



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE**

PHC's Mission Statement is "To help our members, and the communities we serve, be healthy."

Thursday, September 1, 2022 12:00pm – 2:00pm

Meeting Locations

**3688 Avtech Parkway Redding, CA 96002 (Sundial Conference Room)
1036 5th Street, Suite E, Eureka, CA 95501 (Patrick's Point Conference Room)**

Attending Remotely via Webex

Meeting Link:

<https://partnershiphp.webex.com/join/cbreshears>

Meeting Number: 809 147 945

Join by Phone: 1 (415) 655-0001 US Toll

Access Code: 809 147 945

****** As signed by the Governor on September 16, 2021, AB361, allows for Brown Act
teleconferencing flexibilities during a state of emergency ******

AB361 authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/ or other personnel of the body as a condition of participation for a quorum, due to the state of emergency caused by the spread of COVID-19 and the risk to the health or safety of attendees meeting in person would present.

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The Finance Committee has designated the Administrative Assistant to the CFO as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Finance Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at cbreshears@partnershiphp.org. Notification in advance of the meeting will enable the Administrative Assistant to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it. This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.



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		Lead	Page	Time
1.	IT Support Available <i>Remote participants are encouraged to dial/video in right at 11:45 AM to ensure connectivity is established before the meeting begins at 12:00 PM.</i>	Jessee Benton PHC IT Support		11:45
2.	Purpose of Meeting <i>Brief description of what CAC is and its purpose including NR County Map of regional offices and member representation.</i>	Jessica Stimson Supervisor of NR Member Services	3	12:00
3.	Introductions Roll Call Ice Breaker Question: <i>In one or two words, what is the name of your favorite Fall food?</i>	Jessica Stimson Supervisor of NR Member Services		12:05
4.	Public Comments <i>At this time, members of the public may address the committee on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the committee. There will also be an opportunity to address the committee on a scheduled agenda item during the committee's consideration of that item. Speakers will be limited to three (3) minutes.</i>	Jessica Stimson Supervisor of NR Member Services		12:15
5.	Approval of June 2022 Minutes <i>Need a CAC member to make a motion to accept the June minutes and another member to second the motion.</i>	Jessica Stimson Supervisor of NR Member Services	4-12	12:20
I. Old Business				
1.	Follow up questions or issue from June CAC meeting: <i>ACAP Scholarship</i>	Jessica Stimson Supervisor of NR Member Services	13	12:25
II. Standing Agenda Items				
1.	Report on Board Meeting from CAC Board Member <i>Highlights of the last Board Meeting</i>	Wendy Longwell Consumer Board Member		12:30
2.	HealthPlan Update <i>Recap of HealthPlan Updates</i>	Sonja Bjork Chief Operating Officer	14	12:40
III. New Business				
1.	CAC Membership <i>Guiding Principles</i>	Kevin Spencer Sr. Director of Member Services		12:55
2.	CalAIM Enhanced Care Management (ECM) Update <i>Update on how ECM is progressing since its launch in January 2022</i>	Danielle Biasotti Manager of Care Coordination		1:25
3.	Housing and Homelessness <i>PHC's Role in Housing</i>	Paola Sanchez De La Cruz Project Coordinator Utilization Management	15-27	1:35
IV. Additional Business/Other items				
1.	Open Forum <i>Information sharing by committee members</i>	Jessica Stimson Supervisor of NR Member Services		1:45
V. Adjournment				
1.	Next Meeting: Thursday, December 1, 2022			



○ Regional Offices

Humboldt: Allysa, Anna, Julia, Margaret

Shasta: Becky, Crystal, Joy, Monica, Wendy

Lassen: Ellen

Del Norte:

Siskiyou:

Modoc:

Trinity:



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Partnership HealthPlan

Consumer Advisory Committee (Northern Region)

June 2, 2022, 12:00pm – 2:00pm

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)
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PHC Attendees: Amanda Bernal, Araceli Gutierrez, Athena Beltran-Nampreseut, Brittany Spears, Brittney Grace, Chloe Schafer, Courtney Davison, Danielle Biasotti, Gala Tubera, Janelle Ramirez, Jesse Benton, Jessica Hackwell, Jessica Stimson, Katrina Tagle, Kevin Spencer, Liz Gibboney, Malania De Paul, Melissa Schumann, Nicole Curreri, Ryan Ciulla, Wendi West

Shasta CAC Participants: Becky Sherman, Joy Newcom-Wade, Monica Thoma, Wendy Longwell

Absent: Crystal Chavez

Humboldt CAC Participants: Amby Burum, Margaret Sager, Julia Hostler

Absent: Allysa Ivey

Lassen CAC Participants: Ellen Payton

Absent:



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>2. Purpose of CAC <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Supervisor of Member Services, reminded everyone what the purpose of the Consumer Advisory Committee was. <i>“The purpose of CAC is to act as a liaison between the HealthPlan and the HealthPlan members, to provide a forum to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs of all members.”</i></p>	<p><i>None</i></p>
<p>3. Introduction <i>Jessica Stimson</i></p>	<p>Introductions from all sites were conducted and each Member was asked to answer the following question: <i>“In one word, share what your favorite dish is to bring to a barbecue/picnic.”</i></p>	<p><i>None</i></p>
<p>4. Public Comments <i>Jessica Stimson</i></p>	<p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p>	<p>Ellen: <i>Is there more information about Silver Sneakers?</i> Wendi: <i>Silver Sneakers is a commercial/private program and is not a benefit of Medi-Cal. The companies, such as gyms, have the option to enroll in Silver Sneakers. Not all companies participate.</i> Ellen: <i>Why did it take so long for notices about the system disruption to be sent out?</i> Liz: <i>Explained that we investigated the extent of the disruption and upon discovery of the system having been accessed by an outside</i></p>



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<p>5. Approval of March 2022 Minutes <i>Jessica Stimson</i></p>	<p>The March 2022 meeting Minutes were reviewed and approved.</p>	<p><i>source, which was enough for the company to notify our members.</i></p> <p><u>MOTION:</u> <i>Margaret Sager</i> motioned to approve the minutes. <i>Julia Hostler</i> seconded and the March 2022 minutes were approved.</p>
<p>I. Standing Agenda Items</p> <p>1. Report on Board Meeting from Consumer Board Member <i>Wendy Longwell</i></p>	<p>Wendy Longwell, Consumer Board Member, gave a brief recap from the Board Meeting.</p> <ul style="list-style-type: none"> Legislative Tracking: (1) Healthcare centers may bill for more than one appointment per day.(2) The repealing of Medi-Cal’s Asset Test begins this year, for Californian Medi-Cal enrollees. Financial eligibility will be based solely on income and not based off of something a person owns. 	<p>Wendy Longwell: <i>In her experience, it is very inconvenient to have to travel multiple times per week from out of town to her appointments and agrees that it will be more convenient to be able to make one trip into town and have all of her appointments taken care of during a single trip.</i></p>
Agenda Topic	Topics	Comments/Discussions/Action Items



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<p>1. Report on Board Meeting from Consumer Board Member <i>Continued</i> <i>Wendy Longwell</i></p>	<ul style="list-style-type: none"> • Cal Aim: With the implementation of the whole person care model, it is expected that there will be a transitional phase with opportunities to learn what works and what doesn't. • More funding coming for the California housing crisis. 	<p><i>Wendy Longwell: Is supportive of this being done in phases to make the transition more seamless.</i></p>
<p>2. HealthPlan Update <i>Liz Gibboney</i></p> <p>2. HealthPlan Update <i>Liz Gibboney</i></p>	<p>Liz Gibboney, Chief Executive Officer, gave a brief recap of the HealthPlan Updates. <u>PHC System Disruption</u></p> <ul style="list-style-type: none"> • System Disruption: There was a malware attack on March 19, 2022 that stopped our system. • PHC is working with federal and state forensics experts to identify why the disruption happened, and how to prevent/better safe guard our systems in the future. • This sort of attack is happening frequently throughout the healthcare system and in California. • PHC's data became encrypted (locked) during the disruption, but there were backups. • All members who may have been affected were notified by mail. • There is no evidence at this time that anything has been taken. The breach was enough for PHC to conduct outreach to notify those affected. • PHC is covering the cost of <i>Cyber Scout Free Credit Monitoring</i> for those who might have been affected and enroll 	<p><i>Ellen: Will there be a list of those truly affected?</i></p> <p><i>Liz: We might not ever know for sure – them having access alone is enough to take these precautions. We have not seen further activity since the close of the system disruption. If more information comes to light, we will send additional notice to those affected.</i></p> <p><i>Julia: Is two years of [credit] monitoring going to be sufficient?</i></p> <p><i>Liz: Yes, that was the recommendation given to us by the forensics experts that we are working with. The phone number on the notice is a resource for those with credit issues. The</i></p>



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Table with 2 columns and 1 row. Left column contains meeting agenda items: '2. HealthPlan Update' by Liz Gibboney, 'PHC systems are up and running, but are not at 100%', 'Kaiser Direct Contact' details, and 'CalAIM Waiver - Enhanced Care Management (ECM) and Community Supports' details. Right column contains notes: 'credit monitoring service is for anyone who received the notice.', 'Wendy: Are you listing the changes on the website?', 'Liz: There will be obvious changes for those directly affected...', and 'Wendi W: Shasta county is already live, with approximately 600 (and growing) enrolled members.'



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	<p><u>Youth Behavioral Health Grants</u></p> <ul style="list-style-type: none"> • So far, 86 school districts across all counties that PHC services are participating for additional mental health services for children. <p><u>Geographic Expansion</u></p> <ul style="list-style-type: none"> • Expansion is scheduled for January of 2024 – 10 counties have conditional approval to join in 18 months. • PHC has been and continues scheduling and conducting meetings with these counties. 	<p><i>Monica: What timeline are we looking at for return of assessments and implementation of the additional mental health services in the schools?</i></p> <p><i>Liz: The deadline for the school districts to turn in the assessments is the end of Summer, closer to October. Implementation will begin after assessments are turned in, and the school districts will have two years to complete their implementation for K-12.</i></p>
Agenda Topic	Topics	Comments/Discussions/Action Items
<p>II. Old Business</p> <p>1. Student Behavioral Health Counties and Districts <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Member Services Supervisor, shared a graphic of the counties and their school districts that are participating in the Student Behavioral Health Incentive Program.</p>	<p><i>None</i></p>



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III. New Business 1. CAC Membership – Guiding Principles <i>Wendi West</i>	Wendi West, Northern Region Executive Director , shared an update of the changes to the Guiding Principles. <ul style="list-style-type: none"> We thought we had to implement the changes to our CAC membership sooner than we actually needed to. We will be implementing term limits in the near future. CAC members that received letters about this may disregard the letters for now, while we figure out how to implement the changes. 	<i>None</i>
2. PHC System Disruption <i>Wendi West</i>	(Liz Gibboney covered this in her executive update.)	<i>None</i>
3. ACAP Scholarship <i>Ryan Ciulla & Ellen Payton</i>	Ellen Payton, Consumer Advisory Committee Member , shared her experience with being a part of the decision making process for ACAP.	<i>None</i>
4. Pharmacy Carve Out Check-In <i>Athena Beltran-Nampresuet</i>	Athena Beltran-Nampresuet, Pharmacy Operations Manager , shared a presentation of the pharmacy department’s Medi-Cal Rx updates.	<i>Ellen: Is the phone number that we should be calling with Pharmacy issues listed on the website; Does it clarify which number is which, with their business hours? Or are</i>



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- As of May 20, 2022, Medi-Cal Rx has processed more than 47.16 million pharmacy paid claims totaling more than \$5.59 billion in payments.
- Medi-Cal Rx has processed 197,574 prior authorization requests
- Medi-Cal Rx has answered 246,096 calls and 100 percent of virtual hold calls and voicemails have been returned.
- Special teams have been created to service the needs of specific populations, such as, California Children’s Services, the Genetically Handicapped Persons Program, and specialty behavioral health conditions.
- Effective June 1, 2022, select personal home use blood pressure monitors and blood pressure cuffs will be a covered benefit under Medi-Cal Rx as a pharmacy-billed item.
- PHC continues to support members by providing communication materials and education to providers through webinars, newsletters and other forms of communications.
- PHC continues to monitor pharmacy utilization and prior authorization to assist members with access to their medications.
- PHC Care Coordination assists members with coordinating access to medications with TAR or prescriber issues.

pharmacies informing the members about where they should call?
Athena: Pharmacy staff should work with the provider’s office to coordinate. PHC is available to assist with coordination as well.

Julia: Some members are not being given what they need, there are a lot of changes, and it’s hard to know where to turn.
Athena: PHC continues to bring these concerns to the state, but there are Medi-Cal Rx staff to assist the members with any issues they may have.

Julia: The pharmacies are not giving the member a direction to go, when they are having trouble.
Athena: The pharmacy should be offering to help the member or give them direction.

Ellen: Were notices of the switch to Medi-Cal Rx given to members?
Athena: Notice was sent to members, prior to the change. Medi-Cal Rx will notify members of any new changes. Providers should work with the pharmacies, if something needs changed.



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<p>III. Additional Business/Other Items</p> <p>1. Open Forum for All</p>	<p>Amby Burum: Shared a bad experience she had with MTM. Rides aren't being scheduled immediately, they are only scheduled up to a week before the appointment and are being cancelled with little to no notice to the member.</p> <p>Wendy Longwell: Wendy has been helping to create packets (e.g. how to get a service animal) at work, as a resource for their clients. They now have somebody on staff to translate these resources to Spanish.</p> <p>Julia Hostler: Made the observation that Scholarship reference material is missing from the packet and suggested material for every item that shows up on the agenda.</p> <p>Jessica Stimson: Jessica filled Amby in on the Guiding Principle update, and advised her that she will remain a part of the CAC membership. Jessica also advised that we will be revisiting this topic in September and will go over the changes to the Guiding Principles in more detail at the next quarter's meeting.</p>	<p><i>Jessica Stimson to follow up with Amby regarding her issues with MTM.</i></p>
Agenda Topic	Topics	Comments/Discussions/Action Items
<p>IV. Adjournment</p> <p>Next Meeting</p>	<p>Meeting adjourned at 1:30 pm</p> <p>September 1, 2022</p> <p>Minutes recorded by: Brittney Grace</p>	<p><i>None</i></p>



PHC Members Can Apply Now for a \$5,000 Scholarship



Partnership HealthPlan of California (PHC) is accepting applications for the Association for Community Affiliated Plans (ACAP) Scholarship Program. The program provides a \$5,000 scholarship to an ACAP health plan enrollee or immediate family member who is seeking higher education and interested in pursuing a career in health care or social services.

Who can enter: Any current PHC member, or their immediate family member, can enter. The entrant must show they intend to pursue a career in health care or social services and must be enrolled at or applying to a higher education institution and enrolled within one year of application date.

How to enter: Respond to the three essay questions below. Email your responses, along with your contact information (full name, address, phone number, email), to PHC at communications@partnershiphp.org. Please put "Scholarship" in the subject line. **The deadline for submission to PHC is May 8, 2022.**

Essay Questions: Applicants must answer all three questions, and each answer must be 650 words or less.

1. How have you benefited from the medical care, services and/or supports that have been provided by PHC? (This can be from medical care you may have received from your doctor, nurse, or other medical professional and/or any contact or experience you have had with PHC.)
2. How will your studies further your career in the health care and/or human/social services fields?
3. Why are you a good candidate to receive this award?

How the winner is chosen: PHC will review all entries and select finalists. The finalists will be required to complete an application and provide a letter of recommendation and school transcripts. PHC will choose one of those finalists to be our entrant in the ACAP contest. A panel of ACAP judges will select one national winner to receive the scholarship. The winner will be announced by ACAP in June 2022.

More information: If you have questions, email communications@partnershiphp.org.



Consumer Advisory Committee

Report from the Deputy CEO/Chief Operating Officer Sonja Bjork

September 1, 2022

1. Public Health Emergency
2. Resumption of MediCal Eligibility Redeterminations
3. CAC Members - DHCS Coverage Ambassador
4. Questions and Answers





California Advancing and Innovating Medical, Enhanced Care Management (ECM), Community Supports (ILOS)

Presented By:
Danielle Biasotti, ECM
Operations Manager
Paola De La Cruz, UM
Project Coordinator



- CalAIM stands for **“California Advancing and Innovating Medi-Cal.”**
 - It is a multi-year initiative by Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of individuals on Medi-Cal by:
 - ✓ Implementing broad delivery system
 - ✓ Program and payment reform across the Medi-Cal program.
- CalAIM contains various proposals within it that focus on this stated goal.

CalAIM Proposal	Timeline**
Enhanced Care Management (ECM)	1/1/2022, 7/1/2022
Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i>	1/1/2022, 7/1/2022
Population Health Management	1/1/2023
Incarcerated population eligible for ECM services	7/1/2023
Dual Eligible Special Needs Program (D-SNP) Required	1/1/2025
NCQA Accreditation Required	1/1/2026

** DHCS proposed dates may be subject to Centers for Medicare and Medicaid Services (CMS) approval/change



A Medi-Cal benefit that has replaced the current Whole Person Care (WPC) Pilot activities with a standardized set of case management services and interventions, building on positive outcomes from those programs.

- Face-to-Face with members, in the community
- PHC worked directly with the WPC counties, though prior WPC experience is not a provider requirement for the benefit.
- Members can opt-out at anytime
- 7 populations of focus eligible for the benefit





- Different than previous WPC activities
- Standardized set of case management services
 - *Medical*
 - *Dental*
 - *Behavioral Health*
 - *Long-term Support Services*
 - *Transitions across settings*
 - *Referrals to community resources, social services, Community Supports (ILOS), etc.*

ECM Implementation Timeline

	County	Population of Focus	Start Date
Phase I	Napa, Marin, Sonoma, Mendocino, Shasta	<ul style="list-style-type: none"> · High Utilizers · Homeless (adults/children) · SMI/SUD 	1/1/22
Phase II	Yolo, Solano, Lake, Humboldt, Del Norte, Trinity, Modoc, Lassen Siskiyou	<ul style="list-style-type: none"> · High Utilizers · Homeless (adults/children) · SMI/SUD 	7/1/22
Phase III	All Counties	<ul style="list-style-type: none"> · Individuals at risk for institutionalization · Nursing facility residents transitioning to the community 	1/1/23
Phase IV	All Counties	<ul style="list-style-type: none"> · Children and youth with complex physical, behavioral and/or developmental health needs · Incarceration 	7/1/23

ECM is designed for populations who have the highest levels of complex health care needs, as well as experience social factors influencing their health.

Populations of Focus: 7 identified groups of individuals that PHC must identify and authorize ECM services.

1. Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless.
2. High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
3. Individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD) with co-occurring chronic health conditions.
4. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.
5. Individuals at risk for institutionalization who are eligible for long-term care services.
6. Nursing facility residents who want to transition to the community.
7. Children or youth with complex physical, behavioral or developmental health needs (ex: CCS, foster care, youth with Clinical Risk syndrome, or first episode of psychosis).



DHCS Criteria Found Here!

<https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf>

What's Next for the ECM Benefit?

- Building PHC's ECM Provider Network

PHC ECM Providers:

A Step Up - Community Support Network

CommuniCare Health Centers

Community Medical Centers

Hill Country Health & Wellness Center

Home and Health Care Management

Homeward Bound of Marin

La Clinica de La Raza

Marin City Health and Wellness

Marin Community Clinics

Marin County

MCAVHN

MedZed

Mendocino County

Ole Health

Petaluma Health Center

Providence CARE Network - Queen of the Valley

Providence CARE Network - Santa Rosa Memorial

Providence CARE Network - St. Joseph

Redwood Community Services

Redwood Quality Management Company

Redwood Womens Center

Redwoods Rural Health Center

Resolution Care/Vynca

Santa Rosa Community Health

Seneca Family of Agencies

Serene Health

Shasta Community Health Center

Shasta County

Sonoma County

Sonoma Valley Community Health Center

St. Vincent Preventative Family Care

West County Health Centers

- Preparing for additional Populations of Focus
 - **Phase III, January 1, 2023:**
 - Individuals at risk for institutionalization
 - Nursing facility residents transitioning to the community
 - **Phase IV, July 1, 2023:**
 - Children and youth with complex physical, behavioral and/or developmental health needs
 - Incarceration

What is Community Supports? (ILOS)

- **Non-Medi-Cal benefits (services)** that PHC may chose to offer in a particular county “in lieu” of a traditional Medi-Cal covered service.
- These services **WILL NOT** receive additional funding. Cost of Community Supports (ILOS) will be covered in lieu of normal covered service.
- Allows plans to address Social Determinants of Health in a way that is cost-effective
- Individuals **DO NOT** need to be receiving ECM in order to receive an Community Supports (ILOS) service.
- Currently PHC offers 6 Community Support Services, adding two additional on 01/01/2023.



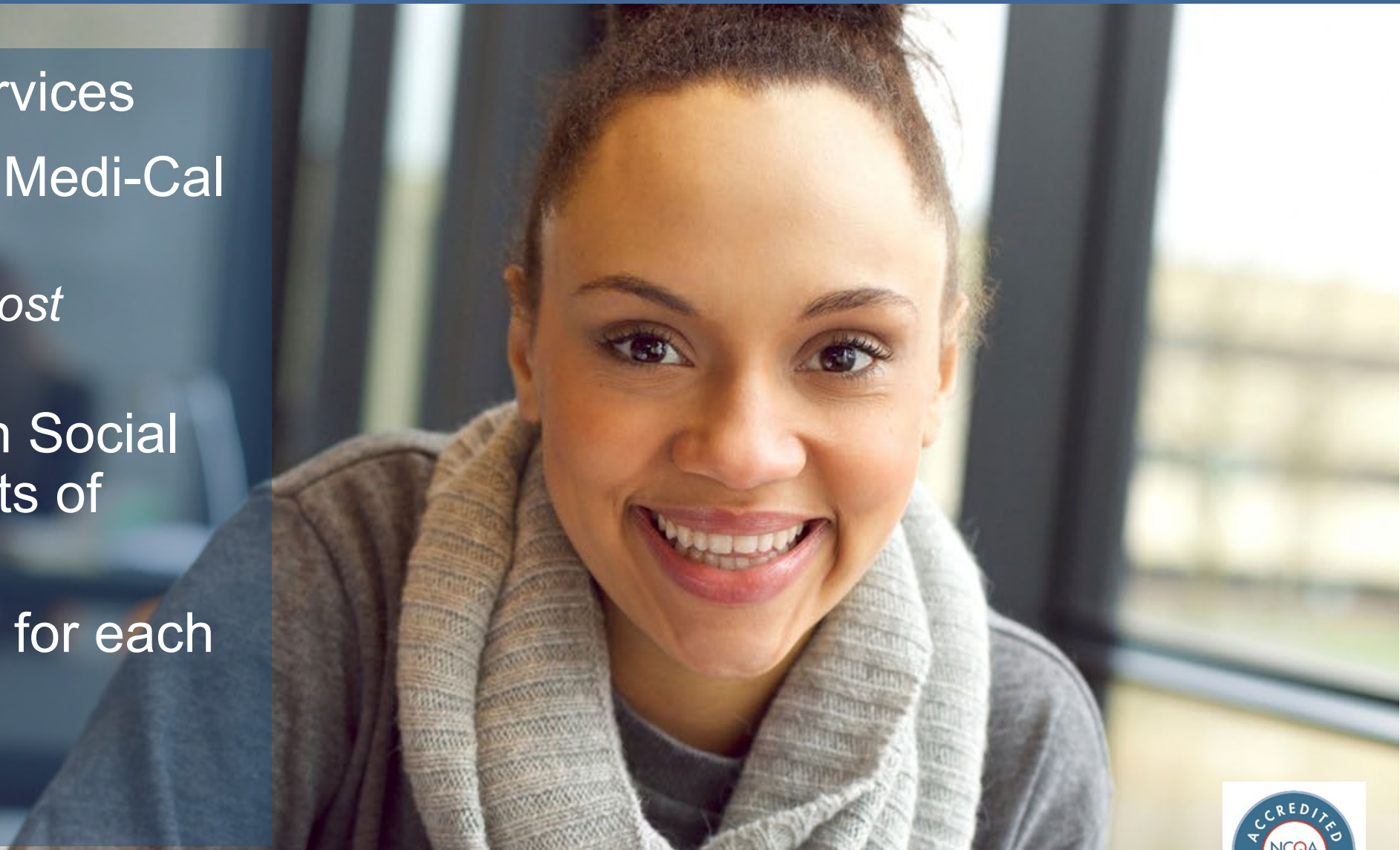
PHC provides the following 6 Community Supports to eligible members:

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy
4. Short-Term Post Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Medically Tailored Meals or Medically Supportive Food

Starting 01/01/2023:

- Respite Services
- Personal Care and Homemaker Services

- Optional services
- In-Lieu of a Medi-Cal benefit;
 - *Must be cost effective*
- Focusing on Social Determinants of Health
- TAR criteria for each service



Housing transitions services assist beneficiaries with obtaining housing.

Examples of services:

- Conducting tenant screening/housing assessments
- Developing housing support plan and identifying resources
- Searching for housing

Restrictions:

- Must be identified as reasonable and necessary.

Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.

Examples of services:

- Security deposits to obtain a lease on an apartment or home.
- Set-up fees/deposits for utilities
- First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.

Restrictions:

- Only available once in an individual lifetime.
- Deposits are may not be used for furniture or home making items.
- Must be identified as reasonable and necessary.
- Individuals must also receive Housing Transition/Navigation services.

Provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured.

Examples of services:

- Education and training on the role, rights and responsibilities of the tenant and landlord.
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Coordination with the landlord and case management provider to address identified issues that could impact housing stability.

Restrictions:

- Only available from initiation of services through the time when they individuals housing support plan determines they are no longer needed.
- They are only available for a single duration in the individual's lifetime.
- Must be identified as reasonable and necessary.
- Many individuals will have also received Housing Transition/Navigation services in conjunction with this service but it is not a requirement.

Provides beneficiaries who do not have a residence and who have high medical or behavioral health needs but can continue their recovery after exiting an inpatient hospital.

- The goal of this setting is to provide individuals with ongoing supports necessary for recuperation and recovery, after discharge from inpatient or emergency room.

Restrictions:

- Only available once in an individual's lifetime, and not to exceed a duration of six (6) months.
- The service is only available if enrollee is unable to meet such an expense.

Recuperative care is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment.

- It allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.
- At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition.

Restrictions:

- Services are only allowed:
 - 1) If necessary to achieve or maintain medical stability and prevent hospital admission or re-admission, which may require behavioral health interventions.
 - 2) If not more than 90 days in continuous duration.

Medically Tailored Meals or Medically Supportive Food help individuals achieve their nutrition goals at critical times to help them regain and maintain their health. Results include improved member health outcomes, lower hospital readmission rates, a well-maintained nutritional health status and increased member satisfaction.

Examples of Services:

- Meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission.
- Medically-Tailored Meals: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases. (Diabetes, heart failure, hypertension, etc.)
- Medically-supportive food and nutrition services, including medically tailored groceries and healthy food vouchers.

Restrictions:

- Only allowed up to two (2) medically-tailored meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary.
- Meals that are eligible for or reimbursed by alternate programs are not eligible.
- Meals are not covered to respond solely to food insecurities.

A TAR is required for all Community Supports services. There are specific criteria for each service.

PHC shall review all Community Supports TARs in an equitable and non-discriminatory manner.

PHC shall screen members during the review process for Community Supports services and can make referrals for additional services when appropriate.

Member eligibility is required to be valid at the time the TAR is submitted and must remain eligible throughout the time the services are provided.

Questions?

