



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE**

THURSDAY, September 8, 2022 12:00pm – 1:30pm

**PHC’s Southeast Regional office at: 4605 Business Center Drive, Fairfield, CA 94534
East Building (Conference Room A, B & C– 1st floor)**

**(Video Conference Location)
495 Tesconi Circle, Santa Rosa, CA 95401**

***** 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.

Members of the public, who choose to attend the meeting in person, should do so at the location listed on the meeting notice. In-person attendees must maintain a space of at least six feet apart from others and follow local public health directives. Masks are optional.

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- **Webex Video link:** <https://partnershiphp.webex.com/meet/cac> **Access Code:** 809 817 218
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PHC’s Mission Statement is “to help our members, and the communities we serve, be healthy”

		Lead	Page	Time
1	Introductions <i>Introduce attendees and what area they represent. Ice Breaker question (CAC members): “In one or two words what is the name of your favorite fall food?”</i>	Araceli Gutierrez <i>Member Services Supervisor</i>		12:00
2	Public Comments <i>At this time, please review the agenda. Community advocates or members of the public who are usually not part of this committee may address the committee on any non-agenda item of interest that is within the subject matter jurisdiction of the committee. For agenda items, please wait until the committee’s consideration of that item. Speakers will be limited to three (3) minutes. Please note: Any new agenda items that require action will be scheduled for a future meeting.</i>	Araceli Gutierrez <i>Member Services Supervisor</i>		
3	Approval of June 2022 Minutes <i>Need a CAC member to make a motion to accept the minutes and another member to second the motion.</i>	All	4-14	
I. Old Business				
1	Follow up questions from June CAC meeting <ul style="list-style-type: none"> • Pharmacy Carve Out Check-In / member issue and PHC follow-up. • ACAP Scholarship 	Araceli Gutierrez <i>Member Services Supervisor</i>		12:20

II. Standing Agenda Items				
1	CAC Member Report on Board Retreat <i>Brief highlights of the last Board Retreat & Meeting</i>	Lance LeClair <i>CAC Member</i>		12:25
2	HealthPlan Update <i>Brief recap of latest Board meeting & HealthPlan Updates</i>	Sonja Bjork <i>Deputy CEO/Chief Operating Officer</i>	15	12:35
III. New Business				
1	CAC Membership <i>Guiding Principles & New DHCS Regulations</i>	Kevin Spencer <i>Sr. Director of Member Services</i>		12:50
2	CalAIM Enhanced Care Management Update Update on ECM progress since January 2022	Danielle Biasotti <i>Manager of Care Coordination</i>	16-23	1:00
3	Housing and Homelessness <i>PHC's role in Housing</i>	Paola Sanchez De La Cruz <i>Project Coordinator Utilization Management</i>	24-34	1:15
IV. Additional Business/Other items				
1	Open discussion	All		1:25
V. Adjournment				
1	Next Meeting: Thursday December 8, 2022			

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular Consumer Advisory Committee 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 committee has designated the Member Services Department 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 Consumer Advisory 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. This meeting may be recorded. Any audio or video tape record of this meeting made by or at the direction of PHC is subject to inspection under the Public Records Act and will be provided without charge, if requested.

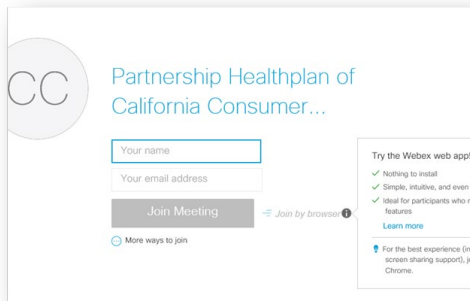
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This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.

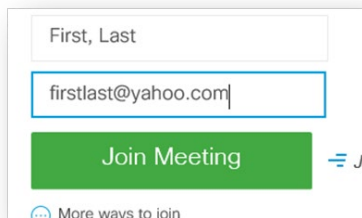
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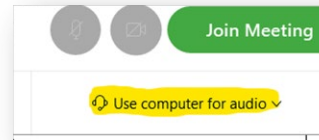
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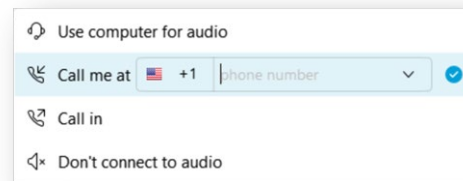
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MEETING MINUTES

Consumer Advisory Committee (Southern Region)

Thursday, June 9, 2022, 12:00pm – 1:30pm

**PHC Southeast Regional Office 4605 Business Center Drive, Fairfield CA 94534
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Attendees: Beverly Franklin, Eugene Korte, Wendy Ostergaard, Diane Ostergaard, Darnice Richmond, Frances Porter, Lasonja Porter

Phone Attendees: William Remak, Lance LeClair, Michael Strain, Marcelo (Nunie) Matta and Krissie Matta, Jeanette Perez

Partnership Attendees: Kevin Spencer, Cyress Mendiola, Amanda Bernal, Mori McLennan, John Lemoine, Benjamin Amparo, Araceli Gutierrez, Katrina Tagle, Melissa Schumann, Brittany Spears, Jessica Stinson, Lynn Scuri, Nicole Curreri, Dr. Marshall Kubota, Dr. Robert Moore, Athena Beltran-Nampraseut

Absent: Mariana Munguia

Agenda Topic	Minutes	Comments/Discussions/Action Items
Introduction <i>Araceli Gutierrez</i>	Housekeeping rules and directions were given. Roll Call and introductions from all participants were conducted. Each member was asked to answer the following question: <i>“In a few words, what is your favorite dish to bring to a BBQ/ picnic?”</i>	None
Public Comments <i>Araceli Gutierrez</i>	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.	None
Approval of March 2022 Minutes <i>Araceli Gutierrez</i>	The March 2022 Meeting Minutes were reviewed and approved	<u>MOTION:</u> Darnice Richmond motioned to approve the minutes. Bill Remak seconded the motion and the March 2022 minutes were approved
Old Business		



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<p>Follow-up from March's CAC meeting <i>Araceli Gutierrez</i></p>	<p>There were no follow up questions to be answered or updates needed.</p>	<p>None</p>
<p>Standing Agenda Items</p>		
<p>Board Meeting Report And Health Plan Update <i>Kevin Spencer</i></p>	<p>Kevin Spencer, Director of Member Services, covered the presentation on behalf of CEO Liz Gibboney who was attending an important financial meeting and COO Sonja Bjork who was in Washington DC representing on the MACPAC Commission (Medicaid and CHIP Payment and Access Commission). This committee makes recommendations on operationalizing changes in Medi-Cal spaces. Darnice gave a very nice recommendation which helped Sonja obtain her position into the committee.</p> <ol style="list-style-type: none"> 1. <u>PHC System Disruption</u>: A very serious incident that impacted our operations and affected our ability to communicate with our community partners, DHCS, the county offices and our providers. We can't go into too much detail as the investigation is still on going, but we can say it was a malware attack that prompted the system disruption. Malware is essentially a malicious software with an intent to do harm to a computer system. From the time we acknowledged the malware attack we began working with federal and state investigators to help identify how this incident occurred and what safeguards we need to put in place to ensure this won't happen again. We have heard this has been happening across all healthcare. PHC sent out a notice to those who may potentially be impacted. We don't have any specific knowledge of actual members or internal staff being compromised, so just to be safe, the notice went out to all. The notice is saying that we're offering credit monitoring for up to 2 years. Incident Response Line (844) 650-2037 available Monday-Friday 5:00 a.m. to 5:00 p.m. We are working aggressively to repair our systems. Currently all of our external systems are up and running. 	<p>Bill Remak: Received notification on a separate incident that occurred with his provider that is contracted with PHC. There was some overlap in the timing of the system disruption occurrence. Are you also communicating with the provider organizations that members may have also had that occur with those organizations? Kevin Spencer: Absolutely, we've been in communication with all of the providers within our network and our community partners. They are very well aware of the situation and what we're doing to repair it. Bill Remak: do you have any specific evidence of sensitive information of any members that may have been breached or is there no evidence at all? Kevin Spencer: There is no evidence at all that specific</p>



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Table with 2 columns and 1 row. The left column contains a list of 5 items: Kaiser 'Direct Contract', CalAIM Waiver, Youth Behavioral Health Grants, and Geographic Expansion. The right column contains discussion points from Lance LeClair and Kevin Spencer regarding each item.

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further investigation and will get back to Lance.

Bill Remak: had a question regarding the uptake of all vaccines as we go through our surge of COVID. With the programs that we have ongoing how is that progressing now as we enter into the summer?

Kevin Spencer: deferred answer to Dr. Moore.

Dr. Robert Moore: We are finalizing our report for the vaccine incentive program we did and will bring that report to the next board meeting.

6. Additional Board Meeting Update: We brought on 3 new board members for Yolo, Solano and Lake county. The state is allocating more money for housing so we're looking to explore the housing and homeless incentive program (HHIP) to see if we can leverage those funds (about \$89 million).



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<p>Remembering a CAC Member Stan <i>Lynn Scuri</i></p>	<p>Lynn Scuri, Regional Director of Santa Rosa, shared a few kind words and memories of CAC member, Stan Gow, who passed away in May 2022.</p> <ul style="list-style-type: none"> • First member of the Community Advisory Committee for Sonoma County in 2010. Joined CAC to help educate Partnership about the issues faced by our disabled members. He was injured in an accident in his early 20s, leaving him with very limited mobility. • Served as the Chair of the Commission of the IHHS Public Authority and Advisory Committee, member of the Sonoma County Transit Authority, Paratransit Coordinating Committee and leader of the West End Neighborhood Youth Creekside Clinic-Up effort among many other activities. Stan loved working with youth, as a mentor and advocate for the next generation of leaders. • Stan was also a good friend. I learned so much from him and appreciated his ability to share his story with me and others. I learned about life in Sonoma County as a disabled individual, the challenges of curbside transitions and public transit. Also about his great compassion for youth and the many friends who count themselves lucky to have known and spent time with Stan. 	<p><i>Dr. Marshall Kubota, Michael Strain, Bill Remak and Araceli Gutierrez on behalf of Sonja Bjork</i> also shared a few memories about their interactions with Stan and the impact he’s made on them and the community. Stan will truly be missed as a member of CAC, PHC.</p>
<p>Thank you to Solano CAC Member Mariana <i>Araceli Gutierrez</i></p>	<p>Araceli Gutierrez, Supervisor of Member Services, presentation of plaque/certificate and thank you for your service. Mariana was unable to attend the CAC meeting do to her starting her new position with Solano County Department of Public Health.</p> <p>Statement from Mariana, “I am very fortunate and grateful to have been a part of the CAC. I was born and raised in Solano County and have seen firsthand the health struggles that so many community members have gone through and are currently going through. The CAC has inspired me to continue my advocacy for those who are underserved and I will be continuing to do so at my new position as a Health Education Specialist for the Solano County Department of Public Health. A special thank you to Sonja Bjork who has</p>	<p>None</p>



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	<p>been a true mentor to me in my education and career. Her passion for her community and the health and wellbeing of others has truly inspired me to pursue the Public Health path I am on. Thank you Sonja.”</p>	
<p>CAC Membership <i>Kevin Spencer</i></p>	<p>Kevin Spencer, Director of Member Services, gave a brief discussion on the addition of the length of service term within the CAC Guiding Principles. This was introduced about 2 years ago, but was put on standstill do to the pandemic. PHC will be reinstating this membership term as COVID and PHE (Public Health Emergency) starts to diminish. It won't take immediate effect on any current CAC members. Araceli Gutierrez and staff will be reaching out to those who may be impacted in the upcoming year.</p>	<p>Lance LeClair: what is the length of service? Kevin Spencer: 4 years.</p>
<p>Celebrating 50 Years – Ole Health Event <i>Lance LeClair and Darnice Richmond (CAC Members)</i></p>	<p>Lance LeClair, CAC member from Yolo County, shared his experience at the event.</p> <p><u>Mission Statement:</u> OLE Health is dedicated to providing high-quality primary health care to our entire community.</p> <p><u>Vision Statement:</u> Every patient is at the center of a team of professionals who help them reach their wellness goals by offering the services patients need, when and where they need them.</p> <p>Thank you to Partnership Health Plan for inviting me to attend this special event. First, a little about Ole Health, it began in 1972 as a small clinic serving the under-served in the community of Napa. It was staffed mainly by volunteers and local hospital staff. It was only in 1995, 23 years later, that OLE Health got its first full time physician, Dr. Robert Moore, who became the first Medical Director of the clinic. Dr. Moore is now Partnership Health Plan's Medical Director. Dr. Moore was recently featured and interviewed in the Ole Health Newsletter. It was a nice and informative article. It talked about Dr. Moore's long career in Public Health and his outstanding and groundbreaking work with Farmworker Outreach. On behalf of the CAC, I would like to thank Dr. Moore for his career long commitment to Public Health and community care. We are proud to have Dr. Moore as our Medical Director. Ole Health received Federally Qualified Healthcare Center Status in 2005. They are the only non-profit community health center in Napa County, and they remain a model for community health clinics throughout California today. Ole Health has continued to expand; they now have seven clinics in two counties</p>	<p>None</p>



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	<p>and serve more than 40,000 patients. At the helm, is CEO Alicia Hardy, who joined Ole in 2009. Alicia serves as our (PHC's) current Chairman of the Board. This was a three-day event celebrating Ole Health's 50th Year Celebration. I attended the Family Fiesta on Sunday May 15th; the event was held from 3:00-6:00 p.m. It was a lovely event held at the beautiful Culinary Institute of America at COPA in downtown Napa. There was a live band, face painting booth, and lawn games. They had three creative food tables, all of them delicious. There were mini burgers, excellent (I had two), BBQ Brisket Tacos, (had two) and Wood Fired Flatbread, with Adjika, Mushrooms, & Feta Cheese. It was delicious. I had one slice, and they gave me one to go! They had Sparkling Wine, along with Sauvignon Blanc, Chardonnay La Crema & Pinot Noir. It was a beautiful day, there were no meetings, speeches, or workshops to attend. Just a relaxing day with good music, food and drink.</p> <p>Darnice Richmond, CAC member from Solano County, also shared her experience at the event. She really enjoyed the music, food and just watching all the people enjoying the day as well.</p>	
<p>ACAP Scholarship <i>Araceli Gutierrez and Lance LeClair</i></p>	<p>Araceli Gutierrez, Supervisor of Member Services, gave brief information about the scholarship program. ACAP stands for Association for Community Affiliated Plans, it's a national trade association which represents not for profit health plans like PHC. They offer a scholarship program whose purpose is to help strengthen the public healthcare workforce and to collect antidotes highlighting the benefits of Medicaid managed care. 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.</p> <p>Lance LeClair, CAC member from Yolo County, shared his experience participating in selecting the winner of the scholarship. All finalist submitted great essays making it very difficult for him to select just one winner. Lance was very honored to be a part of the process.</p>	



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<p>Pharmacy Carve Out Check In <i>Athena Beltran-Namprasent</i></p>	<p>Athena Beltran-Namprasent, Pharmacy Operations Manager, gave an update on how the carve out has been going.</p> <p>Governors Executive Order January 2019.</p> <ul style="list-style-type: none"> • Create standard formulary, increase access & save money. • Administered by Magellan Health <p><u>What it covers:</u> Medications filled by pharmacies, some medical supplies and equipment (blood glucose monitors & supplies, spacers/peak flow meters, therapeutic continuous glucose monitoring systems, some insulin delivery systems)</p> <p><u>As of May 20, Medi-Cal Rx has:</u></p> <ul style="list-style-type: none"> • Processed more than 47.16 million point-of-sale pharmacy paid claims to participating pharmacies totaling more than \$5.59 billion in payments • Processed 197,574 prior authorization requests • Answered 246,096 calls and 100 percent of virtual hold calls and voicemails have been returned <p><u>What's New:</u> Medi-Cal Rx has created a Special Populations Clinical Liaison team to serve the needs of specific populations:</p> <ul style="list-style-type: none"> • California Children's Services (CCS), the Genetically Handicapped Persons Program (GHPP), and specialty behavioral health conditions. • Until further notice, claim edits due to reinstate May 1, 2022 and the 180-day grandfathering period will be extended. • 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. <p><u>How PHC is supporting members:</u></p> <ul style="list-style-type: none"> • Provider communication/education: PHC provider, webinars, newsletter, pharmacy communications 	<p>Wendy Ostergaard: Do they still cover replacement parts for cpap machines?</p> <p>Athena Beltran-Namprasent: Not sure that benefit is covered because it falls under a DME supply which goes through our UM department. I will get back to you on this.</p> <p>(Follow-up): Are CPAPs covered by Medi-Cal Rx? No, this medical supply should be billed in PHC's UM dept. For coverage details, you would need to reach out to the UM helpdesk.</p>
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	<ul style="list-style-type: none"> • Monitoring pharmacy utilization and prior authorization to assist members with access to their medications. • PHC Care Coordination team will assist members with coordinating care and access to medications with TAR or prescriber issues • PHC Pharmacy department continues to support members and providers on Medi-Cal Rx related issues. 	
<p>Pharmacy Carve Out Check-In <i>Melissa Schumann</i></p>	<p>Melissa Schumann, Supervisor of Member Services, opened the floor to any follow up that was needed from previous meeting regarding Medi-Cal RX. A few members were having trouble obtaining their Covid kits.</p>	<p>Lasonja Porter: What is the process for getting the COVID test kits? Lasonja had trouble obtaining her kit from the CVS Pharmacy (1550 E. Covell Blvd, Davis CA 95616), they wanted her to contact her doctor for a prescription instead of having their pharmacist write one out for her.</p> <p>Althena Beltran-Namprasent (Follow-up): Should I be able to get COVID test at my local pharmacy? Yes, you should go to the pharmacy counter and advise the clerk that you are a Medi-Cal/PHC member, who need a COVID test kit. The clerk should work with their Pharmacist to write and fill a prescription for you. If you are having issues with a certain pharmacy who is not willing to fill a COVID test kit for you, please let us know the name and location of the pharmacy. We will reach out to their corporate office so they can be educated.</p>



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		<p>Dr. Robert Moore: Thanked Lasonja for sharing her story. During this transition PHC is being diligent on following up on issues like this with other pharmacies. We want to educate them on what benefits are available to our members.</p> <p>Araceli Gutierrez: Also thanked Lasonja for sharing her experience. Even though PHC no longer manages this benefit, we still want to be proactive in helping our members by educating these pharmacies who are unaware of the available policies.</p>
Additional Business/Other Items		
<p>Open discussion</p>	<p>Everyone was given the opportunity to bring up any other topics, questions or concerns that weren't discussed on the agenda.</p>	<p>Araceli Gutierrez: Has information on Stan's memorial services if anyone is interested in it.</p> <p>Lance LeClair: has an individual who wanted to post information on the Partnership resource page about a crisis nurse being available in the Yolo county. What is the process/policy for getting this information on to the website?</p> <p>Nicole Curreri: The Population Heath department are the owners of the community resource pages. We're able to add any community resources that are available for</p>



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		<p>members to utilize for free or low cost (typically \$20.00 or less). As long as the resource information is current and valid we can post it on our website. You can contact Nicole at NCurreri@partnershiphp.org or Population Health Outreach Help Desk PopHealthOutreach@partnershiphp.org</p>
<p>Adjournment Next Meeting</p>	<p>Meeting adjourned at 1:30 pm Thursday, September 8, 2022</p> <p>Minutes recorded by: Katrina Tagle</p>	



Consumer Advisory Committee

Report from the Deputy CEO/Chief Operating Officer Sonja Bjork

September 8, 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



What is CalAIM?

- 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.



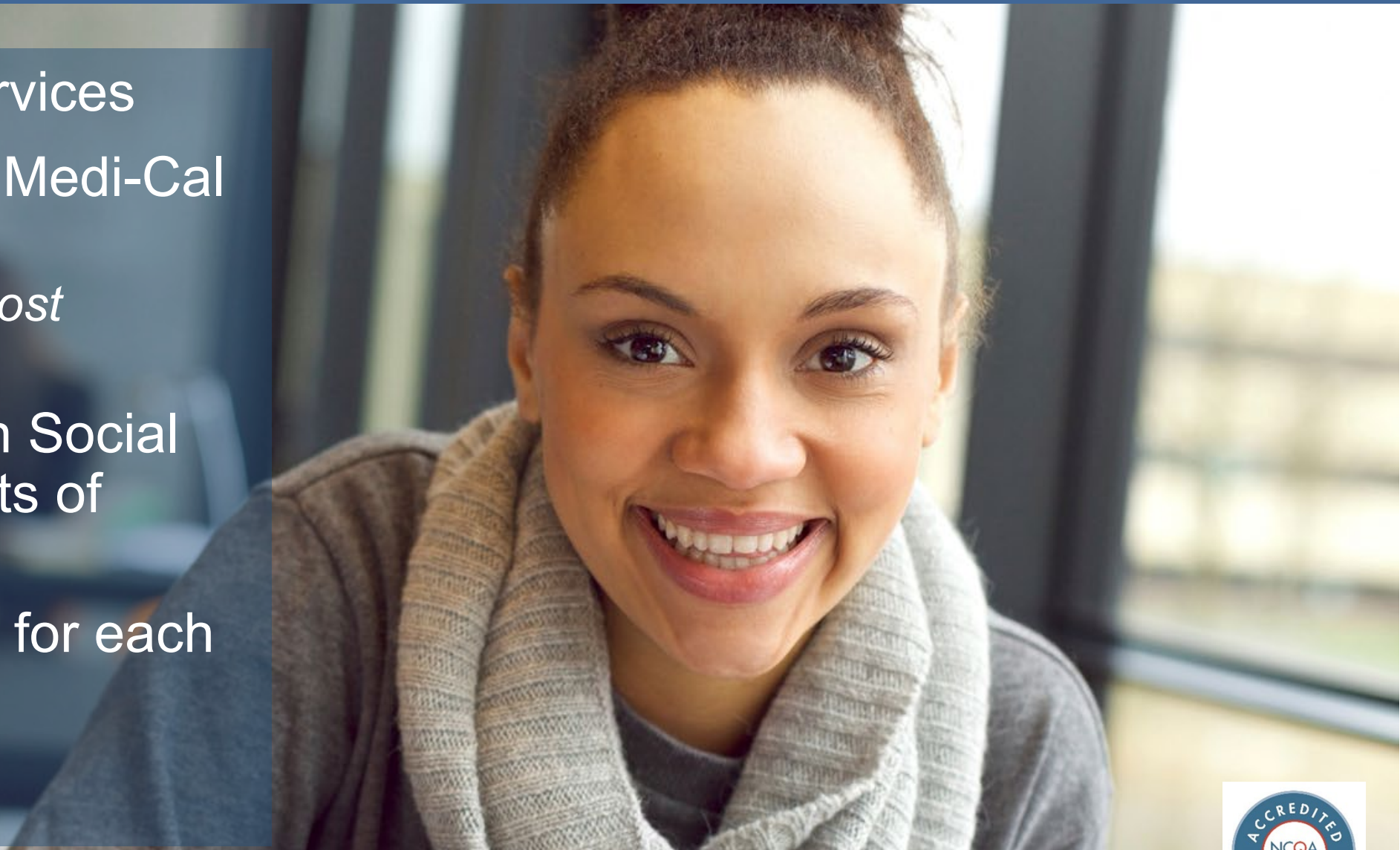
PHC provides the following 6 Community Supports to eligible members:

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?

