



MEETING MINUTES

Consumer Advisory Committee (Southern Region)

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

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



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 Araceli Gutierrez Member Services Supervisor	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 one or two words, please share the name of your favorite fall food.”</i>	
Public Comments Araceli Gutierrez Member Services Supervisor	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.	



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<p>Approval of June 2022 Minutes All</p>	<p>The June 2022 Meeting Minutes were reviewed and approved</p>	<p>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.</p> <p>MOTION: Darnice Richmond motioned to approve the minutes. Beverly Franklin second the motion and the June 2022 minutes were approved.</p> <p>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.</p> <p>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</p>
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		<p>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.</p> <p>Beverly Franklin: Agreed to share progress at the next meeting.</p>
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Old Business

<p>Follow-up from June's CAC Meeting Araceli Gutierrez Member Services Supervisor</p>	<p>Follow up questions from June CAC meeting</p> <ol style="list-style-type: none"> 1.) ACAP Scholarship – they're still in the process of selecting a winner. Once we have more information we'll provide everyone with an update. 2.) 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. 	
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Standing Agenda Items



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Table with 2 columns: Board Meeting Report (Lance LeClair) and Meeting Content (CAC Member Report on Annual Board of Commissioners Strategic Planning Retreat, Araceli Gutierrez, Darnice Richmond, Lance LeClair, Darnice Richmond, Lynn Scuri).



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	<p>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.</p> <p>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.</p> <p>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 <i>PHC: This Year and a Look Ahead</i>. 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.</p> <p>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</p>	<p><i>Kevin Spencer:</i> Great job, Lance!</p> <p><i>Cyress Mendiola:</i> We appreciate your detailed report. Thanks Lance!</p> <p><i>Lance LeClair:</i> Thank you everyone. I really appreciate your comments.</p> <p><i>Lance LeClair:</i> Thank you so much Sonja</p>
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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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	<p>full scope Medi-Cal. This bill expands that access to ages 26-49 beginning January 1, 2024.</p> <ol style="list-style-type: none"> 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.) <p>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.</p>	
<p>Health Plan Update Sonja Bjork <i>Deputy CEO/Chief Operating Officer</i></p>	<p>Brief recap of latest HealthPlan Updates</p> <p>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.</p>	<p>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.</p> <p>Sonja Bjork: Assured Lance his paperwork had been processed and receiving his notice early is an advantage.</p>



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Table with 2 columns and 1 row. Left column contains meeting notes and a list of 3 items: Public Health Emergency, Resumption of Medi-Cal Eligibility Redeterminations, and CAC Members - DHCS Coverage Ambassador. Right column contains responses from participants: Lance LeClair, Sonja Bjork, and Nunie Matta.



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	<p>4.) Questions and Answers</p>	<p><i>Sonja Bjork:</i> Suggested that Nunie, Beverly and Darnice could serve as great Coverage Ambassador in their respective areas.</p> <p><i>Lance LeClair:</i> Would like to sign up to be a Coverage Ambassador.</p> <p><i>Nunie Matta:</i> Would like to sign up to a Coverage Ambassador.</p> <p><i>Darnice Richmond:</i> Would like to receive more information about the program.</p> <p><i>Araceli Gutierrez:</i> 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.</p>
New Business		



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Table with 2 columns. Left column: CAC Membership Kevin Spencer Sr. Director of Member Services. Right column: Guiding Principles & New DHCS Regulations. Content includes discussion of DHCS work, 4-year term plan, and member questions from Nunie Matta and Lance LeClair.



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		<p>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.</p> <p>Nunie Matta: Asks, “When will this be in effect?”</p> <p>Kevin Spencer: In response to Nunie’s question, the term limits are already in already in effect with PHC. The DHCS</p>
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		<p>contract will take effect in 2024. But we've already started the process of making these changes into the Guiding Principles.</p> <p>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.</p> <p>Darnice Richmond: Asks, "Do you have to now be interviewed to sit on the Consumer Advisory Committee Board?"</p> <p>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.</p>
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<p>CalAIM Enhanced Care Management Update Janelle Ramirez on behalf of Danielle Biasotti Manager of Care Coordination</p>	<p>Update on ECM progress since January 2022</p> <ul style="list-style-type: none"> • CalAIM stands for “<i>California Advancing and Innovating Medi-Cal.</i>” <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ✓ 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. <table border="1" data-bbox="346 844 1533 1356"> <thead> <tr> <th>CalAIM Proposal</th> <th>Timeline**</th> </tr> </thead> <tbody> <tr> <td>Enhanced Care Management (ECM)</td> <td>1/1/2022, 7/1/2022</td> </tr> <tr> <td>Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i></td> <td>1/1/2022, 7/1/2022</td> </tr> <tr> <td>Population Health Management</td> <td>1/1/2023</td> </tr> <tr> <td>Incarcerated population eligible for ECM services</td> <td>7/1/2023</td> </tr> <tr> <td>Dual Eligible Special Needs Program (D-SNP) Required</td> <td>1/1/2025</td> </tr> <tr> <td>NCQA Accreditation Required</td> <td>1/1/2026</td> </tr> </tbody> </table> <p>** DHCS proposed dates may be subject to Centers for Medicare and Medicaid Services (CMS) approval/change</p>	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	<p>Wendy Ostergaard: Asks, “When you say behavioral health does that include mental health?”</p> <p>Janelle Ramirez: In response to Wendy’s question, yes it does include mental health.</p> <p>Nunie Matta: Asks if the EMC program is for kids too?</p> <p>Janelle Ramirez: In response to Nunie’s question, ECM will be available is available for all children starting July 2023. But for right now only members with children in the EMC program will qualify.</p>
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															
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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
 - Dental
 - Behavioral Health
 - Long-term Support Services
 - Transitions across settings
 - 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	<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

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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	<p>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</p> <p>Preparing for additional Populations of Focus</p> <ul style="list-style-type: none"> • Phase III, January 1, 2023: <ul style="list-style-type: none"> ○ Individuals at risk for institutionalization ○ Nursing facility residents transitioning to the community • Phase IV, July 1, 2023: <ul style="list-style-type: none"> ○ Children and youth with complex physical, behavioral and/or developmental health needs ○ Incarceration 	
<p>Housing and Homelessness Paola Sanchez De La Cruz <i>Project Coordinator Utilization Management</i></p>	<p>What is Community Supports? (ILOS)</p> <ul style="list-style-type: none"> • Non-Medi-Cal benefits (services) that PHC may choose 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. <p>PHC provides the following 6 Community Supports to eligible members:</p> <ol style="list-style-type: none"> 1. Housing Transition Navigation Services 2. Housing Deposits 3. Housing Tenancy 4. Short-Term Post Hospitalization Housing 5. Recuperative Care (Medical Respite) 	<p><i>Nunie Matta:</i> Asks, “Do you help members look for a home if they don’t have a home? Or if they are losing their home?”</p> <p><i>Paola Sanchez De La Cruz:</i> In response to Nunie’s question, for community support services we deal with this. We’re housing transition education services that assist members with finding a home. For <i>Housing Deposits</i>, it’s with securing the deposit for their home. For <i>Housing Tenancy</i>, it’s to help the member stay in the home.</p>



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	<p>6. Medically Tailored Meals or Medically Supportive Food</p> <p>Starting 01/01/2023:</p> <ul style="list-style-type: none">• Respite Services• Personal Care and Homemaker Services <p>Community Supports (ILOS) – Key Points</p> <ul style="list-style-type: none">• Optional services• In-Lieu of a Medi-Cal benefit;<ul style="list-style-type: none">○ <i>Must be cost effective</i>• Focusing on Social Determinants of Health• TAR criteria for each service <p><u>Housing Transition Navigation Services</u></p> <p>Housing transitions services assist beneficiaries with obtaining housing.</p> <p>Examples of services:</p> <ul style="list-style-type: none">• Conducting tenant screening/housing assessments• Developing housing support plan and identifying resources• Searching for housing <p>Restrictions:</p> <ul style="list-style-type: none">• Must be identified as reasonable and necessary. <p><u>Housing Deposits</u></p> <p>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.</p>	<p>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.</p> <p>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.</p>
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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:
 - If necessary to achieve or maintain medical stability and prevent hospital admission or re- admission, which may require behavioral health interventions.
 - 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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	<ul style="list-style-type: none"> 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 Business/Other Items		
<p>Open Discussion</p>	<p>Committee members and attendees were given the opportunity to bring up any other topics, questions or concerns that weren't discussed on the agenda.</p>	<p><i>Darnice Richmond:</i> Is glad to hear PHC is doing more to help the homeless community.</p> <p><i>Araceli Gutierrez:</i> Thanked her for her support with the homeless population and all that she does.</p> <p><i>Beverly Franklin:</i> 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.</p>



MEETING MINUTES

Consumer Advisory Committee (Southern Region)

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

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		<p>Jeanette Perez: Askes, “Who do we contact for all these supported services?”</p> <p>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.</p> <p>Nunie Matta: Thanked PHC for all we do.</p>
<p>Adjournment Next Meeting</p>	<p>Meeting adjourned at 1:21 pm Thursday, December 8, 2022</p> <p>Minutes recorded by: Katrina Tagle</p>	