

Consumer Advisory Committee (Southern Region)

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





Attendees: Beverly Franklin, Glenda Jones, Eugene Korte, Wendy Ostergaard, Dona Ostergaard, Darnice Richmond

Phone Attendees: William Remak, Lance LeClair, Marcelo (Nunie) Matta, Jeanette Perez, Frances Porter, Lasonja Porter

Partnership Attendees: Sonja Bjork, Kevin Spencer, Cyress Mendiola, Amanda Bernal, John Lemoine, Jay Navarete, Araceli

Gutierrez, Katrina Tagle, Melissa Schumann, Larissa Arzadon, Lynn Scuri, Nicole Curreri, Dr. Marshall Kubota, Dr.

Robert Moore, Paola De La Sanchez, Hannah O'Leary, Janelle Ramirez

Absent: Michael Strain

Agenda Topic	Minutes	Comments/Discussion/Action Items
Introduction	Housekeeping rules and directions were given. Roll Call and introductions from all	
Araceli	participants were conducted. Each member was asked to answer the following question: "In	
Gutierrez	one or two words, please share the name of your favorite fall food."	
Member		
Services		
Supervisor		
Public	The committee was provided with an opportunity to present any comments regarding the	
Comments	agenda. Advocates and members of the public were also given an opportunity to address any	
Araceli	comments pertaining to any non-agenda items.	
Gutierrez		
Member		
Services		
Supervisor		



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PHC Southeast Regional Office 4605 Business Center Drive, Fairfield CA 94534 East Building (Conference Room A, B & C – 1st floor)

	The June 2022 Meeting Minutes were reviewed and approved	Araceli Gutierrez: There's a correction that needs to be made on the June 2022 minutes. Donna's name was listed as Diane. We will make the correction and have it presented during the next meeting.
Approval of		MOTION: Darnice Richmond motioned to approve the minutes. Beverly Franklin second the motion and the June 2022 minutes were approved.
June 2022 Minutes All		Beverly Franklin: Noticed construction work was being done on the Heritage buildings in Napa and when she walked over to see what it was about she noticed Partnership was donor to the project. She was very proud to see this.
		Sonja Bjork: Thanked Beverly for her observation and for being an active consumer. Partnership did a lot of grants to support different housing projects due to the severe



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		shortage in affordable housing. We're really happy to be one of the sponsors and excited for them to get built and opened up. Sonja asked that Beverly give us a progress report during the next CAC Meeting.
		Beverly Franklin: Agreed to share progress at the next meeting.
Old Business		
Follow-up from June's CAC Meeting Araceli Gutierrez Member Services Supervisor	 Follow up questions from June CAC meeting ACAP Scholarship – they're still in the process of selecting a winner. Once we have more information we'll provide everyone with an update. Pharmacy Carve Out Check-In / Member Issue and PHC follow-up - CAC Member, Lasonja Porter, had an issue receiving her Covid test kit at the CVS Pharmacy in Davis. Partnership addressed this issue by reaching out to the CVS Corporate office to let our contacts know the issues our member was facing. Our pharmacy department reached out to CVS twice. Once in June and then again in September. 	
Standing Age	nda Items	



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CAC Member Report on Annual Board of Commissioners Strategic Planning Retreat held June 22, 2022, at UC Davis, Putah Creek Lodge.

The retreat officially began Tuesday, June 21st, at the Hyatt Place on the UC Davis Campus. Dinner was at 6pm in downtown Davis at the Hilton Garden Inn Patio. The food was delicious and was prepared by Seasons Kitchen. There was an opportunity for everyone to meet and mingle prior to dinner being served.

Board Meeting Report Lance LeClair CAC Member Our guest speaker for the evening was Trent Smith from EGRS Lobby who has done some lobbying for Partnership Healthcare in the past. Trent spoke about the legislative process and some of the many trials in getting healthcare bills passed and put into law. There are many different amendments and committees the legislation must successfully pass through before a bill is voted on, and before it makes it to the Governor's Desk. Other discussions were of the challenges Partnership Healthcare faces in providing healthcare and other benefit services to the more rural areas of the state where we know it is historically more difficult to find providers, to provide outreach to consumers, and to provide transportation to and from medical appointments.

Bright and early the following morning, Wednesday June 22, we began our Board of Commissioners meeting followed by our Annual Strategic Planning Retreat.

Chief Financial Officer Patti McFarland and Jeff Ingram provided a thorough overview of the FY 22-23 Preliminary Health Care budget. They provided the board an outline of the major expense categories and the preliminary estimates. The first draft CFO McFarland presented of the healthcare budget assumed an overall expense of 2.69 billion, which is 210 million or 7.2% less than the forecasted 20-21 budget. As of April 30th, our membership totaled 643,907 members. In summary, although COVID-19 continues to have a significant impact on our financial planning efforts, Partnership Health remains in good financial condition. Patti & Jeff did an excellent presentation to the Board.

Araceli Gutierrez: Thanked Lance for his report and the information that he presented.

Darnice Richmond: Expressed how happy she was to hear about the homelessness presentation.

Lance LeClair: Confirmed the presentation was really good and that the presenter does a lot of great work in the San Francisco UCSF area.

Darnice Richmond: Asked, "Does she only deal with homeless outpatients?"

Lance LeClair: Answered Darnice's questions. The presenter deals with all vulnerable patients. Not only specifically the homeless.

Lynn Scuri: Lance – what an excellent report!!!



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The Board received their other regular reports via written report. Although, we did not have the pleasure of hearing from our Chief Operating Officer Sonja Bjork, her report was included in the written reports. She stated that operations are all caught up from the backlog caused by the system disruptions. On behalf of the CAC, I would like to thank Sonja, COO and all the Operations staff for all their hard work, and dedication. We are so pleased they have now returned to normal operations since the system disruption.

In the Southwest Region, leadership participated in the annual Wellville Conference in Lake County. There was a focus on how to best work to meet the needs of the local Native American Tribes in that area. In the Northern Region, leadership has been working with a wide variety of organizations to participate in the Cal-Aim Grant Program. Applications for funding the second phase were due in June. Awards have since been announced on July 13th.

We adjourned our regular board meeting, and our Strategic Planning Retreat began with Welcome & Introductions from Alicia Hardy, Chair of the Board. Our CEO, Liz Gibboney & CFO, Patti McFarland gave a report entitled *PHC: This Year and a Look Ahead*. The board thanked CEO Liz for her report and for always delivering very informative and detailed reports to the board. We truly are thankful to our CEO for her outstanding executive skills. We were pleased to have as our main guest speaker, Michelle Bass, The Director of California Department of Health Care Services. Director Bass provided valuable insight into the direction she will be leading DHCS during her tenure. It was encouraging to hear Director Bass's commitment to improving the scope of services and her plans to work closely with California's Managed Health Plans.

During Director Bass's question and answer portion, I raised my hand to ask a question. In doing so, I introduced myself and my relation to PHC. Director Bass was very excited and pleased at the fact that PHC had a consumer participating actively in the process. Director Bass shared that one of her goals is to develop and implement a Consumer Advisory

Kevin Spencer: Great job,

Lance!

Cyress Mendiola: We appreciate your detailed report. Thanks Lance!

Lance LeClair: Thank you everyone. I really appreciate your comments.

Lance LeClair: Thank you so much Sonja



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Committee at the state level within DHCS. I am pleased to report, we recently received word that DHCS is actively looking for applicants to interview to join the new DHCS Consumer Advisory Committee. I found Director Bass's commitment to consumers encouraging and exciting. The addition of a Consumer Advisory Committee at the state level presents many new possibilities and opportunities for consumers to participate in the process. It empowers consumers by providing an opportunity to have our voices heard in the decision making of healthcare services provided to us and our families now and in the future.

Our next guest speaker was Dr. Margot Kushel, Director, UCSF Center for Vulnerable Populations and the Director at UCSF Benioff Homelessness and Housing Initiative. Dr. Kushel shared her knowledge and many years of experience working with homeless patients and the many vulnerabilities they experience as it relates to healthcare. Individuals who are chronically homeless frequently suffer from schizophrenia or other mental illnesses, with many having co-existing addiction/alcoholism issues. Individuals who are sex workers, or other victims of human trafficking trades, domestic violence, certain members of the LBGTQ community, the elderly, and other individuals who may be marginalized because of race, gender, or ethnicity, are some of the more vulnerable populations that are served by the clinic at UCSF. Dr. Kushel's presentation highlighted the significance of providing accessible and equal healthcare to all, regardless. Having Dr. Kushel as one of our guest speakers at our annual board retreat is an excellent illustration of the importance PHC places on this issue. Thank you to Dr. Kushel for her work.

Lastly, I want to share a few highlights of the Legislative Updates Report. The following is new or improved legislation that has now become law:

1.) Medi-Cal for All, Regardless of Immigration Status: This bill expands Medi-Cal services to all eligible Californians regardless of immigration status. Currently, income eligible young adults 25 and younger and those 50 and older have access to



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full scope Medi-Cal.	This bill expands	that access to ages	26-49 beginning January 1,
2024.	-	•	

- **2.)** Health Equity and Racial Justice Fund: this bill provides \$75 million annually to help reduce health disparities and address public health impacts of systemic racism.
- **3.)** Continuous Eligibility: Includes continuous Medi-Cal eligibility for children ages 0 to 5.
- **4.)** Reduced Share of Cost for Seniors in Medi-Cal: will reduce SOC requirements by increasing the Medi-Cal Maintenance Need Income Level. (This means seniors can now have higher income levels while at the same time having to pay less out of pocket for share of cost.)

Lance expressed that he was pleased and grateful to have had the opportunity to attend Partnership Health Plans Annual Board & Strategic Planning Retreat. Lance advised "It was an awesome time of being together". He would like to thank the leadership of PHC for including a member representative into the process and for listening to our voices.

Brief recap of latest HealthPlan Updates

Health Plan
Update
Sonja Bjork
Deputy
CEO/Chief
Operating
Officer

Sonja touched on how import the Consumer Advisory Committee's representation is on the Board of Directors. Lance's report is a great example of that. Many others have also taken their turn to serve, Bill, Michael and Lasonja. Lance is doing a great job. We rely on our Consumer Advisory Committee two representatives on the Board for information and questions regarding policies and how they'll play out in the future. She wanted the group to know that they have a very good representative in Lance. He is very active in participating. He speaks up and asks questions and brings up very important issues. Particularly about how we serve homeless members. From this group there are several Consumer Advisory members such as Lasonja and Darnice, that actively work with the homeless to try and help them, care for them and connect them with services they need.

Lance LeClair: Has already received his redetermination letter and submitted the necessary forms, but he questioned if they were actually processed. He received a letter stating his coverage will be continued.

Sonja Bjork: Assured Lance his paperwork had been processed and receiving his notice early is an advantage.



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We also have activist in other areas. Nunie has mentioned the IHSS Advisory Committee. I see our participants as bridges to the health plan and other agencies. It really helps us be close to the community and to hear about what's going on out there. Sonja thanks everyone for the participation.

- 1.) **Public Health Emergency** may be coming to an end as early as January 2023. This brings up concerns with members losing their benefits that still need to be on Medi-Cal. Particularly the homeless members that won't be able to receive correspondence regarding any updates that are need to be made with their Medi-Cal file in order to keep their benefits going.
- 2.) **Resumption of Medi-Cal Eligibility Redeterminations** this is slated to begin as early as January 2023.
- 3.) CAC Members DHCS Coverage Ambassador we represent 660,000 members throughout 14 counties. This number is very big right now because of #1 Public Health Emergency from Covid. The state and the county have not been doing any Medi-Cal redetermination. But once the Public Health Emergency comes to an end, there will be a lot of members that are in danger of losing their benefits. With that, brings on this new opportunity for anyone to sign up to be a Coverage Ambassador. This means you will be receiving the latest information on the Public Health Emergency Medi-Cal redetermination. It's not a paid position. It's community service. You will receive various correspondences that you can bring to the different groups you're a part of. Allowing you to keep the community informed. If you're interested, please let Araceli Gutierrez know and we'll make sure you get signed up.

Website Link to Sign Up: https://www.dhcs.ca.gov/toolkits/Pages/PHE-Outreach-Toolkit.aspx Hundreds of people will be contacting Medi-Cal regarding this redetermination. Staff will be busy trying to keep up with influx of calls so it's good that he was able to get in before the rush.

Lance LeClair: Expressed interest in signing up for Coverage Amassador. — want to sign up to be an ambassador

Sonja Bjork: Asked Nunie if he was still serving on the IHHS Committee.

Nunie Matta: Responded to Sonja that he is still serving on the committee.

Sonja Bjork: With another question for Nunie, "has there been any discussion about Medi-Cal eligibility?"

Nunie Matta: Response, "Not yet Sonja."



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4.) Questions and Answers

Sonja Bjork: Suggested that Nunie, Beverly and Darnice could serve as great Coverage Ambassador in their respective areas.

Lance LeClair: Would like to sign up to be a Coverage Ambassador.

Nunie Matta: Would like to sign up to a Coverage Ambassador.

Darnice Richmond: Would like to receive more information about the program.

Araceli Gutierrez: If anyone else has any more questions about the program, please feel free to reach out to Araceli Gutierrez, Melissa Schumann or Katrina Tagle in the Member Services department.

New Business



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Guiding Principles & New DHCS Regulations

Kevin started off by thanking Lance on his excellent report. Lance brought up one of the subjects he'd like to speak on today, which is DHCS working on establishing their own statewide Consumer Advisory Committee. Extensive research and work has already begun on this project.

This leads us into our discussion around Partnership's Guiding Principles particularly on the subject of the 4-year term plan.

Term is defined as the time you've officially held your seat in the Consumer Advisory Committee.

CAC Membership **Kevin Spencer** Sr. Director of Member Services

The decision to implement the 4-year term was driven by some of the major changes happening with DHCS. They've put out a new contract draft to all of the managed care plans. In the new contract there are focused initiatives surrounding the Consumer Advisory Committees and what they'd like to see the managed care plans doing. Some examples of this is establishing a robust CAC candidate selection committee, which Partnership has never done in the past and establishing a formal CAC Coordinator. DHCS would like to implement these changes to ensure that all managed care plans are doing all that they can to have representation of the general populations.

But with that said, Partnership's primary focus will be on filling their open seats. We're not looking to having anyone removed from their seat at this time. We do have several seats open in various counties. If we receive a candidate in your county that wants to join the committee, we will evaluate your time served and proceed as necessary.

Nunie Matta: Asked, "What will it look like when you're no longer an active member of CAC?"

Kevin Spencer: In response to Nunie's question, even if you're no longer holding an active seat with CAC you're still welcome to attend the meetings because they're open to the public. We'd really appreciate it if you still wanted to continue attending because your opinions are so valuable to us. Having consumers actually discussing these changes really helps influence how these changes take place. This is important to Partnership, the State, as well as the members. Whether it's official or non-official we'd still like you to continue to attend.

Lance LeClair: Asked, "Can you please explain the screening committee and what it involves?



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Kevin Spencer: In response to Lance's questions, he received notes from the new DHCS Contract draft on forming an official selection committee. This will consist of members on the Board and others from across the health care delivery system. At this time, we're still waiting on the final details of who and how many will serve on this committee. Right now when a new member wants to apply for a seat on the committee, their application is looked at internally and if they meet all criteria's they're accepted to join. With this change, there will be a more formal selection review process that will be established.

Nunie Matta: Asks, "When will this be in effect?"

Kevin Spencer: In response to Nunie's question, the term limits are already in already in effect with PHC. The DHCS



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contract will take effect in 2024. But we've already started the process of making these changes into the Guiding Principles.

Araceli Gutierrez: Thanked Nunie and Kevin. She also wanted to restate that our first goal will be to fill all the seats that are vacant. We have a few available, except for Yolo County. Again our goal is to fill those seats before going into the 4-year term.

Darnice Richmond: Asks, "Do you have to now be interviewed to sit on the Consumer Advisory Committee Board?"

Kevin Spencer: In response to Darnice, you will not have to be interviewed. It would be the same application that you already fill out and submit, but what changes is that the Selection Committee will be reviewing those applications.



(CMS) approval/change

MEETING MINUTES

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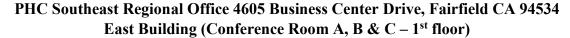


CalAIM Enhanced Care	 Update on ECM progress since January 2022 CalAIM stands for "California Advancing and Innovating Medi-Cal." It is a multi-year initiative by Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of individuals on Medi-Cal by:		Wendy Ostergaard: Asks, "When you say behavioral health does that include mental health? Janelle Ramirez: In response to Wendy's question, yes it does include mental health.
Management Update	CalAIM Proposal	Timeline**	Nunie Matta: Asks if the EMC
Janelle Ramirez on behalf of	Enhanced Care Management (ECM)	1/1/2022, 7/1/2022	program is for kids too?
Danielle Biasotti	Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i>	1/1/2022, 7/1/2022	Janelle Ramirez: In response to Nunie's question, ECM will be available is available for all
Manager of Care	Population Health Management	1/1/2023	children starting July 2023. But
Coordination	Incarcerated population eligible for ECM services	7/1/2023	for right now only members with children in the EMC
	Dual Eligible Special Needs Program (D-SNP) Required	1/1/2025	program will qualify.
	NCQA Accreditation Required	1/1/2026	
	** DHCS proposed dates may be subject to Centers for Medicare and	Medicaid Services	



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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

ECM Model – Key Points

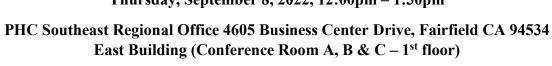
- Different than previous WPC activities
- Standardized set of case management services
 - Medical
 - o Dental
 - o Behavioral Health
 - o Long-term Support Services
 - o Transitions across settings
 - o Referrals to community resources, social services, Community Supports (ILOS), etc.

ECM Implementation Timeline



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	County	Population of Focus	Start Date
Phase I	Napa, Marin, Sonoma, Mendocino, Shasta	High UtilizersHomeless (adults/children)SMI/SUD	1/1/22
Phase II	Yolo, Solano, Lake, Humboldt, Del Norte, Trinity, Modoc, Lassen Siskiyou	High UtilizersHomeless (adults/children)SMI/SUD	7/1/22
Phase III	All Counties	 Individuals at risk for institutionalization Nursing facility residents transitioning to the community 	1/1/23
Phase IV	All Counties	 Children and youth with complex physical, behavioral and/or developmental health needs Incarceration 	7/1/23

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 Women's Center, Redwoods Rural Health Center, Resolution Care/Vynca, Santa Rosa



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	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	
	o Incarceration	
	What is Community Supports? (ILOS)	Nunie Matta: Asks, "Do you
	Non-Medi-Cal benefits (services) that PHC may choose to offer in a particular county	help members look for a home
	"in lieu" of a traditional Medi-Cal covered service.	if they don't have a home? Or if
	These services WILL NOT receive additional funding. Cost of Community Supports	they are losing their home?"
Housing and	(ILOS) will be covered in lieu of normal covered service.	
Homelessness	 Allows plans to address Social Determinants of Health in a way that is cost-effective 	Paola Sanchez De La Cruz: In
Paola Sanchez	 Individuals DO NOT need to be receiving ECM in order to receive an Community 	response to Nunie's question,
De	Supports (ILOS) service.	for community support services
La Cruz	 Currently PHC offers 6 Community Support Services, adding two additional on 	we deal with this. We're
Project	01/01/2023.	housing transition education
Coordinator		services that assist members
Utilization	PHC provides the following 6 Community Supports to eligible members:	with finding a home. For
Management	1. Housing Transition Navigation Services	Housing Deposits, it's with
	2. Housing Deposits	securing the deposit for their
	3. Housing Tenancy	home. For Housing Tenancy,
	4. Short-Term Post Hospitalization Housing	it's to help the member stay in
	5. Recuperative Care (Medical Respite)	the home.
		Dago 16 of 22



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6. Medically Tailored Meals or Medically Supportive Food

Starting 01/01/2023:

- Respite Services
- Personal Care and Homemaker Services

Community Supports (ILOS) – Key Points

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

Housing Transition Navigation Services

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

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.

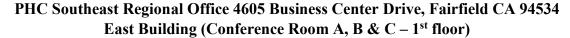
Lance LeClair: Asked about the coverage and to explain the meaning of it not being a Medi-Cal benefit, but instead it being paid in lieu of the benefits.

Paola Sanchez De La Cruz: In response to Lance's question, it means that Partnership doesn't receive funds for community support. Instead of receiving the funds, it has to be cost effective to the plan. An example of this is if a member has diabetes and they have diet that doesn't fit their needs which results in them continuously going to the emergency room. Community supports will offer the member medically tailored meals fitted to their diet to help prevent them from going to the emergency room. Offering support this way is "in lieu of" the traditional medical benefit.



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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.

Housing Tenancy & Sustaining 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 landlord's/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.



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Short-Term Post Hospitalization Housing

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 (Medical Respite)

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:
 - o If necessary to achieve or maintain medical stability and prevent hospital admission or re- admission, which may require behavioral health interventions.
 - O If not more than 90 days in continuous duration.

Medically Tailored Meals/ Medically Supported Food



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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.

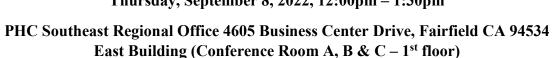
Community Supports Reminders

- 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.



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	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.	
Additional Bu	usiness/Other Items	
Open Discussion	Committee members and attendees were given the opportunity to bring up any other topics, questions or concerns that weren't discussed on the agenda.	Parnice Richmond: Is glad to hear PHC is doing more to help the homeless community. Araceli Gutierrez: Thanked her for her support with the homeless population and all that she does. Beverly Franklin: On her evening walks, Beverly noticed a big building that could be good space to use for our homeless population. She noticed the construction going on and saw a sign that named Partnership Healthplan as a donor to the project. The project is for affordable housing. She recognized PHC and is very proud of the progress they've made with the community.



Consumer Advisory Committee (Southern Region)

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





		Jeanette Perez: Askes, "Who do we contact for all these supported services?"
		Araceli Gutierrez: In response to Jeanette's questions, you can contact the Member Services Department by calling 1-800-863-4155 option two or visit our website www.Partnership.org under Members section. You can also email me directly at agutierrez@partnershiphp.org .
		<i>Nunie Matta:</i> Thanked PHC for all we do.
Adjournment	Meeting adjourned at 1:21 pm Thursday, December 8, 2022	
Next Meeting	Minutes recorded by: Katrina Tagle	