

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

June 26, 2017, 3:00 PM – 5:00 PM

DHHS Administration

7001-A East Parkway
 Sacramento, CA 95823
 Conference Room 1

COMMITTEE MEMBERS			
X	DHHS, Primary Health – Sandy Damiano, PhD – Chair	X	Hospital – Laura Niznik Williams
X	Advocate – Todd Higgins	X	Hospital – Carol Serre
X	Advocate – Jenni Gomez	X	Hospital – Tory Starr
X	Beneficiary – J.R. Caldwell, Sr.	X	Hospital – Rosemary Younts
X	Clinic – J. Miguel Suarez, MD	X	IPA – Sean Atha
X	Clinic – Jonathan Porteus, PhD	X	IPA – Anna Berens
X	DHA – Mary Behnoud	X	Physician – Marvin Kamras, MD
X	DHHS – Sherri Heller, EdD	EX-OFFICIO MEMBERS	
X	DHHS, Behavioral Health – Uma Zykofsky	X	Health Care Options – Lili Zahedani
X	Health Plan – Sonja Gonzales for Steve Soto		County Board of Supervisors – Lisa Nava
X	Health Plan – Jane Tunay	PANEL MEMBERS	
X	Health Plan – Les Ybarra	X	Cynthia Cavanaugh, Director of Homeless Initiatives
X	Health Plan – Cathy Lumb-Edwards	X	Ryan Loofbourrow, Sacramento Steps Forward
X	Health Plan – Jeff Dziedzic	X	Eduardo Amenyro, Department of Human Assistance
X	Health Plan – Kevin Kandalraft		

Staff: Sherri Chambers

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Committee in Attendance: 23

Guest Panel Members: 3

Public in Attendance: 30

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, Chair welcomed the committee, guests, and members of the public, facilitated introductions, and reviewed the agenda and meeting materials.</p> <ul style="list-style-type: none"> • <u>Materials</u>: All members received copies of the Agenda, GMC Enrollment Data, Enrollment and Net Change Data, Grievance and Appeal Requirements, County Homeless Initiatives Fact Sheet, County Homeless Activities Overview, and Summary of Cost Distribution Across 250 High-Utilizing Homeless Individuals. • <i>Materials are posted on the website.</i> Website link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx. • <u>Agenda Topics</u>: Announcements and Data, Homeless Services and Housing Panel, and Public Comment. <i>Welcome Panel Members Cynthia Cavanaugh, Eduardo Ameneiro, and Ryan Loofbourrow.</i>
<p>Announcements and Data – <i>Sandy Damiano</i></p>	<p>Sandy Damiano provided announcements and reviewed data. <i>All handouts are posted on website.</i></p> <p><u>Announcements</u>:</p> <ul style="list-style-type: none"> • <u>Committee Changes</u> – Dr. Nathan Allen has decided to step down from the Committee. <i>Committee members would like to thank Dr. Allen for his service.</i> Sandy will ask members to consider addition of a new member in the next few months. • <u>New Plans</u> – Both Plans have been delayed. Kevin Kandalajt reported UnitedHealthcare is working out the final details with DHCS; the anticipated implementation date is October 1. Jeff Dzedzic reported Aetna is on target for January 1, 2018. Sandy noted that member resources for the new plans will be posted on the committee website as the plans enter GMC. • <u>Grievance and Appeal Summary</u> (<i>posted on the website</i>) – New Medi-Cal Managed Care grievance and appeal requirements are effective July 1. See All Plan Letter (APL) 17-006 posted on the DHCS website. Key changes: There is no longer a time limit to file a grievance; the time limit to file an appeal has shortened to 60 days (from 90 days); member must exhaust Plan appeal process prior to requesting a State Hearing. • <u>Transportation Policy</u> – There is a new policy for Non-Emergency Medical and Non-Medical Transportation effective July 1. Complete requirements are provided in APL 17-010, not yet posted on the DHCS website.

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<p>Announcements and Data – continued <i>Sandy Damiano</i></p>	<p>Major change: Non-Medical Transportation is a Medi-Cal Managed Care benefit for all members to obtain medically necessary covered services, including picking up prescriptions / medical supplies. Benefits cover the member and one attendant. If a service is carved out, the Plan must refer and coordinate transportation, which will be reimbursed through Fee-For-Service Medi-Cal. Cathy Lumb-Edwards stated Plans are seeking direction from the State regarding how to implement the new policy. Jenni Gomez suggested Plans work together with advocates to make sure clients' transportation needs are met.</p> <ul style="list-style-type: none"> • <u>Managed Care Access Assessment</u> – DHCS will be evaluating networks and accessibility. The assessment design was submitted to CMS on April 21. Three key dimensions will be assessed: Network capacity, geographic distribution, and availability of services. Sean Atha was appointed to the Access Assessment Advisory Committee and will share some of the criteria. See the DHCS website for more information. Link: http://www.dhcs.ca.gov/Documents/Access_Assess_Design_DRAFT.pdf • <u>State Budget Update</u> – The adult dental benefit will be restored effective January 1, 2018. The optical benefit will be restored effective January 1, 2020, pending availability of funds. There are also some rate increases. • <u>Jenni Gomez</u> – Announced that she has accepted another position within LSNC, will work in a different department, and will no longer be able to serve on the Committee. She thanked everyone and agreed to work with Sandy on her replacement and the transition. <i>Congratulations, Jenni! You will be missed.</i> <p><u>Data:</u></p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data (posted)</u>: As of June 1, the total enrollment was 438,126, with a net decrease of 2,137. All Plans had decreases. The default rate (members who did not actively choose a plan) was 29%, the lowest in the State. San Diego's default rate was 38%. • <u>Enrollment and Net Change Data (posted)</u>: On December 1, 2016, enrollment was 442,562. On June 1, 2017, enrollment was 438,126. So far in 2017, there has been a net decrease of over 4,400. Members asked what might be causing the decrease. Mary Behnoud responded that there have been fewer applicants, the number of applications is beginning to stabilize, and there was a decrease in applications and a number of requests to disenroll following news reports of immigration issues. Sandy reported that litigation preventing discontinuance actions also resulted in decreases once it was resolved.
<p>Homeless Services and Housing – <i>Panel Presenters</i></p>	<p>Cynthia Cavanaugh, County Director of Homeless Initiatives, provided an overview of the Panel Presentation. <i>County Homeless Activities Overview, Homeless Initiatives Fact Sheet, and Summary of Cost Distribution Across High-Utilizing Individuals are posted on the website. For more information, see the March 21 Board of Supervisors Agenda, Item 52.</i> Link: http://www.agendanet.saccounty.net/sirepub/mtgviewer.aspx?meetid=12020&doctype=AGENDA</p>

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Homeless Services
and Housing –

Panel Presenters

- Biannual point-in-time count: 2,600 persons were homeless in 2015. The 2017 data is pending.
- Trend: The numbers are trending upward.
- Behavioral Health: Many individuals experiencing homelessness self-report behavioral health issues.
- Multiple stakeholders provide a diversity of perspectives that can inform solutions: Law enforcement, schools, criminal justice, healthcare, child welfare, etc.
- Primary causes of homelessness: Unemployment/underemployment; high housing costs; unexpected event.
- Three patterns of homelessness: 1) Temporary; 2) episodic; 3) chronically homeless.
- Definition of chronically homeless: Person with a disability who is homeless for a year or more or has multiple episodes of homelessness. At the last count, 500 of the 2,600 met the definition of chronically homeless.
- Housing & Urban Development (HUD) definition of homeless includes living on the streets, in a shelter or transitional housing, or (for some programs) at imminent risk of becoming homeless.
- Funding is complex. There are multiple sources administered by multiple agencies. Flexibility is often lacking.
- Areas of focus: 1) Permanent housing; 2) Progressive engagement; 3) Connection to mainstream resources such as CalWORKs and CalFresh.
- Permanent housing: Entry is through various channels.
- Rapid Re-housing: Housing not provided, but helps individuals connect to permanent housing.
- Permanent Supportive Housing: Provides permanent housing with ongoing support.
- Private Market Housing: Most persons experiencing homelessness came from and will return to this resource.

Ryan Loofbourrow, Executive Director, Sacramento Steps Forward, presented on the topic of Homeless Services System and Accessing Services.

- Achievements by the end of last year included:
 - 2,232 persons had been permanently housed.
 - 1,485 housed through assisted resolution (not a government subsidized housing unit).
 - 438 housed through Rapid Re-housing.
 - 309 entered Permanent Supportive Housing.
- Housing capacity is limited.
- First contact: Conversation about what the individual wants, support networks, etc. must begin at first contact.
- Future developments: Would like to start with diversion, develop designated points of entry, and utilize an assessment tool to determine level of need.
- Homeless Management Information System (HMIS): Shared among all “housing” providers. The vast majority of housing placements are available in the database.

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Homeless Services
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Panel Presenters

Eduardo Amenyro, Division Manager, Department of Human Assistance (DHA) presented on the topic of Existing Services.

- Eligibility: DHA provides eligibility services for cash assistance, CalFresh, and Medi-Cal. Homeless services are embedded within these programs.
- Limited services: DHA has a limited number of homeless services. Staff works with various agencies, such as Sacramento Steps Forward, to see if there is a resource that will assist a client.
- Return to Residence Program: If a person indicates they came to Sacramento but are now homeless, DHA can provide a bus ticket to return to their former home.
- Motel vouchers: Persons who cannot get into a shelter for various reasons may receive a motel voucher. Families with small children and the medically fragile are frequently given motel vouchers.
- Temporary Homeless Assistance: Families with children can get up to 16 days of payments for temporary housing.
- Permanent Homeless Assistance: Pays required costs (deposit, first and last month's rent) for families to get into permanent housing. Previously available once in a lifetime, now available once per year.
- Housing Support Program: Provides ongoing rental subsidies for families.
- Other: DHA also funds temporary shelters, programs for youth, Mather Community Campus, and more.

Cynthia Cavanaugh presented on the topic of New Initiatives. *See handout for details.*

- Initiative 1 – Improve Family Crisis Response and Shelters: These include improvements to the family shelter system. The goal is to serve more families by moving them more quickly into permanent housing. Provider applications are currently under review.
- Initiative 2 – Preserve Mather Community Campus: Provides funds to preserve Mather Community Campus and its focus on recovery and employment.
- Initiative 3 – Full Service Re-housing Shelter: NEW – Creates a low barrier welcoming shelter to engage persons with the highest barriers (those with partners, pets, and possessions. Often individuals have complex behavioral health and health issues.). Focus is on re-housing services. Proposed launch: January 2018.
- Initiative 4 – Flexible Supportive Re-Housing Program: NEW – Targets persons experiencing long-term homelessness who are often high utilizers of services and require intensive case management (often individuals have complex behavioral health and health issues). Focus is on case management services and housing-related property services. Proposed launch: January 2018.
- Public Housing Authority has several initiatives in addition to the County initiatives.
- Target population: A consultant group recently analyzed data for the County. The “Pay for Success” analysis

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Homeless Services
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found the top cost drivers of County services included behavioral health and sheriff. For the top 250 utilizers, average annual public cost estimate is \$42,000. With housing, the public cost would decrease by \$13,000 per year. See chart. Sandy Damiano reported that she coordinated meetings with the Health Plans and County EMS to see if the consultant could obtain healthcare utilization and EMS data from those systems.

Committee Discussion:

- Where do we go when encountering a person experiencing homelessness who needs help? *Ryan – We have an outreach team who is familiar with the population. Call Sacramento Steps Forward. Eduardo – DHA has two eligibility workers at Loaves & Fishes and a worker at Mustard Seed School. Sandy – There are multiple points of contact.*
- Why shorten the Housing Support Program payments from 8 months to 3 months? *Eduardo – We realized not everyone needs 8 months. In order to serve new clients while still supporting earlier clients, we decided to approve 3 months and then evaluate. If it is needed, an extension can be approved.*
- Jenni Gomez asked DHA to ensure homeless indicators are captured in the system. Managed Care Plans rely on the homeless indicators. Jenni also asked DHA to consider mapping its motel locations to confirm the need is being met. Transportation is a barrier to accessing these services.
- What do Health Plans use the homeless designator for? Is it used to assign members to an appropriate Primary Care Provider? *Each Plan responded that the indicator is not used for assignment to providers. It is used by all plans for case management purposes.*
- What is the total need? What is the total spent? What is the gap? *Ryan – 7,619 households came into our system in 2016. Does not include the 2,300 who were in permanent housing by the end of 2016. Cindy – We do not know the total spent or the gap. Currently working on gap analysis. Ryan – We are waiting for the 2017 point in time data (expected July 10) to inform our gap analysis.*
- Why is the turnover in subsidized housing so low (12%)? Are there policies preventing the transition to unsubsidized housing? *Ryan – It is based on federal funding requirements.*
- Sean Atha suggested that providers need a resource guide to help determine where to send a person for the right services. He also suggested that DHA and Sac Steps Forward may be able to help inform clients how to access health care. *Sandy – It is a very complex system. We will coordinate with Panel Members and see if we can provide materials to help each other.*
- We need to bring health care to the individuals experiencing homelessness. Some do not want housing. *Sherri Heller – We are moving in that direction. There is Loaves & Fishes, we have a Behavioral Health mobile unit, etc. Ryan – Multiple partnerships exist to reach the population. Through repeated contacts we gain trust. It is important to have the resources available when the individual is ready for assistance, or we lose them.*

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Public Comment	<p><u>Devin McBrayer, Office of Congresswoman Doris Matsui</u> – Devin thanked the Committee for having this forum. All staff in Congresswoman Matsui’s office are focused on fighting ACA repeal. They are asking for everyone’s help. Try to get more enrollee stories. Encourage people to contact their legislators. Please reach out to the Congresswoman’s office if you can share a story.</p>	
Closing Remarks and Adjourn	<p><u>Next Meetings</u> – Sandy Damiano announced:</p> <p><u>Care Coordination Work Group Meeting</u> on July 24 will focus on Health Plan Data Summary Reports for the full year of 2016. The reports focus on high utilizers, and homelessness is one of the indicators.</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on August 28 will focus on Mental Health. We would like to begin the conversation by hearing from advocates and others about how the split benefit is working. Plans and County Mental Health Specialty will continue the topic in October. Care Coordination Release of Information DRAFT will also be reviewed.</p> <p>Sandy thanked everyone for attending and participating in today’s meeting. <i>A special thanks to the Panel Members!</i> With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, August 28, 2017 / 3:00 – 5:00 PM DHHS Admin Building 7001-A East Parkway, Conference Room 1</p>	<p><i>Care Coordination Work Group Meeting</i> Monday, July 24, 2017 / 3:00 – 5:00 PM DHHS Admin Building 7001-A East Parkway, Conference Room 1</p>