mr. Nguyen will work closely with HPSM and other California safety net health plans to:

- Research and identify opportunities for 3-4 service categories - to be determined by HPSM and the other participating health plans (potential services to confirm could include cybersecurity awareness program, member ID cards, text messaging platforms, and purchasing administrative supplies like IT peripherals and furniture)
- Prioritize potential services for future opportunities and consideration
- Evaluate pilots and progress with the provider directory, 3<sup>rd</sup> party risk assessments, and purchasing office supplies and interpreter services through group purchasing organizations

The primary goals of this engagement are to:

- Build tools, templates and repeatable processes to support future group efforts
- Support health plan business owners and managers to be smarter buyers of services
- Improve or optimize the production and delivery of services
- Enable staff to be more efficient with their time and resources
- Obtain competitive pricing from vendors

Mr. Nguyen will also be available as a part-time consultant and continue helping HPSM executives and management with the development of strategic proposals and business development opportunities, given his experience and success with advancing key policies and initiatives for HPSM in the past.

Based on his extensive knowledge and experience with HPSM and other California safety net health plans, Mr. Nguyen is uniquely qualified for this consulting agreement. Therefore, we are requesting a waiver of the RFP process.

**Fiscal Impact:**

This amendment will increase the agreement by \$110,000 for a total amount not to exceed of \$280,000 for the contract term ending December 31, 2020.

**DRAFT**

**RESOLUTION OF THE  
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVE REQUEST FOR PROPOSAL  
PROCESS AND APPROVE AN AMENDMENT TO THE  
AGREEMENT WITH KN CONSULTING, LLC**

**RESOLUTION 2020 -**

**RECITAL: WHEREAS,**

- A. The Health Plan of San Mateo frequently collaborates with other not-for-profit, local community health plans on policies and programs that benefit our respective membership and operations;
- B. The Health Plan of San Mateo and other California safety net health plans (Inland Empire Health Plan, LA Care and Kern Health Systems) recognize the need to build on the initial success of the 2019 projects and continue to identify opportunities to leverage shared operational knowledge and buying power of the California safety net health plans; and
- C. Mr. Nguyen is uniquely qualified for this consulting agreement based on his extensive knowledge and experience with HPSM and other California safety net health plans.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

1. The San Mateo Commission approves a waiver of the Request for Proposal (RFP) process;
2. Approves an amendment to the agreement with KN Consulting, LLC to:
  - a. extend the term for one year through December 31, 2020; and
  - b. add \$110,00 to the agreement for a contract maximum of \$280,000;
3. Authorizes the CEO to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8<sup>th</sup> day of January, 2020 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

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David J. Canepa, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_

C. Burgess, Clerk

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Kristina Paszek  
DEPUTY COUNTY COUNSEL

**MEMORANDUM**

**AGENDA ITEM: 4.5**

**DATE: January 8, 2020**

**DATE:** December 30, 2019

**TO:** San Mateo Health Commission

**FROM:** Maya Altman, Chief Executive Officer

**RE:** 2020 Membership - Commission Committees and Advisory Groups

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The Commission approves the membership of its standing committees and advisory groups every year at this time. During the year, committee chairs fill vacancies with qualified individuals, and these appointments are confirmed annually by the Commission.

Attached for the Commission's approval is a list of the Commission's current standing committees and advisory groups, including current membership and respective membership representation. Proposed changes have been indicated with strikethrough for deletions and underlining for additions.

Note that we have commissioner vacancies on the CCS Clinical Advisory Committee, Consumer Advisory, and Peer Review/Physician Advisory. Please let Corinne or me know if you have an interest in serving on any of these committees.

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF  
COMMITTEE AND ADVISORY GROUP MEMBERSHIP  
AND MEMBERSHIP REPRESENTATION FOR 2020**

**RESOLUTION 2020 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission has previously established various committees and advisory groups to carry out its business, and appointed members to these committees and groups; and
- B. Membership and representation for these committees is approved annually by the Commission.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

1. The San Mateo Health Commission approves the attached list of committees, committee members, and their respective membership representation for its standing committees for 2020.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of January 2020 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

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David J. Canepa, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_

C. Burgess, Clerk

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Kristina Paszek  
DEPUTY COUNTY COUNSEL

**DRAFT**

**SAN MATEO HEALTH COMMISSION  
COMMITTEES/ADVISORY GROUPS  
Member and Committee Representation List 2020**

<b><u>COMMITTEE OR GROUP</u></b>	<b><u>MEMBERSHIP REPRESENTATION</u></b>
<b>Finance/Executive Committee (5)</b> <i>Meets Monthly As Scheduled</i>	<b>Staff: CFO/CEO</b> <ul style="list-style-type: none"><li>- Si France, M.D.</li><li>- Don Horsley, Chair</li><li>- Michael Callagy</li><li>- David J. Canepa</li><li>- [vacant] <a href="#">Bill Graham</a></li></ul>
<b>CCS Clinical Advisory Committee (12)</b> <i>Meets Quarterly</i>	<b>Staff: Pediatric Health Manager</b> <ul style="list-style-type: none"><li>- [Vacant]</li><li>- <a href="#">Stacey Hawver</a> <a href="#">Michelle deBlank</a></li><li>- Michelle Blakely</li><li>- Benjamin Mandac, M.D.</li><li>- Sherri Sager</li><li>- Grace Chen, M.D.</li><li>- Lianna Chen</li><li>- Marilyn Wendt</li><li>- [vacant]</li><li>- Carol Elliot</li><li>- Lee Sanders MD</li><li>- <a href="#">Katie Humphrey</a></li></ul>
<b>CCS Family Advisory Committee (13 16)</b> <a href="#">Katie Humphrey</a> <a href="#">Carol Elliot</a> <a href="#">Brian Kerr/Maria Naso-Kerr</a> Stephanie Gradek Lianna Chen <a href="#">Rocio Rivera</a> Marilyn Wendt Faviola Morales Gladis Gomez, Co-Chair <a href="#">Laura Rico / Jose Eslava</a> Stephanie Bayless <a href="#">Norberto Rios / Laura Contreras</a> Miguel Sr. Bejar Arias Macaria Leticia Acevedo, Chair Doris Dablo <a href="#">Nyla Dowden</a> <a href="#">Miguel Sr. &amp; Claudia Pina</a> <a href="#">Christina and Raul Marquez</a> <a href="#">Imela Aguilar</a> <a href="#">Amabalia Espinoza</a>	<b>Staff: Pediatric Health Manager</b> <ul style="list-style-type: none"><li>- <a href="#">Kaiser CCS Program Manager</a></li><li>- <a href="#">Community Gatepath</a></li></ul>

**COMMITTEE OR GROUP****Cal MediConnect (CMC)  
Advisory Committee ([1718](#))**Meets Quarterly

Teresa Guingona Ferrer  
 Ligia Andrade Zuinga  
 Pete Williams  
 Vacant  
 Vacant  
 Beverly Karnatz  
 Vacant  
 Vacant  
 Nancy Keegan  
 Sharolyn Kriger  
 Tricia Berke Vinson/Evelina Chang  
 Lisa Mancini  
 Janet Hogan  
 [vacant]  
 Claire Day  
 Gay Kaplan  
 Christina Kahn  
 Kirsten Irgens-Moller  
 Art Wolf

**Children's Health Initiative (CHI)****Oversight Committee (9)**Meets Semiannually As Scheduled

Teresa Guingona Ferrer  
 Cheryl Fama  
 Srija Srinivasan  
 Emily Roberts/Kitty Lopez  
 Deanna Abrahamian  
 Manny Santamaria  
 Rayna Lehman  
 Francine Serafin-Dickson  
 Pamela Kurtzman

**Consumer Advisory Committee (13)**Meets Quarterly

[vacant]  
 Judy Garcia (*Member*)  
 [vacant]  
 Mary Pappas (*Commission on Aging*)  
 [Vacant]  
 Rob Fucilla  
 Hazel Carrillo (*Member*)  
 [vacant]  
 Cynthia Pascual (*Member*)  
 Angela Valdez  
 Tricia Berke Vinson, Chair  
 Ricky Kot  
 [vacant]

**MEMBERSHIP REPRESENTATION****Staff: [Duals Demonstration Program Director](#)  
[Medicare Risk Adjustment Director](#)**

- HPSM Commissioner
- HPSM Commissioner, Member
- Member or Family Member
- Member or Family Members
- Member or Family Members
- Affordable Housing Provider
- Commission on Aging
- IHSS Provider
- CBAS Provider (*Senior Focus*)
- Long Term Care Provider
- Legal Aid Society of SM County
- HCBS Services Provider (*SM County AAS*)
- HCBS Services Provider (*SMC Public Authority*)
- Behavioral Health Provider (*SMC BHRS*)
- Alzheimer's Association
- Community Member
- Health Insurance Counseling and Advocacy Program (HICAP)
- Ombudsman Services
- Consumer Advocate

**Staff: Deputy Chief Executive Officer**

- HPSM Commissioner
- Peninsula Health Care District
- County of San Mateo Health System
- County of San Mateo First 5
- County of San Mateo Human Services Agency
- Silicon Valley Community Foundation
- San Mateo County Central Labor Council
- Hospital Consortium of San Mateo County
- Sequoia Health Care District

**Staff: Director of Customer Support**

- HPSM Commissioner
- HPSM Member or Consumer Advocate
- Human Services Agency, County of San Mateo
- Legal Aid Society Representative
- Aging & Adult Services, County of San Mateo
- Health System, County of San Mateo

**COMMITTEE OR GROUP****MEMBERSHIP REPRESENTATION****Peer Review/****Physician Advisory Group (12)**Meets Bimonthly

- Kenneth Tai, M.D.
- Janet Chaikind, M.D., Chair
- Leland Luna, M.D.
- [vacant]
- [vacant]
- James Hutchinson, M.D.
- Hung-Ming Chu, M.D.
- Vincent Mason, M.D.
- [vacant]
- Tom Stodgel, M.D.
- Randolph Wong, M.D.
- [vacant]

**Staff: Chief Medical Officer**

- [maximum of 11 HPSM Contracting physicians]
- Physician Member-Commissioner
- SMMC Physician
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Internal Medicine, Retired*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician Specialist (*Psychiatrist*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician Specialist (*OB/GYN*)
- Contracting Physician Specialist (*Surgeon*)
- Contracting Physician Specialist (*OB/GYN*)

**Pharmacy & Therapeutics Committee (13)**Meets Bimonthly

- George Pon, RPh
- ~~Bill Becker, R.Ph.~~ Barbara Liang
- ~~Harish Odedra, RPh~~
- Gary Horne, RPh/Niloofar Zabihi, Pharm.D
- [vacant] Varsha Gadgil, RPh
- Jonathan Han, Pharm.D.
- Jaime Chavarria, M.D.
- Lena Osher, M.D.
- [Vacant]
- [Vacant]
- [Vacant]
- [Vacant]
- Jack Tayan, Chair

**Staff: Chief Medical Officer/Pharmacy Director**

- Commissioner-Pharmacist Member
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Pharmacist, SMMC
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Physician
- Contracting Physician, Psychiatrist
- Contracting Physician, SMMC
- Contracting Pharmacist/Consultant
- Contracting Physician
- Contracting Physician
- Consultant

**Quality Improvement Committee (8)****Staff: Director of Quality Improvement**Meets Quarterly

- Kenneth Tai, M.D.
- Jeanette Aviles, M.D.
- Amelia Louise Sattler, M.D.
- Jaime Chavarria, M.D.
- Maria Osmena, M.D.
- ~~Hung Ming Chu, M.D.~~ [vacant]
- [Vacant]
- [Vacant]

- Commissioner (*Physician*)
- Physician Member (*SMMC Physician-Internal Medicine*)
- Physician Member (*PCP – Family Medicine*)
- Physician Member (*PCP – Family Medicine*)
- Physician Member (*PCP – Pediatrics*)
- Specialist (*Psychiatry*)
- Specialist
- Pharmacist

*(Italics indicates additional information on committee member)*

**DRAFT**

**SAN MATEO HEALTH COMMISSION  
Meeting Minutes  
December 11, 2019 – 12:30 p.m.  
Health Plan of San Mateo - Boardroom  
801 Gateway Blvd., Suite 100  
South San Francisco, CA 94080**

**AGENDA ITEM: 4.6**

**DATE: January 8, 2020**

Commissioners Present:	Michael Callagy David J. Canepa, Chair Bill Graham Don Horsley	Barbara Miao George Pon, R.Ph. Kenneth Tai, M.D.
Commissioners Absent:	Jeanette Aviles, M.D., Teresa Guingona Ferrer, Si France, M.D., Ligia Andrade Zuniga, Vice-Chair	
Counsel:	Kristina Paszek	
Staff Present:	Maya Altman, Gabrielle Ault-Riche, Charlene Barairo, Chris Baughman, Luarnie Bermudo, Corinne Burgess, Pat Curran, Trent Ehrgood, Robert Fleming, Nicole Ford, Ian Johansson, Francine Lester, Stephanie Mahler, Celeste Medios, Colleen Murphey, Megan Noe, Keisha Payne, Kati Phillips, Vick Shaker, Amy Scribner, Katie-Elyse Turner, Jim Winkel, and Eben Yong.	

**1. Call to order/roll call**

The meeting was called to order at 12:30 pm by Commissioner Canepa. A quorum was present.

**2. Public Comment (deferred)**

There were no public comments.

**3. Approval of Agenda**

Commissioner Horsley moved approval of the Agenda as presented. **M/S/P**.

**4. Approval of Consent Agenda**

Commissioner Horsley moved approval of the Consent Agenda as presented. **M/S/P**

**5. Specific Discussion/Action Items**

**5.1 Discussion/Action on 2020 HPSM Budget**

Mr. Trent Ehrgood, HPSM CFO, reviewed a presentation on the proposed 2020 HPSM Budget (included in the Commission packet). This budget was reviewed and approved at the Finance Committee meeting on December 2, 2019. Mr. Ehrgood explained the budget was developed by incorporating assumptions on membership trends, revenue, health care expenses and general administrative expenses. He reviewed HPSM's programs and related populations and reviewed a three-year comparison of membership trends. While Medi-Cal membership has declined in recent years, it is projected to be flat due to movement into Medi-Cal from other lines of business, mostly from Healthy Kids and ACE.

Mr. Ehrgood compared the proposed 2020 budget to the mid-year forecast and the 2019 budget and projected spending. He noted that we have more refined estimates now,

especially for administrative costs, than were available for the mid-year forecast. The estimated 2020 deficit of \$58 million is primarily due to 1) increasing costs based on higher patient acuity; 2) increases in medical pharmacy costs; and 3) a temporary decrease in premium rates for the Medi-Cal expansion (MCE) population. Mr. Ehrgood then summarized the budget by line of business and detailed programs by population and population subsets and outlined average revenue per member per month. He stated that we should expect to see some improvement in our financial position in 2021 since the rates will be based on higher 2018 cost experience.

Mr. Ehrgood reviewed the allocation of revenue by line of business and expense by type of service. He noted that pharmacy expenses, which comprise 18% of medical expenses, will likely be carved out of health plan responsibilities effective 2021 along with the corresponding revenue. Mr. Ehrgood explained how utilization and unit costs are the major drivers of healthcare costs; increased utilization continues to be a primary driver for HPSM healthcare costs growth. Finance and Health Services continue to collaborate on efforts to control costs, including improving data analytics, managing key healthcare cost drivers such as inpatient care, optimizing care delivery and clinical quality of complex care (e.g., through Landmark), establishing a foundation for medical pharmacy operations, and increasing focus on quality performance that has revenue implications.

As for General and Administrative costs, some positions have been eliminated and a few new positions have been added with a net of a gain of six new positions, including the Dental Director position. However, the remaining dental positions are not included in this budget and will be incorporated later. Included in the G&A budget are disaster recovery/business continuity expenses, which are largely capital expenditures. Altogether, the administrative budget is \$54.5 million, which equates to 7.7% of revenue.

Commissioner Canepa thanked Mr. Ehrgood for the concise presentation of the budget. Commissioner Horsley concurred that this presentation was very clear and comprehensive. Commissioner Horsley moved approval of HPSM's 2020 Budget for January 1, 2020 through December 31, 2020 as presented. **M/S/P.**

## **5.2 Discussion/Action to Waive Request for Proposal Process and Approve Agreements with IT Infrastructure and Disaster Recovery Vendors.**

Ms. Altman explained the recommendation is to waive the request for proposal process and approve several agreements with vendors related to updating IT infrastructure and disaster recovery, in an amount not to exceed \$1.36 million. Ms. Altman stated this expense was budgeted in 2019 and, while some of the listed expenses will be paid this month, most will roll over into the 2020 budget. As background, the Commission approved \$1.25 million in 2016 which covered the setup of HPSM's Windows based systems in an off-site location in Reno, Nevada. This involved mostly equipment purchases. In addition, these funds were used to move HPSM's email system to the cloud. Both projects have been completed and tested, allowing for data recovery capability in these areas should the 801 Gateway location be compromised.

The next phase for the Commission's consideration has three components: refreshing HPSM's data storage backup and recovery systems while continuing to build cloud-based

initiatives; installing redundant member and claims processing capability at the Reno site; and implementing phone and fax back up capability. This project involves several vendors which are listed in the memorandum to the Commission. Some vendors, such as HPSM's claims system vendor, were selected through RFP processes. Not all the vendors were selected through RFPs; however, the complexity of this project requires the use of specific vendors and a waiver of the RFP process.

Commissioner Canepa asked for an example of how redundancy benefits HPSM. Mr. Yong, HPSM CIO, responded that in a situation where the primary data center is completely unavailable the remote site in Reno would be activated, allowing HPSM to continue operations, including paying providers. All processes would be remotely managed. Commissioner Pon asked about data storage. Mr. Yong explained that data storage equipment has reached end of life and needs to be replaced.

Commissioner Pon moved approval to waive the request for proposal process and approve agreements as outlined in the memorandum in an amount not to exceed \$1.36 million.

**M/S/P.**

### **5.3 Discussion/Action on CACP Member Engagement Grant**

Ms. Altman introduced Gabrielle Ault-Riche, Director of Customer Support, to review the attached presentation describing an opportunity with the Center to Advance Consumer Partnerships (CACP) to improve member engagement with HPSM.

Ms. Ault-Riche reviewed the purpose of the grant, which is to integrate member voices and lived experience into HPSM's decision-making and priority-setting. Should HPSM's application be approved, the grant includes a six month needs assessment including document review; staff interviews; and, member focus groups. The result would be a two-year roadmap for Plan focused efforts based on member perspectives. CACP consultants would provide help in developing programs and timelines. The full value of this grant opportunity is \$200,000; HPSM may only receive a partial grant, which would mean that the Plan would need to contribute \$67,500 for the work. This grant opportunity aligns with work staff is already doing. However, we do not currently have the infrastructure to gather input from members. Staff had been developing a work plan for 2020-21 before learning about this grant. Ms. Altman added that CACP requires governing board support and approval. Also, the organization that developed CACP is also a safety net health plan, Commonwealth Care Alliance in Boston, MA.

Commissioner Horsley asked for examples of greater member participation. Ms. Ault-Riche responded that we might have member consultants to provide input in the development of new programs and initiatives and provide perspectives that staff may not have considered. Ms. Altman added that while we are always trying to recruit members for our various committees, it is difficult and especially challenging to find members who can extrapolate from their own situations and provide a broader perspective.

Commissioner Callagy asked for more information about the proposed focus groups. Ms. Ault-Riche said there likely would be several smaller focus groups involving a total of 80 to

100 members. Ms. Altman noted that the groups could yield important qualitative data. While surveys are also helpful, in depth discussion of issues can provide rich information. Also, our members are surveyed so frequently they are often reluctant to participate.

Commissioner Tai asked how competitive the process is and what happens if we are unsuccessful. Ms. Ault-Riche did not know how many other organizations applied. However, HPSM was approached by CACP about the grant. If our application is not approved, staff will still move forward with the 2020-21 work plan. Progress may be slower without the CACP support.

Commissioner Tai moved approval for the submission of the CACP application and for an expense of \$67,500 should HPSM only receive a partial grant. **M/S/P.**

#### **5.4 Presentation on 2019 HEDIS Results**

Due to time constraints, this item was tabled until the January 8, 2020 Commission meeting. Commissioner Canepa moved to continue this item to January. **M/S/P.**

#### **6. Report from Chairman/Executive Committee**

Commissioner Canepa had nothing additional to report.

#### **7. Report from CEO**

Ms. Altman reported:

- Recuperative Care Facility Opening**

The event marking the opening of this facility will begin at 2:30 today. Ms. Altman thanked the San Mateo County Board of Supervisors for their support of the project which will provide care for homeless members who are in hospitals but could be in transitional housing that offers some medical care. This is a partnership between HPSM, County Health and Bay Area Community Services.

- Seton Sale**

There have been some challenges in closing the Verity sale. Negotiations with the buyer continue. HPSM's rate negotiations with the buyer are going well and close to being finalized.

- NCQA**

This week we completed NCQA accreditation. Ms. Altman explained the State's new CalAIM proposal includes a requirement for all health plans to attain NCQA accreditation, so HPSM is in a good position.

Commissioner Tai asked about impact of the proposed pharmacy carve out on HPSM costs. Mr. Ehrgood said we expect the State to remove pharmacy costs and revenues from our rates; however, we do not know how much the State will reduce the Plan's administrative revenues.

#### **8. Other Business**

There was no other business discussed at this time.

#### **9. Adjournment**

The meeting was adjourned at 1:37 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess, Clerk of the Commission

DECEMBER 11, 2019



## Grant Application: Center to Advance Consumer Partnership (CACP)

Presented to HPSM Commission

12/11/2019



### CACP Grant Overview



- Purpose: to integrate member voices and lives experiences into HPSM's decision-making and priority-setting
- Includes:
  - 6-month needs assessment (documentation review, internal interviews, and member focus groups with 80-100 members)
  - 24-month implementation and evaluation focusing on:
    - “Moments that matter” over-layed with pain points
    - Building infrastructure for eliciting and integrating member voices
  - Possible need for HPSM contribution of \$67,500

# Bandwidth Evaluation Process



## Evaluation

- Discussion by the Member Experience & Engagement Committee (MEEC)
- 1:1 meetings with 30+ internal stakeholders/leaders
- Discussions with Senior Leadership

## Conclusion

- Aligns with HPSM's mission and values
- Enhances existing work planned for 2020/2021
- Helps inform current goals and next strategic plan

3

Thank You

**AGENDA ITEM:** 5.1

**MEMORANDUM**

**DATE:** January 8, 2020

**DATE:** December 24, 2019

**TO:** San Mateo Health Commission

**FROM:** Maya Altman, Chief Executive Officer

**RE:** Election of Commission Officers

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The Commission's bylaws call for the election of the Commission's officers for one year terms at the first meeting of each calendar year. The offices to be filled are: Chair, Vice Chair, Clerk, and Assistant Clerk.

The Commission's custom has been that the Chair and Vice Chair serve two one-year terms. Commissioners Canepa and Commissioner Zuniga have each completed two one-year terms as Chair and Vice Chair, respectively. It has also been the Commission's custom that the outgoing Vice-Chair fill the Chair position when vacated. The recommendation is to have Commissioner Zuniga serve as Chair and nominations be made for the Vice Chair position.

I recommend that the position of Clerk continue to be filled by Corinne Burgess and the Assistant Clerk position be filled by Michelle Heryford.

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF  
ELECTION OF COMMISSION OFFICERS FOR 2020**

**RESOLUTION 2020 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission's Bylaws provide for election of its officers for one (1) year terms at the Commission's first meeting each year; and
- B. The Chair and Vice-Chair offices are to be filled by Commissioners.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission elects Commissioner Ligia Andrade Zuniga to serve as the Chair and Commissioner \_\_\_\_\_ to serve as the Vice-Chair for 2020.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8<sup>th</sup> day of January 2020 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

---

David J. Canepa, Chair

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_

C. Burgess, Clerk

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Kristina Paszek  
DEPUTY COUNTY COUNSEL

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF ELECTION OF  
CLERK AND ASSISTANT CLERK  
OF THE COMMISSION FOR 2020**

**RESOLUTION 2020 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission's Bylaws provide for election of its officers for one (1) year terms at the commission's first meeting each year; and
- B. The Clerk and Assistant Clerk offices are to be filled by non-commissioners.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

1. The San Mateo Health Commission elects Corinne Burgess as Clerk of the Commission and Michelle Heryford as Assistant Clerk of the Commission.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of January, 2020 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

---

David J. Canepa, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_

C. Burgess, Clerk

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Kristina Paszek  
DEPUTY COUNTY COUNSEL

## HEDIS 2019 Results

San Mateo Health Commission

January 8, 2019



### HEDIS



- **Health Effectiveness Data Information Set**
- Performance metrics that assess the effectiveness and access/availability of care
- Measured and reported annually:
  - Submitted mid-June for prior calendar year's membership and services
- All submissions require passing NCQA audit prior to reporting
- Compared across health plans nationally
- Most measures based on claims, pharmacy and laboratory data (Administrative), some require the use of medical record review as well (Hybrid)

## Benchmarks

- Medi-Cal:
  - Minimum performance level (MPL) is the lower 25<sup>th</sup> percentile and High performance level (HPL) is the upper 90<sup>th</sup> percentile
  - Based on prior year's HEDIS reporting from all NCQA's national Medicaid plans
  - DHCS requires plans to perform above MPL for a mandatory set of HEDIS measures (29 in total)
- CareAdvantage Cal MediConnect (CMC)
  - CMS Core Quality Withhold Measures
  - Can meet benchmark or gap improvement target to "pass" measure (10% improvement or at least 1% rate change)

## HEDIS RY2019

- 2 Submissions to NCQA: Medi-Cal, CareAdvantage Cal MediConnect (CMC)
- Vendor for data analytics and medical record abstraction, HPSM staffed oversight and project management (6 FTEs)
  - 6,430 medical record chases (potential locations for charts)
  - 5,857 medical records collected and reviewed
  - 10 weeks
- Passed Medical Record Validation audit in the first round

## RY2019 Results Summary

- Medi-Cal

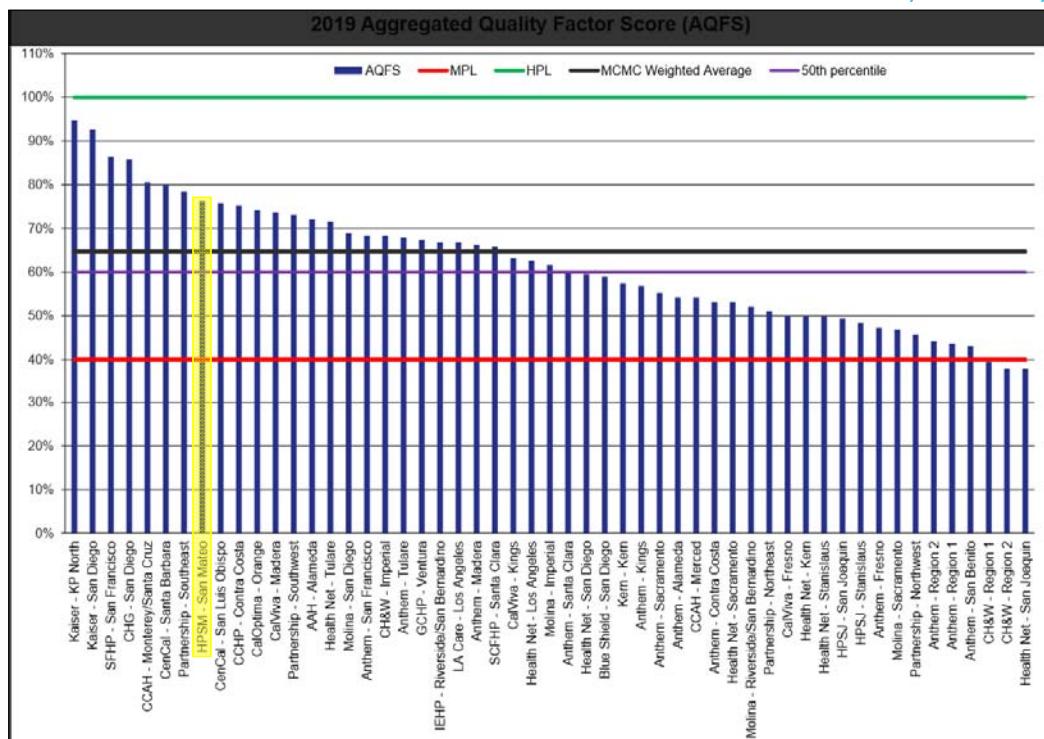
- No measures below MPL (25<sup>th</sup> percentile)
- 5 measures above HPL (above 90<sup>th</sup> percentile):
  - Immunizations for Adolescents – combination 2 (IMA-2)
  - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
  - Use of Imaging Studies for Low Back Pain (LBP)
  - Weight Assessment and Counseling for Physical Activity (WCC-PA)
  - Prenatal and Postpartum Care – Postpartum Care (PPC-Pst)

- CareAdvantage CMC

- Successfully reported on all 55 required by CMS for Medicare-Medicaid Plans
- All CMS Core Quality Withhold HEDIS Measures above withhold benchmarks
  - Controlling High Blood Pressure (CBP), Plan All-Cause Readmissions (PCR), Follow-up after Hospitalization for Mental Illness (FUH)

5

## Overall Medi-Cal Results by Plan

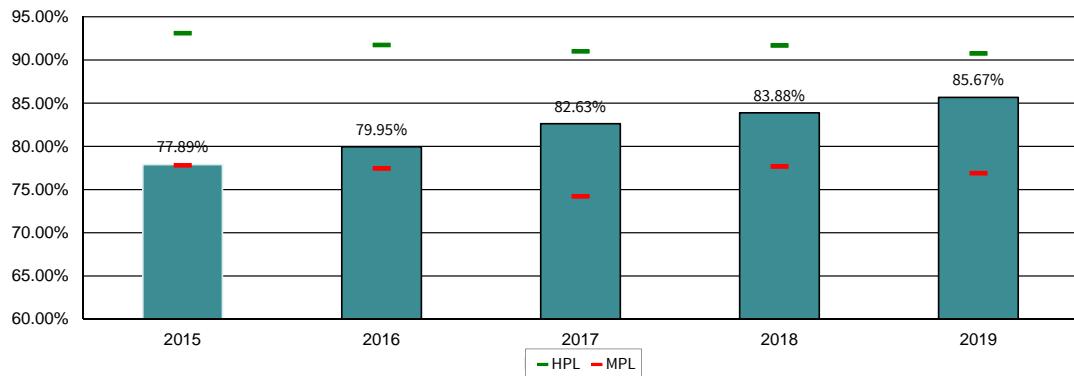


6

# Prenatal Care

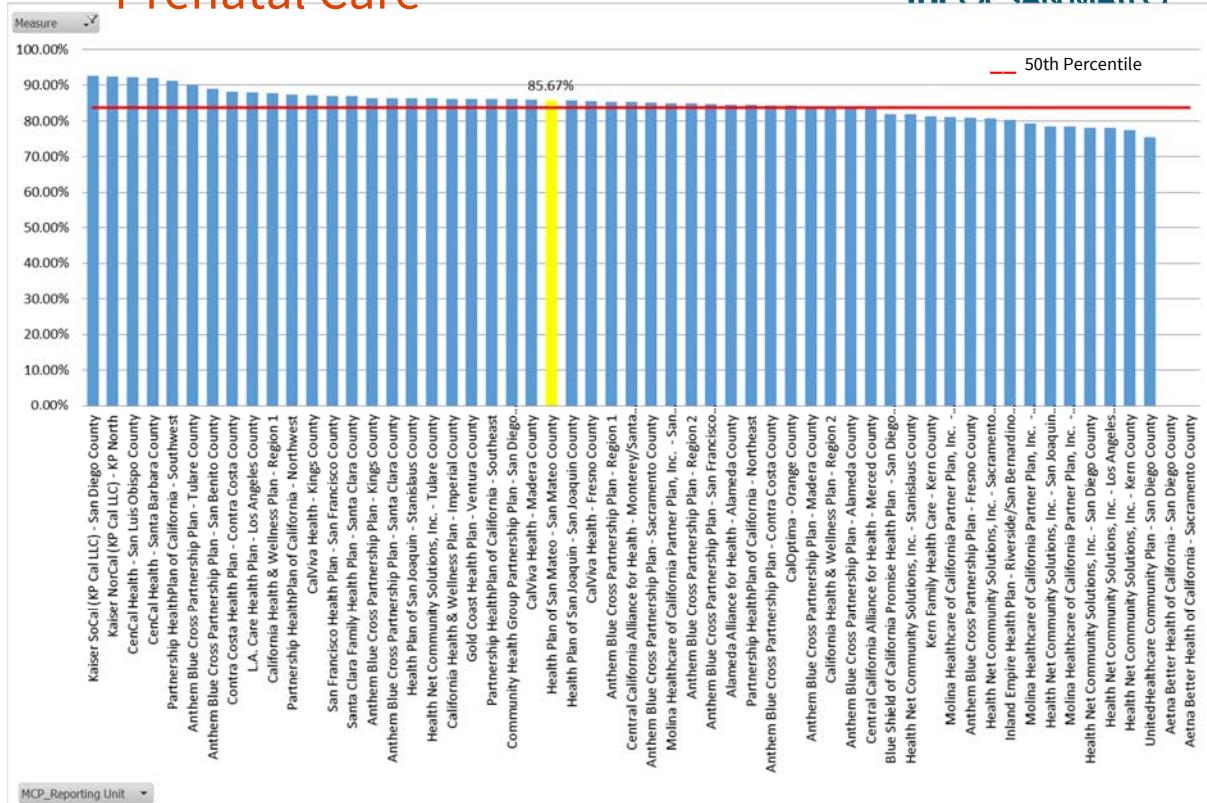


Percentage of Medi-Cal deliveries that received a prenatal care visit within the first trimester or 42 days of enrollment if the member became enrolled after the first trimester



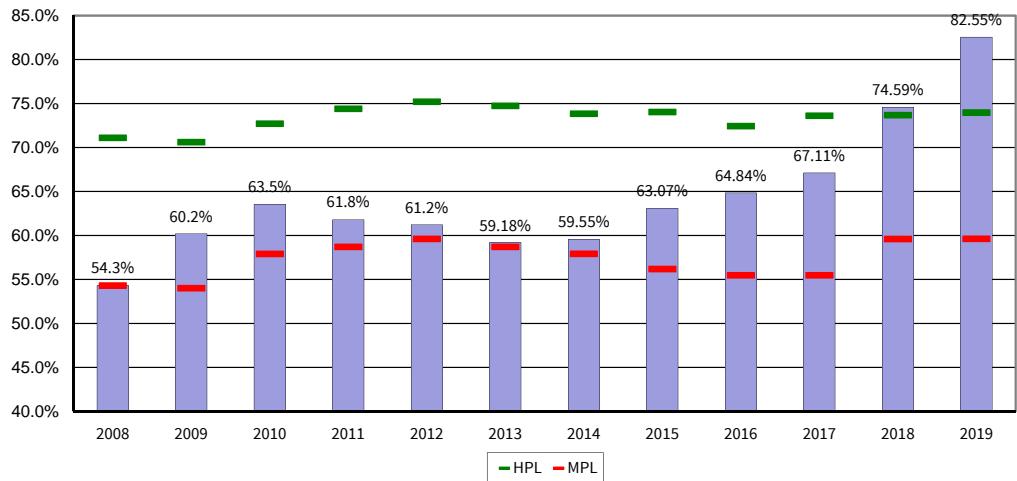
- Assessing timely access to prenatal care providers
- Member incentives and outreach for timely initial prenatal care
- \$100 P4P incentive to OB providers for prenatal visit within the 1<sup>st</sup> trimester

# Prenatal Care



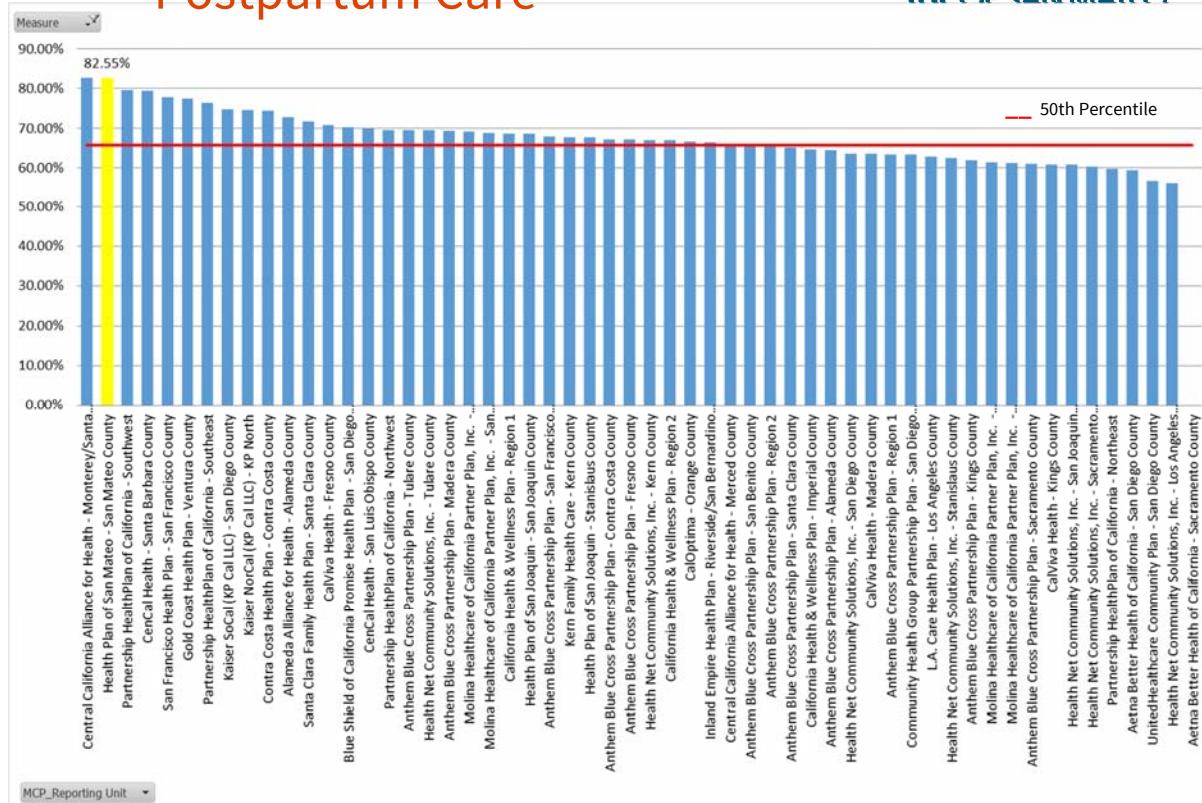
## Postpartum Care

Percentage of Medi-Cal deliveries with a postpartum visit between 21 and 56 days after delivery



- Member incentive and outreach calls for timely postpartum care
- \$50 P4P incentive for postpartum exam
- Expanding outreach program in 2020 to include infant well visits

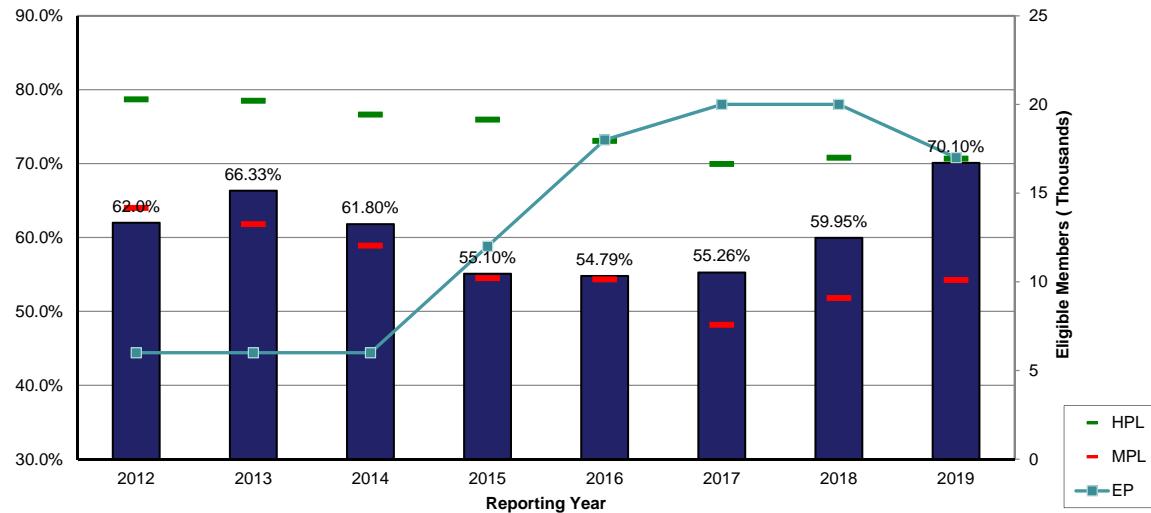
## Postpartum Care



# Cervical Cancer Screening

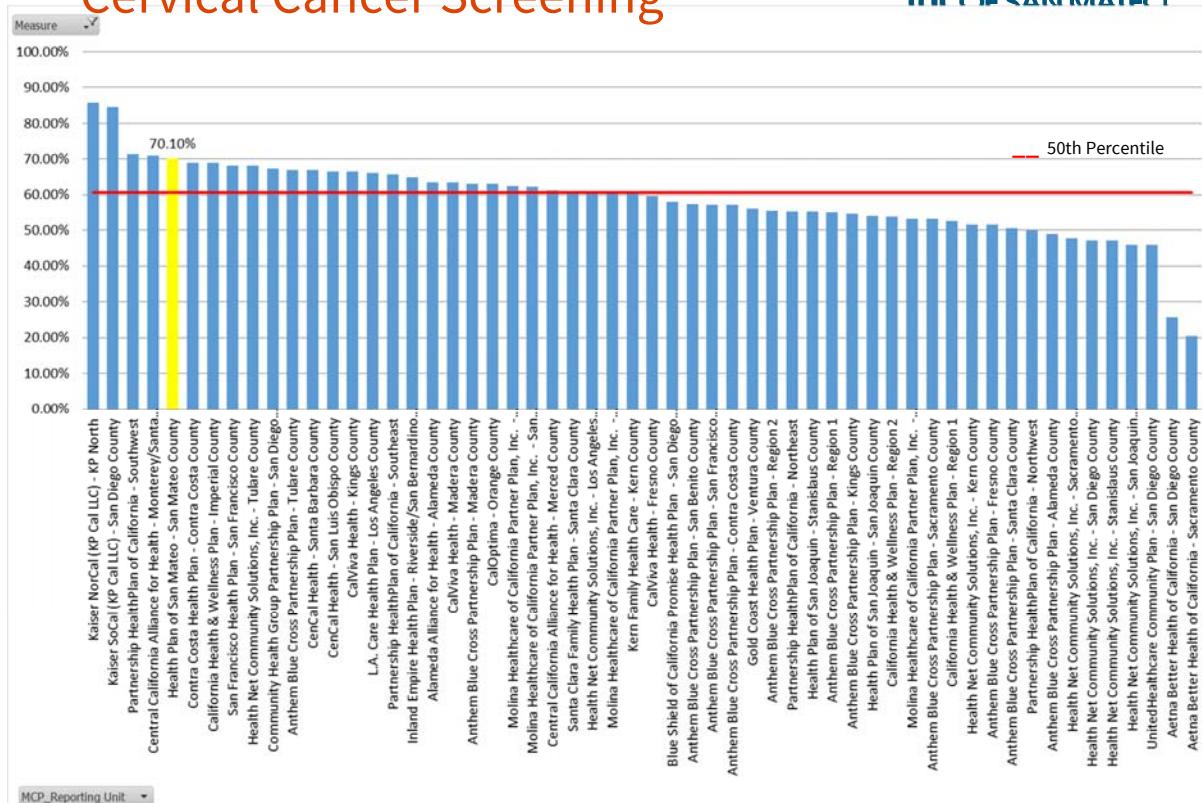


Percentage of women ages 24-64 with Medi-Cal who received a pap test in the last 3 years or a pap test and HPV test within the last 5 years (if 30+ years of age):



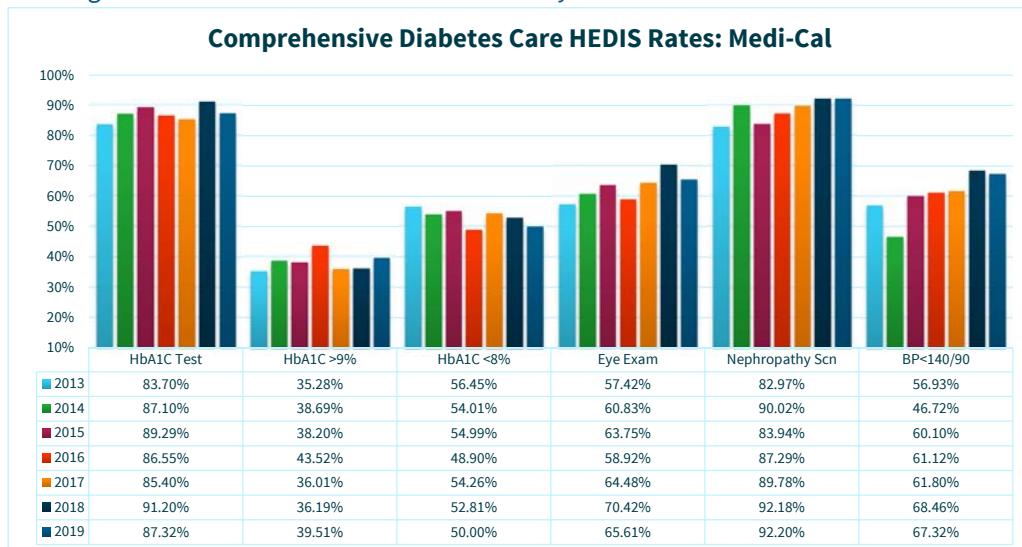
- P4P incentives for PCPs to ensure their assigned members get screened
  - Focus for 2020 is to address health disparity for women with disabilities

# Cervical Cancer Screening



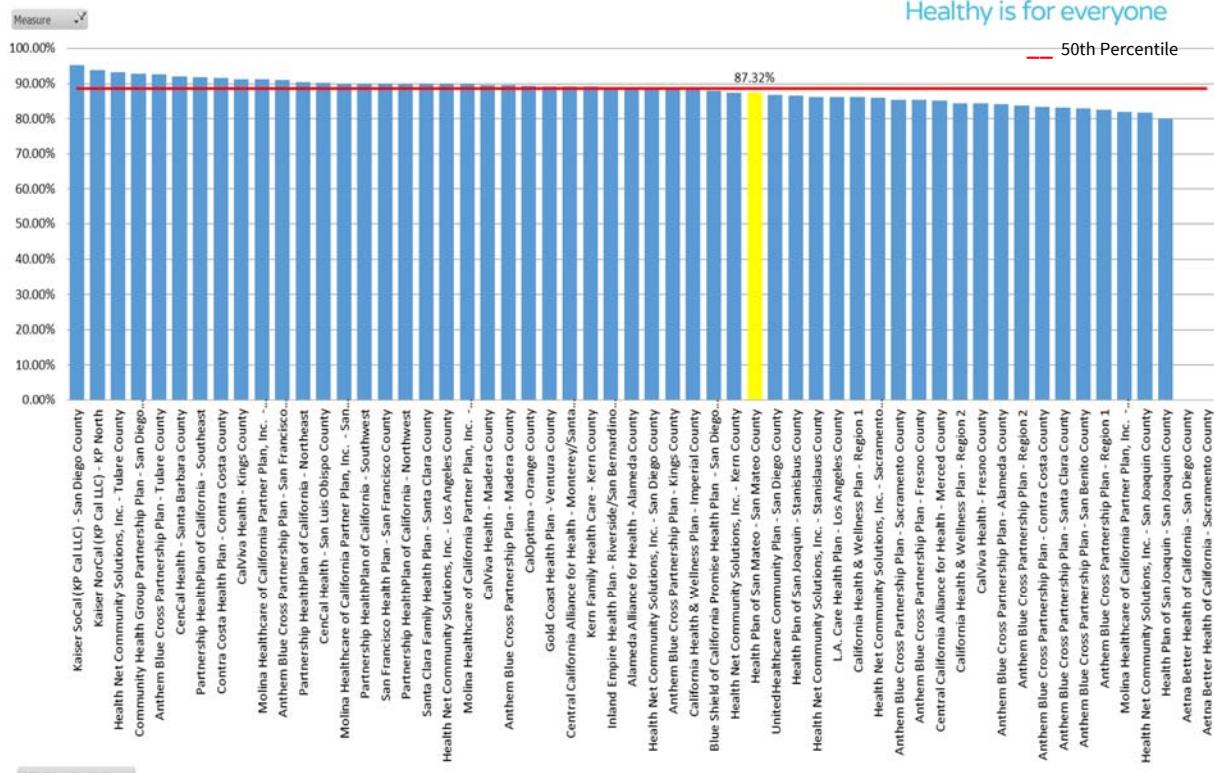
# Diabetes Care

Percentage of Medi-Cal members 18 - 75 years of age with diabetes who had each of the following tests or results within the measurement year:

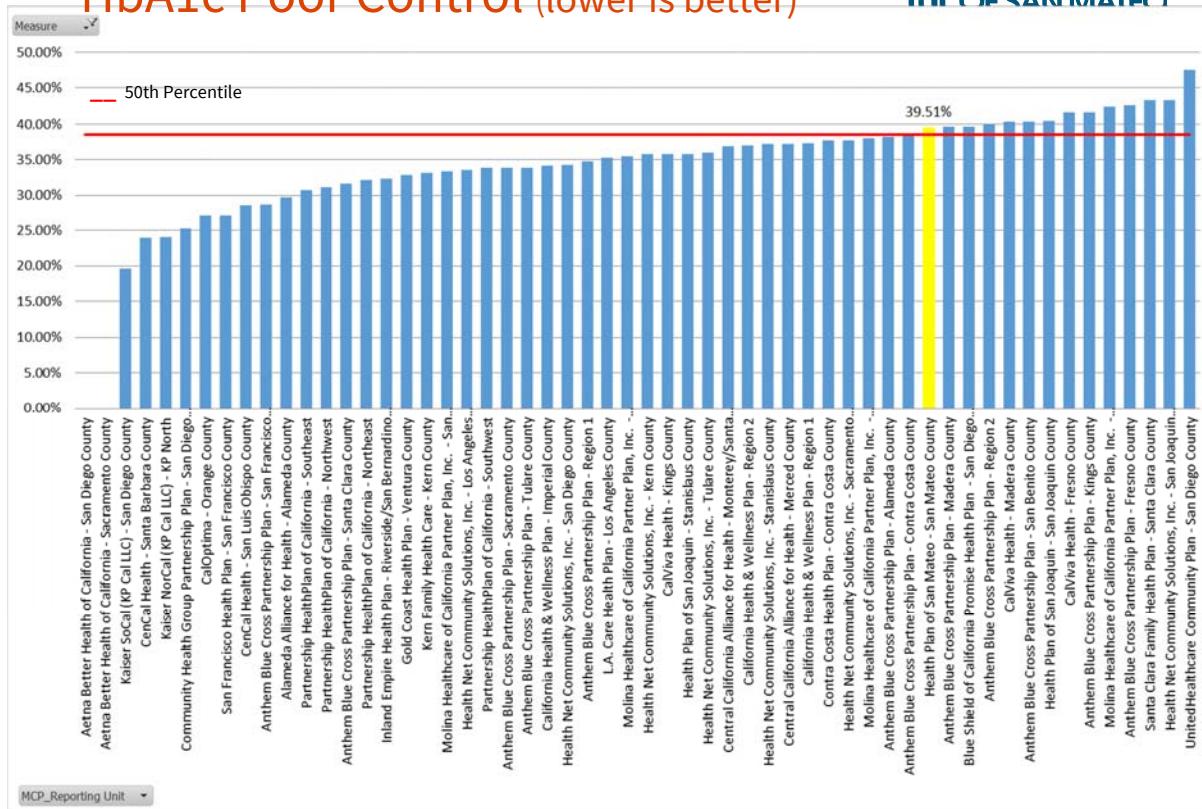


- P4P incentives to PCPs for ensuring that diabetic members have their HbA1c monitored & achieve good control, receive an eye exam, and are screened for nephropathy
- Establish and maintain consistent laboratory data feeds from our local hospital and private outpatient labs to collect HbA1c result values

## HbA1c Test



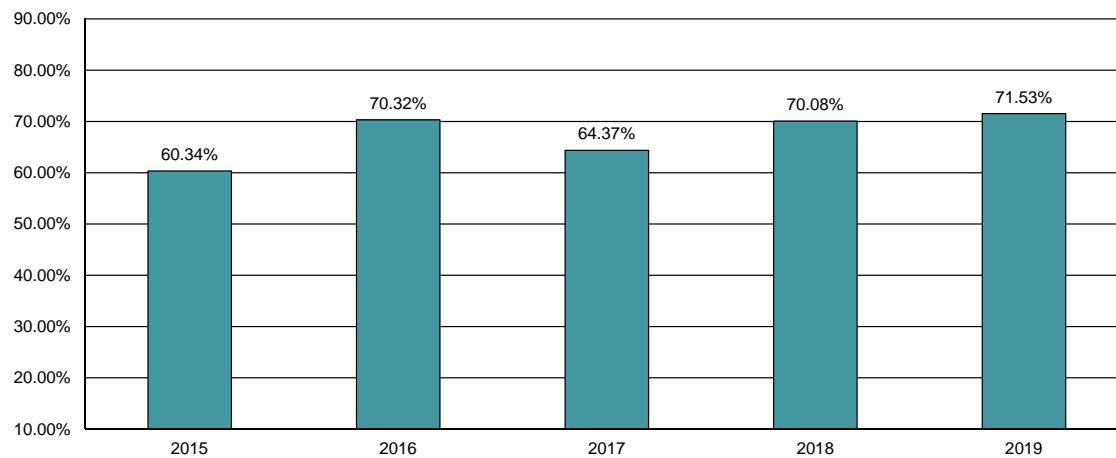
## HbA1c Poor Control (lower is better)



# Controlling High Blood Pressure



Percentage of **CareAdvantage CMC** members 18-85 years of age with hypertension whose blood pressure was controlled during the measurement year

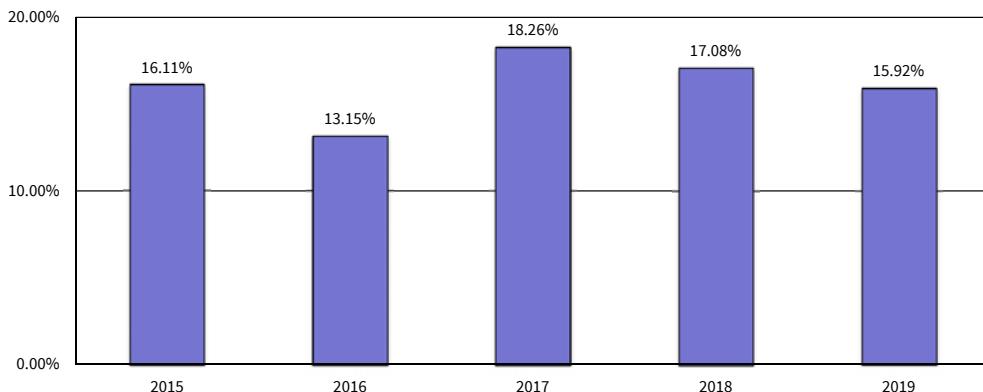


- CMS Core Measure Benchmark = 56%
  - Measure highly reliant on medical record review, using only the last BP taken in measurement year
  - Continuing the home blood pressure monitoring pilot for CMC members with hypertension assigned to NEMS and considering expanding to other providers with EMR capability and organizational capacity

## Plan All-Cause Readmissions



Percentage of CareAdvantage CMC acute inpatient stays with an unplanned acute inpatient stay for any diagnosis within 30 days of the initial hospital discharge

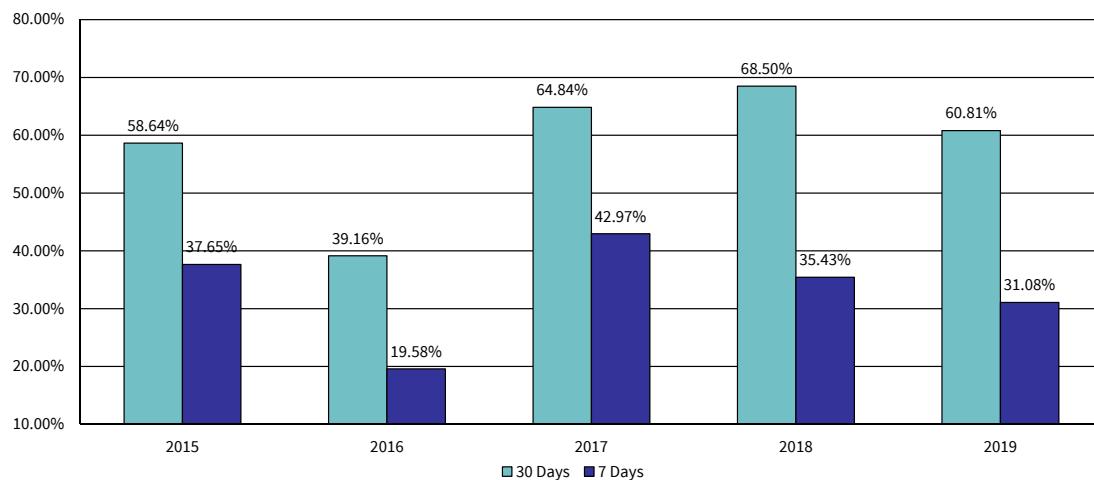


- Lower rates are better
- CMS Core Measure Benchmark = Observed to Expected Ratio (O/E) < 1.0 (risk adjusted)
- RY2017 O/E = 0.81, RY2018 O/E = 0.77, RY2019 ) O/E= 0.65
- Continuing Care Transitions program
- Implemented a Post Acute Care program in May 2018 to reduce readmissions from skilled nursing facilities

## Follow-up after Hospitalization for Mental Illness



Percentage of CareAdvantage mental health discharges with subsequent outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner



- CMS Core Measure Benchmark for follow-up within 30 Days = 56%
- Care Coordination team conducts regular case reviews with BHRS for members with complex medical and behavioral health conditions
- Implemented new process as of May 2019, identifying MH hospitalizations during concurrent review and referring member to Care Coordination

# HEDIS 2020



- Medi-Cal reporting:
  - New minimum performance level of the 50<sup>th</sup> percentile
  - Expansion of required measure set and inclusion of non-HEDIS metrics
- CareAdvantage Cal MediConnect Reporting:
  - Change in quality withhold benchmarks for contract year 2020”
    - Controlling High Blood Pressure rate from 56% to 71%
    - Plan All-Cause Readmissions observed to expected ratio from 1 to 0.85
- New vendor for medical record collection and review

## Questions?

**Nicole Ford**

Director of Quality Improvement

[Nicole.Ford@hpsm.org](mailto:Nicole.Ford@hpsm.org)

650-616-2169

**AGENDA ITEM: 5.3**

**DATE: January 8, 2020**

**Meeting materials are not included**

**for Item 5.3 – Presentation on the Children’s Health Initiative**

**MEMORANDUM**

**AGENDA ITEM:** 7.0

**DATE:** January 8, 2020

**DATE:** December 30, 2019

**TO:** San Mateo Health Commission

**FROM:** Maya Altman, Chief Executive Officer

**RE:** CEO Report

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**FY 2020-21 State Budget**

The Governor's proposed FY 2020-21 State Budget will be released in the second week of January. The Legislative Analyst's Office (LAO) projects the State may have a surplus as high as \$7 billion for the next fiscal year; however, the LAO recommends that the Legislature only assume that \$1 billion of that surplus will be available for ongoing spending, due to risks and volatility in their projection. HPSM and other Medi-Cal managed care plans are especially interested to see the level of funding support for the CalAIM proposals. For example, the proposed Enhanced Care Management benefit and In Lieu of Services packages must be adequately financed to be effective. As a reminder the In Lieu of Services proposal includes allowing payments for services in Assisted Living to count as health plan expenses for rate setting purposes, critical for ensuring the continued financial sustainability of programs like HPSM's Community Care Settings Program (CCSP) that help nursing home residents transition to the community.

**Seton Sale Update**

We still have not heard anything further about the Verity/KPC sale closure. There have been press reports stating that the sale is in trouble and staff at Seton are very concerned. However, we are hopeful that Verity and KPC will reach agreement on terms and close the sale in early January.

HPSM and KPC have agreed on financial terms and are now negotiating other terms in order to execute a final contract that will be ready once the sale has closed.

**Medicaid Federal Fiscal Accountability Rule**

CMC released a draft Medicaid Fiscal Accountability Rule in early November, in response to federal concerns about Medicaid spending growth. CMS is focusing on state financing arrangements like Intergovernmental Transfers (IGTs) and health care provider and managed care organization taxes, all used to increase federal funding using sources other than state general funds as matching funding. While the rule is yet to be finalized it could have a severe impact on California's Medi-Cal program. Of immediate importance is the State's proposed renewal of the Managed Care Organization (MCO) tax, which was recently approved by the Legislature and was submitted to CMS for approval prior to the issuance of the proposed Fiscal

Rule. This tax is worth nearly \$1 billion for the State's Medi-Cal program. Fortunately, spending tied to the tax has yet to be authorized, so if CMS fails to approve it the only consequence would be a reduction in the State's projected surplus for next year. However, the fear is that many of the State's other financing arrangements, such as IGTs and provider taxes, would also be threatened.

### **Recuperative Care**

On December 11, HPSM and County Health hosted the opening of a new recuperative care facility in South San Francisco, operated by Bay Area Community Services (BACS). The Commission approved this program earlier in the year and the Board of Supervisors approved Measure K funding to support the program in its initial phases. The facility has its first resident, a San Mateo Medical Center homeless patient discharged a few days after surgery to recuperative care. We look forward to updating the Commission on progress in the coming months.

### **Center for Health Care Strategies (CHCS) Brief**

Attached is the most recent brief from CHCS, updating information about HPSM's Community Care Settings Program and Inland Empire Health Plan's Housing Initiative, which was initially modeled on HPSM's program. We have heard that other health plans are also beginning to replicate HPSM's program.

### **Master Plan for Aging**

I have been appointed to two subcommittees for the Master Plan for Aging: Long Term Services and Supports (LTSS); and Health. The LTSS subcommittee is required to produce a report by March, according to the Governor's Executive Order establishing the Master Plan for Aging Stakeholder Advisory Committee. As such, the LTSS group has already met several times and has an intensive schedule for the next several weeks. Topics under considerations include: information and assistance services; a state LTSS benefit for those who earn too much to qualify for Medi-Cal; home and community based services; sustaining the In Home Supportive Services (IHSS program); the LTSS workforce and family caregivers; group living, including residential care and skilled nursing facilities; and LTSS financing and integration.

# Facilitating Community Transitions for Dually Eligible Beneficiaries

***Health Plan of San Mateo's Community Care Settings Program and Inland Empire Health Plan's Housing Initiative***

**H**istorically, most publicly financed long-term supports and services (LTSS) were provided in institutional settings. In recent years, states have made concerted efforts to enable Medicaid beneficiaries who require LTSS to live in the community. Rebalancing LTSS toward community-based settings can honor individual and family preferences, meet legal obligations under the American Disabilities Act for states to provide care in the least restrictive setting, and reduce state spending. As of 2013, the LTSS balance shifted when, for the first time, states spent more on Medicaid community-based LTSS compared to institutional services.<sup>1</sup>

Dually eligible individuals — those covered by both Medicare and Medicaid — are an important group of LTSS users. More than 40 percent of these individuals use LTSS to meet their daily self-care needs.<sup>2</sup> Health plans play a major role in LTSS rebalancing for some of this population through their participation in integrated care programs. In integrated care programs, a single entity manages or coordinates the full set of services (e.g., primary and acute care, behavioral health care, and LTSS) covered by both the Medicare and Medicaid programs for dually eligible beneficiaries. Health plans that participate in integrated care programs have great potential to streamline care experiences and align financial incentives to serve individuals in preferred, lower-cost settings in the community.

This case study describes how two health plans in California — the Health Plan of San Mateo (HPSM) and Inland Empire Health Plan (IEHP) — developed programs to successfully transition dually eligible members in need of LTSS

## PROGRAM AT-A-GLANCE

**Organizations:** Health Plan of San Mateo and Inland Empire Health

**Goal:** Support individuals with long-term service and support needs who are dually eligible for Medicare and Medicaid to live in their communities.

**Key Elements:** (1) Locating eligible individuals; (2) managing transitions, including finding the actual housing and planning for all service needs; and (3) providing post-transition services, including intensive care management, tenancy support, and other services, to ensure people remain safely and independently in the community.

**Early Results:** HPSM has been able to move nearly 300 members to community settings and achieved a 35 percent decrease in per member per month costs for these members.

## PRIDE CASE STUDY SERIES

This case study is part of a series made possible by The Commonwealth Fund through the Center for Health Care Strategies' *PRomoting Integrated Care for Dual Eligibles* (PRIDE) project, a learning collaborative of nine leading health plans to advance promising approaches to integrating and enhancing Medicare and Medicaid services. The series highlights how plans participating in PRIDE are working with delivery system partners to advance innovative care management practices for dually eligible populations. To learn more, visit: [www.chcs.org/PRIDE](http://www.chcs.org/PRIDE).

**CHCS** Center for  
Health Care Strategies, Inc.

from institutional to community settings.<sup>3</sup> They both participate in CalMediconnect, California's demonstration under the Financial Alignment Initiative (see **Exhibit 1** for more information). HPSM developed its **Community Care Settings Pilot** in 2014 to support members living in an institution in transitioning back to the community and to help members at risk of needing institutional placement to remain in the community.<sup>4</sup> After learning about the Community Care Settings Program through the PRIDE project, IEHP launched the **IEHP Housing Initiative** in 2018. Modeled in part after HPSM's program, IEHP seeks to provide housing, LTSS, and other support services to members in institutional settings who wish to return to the community, as well as homeless members.

### **Exhibit 1. Overview: The Cal MediConnect Demonstration, HPSM, and IEHP**

In April 2014, California implemented the **Cal MediConnect** demonstration under the federally authorized Financial Alignment Initiative (FAI) for dually eligible individuals in seven of its counties. Under the program, contracted Medicare-Medicaid plans (MMPs) in participating counties receive a capitated payment to provide better coordinated Medicare and most Medi-Cal services to eligible members.<sup>5</sup> Some services, including certain specialty mental health services for individuals with a serious mental illness and home- and community-based LTSS, are carved out of MMPs' capitation payments and are provided by counties. MMPs and counties are required to closely coordinate provision of these services.



**Health Plan of San Mateo** (HPSM) is a non-profit health plan in San Mateo County, California. It serves around 145,000 people through Medicaid-only products, other locally funded programs, and an MMP under the FAI demonstration. HPSM serves about 8,900 dually eligible members through its MMP.

**Inland Empire Health Plan** (IEHP) covers more than 1.2 million members enrolled in Medicaid or Cal MediConnect in Riverside and San Bernardino counties in southern California. IEHP covers approximately 28,000 dually eligible beneficiaries.

## **Impetus for HPSM and IEHP Programs**

Several factors led HPSM to design and launch the **Community Care Settings Pilot** in 2014. Cal MediConnect's integrated platform and blended financing gave HPSM the flexibility to design a program to meet the full spectrum of needs of its members. Also, following local nursing facility closures and historical efforts by the San Francisco Health Department to move people to community settings, HPSM discovered through interviews with nursing facility residents that many wanted to leave and could do so with the right services and supports, but they did not have a home to go to. After research to understand what services were necessary to support this work, HPSM issued a request for proposals to identify community-based partners to help design and operate a new pilot program. It selected two local non-profit organizations, the Institute on Aging (IOA) and Brilliant Corners (BC) with which to partner. IOA provides intensive transitional case management and oversight, and BC is a housing agency that manages housing-related and tenancy supports and services. Both organizations were already working together to support care transition efforts in San Francisco, and all three have similar philosophies related to integration and community living. Other local program partners include affordable housing providers (e.g., MidPen Housing and HumanGood), county agencies (e.g., Aging and Adult Services and Behavioral Health and Recovery Services), hospital discharge planners, social workers, and a network of Residential Care Facilities for the Elderly (RCFEs). HPSM provides most of the program funding, but also uses some state and local funds.

HPSM and its partners' work on the Community Care Settings Program inspired IEHP to create its Housing Initiative in March 2018. Following a presentation by HPSM and partners at a July 2016 PRIDE meeting, IEHP began designing a similar model to reach individuals in institutional settings as well as homeless populations in Riverside and San Bernardino. IEHP initially contracted with IOA and BC as well to bolster internal care management capabilities and develop local housing contacts and housing tenancy expertise. Information about the IEHP Housing Initiative in this case study focuses on efforts to support people in institutional settings.

The overarching goal of both programs is to successfully transition individuals from institutional to stable community settings. In addition, HPSM seeks to:

- Reduce overall per member per month (PMPM) costs incurred by members participating in the Community Care Settings Program during the pre- and post-transition periods by investing in community-based supports and reducing institutional costs;
- Ensure that transitioning members remain in the community for at least 12 months;
- Deliver superior client satisfaction; and
- Maintain key partnerships with community providers through regular collaboration.

HPSM's partners have mission-specific goals as well. IOA strives to create community-based, cost-effective alternatives to institutional settings for any individuals who want to and can be successful living in the community. BC aims to assign a member to a housing unit after receiving a housing referral within 30 days, and to achieve a 90 percent retention rate for six months after a community transition.

IEHP aims to provide its members with high-quality community-based services and supports and accessible housing, and improve both objective and self-reported measures of health. It aims to enroll 350 people in its initiative, transitioning 150 of that number out of an institutional setting or custodial care in the first two years of operation. BC's goal is to assign an IEHP member after receiving a housing referral within 90 days for this program.

## **Key Program Elements**

Key elements of HPSM's and IEHP's programs include: (1) locating eligible individuals to participate; (2) managing transitions, including finding the actual housing and planning for all service needs; and (3) providing post-transition services, including intensive care management, tenancy support, and other services, to ensure people remain safely and independently in the community. The two plans approached some elements similarly and others differently, which reflects their diverse plan and local market characteristics.

### **Participant Selection**

Identifying the right members who can be successful, healthy, and happy in the community is a critical first step in this process. HPSM and IEHP have developed different approaches to identify and assess the readiness and appropriateness of members to participate.

*Following a presentation by Health Plan of San Mateo and partners at a July 2016 PRIDE meeting, Inland Empire Health Plan was inspired to create its own housing initiative to reach individuals in institutional settings as well as homeless populations in Riverside and San Bernardino.*

### ***Identification***

HPSM focuses its intervention on three target sub-populations of members, including individuals who:

1. Reside in nursing facilities or other long-stay settings and want to move back to the community;
2. Are about to be discharged from or have spent fewer than 90 days in an acute care or post-acute care setting and need LTSS; or
3. Live in the community, but are at risk of being institutionalized.

Individuals are identified when a representative of a member's interdisciplinary care team (ICT) submits a referral form to the Community Care Setting Program. HPSM reviews all community referrals and uses a case-mix indexing tool developed by the three partners to make initial eligibility decisions and determine priority of enrollment.

IEHP's in-house long-term care (LTC) management team, primarily comprised of social workers, receives a daily data feed of eligible members from nursing facilities. Potentially eligible members have at least one chronic physical and/or behavioral condition that can be safely managed in the community, and a desire to move. LTC care managers identify potential eligible members, and then interact regularly with nursing facility staff to select members for eligibility consideration.

### ***Assessment***

IOA assesses the recently identified HPSM members using criteria to determine who could be successful in the community, including functional status, the individual's desire to move, social support systems, the availability of appropriate services in the community, and safety. After increased demand created the need for a waitlist in 2017, HPSM added a risk acuity component to the assessment to prioritize individuals for participation. Following the assessment, IOA prepares a case summary for potentially eligible members and presents its recommendations to a Placement Team comprised of staff from HPSM, IOA, and other individuals directly involved in the members' care. The Placement Team finalizes eligibility decisions and determines the member's level of care.

At IEHP, a representative from the LTC team meets in-person with potential candidates along with family members and, as needed, other representatives from the member's ICT such as staff from nursing facility care teams, behavioral health, and care management. Once the ICT members agree that the member is clinically, functionally, and socially able to participate, they are approved.

### ***Transitions to the Community***

HPSM has found that the transition process lasts about three to six months. Once a member is identified, the IOA care manager meets regularly with the member and the ICT team to design a care plan and identify the least restrictive community housing option in which the member is likely to succeed. These options may include RCFEs, which are assisted living facilities that have customized supportive services and staff available 24 hours a day. These also include affordable housing, and scattered site (independent) housing, which BC helps to identify. Prior to discharge, HPSM convenes a Core Group, comprised of representatives from the three partners as well as San Mateo County's Behavioral Health, Aging and Adult Services, the nursing facility, and the individual and his/her family as appropriate, to help address potential challenges with the community placement and other needs to support a smooth transition. Following a discharge from the nursing facility, the partners coordinate housing tenancy services, medical care, and connections to community services via frequent visits from a care manager.

IEHP staff manage the transition process, which usually takes three to four months for individuals residing in an institutional setting. LTC care managers work with BC to determine whether an independent setting or RCFE is most appropriate for each individual.

Both plans have worked through challenges that often arise during the transition period related to housing availability, the complex needs of their members, and internal capacity, including:

- **Lack of access to affordable housing.** This is identified as the most pressing issue by both plans. In addition to scarce supply, housing units often require physical accommodations, such as space for a walker or wheelchair and options for adaptable technology, which requires BC to take new approaches in identifying units for these members. Also, HPSM initially anticipated that newly transitioned members would prefer to live in independent housing, but many members strongly preferred assisted living and now nearly two-thirds of participants reside in RCFEs. HPSM and IOA, which manage contracting for these often smaller, local entities, now face a limited availability of RCFEs. IEHP manages RCFE contracts and has a slightly different challenge: while it originally contracted with RCFEs to support members age 65 and older, the housing initiative also targets younger people. The plan has broadened its network to identify facilities that accept younger members who may need different resources.
- **Complex care and process management.** Managing the multiple components of transitions, including securing medical, community-based services, and housing supports, is an incredibly complex endeavor that requires considerable planning. Plans and partners report that there is no formula or routine process to follow, as each member has different needs, and many have chronic conditions, take multiple medications, or have functional limitations. There is a natural pressure in the process to place people as quickly as possible while ensuring that all services are arranged. Along with getting appropriate clinical, housing support, and social services in place, member readiness to move can impact community longevity.
- **Need to adapt approaches over time.** During early program years, HPSM primarily targeted members with lower care needs. Over time, the needs of individuals targeted for the program have expanded, and many people require additional supports to live in the community. Also, once members moved, both plans were initially surprised by the degree of loneliness and isolation the members reported. While living in facilities, members had been used to following a set routine and seeing the same people every day. In their new residences, they needed additional supports to feel comfortable. In response, HPSM developed a program called Connect for Life with an organization called Wider Circle. This group brings together members to socialize, solve problems together, and build support networks. They have engaged nearly 500 people in this effort.
- **Staffing levels.** Both HPSM and IEHP are focused on retention and recruitment to ensure they have the right staffing to address members' unique needs. HPSM works closely with IOA and BC to identify areas in the transition process that would benefit from additional staff, including reviewing bi-weekly data dashboards to identify program gap areas. Last year, HPSM created new positions for IOA to support operations — a program development specialist and a licensed clinical social worker/ clinical supervisor — with the goal of improving internal staffing stability. IEHP has bolstered staffing for its LTC team by adding new social workers and administrative and financial staff to manage contracts and other supports. IEHP has also assigned nursing and social work staff from the housing team to support this effort and coordinate with case management teams.

*Once transitioned, both plans were initially surprised by the degree of loneliness and isolation the members reported. In response, Health Plan of San Mateo developed a program to bring together members to socialize, solve problems together, and build support networks.*

## **Post-Transition Services**

After members are in a new home, plans and partners work together to provide a wide range of services and supports to maintain independence. For both plans, BC plays an important role in managing housing-related issues,

such as landlord disputes, disruptions with Section 8 voucher expirations following hospitalizations, and adjustments to ensure that homes remain safe and accessible following functional status changes. HPSM works closely with IOA to manage additional supportive services such as In-Home Supports and Services (IHSS; see **Exhibit 2**), nutrition services, and transportation assistance. Community Care Settings Program participants receive an average of 200 days of intensive case management services post-transition. IEHP manages post-transition services internally with a small group of staff from LTC and housing teams, as well as medical case management staff to help manage clinical needs. IEHP noted that its LTC teams have been able to set up members with needed IHSS very quickly.

Both plans meet regularly with providers and the ICT team to review progress, adjust the care plan as needed, and use Care Plan Option (CPO) services to support their members (see **Exhibit 2**). HPSM and other Placement Team staff present to the Core Group at discharge, and then 30 days, 90 days and six months post-discharge to report on care plan progress. IEHP conducts formal reviews at six and 12 months with ICT case conferences to review progress.

## **Exhibit 2. Select Medi-Cal Long-Term Services and Supports**

### *In-Home Supports and Services*

In-Home Supports and Services (IHSS) is a Medi-Cal program that provides domestic, paramedical, and personal assistance services for people with disabilities so that they can live independently or maintain employment safely. The IHSS program provides an alternative to living in an institution for many people.



### *Care Plan Option Services*

MMPs may provide Care Plan Option (CPO) services at their discretion to dually eligible members. CPOs are LTSS that are not covered under Medi-Cal, but that can enhance care, help to keep individuals at home, and/or prevent costly and unnecessary hospitalizations or prolonged care in institutional settings. CPOs are not currently included in the capitated payment rates that MMPs receive. Examples of CPOs include, but are not limited to: respite care in or outside of the home; nutritional assessment, supplements and home-delivered meals; home maintenance and minor home or environmental adaptation; and “other services” that may be deemed necessary by the health plan.

## **Results**

Both HPSM and IEHP are evaluating program results. IEHP is still in the planning phase for its evaluation work, and will contract with a third-party evaluator in late 2020 to examine: (1) access to and outcomes related to preventive care; and (2) utilization of inpatient, primary, and acute care, behavioral health services, and pharmacy. The plan will also collect data on self-reported health measures and conduct qualified interviews with members.

HPSM began collecting data in 2016 with support from its partners at six-month intervals to evaluate progress toward its goals. As of September 2019, 289 members had participated in the Community Care Settings Program. Seventy-eight of these members were in a skilled nursing facility and placed back in the community; 123 were residing in custodial long-term care; and 88 were already in the community but were at-risk of being institutionalized without additional supports.

HPSM has data on spending and utilization from 2018. **Exhibit 3** provides data for the 176 members that, as of June 2018, had at least six months' worth of longevity in the community. The average PMPM costs for these members in June 2018 was \$6,595, a 35 percent decrease from \$10,104 in 2014. The members residing in an institutional setting who were moved to the community achieved the largest savings. Costs often increased, however, for the members already in the community but at-risk of institutionalization, though the data does not include the avoided costs for members who may have otherwise entered an institution without this intervention.

**Exhibit 3: HPSM Six-Month Pre- and Post-Transition Costs, August 2014-June 2018**

Pre-Transition PMPM Cost	Post-Transition PMPM Cost	Percent Reduction
\$10,104	\$6,595	-35%

**Exhibit 4** shows changes in PMPM costs by service type, six months before and after the 176 individuals transitioned to the community. Investments in community-based LTSS and plan-funded CPO services drove reductions in institutional utilization as well as lower medical spending. IOA posited that the decrease in spending for both LTSS as well as health care utilization resulted in part from an increased motivation of members to take control of their health once they were back in the community. They had a new incentive to "restart" and were motivated to be self-directed and adhere to their medical and social support regimens. This was an unanticipated result achieved for many people.

**Exhibit 4: HPSM Six-Month Pre- and Post-Transition Costs by Service Type, August 2014-June 2018**

Services	Pre-Transition PMPM Cost	Post-Transition PMPM Cost	Percent Change
<b>IOA/CPO:</b> Personal care assistance not otherwise covered and costs for home supports or contracts with other community-based providers.	\$82	\$202	147%
<b>Health Care:</b> Inpatient, outpatient and professional health care service expense.	\$2,122	\$1,872	-12%
<b>LTSS:</b> Costs for multipurpose senior services, IHSS, and community-based adult service programs that include covered professional nursing services, physical therapy, mental health services, social services and personal care.	\$266	\$591	122%
<b>LTC/SNF:</b> Long-term care and skilled nursing facility expense.	\$5,955	\$200	-97%

Almost all — 98 percent — of program participants have remained in the community for at least six months. As of June 2018, 93 percent of all program participants have remained in the community regardless of their duration in the program. Most of the reasons for returning to a facility were due to changes in medical conditions. Lastly, member satisfaction with the program has remained high, with about 85 percent of participants saying they were "very satisfied" and "somewhat satisfied" with the program across different reporting periods. The number of program participants who would recommend the program to others rose to 95 percent in 2018 from 90 percent in 2017.

## Insights to Guide Program Success

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These two California-based programs offer helpful perspectives for health plans, providers, or states seeking to implement a similar model in states across the nation. Below are several insights from PRIDE plans and provider

partners about building strong collaborative programs; clarifying roles for each partner; tackling challenges with securing affordable housing; establishing leadership commitment; and managing financial constraints.

### ***Build strong, collaborative relationships between health plans and community partners.***

All parties point to the partnerships between health plans and community-based organizations as critical to success and the vehicle to expanding community capacity to meet individuals' complex needs. Regular communication strengthens collaboration. For the Community Care Settings Program, HPSM, IOA, and BC have bi-weekly meetings to review data on a shared dashboard to identify and troubleshoot issues, and provide feedback on specific cases. IOA and BC also meet separately on issues requiring coordination of care management and housing services expertise. Regular team meetings have helped the partners to build strong relationships, streamline communication, and hold each other accountable to address specific issues.

*Striking a balance on the right amount of risk between clinical safety and independence was an initial struggle, but it was necessary to develop a shared philosophy about which members were good candidates for successful transition to the community.*

Furthermore, HPSM, IOA, and BC described the importance of establishing aligned program philosophies around managing transitions and risk tolerance. Clinical health plan staff may have different beliefs about when an individual can safely move from an institutional setting compared to community-based providers or other health plan staff with LTSS backgrounds who are focused on moving people into the least restrictive setting possible. Striking a balance on the right amount of risk between clinical safety and independence was an initial struggle, but it was necessary to develop a shared philosophy about which members were good candidates for successful transition to the community.

### ***Clarify roles and responsibilities for a complex, multi-faceted undertaking.***

Since these programs have several moving parts, having clear roles for responsibilities across different functions is important. Health plans and partners involved in these programs are transparent and collaborative as they identify the capacities that each brings to the programs, as well as areas where they depend on other partners. IOA and BC note that HPSM's initial request for proposals was helpful in this area because it outlined the functions that HPSM sought to contract out. One key decision point for health plans is to determine the extent to which they will provide or pay for care management services. This distinction is important for provider partners to understand their role versus the health plan's responsibilities. Health plans should consider: (1) the amount of internal resources they can devote to providing complex care management versus managing contracted groups to perform these functions; (2) the availability they have to be in the members' home; and (3) how closely they can work to connect members to community services.

In this case, IOA and BC note that health plans generally have more ability to bring multiple stakeholders together to develop consensus around new ideas and affect systems change. Community-based providers have key roles in this collaboration, but often lack the influence that health plans bring to the table. Health plans are also in a unique position to align disparate LTSS and the health system in ways that improve and simplify access to services and reduce inefficiencies and duplication.

Both HPSM and IEHP oversee and manage the programs, and both outsource the majority of housing and tenancy-related functions to BC. However, due to different organizational priorities and capacities, they approach care management differently. HPSM recognized IOA's deep care management expertise and community connections, and thus contracts with and delegates most care coordination and management functions to them. IOA has since embedded a psychologist, nurse, and other key staff in the ICT to support this work. IEHP determined after initial

program launch that it could manage social and medical case management services internally, and has since brought those functions back to its LTC and medical case management teams.

***Recognize that housing is a “new frontier” for health plans.***

Finding affordable, accessible, permanent housing is the top challenge, and identifying these resources takes ongoing investments in time, infrastructure, and leadership commitment. Locating housing units and providing tenancy-support services are also the areas in which both HPSM and IEHP have the least amount of experience, and where BC has provided invaluable support to their work. They recommend that other health plans pursuing similar programs take careful inventory of internal capacity and expertise in this area, and be prepared to contract to fill in any gaps. However, plans should also be willing to put in the time to learn about these services themselves so they can be productive partners. In addition to working with BC, HPSM and IEHP have developed relationships with their local housing agencies. Opening communication channels with different housing stakeholders can also inform plans' understanding of the complicated local funding sources that support housing. Having a better understanding of local structures has uncovered opportunities where state or local funding could be used, allowing plans to refocus funds on care management, medical, and social supports. For example, HPSM has used Provider-Based Assistance Program Section 8 vouchers to help house members, with the support of the local Housing Authority and BC.

BC noted that HPSM has recently become more focused on securing units in San Mateo's set-aside affordable housing for seniors. This allows members to hold the lease for these units, and BC provides supportive services to help members navigate that process. Allowing members to hold a lease encourages housing permanency, and also potentially lowers HPSM's costs by accessing other funding to secure affordable housing.

***Commitment to the work must be sustained and through the highest organizational levels.***

Patience is an important attribute for managing these programs. Successfully transitioning members who had been receiving comprehensive supports in an institutional setting and who typically have complex needs often takes much longer than expected. Getting these programs up and running is a slow process, and HPSM had to revise its initial targets. In addition, ongoing attention must be paid to medical, behavioral, functional, and social needs through regular assessments, with partners able to identify social needs that might not present clinically and a willingness to address new needs that arise. IOA mentions that HPSM's Wider Circle Program is an example of diligently identifying and addressing members' needs that do not present clinically.

Furthermore, providing comprehensive wraparound and housing support services is a major investment that needs to be evaluated regularly. For example, the higher demand for RCFE services, which are currently not included in the state's payment rate to plans, required HPSM to reset how it allocated program resources.

Lastly, these programs require sustained leadership support. The health plan and community partner leadership championed the programs since the beginning. They have also been willing to work with program staff to fill staffing gaps, reallocate investments to better target them, and bring executive-level morale to support difficult work.

*The health plan and community partner leadership championed the programs since the beginning. They have also been willing to work to fill staffing gaps, reallocate investments to better target them, and bring executive-level morale to support difficult work.*

***Understand the challenges with achieving return-on investment for health plans.***

Although HPSM has produced overall savings, these savings do not reflect its investments in CPO services — such as assisted living (RCFE) and home-care funding for those who cannot manage an IHSS provider — which come from the health plan's reserves and are not included as part of its capitation rate. Furthermore, reductions in spending on

covered services from investments in CPO services can lower calculations for future capitation rates that are based in part on health plan spending experience. Thus, much of cost savings may not accrue to the health plans that make the investments.

Although both plans intend to continue these programs as long as they are able to do so, this is a barrier to expanding current programs and replicating others. On October 29, 2019, California's Department of Health Care Services released a proposed framework for its upcoming Medicaid waiver renewal, referred to as California Advancing and Innovating Medi-Cal (CalAIM).<sup>6</sup> One of CalAIM's many delivery system reform proposals is to allow Medi-Cal managed care plans to use in-lieu-of-services, which are medically appropriate, cost-effective substitutes to a Medicaid covered services, to close gaps in State Plan benefit services, and address combined medical and social determinants of health needs and avoid higher levels of care. In most cases in-lieu-of services may be included to calculate the medical portion of managed care capitation rates. Before CalAIM's release, plans and partners had suggested that more flexibility for plans to provide in-lieu-of services could allow plans to capture some of their investment and help to keep people at home. This could also encourage more take-up with other plans and community partners. Potential in-lieu-of-services in the CalAIM proposal that are relevant to these programs include housing transition and navigation services, housing tenancy and sustaining services, and nursing facility transition/diversion to assisted living facilities or home.

Another financial challenge is that most of HPSM's savings are due to moving residents out of institutions, but the Community Care Settings Program also targets members in the community who are at risk of being moved to an institution. Investments to keep individuals at home may initially increase spending, and plans do not have a way to demonstrate the potential cost savings from avoiding a future nursing facility placement. This could deter plans from investing in this population, which has clinical as well as financial implications. IOA notes that once people move to nursing facilities, they are more likely to lose their community housing, connections to the community and have less motivation to return. Plans and provider partners would like to use these programs as a vehicle to deter nursing facility placements for this population.

Finally, IEHP noted it is important to take start-up (i.e., pre-transition) costs into account when evaluating these programs. When IEHP conducts its evaluation, it intends to consider these costs to calculate a more holistic return-on-investment of its program.

## Conclusion and Next Steps

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Designing and operating interventions to transition people with high needs out of nursing facilities and back to community living is a comprehensive endeavor that requires coordination across — and unique expertise from — multiple stakeholders. The quantitative and anecdotal results from HPSM's Community Care Settings Program make the case for investing in this important work, as well as provide the impetus for similarly mission-driven health plans like IEHP to design a similar model. Both plans are focused on ways to demonstrate the value of and sustain their programs. HPSM will continue to evaluate the program's successes. In the near future, HPSM will focus on improving program efficiencies and developing real-time responses to emergency department utilization. It is also exploring how to stratify risk across the community-dwelling population at risk of institutionalization to ensure the right interventions are in place. IEHP is continuing to build relationships with local housing stakeholders and identifying new members who may benefit from moving home.

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## **ABOUT THE CENTER FOR HEALTH CARE STRATEGIES**

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. To learn more, visit [www.chcs.org](http://www.chcs.org).

## **ENDNOTES**

<sup>1</sup> S. Eiken et al. "Medicaid Expenditures for Long-Term Services and Supports in FY 2016." Medicaid Innovation Accelerator Program. May 2018. Available at: [www.medicaid.gov/medicaid/ltsss/downloads/reportsand-evaluations/ltssexpenditures2016.pdf](http://www.medicaid.gov/medicaid/ltsss/downloads/reportsand-evaluations/ltssexpenditures2016.pdf).

<sup>2</sup> Medicaid and CHIP Payment and Access Commission and Medicare Payment Advisory Commission (MACPAC and MedPAC). "Data Book: Beneficiaries dually eligible for Medicare and Medicaid." Washington, DC. January 2018. Available at:

<https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

<sup>3</sup> HPSM has been a PRIDE member since 2013. IEHP participated in PRIDE from 2015 through 2017.

<sup>4</sup> For more information about how the Community Care Settings Pilot was designed, see: <https://www.chcs.org/media/HPSM-CCS-Pilot-Profile-032916.pdf>.

<sup>5</sup> For more information about Cal MediConnect, see: <https://www.dhcs.ca.gov/Pages/DualsDemonstration.aspx>.

<sup>6</sup> State of California Health and Human Services Agency, Department of Health Care Services. California Advancing & Innovating Medi-Cal (CalAIM) Proposal. October 29, 2019. Available at:

[https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM\\_Proposal\\_102819.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM_Proposal_102819.pdf).