

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

July 23, 2018, 3:00 PM – 5:00 PM

DHS Administration

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

COMMITTEE MEMBERS			
X	DHS, Primary Health – Sandy Damiano, PhD – Chair	X	Hospital – Rosemary Younts
X	Advocate – Todd Higgins	X	Hospital – Tory Starr
X	Advocate – Hillary Hansen	X	Hospital – Trina Gonzalez
X	Beneficiary – J.R. Caldwell, Sr.	X	IPA – Janice Milligan for Sean Atha
	Clinic – J. Miguel Suarez, MD		IPA – Paveljit Bindra, MD
X	Clinic – Jonathan Porteus, PhD		Physician – Marvin Kamras, MD – <i>Excused</i>
	DHA – Ethan Dye		Physician – Ravinder Khaira, MD
X	DHS, Behavioral Health – Uma Zykofsky	EX-OFFICIO MEMBERS	
X	Health Plan – Les Ybarra	X	Health Care Options – Lili Zahedani
X	Health Plan – Abbie Totten	PRESENTERS	
X	Health Plan – Cathy Lumb-Edwards	X	Cindy Cavanaugh, County Director of Homeless Initiatives
	Health Plan – Ashley DeLanis – <i>Excused</i>	X	Amy Sawyer, Sacramento Homeless Plan Consultants
X	Health Plan – Jeff Dziedzic	X	Iffat Hussain, TPCP Mental Health Urgent Care Clinic
X	Health Plan – Kevin Kandalajt	X	Stephanie Kelly, DHS Behavioral Health
		X	Debra Payne, Medi-Cal Dental Advisory Committee

Staff: Sherri Chambers

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Committee Members (16) / Presenters (5) in Attendance: 21

Public in Attendance: 39

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, Chair welcomed the committee 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, County Homeless Plan PowerPoint Presentation, County Homeless Plan Overview, Mental Health Urgent Care Clinic PowerPoint Presentation, Mental Health Urgent Care Clinic Flyer, Mental Health Bi-Directional Transition of Care Request & Screening Tool, Medi-Cal Dental Advisory Committee Report, & Every Smile Counts Learning Collaborative. • <i>Materials are posted on the website.</i> Website link: www.SacGMC.net • <u>Agenda Review</u>: Announcements and Data, GMC Issues Update, County Homeless Plan, Behavioral Health Updates, Medi-Cal Dental Advisory Committee Report, and Public Comment.
<p>Announcements and Data – <i>Sandy Damiano and All</i></p>	<p>Sandy Damiano provided announcements and reviewed data. <i>All handouts are posted on the website.</i></p> <p><u>Data</u>:</p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data (posted)</u> – As of July 1, the total enrollment is 428,436, a net increase of 443 members from the previous month. All plans had net increases except Health Net and Molina. The default rate was 37%, the lowest in the state. Comparable county San Diego’s default rate was 43%. <p><u>Announcements</u>:</p> <ul style="list-style-type: none"> • <u>UnitedHealthcare (UHC)</u> – DHCS sent an email on July 6 stating UHC would be exiting Sacramento County GMC effective October 31. DHCS immediately began freezing enrollment and will begin outreach to enrollees by August 1. UHC will remain in San Diego County GMC. Kevin Kandalajt confirmed the information and added that they are working through a transition plan with DHCS. They have been creating member and provider communications that will be sent out once approved, probably in early August. They will focus on safe and appropriate transition for members. Kevin thanked the Committee for welcoming UHC. • <u>Network Adequacy</u> – New DHCS report: The “2018 Annual Network Certification” (06/28/18) lists whether time and distance standards are met for each plan. If not, members can go out of network. Results are <i>Pass</i> (standard is met) or <i>Pass with Conditions</i> (standard not fully met). In Sacramento County, Kaiser and Molina received <i>Pass</i> and all other plans received <i>Pass with Conditions</i>, primarily because time and distance standards were not met for certain specialties. See the DHCS website for details. Link: http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx

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	<ul style="list-style-type: none"> • <u>County DHS</u> – Peter Beilenson, MD, MPH, has been appointed Health Services Director. He will begin on August 13. He has over 25 years of experience in the state of Maryland in health leadership positions as a Health Director, Health Commissioner, and founder of a health insurer Evergreen Health Co-op.
<p>GMC Issues Update – <i>Sandy Damiano</i></p>	<p>Sandy reported that the GMC Issues Board Letter was “received and filed” by the Board of Supervisors in June. The Board Letter was mostly descriptive. In July, Sandy and Consultant Stan Rosenstein met with DHCS Deputy Director Sarah Brooks and the entire managed care team. <u>Key Points:</u></p> <ul style="list-style-type: none"> • Sandy reviewed Committee concerns as noted in our materials. DHCS noted the concerns are consistent across the state in terms of consumer/provider confusion, lack of standardization, etc. • Sandy informed DHCS of the Committee’s desire to work on the issues in Sacramento. DHCS less interested in working on specific county issues. They prefer to focus statewide. DHCS has formed a Care Coordination Work Group which will complete work in 2018. They have completed key informant interviews. • DHCS agreed the number of plans is too high. Discussed the procurement in 2021 and will cap the plans. We may wish to make recommendations for this procurement. • DHCS said they will resume attendance of the Committee. No detail was provided but Sandy stated that the individual must be knowledgeable. • New HEDIS data will be released in July. Health Net is stable. Anthem and Molina are making good progress on their CAPs. • Coming attractions: Secret shoppers, issues flags, change in enrollment materials (from paper documents to flyers), personalized plan directories, online portal, etc.
<p>County Homeless Plan – <i>Cindy Cavanaugh & Amy Sawyer</i></p>	<p>Sandy welcomed Cindy Cavanaugh, County Director of Homeless Initiatives, and Amy Sawyer, Sacramento Homeless Plan Consultant. Cindy and Amy presented an overview of the County Homeless Plan and solicited input from Committee Members. <i>PowerPoint Presentation and Plan Overview posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Plan</u> – A plan is required to apply for No Place Like Home (NPLH) funding. Sacramento County is preparing a comprehensive plan to identify needs and propose strategies to address homelessness. • <u>NPLH Funding</u> – Available for new permanent supportive housing for persons with serious mental illness who are also experiencing homelessness. • <u>Plan Elements</u> – Must describe the issue of homelessness, existing partners and efforts, resources, gaps, and plans to address unmet needs. • <u>Timeline</u> – Data collection & stakeholder input (current phase): July – Sept 2018. Draft plan: Sept – Oct 2018. Send plan to State: Nov 2018.

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County Homeless Plan –
Cindy Cavanaugh & Amy Sawyer

Discussion Question #1 – What current initiatives related to homelessness are stakeholders working on?

- In response to a question, Cindy confirmed that the County is working with the City, other cities in the county, Sacramento Housing and Redevelopment Agency, and Sacramento Steps Forward.
- Sutter Health has been focusing efforts on the Whole Person Care pilot for the last 6-8 months. Looking at how it fits with Health Homes. They also have internal programs for safe transitions and longer term stability. Tory Starr would like coordination of all programs for a cohesive approach.
- Dignity Health recognizes the need for an expert in transitional housing and permanent supportive housing when a person experiencing homelessness is discharged from the hospital. They have a small but successful program with Lutheran Social Services. Operationally, they use hotel stays or whatever is required to ensure a safe transition. Rosemary Younts noted that there are community benefit programs such as Interim Care Program, but housing may be the missing component.
- UnitedHealthcare has made significant strides nationally. They approached it from a capacity standpoint then added supportive services. In New Mexico, they used tax credits to create capacity. An emerging trend involves organizations combining funds to support construction/conversion with low interest financing.

Discussion Question #2 – What collaborative efforts are working well?

- Tory noted health systems' collaborations such as Interim Care Program and navigation programs. They also work with a group involved in residential living situations that are good at preventing homelessness. The Assisted Living Waiver, if expanded, could help with decreasing numbers discharged to skilled nursing who do not need it.
- In the Dignity program with Lutheran Social Services, they linked a clinic with the program to ensure members receive ongoing medical care. Clinic staff goes to the consumer, or transportation is provided.
- Health Net has a collaborative model in San Joaquin County with Gospel Center Rescue Mission. They have a recuperative care program targeting homeless individuals during an inpatient stay. Those who do not need skilled nursing upon discharge can receive a comprehensive set of services to see them through the cycle of homelessness, not just the first few months.
- Jonathan Porteus questioned how many individuals would not fit the target population because they do not have serious mental illness (SMI). Uma Zykofsky responded that the County Homeless Plan is not just for those with SMI, even though the NPLH funding targets that population. The effort is about reaching vulnerable persons experiencing homelessness, not just those with SMI.
- Abbie Totten commented that Health Plans do not have good demographic data and have difficulty finding members who are homeless. Jeff Dziedzic noted that in San Diego, they are building a homeless database. Clients/caregivers can tap into it, and it is supposed to be open enough to share across the state as the

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<p>County Homeless Plan – <i>Cindy Cavanaugh & Amy Sawyer</i></p>	<p>population is mobile. Rosemary added there is no standard way to identify homelessness.</p> <ul style="list-style-type: none"> • Amy asked stakeholders how they use data. Dignity uses it internally. They flag patients for homelessness and develop a care plan for high utilizers. They share data across systems in the Interim Care Program. Tory stressed the importance of sharing. The care plan should follow the person. <p><u>Discussion Question #3</u> – What is needed to improve outcomes?</p> <ul style="list-style-type: none"> • Many members identified housing as the greatest need. Care and services cannot succeed without it. Housing must be affordable, safe, accessible, and within proximity to health care and other services. • If housing was available, how to connect better across systems for related services. • Work together to reduce waste/duplication of resources. • Look at successful elements in models such as Full Service Partnership (FSP) and Whole Person Care. Once a person is housed, a long term approach is needed to maintain them in housing. <p><u>Action</u> – Amy and Cindy invited stakeholders to share any additional thoughts by emailing Cindy at cavanaughhc@saccounty.net</p>
<p>Behavioral Health Updates – <i>Iffat Hussain, Stephanie Kelly & Uma Zykofsky</i></p>	<p>Mental Health Urgent Care Clinic – Iffat Hussain, Program Director, Turning Point Community Programs Mental Health Urgent Care Clinic, provided a program overview. <i>See PowerPoint Presentation and Mental Health Urgent Care Clinic flyer posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • Urgent Care Clinic provides outpatient services on a voluntary (must consent), walk-in basis. All ages served. • <u>Goals</u> – Offer an alternative for those in crisis, reduce unnecessary hospitalizations/ED visits/incarcerations, and improve care coordination. • <u>Numbers Served</u> – 2,366 (duplicated) clients served between 11/28/17 and 6/30/18. • <u>Hours of Operation</u> – Open 365 days per year. See flyer for hours and location. • <u>Success Stories</u> – Iffat shared two success stories and noted there are many more. • <u>Care Coordination</u> – If a client is enrolled in a Medi-Cal managed care plan and receiving services, staff secures the next appointment with the plan MH provider before the client leaves. <p>Bi-Directional Screening Tool & Referral Process – Stephanie Kelly, Program Manager, County Mental Health Plan, provided an update on the Managed Care Plan (MCP)/MHP joint process. <i>See form posted on the website.</i></p> <ul style="list-style-type: none"> • <u>Implementation</u> – The new process rolled out February 1. • <u>Data</u> – Most recent full quarter data is Jan – Mar 2018: 151 members transferred or stepped down to MCP. Prior quarter: 66 members. Feb 1 to current date: 189 stepped down (adults only).

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<p>Behavioral Health Updates – <i>Iffat Hussain, Stephanie Kelly & Uma Zykofsky</i></p>	<ul style="list-style-type: none"> • <u>Ongoing</u> – Meet quarterly with Health Plans to work on process. Will be comparing County MHP data with Health Plan data. Provider training is ongoing. New process requires lots of support for members, communication, etc. • <u>Contacts</u> needed for Aetna. To be addressed next meeting. <p>Other Behavioral Health Initiatives – Uma Zykofsky, Deputy Director, County Behavioral Health, briefly provided updates on some of the initiatives Behavioral Health is working on.</p> <ul style="list-style-type: none"> • Uma requested Plans return the MOUs for the Organized Delivery System (ODS) Waiver as soon as possible. • Two Crisis Residential Programs are nearly ready: Henrietta Street facility open house in the near future (South Sacramento). Later this fall, the Stars program for Transitional Age Youth will open. • A 16-bed psychiatric facility is under development with Heritage Oaks Hospital. • Innovation Project, Crisis Stabilization Service – collaboration with Dignity Health (Mercy San Juan Hospital campus). Works collaboratively with Health Net and the WPC as well. This will help Mercy SJ emergency department. • Working on contract amendments with providers to expand mental health services for individuals who are homeless or at risk of becoming homeless. The homeless services expansion includes outpatient services, flexible programs with TCORE, mobile teams, Triage Navigator Program redesign, and more.
<p>Medi-Cal Dental Advisory Committee – <i>Debra Payne</i></p>	<p>Debra Payne, Vice Chair of the Medi-Cal Dental Advisory Committee (MCDAC) provided an update on the committee’s activities. <i>See handouts posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Collaborated</u> with the State to create the State Oral Health Plan. • <u>Proposition 56</u> – One requirement is an oral health needs assessment. The complete report will be published in August and will include zip code data. • <u>California Legislative Staff Site Visit</u> – Members saw a virtual dental home and visited partner Amador County. • <u>Adult Dental</u> – Services restored January 1, 2018. MCDAC will now focus more on adult dental. • <u>Dental Transformation Initiative (DTI)</u> – County received \$9.1 million over 3.5 years. DTI is focused on services to children. Pilots include Virtual Dental Home, Medical/Dental Partnership, and Community Outreach and Parent Education. • <u>Medical/Dental Partnership</u> – Medical providers can be reimbursed for dental exam and fluoride varnish. • <u>Learning Collaborative</u> – Debra invited stakeholders to join the Medical/Dental Learning Collaborative. Contact information is provided on the handout.

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	<ul style="list-style-type: none"> • <u>New Educational Handout</u> – Contact Debra to receive a supply. PayneDe@saccounty.net • <u>Utilization</u> – Data from 2016 is depicted. Data from 2017 will be released on July 31, 2018. Should begin to see improvement. 	
Public Comment	None.	
Closing Remarks and Adjourn	<p><u>Next Meetings</u> – Sandy Damiano announced:</p> <p><u>Care Coordination Work Group Meeting</u> on August 27 – Beau Hennemann with Anthem Blue Cross will present on the Health Homes Program. Health Homes went live in San Francisco on July 1, 2018. Members should review the Health Homes program guide. See DHCS Link: http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx .</p> <p>Hospital systems will also present ED utilization data on August 27.</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on September 24 – Will have a presentation on palliative care by the Coalition for Compassionate Care of California (CCCC) and the Chief Medical Officer with Partnership Health Plan. Anna Berens, now with CCCC, will coordinate. Sandy asked if Health Plans wanted to discuss their palliative care efforts at that meeting. Several responded yes.</p> <p>Sandy thanked everyone for attending and participating in today's meeting. <i>A special thanks to the presenters.</i> With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Care Coordination Work Group</i> Monday, August 27, 2018 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1</p>	<p><i>Medi-Cal Managed Care Advisory Committee</i> Monday, September 24, 2018 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1</p>