

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)  
dba Gold Coast Health Plan**

**Community Advisory Committee Meeting**

**Regular Meeting**

**Wednesday, November 20, 2019, 6:00 p.m.**

**Gold Coast Health Plan, 711 East Daily Drive, Community Room  
Camarillo, CA 93010**

**AGENDA**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**PUBLIC COMMENT**

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

**CONSENT**

**1. Approval of the Community Advisory Committee Meeting Regular Minutes of July 31, 2019.**

Staff: Maddie Gutierrez, CMC – Clerk to the Commission

**RECOMMENDATION:** Approve the minutes.

**2. Approval of 2020 CAC Meeting Calendar**

Staff: Maddie Gutierrez, CMC – Clerk to the Commission

**RECOMMENDATION:** Approve the 2020 meeting calendar as presented.

## **REPORTS**

### **3. Chief Executive Officer (CEO) Update**

Staff: Health Management Associates, Interim Chief Executive Officer

### **4. Government Relations & Community Affairs Update**

Staff: Marlen Torres, Director of Government Relations & Community Affairs

## **PRESENTATION**

### **5. Quality Improvement Presentation**

Staff: Kim Timmerman, Quality Improvement Director

### **6. Overview of Interpreting Standards**

Staff: Lupe Gonzalez, PhD, MPH

### **7. California Advancing and Innovating Medi-Cal (CalAIM)**

Staff: Marlen Torres, Director of Government Relations & Community Affairs

## **DISCUSSION**

### **8. Member Orientation Meetings**

Staff: Luis Aguilar, Member Services Manager

### **9. Community Relations Strategic Subcommittee Update**

Staff: Marlen Torres, Director of Government Relations & Community Affairs

## **COMMENTS FROM COMMITTEE MEMBERS**

### **10. CAC Feedback / Roundtable**

## **ADJOURNMENT**

Unless otherwise determined by the Commission, the next regular meeting will be held on January 29, 2020 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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**Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.**

**In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.**

## **AGENDA ITEM NO. 1**

**TO:** Community Advisory Committee  
**FROM:** Maddie Gutierrez, Clerk to the Commission  
**DATE:** November 20, 2019  
**SUBJECT:** Approval of the Community Advisory Committee Meeting Regular Minutes of July 31, 2019.

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENTS:**

Copy of the July 31, 2019 Community Advisory Committee regular meeting minutes.

# Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan (GCHP)

## Community Advisory Committee (CAC) Minutes July 31, 2019

### CALL TO ORDER

CAC Committee Chair Rita Duarte-Weaver called the meeting to order at 4:05 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

### OATH OF OFFICE

Oath of office was administered to new CAC member Victoria Jump.

### ROLL CALL

#### **COMMITTEE MEMBERS IN ATTENDANCE**

**Rita Duarte-Weaver**, Ventura County Public Health Department

**Estelle Cervantes**, Beneficiary Member

**Norma Gomez**, Mixteco Indigena Community Organizing Project

**Paula Johnson**, ARC of Ventura County

**Laurie Jordan**, Rainbow Connection / Tri-Counties Regional Center

**Ruben Juarez**, County Health Care Agency

**Victoria Jump**, Area Agency on the Aging

**Pablo Velez**, Amigo Baby

#### **ABSENT COMMITTEE MEMBERS**

**Frisa Herrera**, Casa Pacifica

**Curtis Updike**, County Human Services Agency (HSA)

Language interpreting and translating services provided by GCHP from Lourdes González Campbell and Associates.

### PUBLIC COMMENT

None

### CONSENT ITEMS

- 1. Approval of the Community Advisory Committee meeting minutes  
Regular meeting of April 24, 2019**

Committee Member Paula Johnson motioned to approve the meeting minutes of April 24, 2019. Committee Member Pablo Velez seconded the motion. The motion carried with the following vote:

AYES: Cervantes, Duarte-Weaver, Gomez, Herrera, Johnson, Jordan, Juarez, Velez  
NOES: None  
ABSTAIN: Jump  
ABSENT: Herrera, Updike

## **DISCUSSION**

### **2. Roundtable Discussion – Committee Members**

- Committee Member Estelle Cervantes reported on assisting her co-workers with Medi-Cal information.
- Committee Member Norma Gomez stated that MICOP continues to work with the community, assisting them in obtaining healthcare.
- Committee Member Paula Johnson asked for clarification on the Member Services phone number which was provided by Member Services Manager, Luis Aguilar.
- Committee Member Ruben Juarez stated that transportation provided by Ventura Transit Systems is working well for his clients.
- Committee Chair Duarte-Weaver reported that the Health Care for All (HCA) program continues to assist clients with Medi-Cal and other programs including the CalFresh program.
- Committee Member Pablo Velez reported that after four years of planning, Amigo Baby now has a clinic for pediatric services in the county. He went on to say that they received their first request for GCHP to provide services for speech therapy. The clinic is open and hope to build a strong partnership with GCHP and support families.
- Committee Member Laurie Jordan reported that GCHP and Rainbow Connection/TCRC have collaborated on a joint meeting to be held in Santa Paula on August 7, 2019. This is a chance to meet in a neutral spot, not in a doctor's office, or here in a meeting, a chance to learn what they want to know about GCHP, in English and Spanish. We are grateful and appreciate the partnership. Luis Aguilar added that GCHP Member Services and Care Management will be there providing information for members.

### **3. Action Items**

Member Services Manager Luis Aguilar reported that at the last CAC meeting, six action items were identified, as listed in the meeting materials, and that all have been completed.

### **4. CAC review of new Member Rights and Responsibilities document**

Member Services Manager Luis Aguilar provided an example of the new Member Rights and Responsibilities brochure. This brochure was a collaborative piece with many departments at GCHP. He went on to say that GCHP asked for and received some of your feedback. We are now working on the style of the document. Options were displayed on the screen and CAC members were provided a handout showing a four-page document. Second option has a larger font size and is six pages each English and Spanish. There is also room to include important phone numbers along with the non-discrimination statements. Discussion was held about the uses for the new document. Committee member Laurie Jordan asked about the links in the document, suggesting the possible use of Quick Response (QR) codes in the document.

### **5. CAC recommendation of questions for member newsletter survey**

Public Relations Manager Susana Enriquez-Euyoque reports that GCHP is considering a survey to be placed in the next member newsletter. She provided history and information on the member newsletter and stated it is time to determine what our members think of the newsletter.

Possible questions include:

- What is your overall satisfaction with the newsletter?
- What do you typically do with this publication? Do you read it, skim it or discard it without reading?
- How satisfied are you with the language, content and the layout?

Ms. Enriquez-Euyoque asked for the CAC members thoughts on the newsletter. Committee Member Juarez stated working with the homeless, they provide members with all available, pertinent handouts. Committee Member Johnson stated that newsletters are distributed to all locations throughout Ventura County and are often used in The Arc advocacy groups. Committee Member Cervantes stated she supplies them to case managers at Many Mansions. Committee Chair Duarte-Weaver stated that when assisting clients they are provided newsletters and the Member Services brochure. She went on to say that during the past month, they helped 900 people with Medi-Cal alone and only three clients were eligible for Covered CA.

Discussion was held about the Provider Directory and access to current GCHP providers. Chief Administrative Officer (CAO) Melissa Scrymgeour indicated that the website experience is being updated to make it easier for online users.

Committee Member Velez stated that some topics are quite good, adults working on accident prevention that is very important for the families. He stated that when clients see information in a document, they now see that this is serious. GCHP is endorsing this cause and the clients realize the importance.

Committee Member Jordan suggested the addition of small one-line tips, quickies. Such as a question to ask at dinner or to suggest an activity to do with your child.

## **REPORTS**

### **6. Report on Community Advisory Committee Report to Commission**

Committee Chair Rita Duarte-Weaver provided a verbal report on the CAC presentation made to the Ventura County Medi-Cal Managed Care Commission (VCMCC). Chair Duarte-Weaver stated that the report was well received. Commissioner Zaragoza was complementary. The request to have a CAC member on the Commission was not denied, stating that we must request it from the Board of Supervisors.

CAC members responded positively to making the request. CEO Villani stated that these requests are handled through the County CEO. As the meeting Chair, along with the co-signatures, a letter should be written a letter to Mike Powers making the request. The letter should contain the following elements. The Plan would endorse that possibility. From the Plan and the CAC's perspective, this an important element in the Commission meetings. We would like to make a recommendation to the Board of Supervisors to modify the Bylaws for the VCMCC. CEO Villani went on to say that timing is good now for a letter to Mike Powers to address the Bylaws, as there is a subcommittee being formed to review the Bylaws. Commissioner Zaragoza also said that the CAC should come back with updates on a regular basis, again, continuing to have your voice heard and the focus being on the member issues, what are their concerns, what are you seeing, hearing.

## **7. Government Relations Report**

Marlen Torres, Director, Government and Community Relations highlighted major updates for the official state budget as presented in the meeting materials. Discussion was held regarding SB75 and the extending of medical benefits for undocumented adults age 20 to 26. CEO Villani stated that we have struggled finding different strategies to get the word out in the community that having coverage and sustaining coverage is very important. Mr. Villani asked how GCHP could partner with the CAC members to get the message out that it is important to stay enrolled in Medi-Cal and don't lose benefits. CAC members shared stories of members and their concerns about the public charge issue and re-enrollment.

Marlen Torres reported on the Community Health Investments Grants Program undertaken by GCHP two years ago when GCHP gave out \$1.5 million to the community. The grants program focused on Social Determinants of Health. The three principals focused on were access to quality health care. Second was access to quality and affordable food options and the third was built environments. The grants committee was internal to GCHP. Overall the grants have come to an end, a few are still ongoing. The Area Agency on Aging has a grant that will come to an end sometime in the fall. The grant focused on seniors and fall prevention. Ms. Torres provided information on some of the grants and the numbers of members affected by the grants. A video was shown highlighting the Kids and Families Together program who received a grant. CEO Villani stated that this was a program we are very proud of. At the point in time that this grant program took place the company was in a different financial position. He provided information on the sponsorship program and how to access them. CEO Villani stated that the Area Agency on the Agency was presented a grant outside of the initial grant program to work with members on a fall prevention program. Committee Member Victoria Jump provided information on the program and some results.

## **8. Gold Coast Health Plan Community Relations Strategic Plan**

Director of Operations Chris Hodina stated at the last CAC meeting there was discussion about the Community Relations Strategic plan. CAC members replied that they wanted a voice in that plan, to be asked for their ideas and be included in the strategy. That plan was presented and reviewed in the meeting materials. Three CAC member volunteered to work on this sub-committee, Committee Members Paula Johnson, Estelle Cervantes and Rita Duarte-Weaver. Those recommendations or changes will be reported at the next CAC meeting. Director of Government and Community Relations Marlen Torres introduced the Community Relations team, Bryan Quijada and Adriana Sandoval-Jimenez stating that they will be out in the community, giving presentations continuing to educate the community on who GCHP is and what we do. CEO Villani stated that if there are events or activities you would like GCHP to participate in, Marlen Torres is the contact person.

## **9. Commission meeting August 26, 2019**

Chis Hodina, Director of Operations stated that the next Commission meeting is being held on August 26, 2019. This meeting is being held at the Ventura County Government Center at 6:00 p.m. We had a request through the Commission meeting that we take our Commission meetings to where our members live and work instead of here in the Community Room. Please let any members know of this meeting location and time change. Meetings will be held in different locations over the next 18 months. Flyers will be sent to CAC members regarding this change.

Director of Operations Hodina stated that GCHP recently engaged in some three minute conversations on radio with Luis Aguilar as the speaker. These were done on the La Mexicana station at 9:10 am. Mr. Aguilar provided information on the plan, access, etc. At the last broadcast the topic was member orientation meetings and the upcoming commission meeting change. He



stated this is another avenue for us to connect with the community.

**10. Chief Executive Officer (CEO) Report**

CEO Dale Villani commented on the headlines in the newspaper regarding GCHP and the budget. He spoke about the approved budget which show a surplus of \$1.5 million for the fiscal year. Mr. Villani talked about operational efficiencies that will take place. He went on to say that the article talks about the \$43 million deficit to the fiscal year just ended. Some of that loss was tied to adjustments paid back to the state on different programs. \$30 million of that was healthcare costs. Part of what we saw is that our membership has declined; and part of what we believe that the younger and healthier people have left the plan. Members who remain on the plan have been sicker. We have seen a higher intensity of services rendered this year. Other health plans have seen this similar sort of results in terms of the losses they took. We got a 12% increase on our rates from the state. That 12% increase us back to the breakeven point. CEO Villani provided further information on steps being taken.

**PRESENTATIONS**

**11. Chief Diversity Officer (CDO) presentation**

Ted Bagley, Chief Diversity Officer presented information on the role of the Chief Diversity Officer at GCHP. Mr. Bagley reviewed the slide presentation expanding on diversity, generations, etc. He also spoke about training sessions he is working on to present to the organization. Committee member Velez asked if Mr. Bagley was available to go to present to different organizations Mr. Bagley replied that yes he can.

**ADJOURNMENT**

Committee Chair motioned to adjourn the meeting, Committee Member Jump seconded the motion. Motion passed. Meeting adjourned at 5:50 p.m.

Submitted by Connie Harden

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

## **AGENDA ITEM NO. 2**

**TO:** Community Advisory Committee  
**FROM:** Maddie Gutierrez, Clerk to the Commission  
**DATE:** November 20, 2019  
**SUBJECT:** Approval of the 2020 Community Advisory Committee Meeting Calendar.

### **SUMMARY:**

To establish the Community Advisory Committee (CAC) meeting dates for the 2020 calendar year.

### **RECOMMENDATION:**

Approve the 2020 Community Advisory Committee (CAC) calendar as presented.

### **ATTACHMENTS:**

Copy of the 2020 Community Advisory Committee meeting calendar.



2020

Community Advisory Committee Meetings

CAC Meeting

January						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
Su	M	Tu	W	Th	F	Sa
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23	24	25	26	27	28	29

March						
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29	30	31				

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31						

June						
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28	29	30				

July						
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22	23	24	25	26	27	28
29	30					

December						
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### **AGENDA ITEM NO. 3**

TO: Community Advisory Committee  
FROM: Maddie Gutierrez, Clerk to the Commission  
DATE: November 20, 2019  
SUBJECT: Interim Chief Executive Officer (CEO) Update

### **Verbal Presentation**

**RECOMMENDATION:**

Receive and file the CEO Update as presented.



## **AGENDA ITEM NO. 4**

TO: Community Advisory Committee  
FROM: Marlen Torres, Director, Government & Community Relations  
DATE: November 20, 2019  
SUBJECT: Government & Community Relations Update

### **Government Relations Update**

#### **Legislative Update**

On October 13, Governor Newsom ended the 2019 Legislative Session when he took final action on over the 1,000 legislative bills that reached his desk, signing 870 bills into law. Governor Newsom vetoed 16.5 percent of bills he reviewed, a similar rate to Governor Brown in his last year in office.

Below is the outcome of the legislative bills the Government Relations staff monitored this year.

#### Legislative Bills Approved:

- AB 577 (Eggman) *Health care coverage: maternal mental health*. This bill permits completion of covered services, for up to 12 months, for an individual who presents written documentation of being diagnosed with a maternal mental health condition to her health plan or health insurer when her provider is terminated, or when she is newly covered, if the provider agrees to the rate and terms and conditions of the health plan or policy.
- AB 678 (Flora) *Medi-Cal: podiatric services*. Prohibits a podiatrist from being required to submit a request for prior authorization for podiatric services rendered in either an outpatient or inpatient basis if a physician providing the same services is not required to submit prior authorization to the Department of Health Care Services (DHCS). Additionally, the 2019 Budget Act restored Medi-Cal optional benefits such as podiatric services, effective January 1, 2020. The Budget included approximately \$13.8 million (\$3.4 million General Fund) for podiatry in 2019-20. However, since 2016, GCHP has been covering podiatry for member out of plan reserves. Beginning in January 2020, GCHP will receive funding from DHCS to cover this benefit.
- AB 781 (Mainschein) *Medi-Cal: Family Respite Care*. Requires Medi-Cal coverage of pediatric day health care (PDHC) services to be provided at any time of the day and

on any day of the week, so long as the total number of authorized hours is not exceeded, up to 23 hours per calendar day. AB 1004 (McCarty) *Developmental Screening Services*. This bill requires the inclusion of developmental screening services for individuals zero to three years of age in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit within the Medi-Cal program. This bill also specifies that these developmental screening services be provided according to the Bright Futures guidelines and recommendations established by the American Academy of Pediatrics. Additionally, the bill requires an external quality review organization to annually assess managed care plan compliance with the provision of developmental screenings, as specified, from July 1, 2020, to July 1, 2023.

- *AB 1642 (Wood) EPSDT Audit Findings & Managed Care Plan Sanctions*. This bill includes requirements for network adequacy reporting, alternative access, and managed care plan sanctions.
- *SB 569 (Stone) Controlled substances: prescriptions: declared local, state, or federal emergency*. This bill establishes prescription content requirements for a pharmacist to furnish a controlled substance without a standard prescription form during a declared state of emergency.

#### Legislative Bills Vetoed:

- *AB 318 (Chu) Translations and Readability*. This bill required field-testing by a native speaker of specific Medi-Cal beneficiary informing materials. Additionally, it required DHCS to implement field-testing beginning January 1, 2020 and develop a community workgroup no later than January 1, 2021.
- *AB 1175 (Wood) Medi-Cal Mental Health Services*. This bill pertains to Medi-Cal mental health services and coordination between county mental health plans and managed care plans. Plans were in support of AB 1175 as they believe it addressed the challenge of delivering coordinated care across siloed systems by requiring that Medi-Cal managed care plans and county mental health plans share information regarding their shared patients to improve treatment and coordination.
- *SB 503 (Pan) Delegation Oversight*. This bill outlined requirements for oversight of Medi-Cal managed care plan subcontractors, including a definition of subcontractor and specific auditing requirements.

## **COMMUNITY RELATIONS UPDATE**

### **Sponsorships**

Gold Coast Health Plan (GCHP) remains committed to supporting community-based organizations that serve our members with sponsorship opportunities. In September, GCHP awarded sponsorships to the following organizations:

- **FOOD Share:** A sponsorship was awarded to the 4th Annual Blue Jean Ball. Proceeds of the event go towards funding to feed children, families, and seniors in Ventura County.
- **American Heart Association:** A sponsorship was awarded to the Ventura County Heart walk. Proceeds of the event go towards continued scientific research, improve systems of care, and provide lifesaving tools to prevent heart disease and stroke. In addition, GCHP staff raised over \$6,000 dollars to further support this cause, making it the top fundraising team.
- **CSU Channel Islands Foundation:** A sponsorship was awarded to the President's Dinner. Proceeds of the event go towards providing students with scholarship opportunities, programs, new technology, facilities and equipment.
- **NAACP Ventura County Chapter:** A sponsorship was awarded to the Freedom Fund Banquet. The event raises funds to enable the organization to educate, advocate, and bring awareness programs to the Ventura County community.
- **Habitat for Humanity of Ventura County:** A sponsorship was awarded to the Hearts & Hammers Dinner and Auction. Proceeds of the event go towards creating affordable homeownership opportunities to low-income families.
- **American Cancer Society:** A sponsorship was awarded to the Making Strides Against Breast Cancer Walk. Proceeds of the event go towards funding innovative breast cancer research, providing free rides to chemotherapy appointments, and offering a 24/7 supportive helpline. Additionally, GCHP staff raised over \$4,000 to further support this cause.

## Community Events

The Community Relations team participated in several events this past month:

### 24<sup>th</sup> Annual Multicultural Festival



The 24th Annual Multicultural Festival, held in Oxnard, is an event that promotes understanding and respect among all racial, religious, and nationality groups. GCHP's Chief Diversity Officer, Ted Bagley, sponsored the event and was in attendance. GCHP's Diversity and Inclusion Council joined the Community Relations team at the GCHP booth and assisted community members. A GCHP member approached the booth and expressed his gratitude for having GCHP coverage and the excellent services GCHP provided him in the multiple surgeries he had. During the event, a Tri County Sentry journalist approached staff for an interview. Below you can find the link to the interview.

Tri-County Sentry: ["Multicultural Festival celebrates many nations in Oxnard"](#)

### The Farmworker Resource Fair



The Farmworker Resource Fair, hosted by the America's Job Center of California, was an event for the agricultural community, information about county resources were available. Over 30 community-based organizations provided information of services available. Approximately, 620 people attended the event and over 275 community members visited our table. The team extended an invitation to our upcoming Member Benefit Information meeting and explained the benefits of our care management program.

### Homeless Resource Fair

Staff participated in the Homeless Resource Fair hosted by the City of Oxnard's Housing Authority. Over 20 community partners offered various health, behavioral, and homeless services. Participants were encouraged to enroll in the County of Ventura's Coordinated Entry and Homeless

Management Information System. The GCHP team offered information about our care management services and their role to assist them in locating social services, such as shelter, food pantries, mental health services, and coordinating transportation for medical care. The team also provided event participants with a kit consisting of a water bottle, first aid kit, and string backpack. Over 130 community members visited the table throughout the day. Several community members stated, "Gold Coast Health Plan, we love it".





### Lemonwood Elementary Ribbon Cutting

On September 25, Lemonwood Elementary School held a celebratory ribbon cutting and back to school event with neighbors, community members, teachers, parents, and students. The event brought a large number of students and families living in Oxnard, the city with the highest concentration of GCHP membership. The Community Relations team engaged over 140 community members at the event.

Below is a table highlighting the other events the team participated in September.

Event Name	Organization/Event Sponsor(s)	Location
Fall Prevention Forum	Ventura County Area Agency on Aging	Oxnard
Strengthening Our Families	Oxnard School District	Oxnard
Day for Kids	Boys & Girls Club of Greater Oxnard and Port Hueneme	Oxnard
Back to School Night	Ramona Elementary School	Oxnard
Back to School Night	Soria Elementary School	Oxnard
Back to School Night	Chavez K-8 School	Oxnard
2019 Community Resource Fair	Assemblymember Jacqui Irwin OxnardPal City of Oxnard	Oxnard
2019 Family Health Fair	Assemblymember Monique Limon Senator Hannah-Beth Jackson	Santa Paula
Back to School Night	Rio Mesa High School	Oxnard
Back to School Night	Oxnard High School	Oxnard
Binacional Health Fair	Mexican Consulate	Ventura

## **AGENDA ITEM NO. 5**

TO: Community Advisory Committee  
FROM: Kim Timmerman, Quality Improvement Director  
DATE: November 20, 2019  
SUBJECT: Quality Improvement Update

### **Verbal Presentation**

**RECOMMENDATION:**

Receive and file the Quality Improvement Updates as presented.

# Quality Improvement Updates

November 20, 2019

Kim Timmerman, Director – Quality Improvement

# Member-Focused Quality Strategies

- HMS-Eliza Member Outreach Campaign
- Member Incentive/Rewards Programs

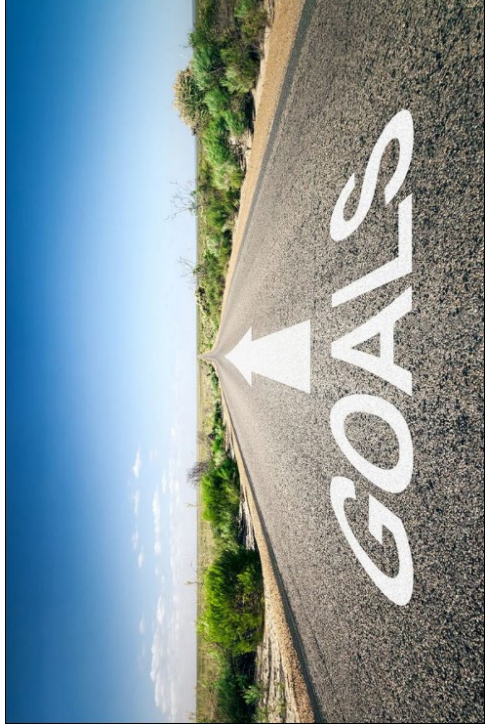


# HMS-Eliza Member Outreach Campaign

- GCHP contracted with HMS-Eliza (a third party entity with expertise in health engagement management), to conduct outreach to members via Interactive Voice Response (IVR) in a year-end gap closure initiative.

## Goals

- Encourage member adherence with preventive screenings
- Increase MCAS (formerly HEDIS) rates



# HMS-Eliza Member Outreach Campaign

## Key Facts

- 2-year agreement

## Two-part Campaign

- Appointment scheduling (IVR, connect to live agent)
- Prevention/Condition- Focused Educational outreach (IVR, then text message reminders)



# HMS-Eliza Member Outreach Campaign

## **Measures in Scope for Campaigns:**

- Well Child Visits in the First 15 Months of Life (W15)
- Well Child Visits Age 3-6 (W34)
- Adolescent Well Care (AWC)
- Childhood Immunizations (CIS)
- Immunizations for Adolescents (IMA)
- Children & Adolescents' Access to Primary Care Practitioners (CAP)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening (CHL)
- Comprehensive Diabetes Care - HbA1c, HbA1c>9 (CDC-HT, CDC-H9)
- Antidepressant Medication Management (AMM)
- Asthma Medication Ratio (AMR)



# HMS-Eliza Member Outreach Campaign

## Target Population

- ~ 60,000 adult and pediatric members identified as having a clinical gap in care.

## Care Gap Intervention (Part 1 of 2)

- During the call, members will be informed through an automated call of needed services, and offered to transfer to a live agent for assistance with scheduling an appointment with their primary care clinic or physician.



## Timeline

- October 14, 2019 to November 22, 2019
- Resume next cycle in 2020



# HMS-Eliza Member Outreach Campaign:

## Care Gap Intervention - Member & Provider Involvement

### Members can expect:

- Maximum two (2) calls, one day apart
- All gaps in care addressed in each phone call
- Offered scheduling assistance
- Opt out of calls by pressing 9 or contact GCHP Member Services regarding removal from the calling list

### Providers are asked to:

- Assist members in scheduling appointments by 12/31/19
- Utilize September/November Progress Reports (gap report) to identify patient gaps needing closure

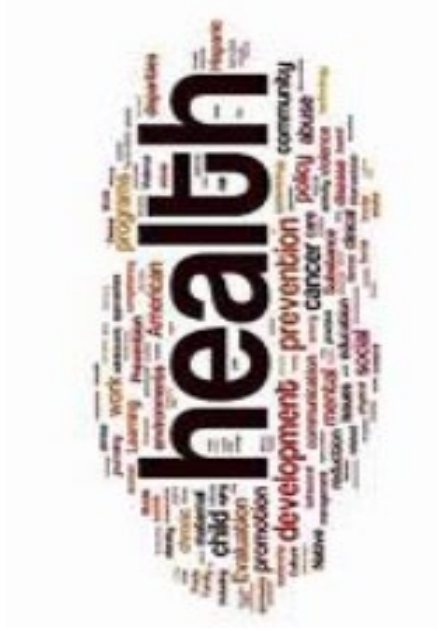
# HMS-Eliza Member Outreach Campaign

## Educational Intervention (Part 2)

- Prevention/Condition- Focused Educational outreach (IVR, then text message reminders)

## Timeline:

- January-December, 2020



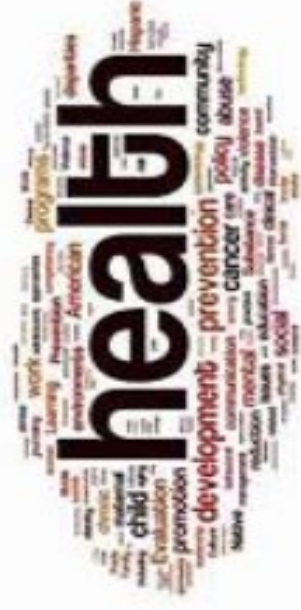
# HMS-Eliza Member Outreach Campaign

## Educational Campaigns:

- Well Baby – W15, CIS, CAP (IVR/SMS)
- Well Child – CAP, AWC, IMA, W34 (IVR/SMS)
- Adult Preventive – BCS, CCS, CHL (IVR/SMS)
- Condition Management – CDC HbA1c (IVR/SMS)
- Antidepressant Medication Adherence – AMM (IVR)
- Asthma Medication Adherence – AMR (IVR/SMS)

## Timeline:

- January-December 2020



# HMS-Eliza Member Outreach Campaign - Next Steps

- Finalize scripting with Health Education/vendor
- Awaiting DHCS approval of texting initiative/scripts
- Monitor progress/effectiveness
- Refine campaigns as appropriate



# GCHP Member Reward Programs

- Gold Coast Health Plan (GCHP) values the health of its members.
- To encourage healthy behavior and completing preventive care screenings, GCHP has three member reward (incentive) programs.
- Rewards are tied to key quality measures



# GCHP Member Reward Programs #1

## Postpartum Care Exam

- It is important for women to have a postpartum exam after having a baby.
- Program is for women with full-scope Medi-Cal benefits through Gold Coast Health Plan who had a livebirth delivery.
- Reward: a large pack of diapers if a postpartum exam is completed 7 to 84 days after delivery.
- Program will be retired 12/31/19.



www.goldcoasthealthplan.org

### Get Your Postpartum Exam and Receive a Large Pack of Diapers!

### ¡Vaya a su Examen Posparto y Reciba un Paquete Grande de Pañales!

Gold Coast Health Plan (GCHP) values your health. As a new mom it is important to see your doctor for a postpartum checkup. A postpartum visit is an exam with your doctor between three to eight (3-8) weeks after giving birth.

If you complete your postpartum exam within three to eight (3-8) weeks of delivery, you may qualify for the large pack of diapers.

To receive your pack of diapers, please complete the following:

1. Make a postpartum appointment with your doctor.
2. The appointment must be within three to eight (3-8) weeks of delivery.
3. Bring the attached form with you to your exam.
4. Have your doctor or nurse sign the form.
5. Mail back the signed form in the enclosed self-addressed stamped envelope.
6. GCHP will review and verify the information on the form. If you qualify, we will send you a large pack of diapers.

If you have any questions, call Gold Coast Health Plan: 1-888-301-1228 / TTY 1-888-310-7347

Gold Coast Health Plan (GCHP) valora su salud. Como nueva mamá es importante que vea a su doctor para un chequeo posparto. Una visita posparto es un examen con su doctor de tres a ocho semanas (3-8) después del parto.

Si completa su examen posparto dentro de tres a ocho semanas (3-8) de haber dado a luz, usted puede calificar para un paquete grande de pañales.

Para recibir su paquete de pañales por favor complete lo siguiente:

1. Haga una cita con su doctor para su examen después del parto.
2. La cita debe ser dentro de tres a ocho semanas (3-8) después del parto.
3. Traiga el formulario adjunto con usted para su examen.
4. Pida a su doctor o enfermera que firme el formulario.
5. Envíe por correo el formulario firmado en el sobre adjunto con la dirección y el sello postal pagado.
6. GCHP lo revisará y verificará la información del formulario. Si usted califica, le enviaremos el paquete grande de pañales.

Si usted tiene alguna pregunta, llame a Gold Coast Health Plan: 1-888-301-1228 / TTY 1-888-310-7347

To qualify, you must be:

- A full-scope active Medi-Cal member.
  - A Medi-Cal member 43 days before giving birth through 56 days after giving birth.
- Para ser elegible usted debe ser:
- Un miembro (afiliado) activo con cobertura de alcance total de Medi-Cal.
  - Un miembro (afiliado) de Medi-Cal desde 43 días antes de dar a luz y hasta 56 días después de dar a luz.



# GCHP Member Reward Programs #2

## Cervical Cancer Screening

- A cervical cancer screening (Pap Test) can help prevent or detect cervical cancer early and is an important part of women's health care.
- Program is for women, 21 to 64 years of age, with full-scope Medi-Cal benefits through Gold Coast Health Plan.
- Reward: \$25.00 gift card to Target, Walmart or Amazon if a cervical cancer screening (Pap Test) is completed by December 31, 2019.



Get a Free Gift Card!  
¡Reciba una Tarjeta de Regalo Gratis!



Gold Coast Health Plan (GCHP) values your health. Getting a cervical cancer screening (Pap test) can help prevent or detect cervical cancer early and is an important part of women's health care.

To get your \$25 gift card, you must meet these requirements:

- 1 Be a GCHP member with full-scope Medi-Cal benefits between 21 to 64 years of age.
- 2 Get a Pap test with your health care provider by December 31, 2019.
- 3 Fill out this form and have your health care provider or their staff sign or stamp it during your office visit.
- 4 Send the form to GCHP by January 31, 2020.

Limit one card per member per year.

If you have any questions, call Gold Coast Health Plan at 1-888-301-1228 / TTY 1-888-310-7347.



Gold Coast Health Plan (GCHP, por sus siglas en inglés) valora su salud. Hacerse un examen para detección de cáncer del cuello uterino (prueba de Papanicolaou) puede ayudar a prevenir o detectar de forma temprana el cáncer del cuello uterino y es una parte importante del cuidado de la salud de las mujeres.

Para recibir su tarjeta de regalo de \$25, usted debe cumplir estos requisitos:

- 1 Ser miembro de GCHP con beneficios de Medi-Cal completos, entre 21 y 64 años de edad.
- 2 Hacerse una prueba de Papanicolaou con su proveedor de atención médica antes del 31 de diciembre de 2019.
- 3 Completar este formulario y hacer que su proveedor de atención médica o su personal lo firmen o sellen durante su visita médica.
- 4 Enviar el formulario a GCHP antes del 31 de enero de 2020.

Límite de una sola tarjeta por miembro por año.

Si tiene alguna pregunta, llame a Gold Coast Health Plan al 1-888-301-1228 / TTY 1-888-310-7347.



# GCHP Member Reward Programs #3

## Annual Well-Care Exam

- Annual well-care exams can help children and adolescents stay healthy.
- Program is for children and adolescents, 3 to 21 years of age, with full-scope Medi-Cal benefits through Gold Coast Health Plan.
- Reward: \$15.00 gift card to Target, Walmart or Amazon if a well care exam is completed between January 1, 2019 and December 31, 2019.

Get a Free Gift Card!

¡Reciba una Tarjeta de Regalo Gratis!



Gold Coast Health Plan (GCHP) values your health. As you grow, a once-a-year well-care check-up can help you (or your child) stay healthy. GCHP would like to give you (or your child) a gift card for having a well-care visit with a health care provider in 2019.

To get your \$15 gift card, you must meet these requirements:

- 1 Be a GCHP member with full-scope Medi-Cal benefits between 3 to 21 years of age.
- 2 Get a well-care check-up with your health care provider by December 31, 2019.
- 3 Fill out this form and have your health care provider or their staff sign or stamp it during the office visit.
- 4 Send the form to GCHP by January 31, 2020.

Limit one card per member per year.

**ALL CHECK-UPS MUST BE COMPLETED BETWEEN JANUARY 1, 2019 AND DECEMBER 31, 2019.**

If you have any questions, call Gold Coast Health Plan at 1-888-301-1228 / TTY 1-888-310-7347.



[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

Gold Coast Health Plan (GCHP, por sus siglas en inglés) valora su salud. Según va creciendo, un chequeo de rutina una vez al año puede ayudarlo a usted (o a su hijo/hija) a mantenerse sano. GCHP desea darle a usted (o a su hijo/hija) una tarjeta de regalo a cambio de asistir a una visita de rutina con un proveedor de atención médica en 2019.

Para recibir su de tarjeta regalo de \$15, usted debe cumplir estos requisitos:

- 1 Ser miembro de GCHP con beneficios de Medi-Cal completos, entre 3 y 21 años de edad.
- 2 Tener un chequeo de rutina de salud con su proveedor de atención médica antes del 31 de diciembre de 2019.
- 3 Completar este formulario y hacer que su proveedor de atención médica o su personal lo firmen o sellen durante su visita médica.
- 4 Enviar el formulario a GCHP antes del 31 de enero de 2020.

Límite de una sola tarjeta por miembro por año.

**TODOS LOS CHEQUEOS DE RUTINA DEBEN COMPLETARSE ENTRE EL 1 DE ENERO DE 2019 Y EL 31 DE DICIEMBRE DE 2019.**

Si tiene alguna pregunta, llame a Gold Coast Health Plan al 1-888-301-1228 / TTY 1-888-310-7347.





# Where to Find the Member Reward Form



- **Mail:** Gold Coast Health Plan will mail the flyer to members identified with a gap in care.
- **GCHP’s Website:** The member reward forms can be printed from GCHP’s website and are located in the *Member Resource* page. [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)
- **Doctor’s Office:** Your doctor’s office can print the form from GCHP’s website.



The screenshot shows the Gold Coast Health Plan website. At the top, there is a search bar and a phone number: 888.301.1228. Below this is a navigation menu with links for Home, Members, Providers, Health and Wellness, Outreach, About Us, and Contact Us. The main content area is titled "Resources" and includes a section for "Members" with links like "Welcome Members", "Choose a Provider", "Change Your Primary Care Provider", "Cultural and Linguistic Services", "Newsletters", "Pharmacy", "Resources", "Video Services", and "Behavioral Health Services". There is also a "Resources" section with a list of links including "Choose a link below to quickly navigate to the desired resource", "Access to Protected Health Information", "Administrative Member Welcome Letter", "Beacon Health Options", "Benefit Information", "California Children's Services", "Care Management", "Community-Based Adult Services Program (CBAS)", "Community Advisory Committee (CAC)", "Contracted Hospitals", "Covered Services", "Diagnosis Coding Guide to a Healthy", "Thanksgiving", "Diagnosis Transportation", "Disease Management", "Gravance & Appeals", "Human Services Agency", "Multi-Call Member Welcome Letter", "Member Authorization Form", "Member Handbook", "Member Rewards", and "Member Services Information and Resource Guide".



# How to Submit a Member Reward Form

1. Be a GCHP member with full-scope Medi-Cal benefits.
2. Complete the screening within the required time period.
3. Fill out the member reward form and have your health care provider or their staff sign or stamp the form during the office visit.
4. Mail or fax the form to GCHP using the fax or address listed on the form.
5. GCHP will review the form. If all requirements are met, GCHP will send you the member reward.



## **AGENDA ITEM NO. 6**

**TO:** Community Advisory Committee  
**FROM:** Lupe González, PhD, MPH  
Director of Health Education, Cultural and Linguistics Services  
**DATE:** November 20, 2019  
**SUBJECT:** Overview of Interpreting Standards

### **Verbal Presentation**

**RECOMMENDATION:**

Accept and file the Health Education, Cultural and Linguistics Services presentation.

# Interpreting Standards

Lupe González, PhD, MPH  
Director of Health Education,  
Cultural and Linguistic Services

November 20, 2019

# Agenda

- ❑ Overview of Interpreting Standards
- ❑ Cultural and Linguistic Services
- ❑ National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- ❑ Interpreter Standards
  - Background and Experience
  - Types of Interpreting
  - Public Meeting – Speaker Card
- ❑ Member’s Voice – Public Meetings

# Overview

- ❑ Department of Health Care Services (DHCS) Regulatory Requirements
- ❑ GCHP offers language assistance services to all Limited English Proficiency (LEP) members free of charge
- ❑ Language Assistance includes:
  - Telephonic
  - In-Person
  - Sign Language
  - Translation
  - Alternative Formats
- ❑ Provider and Staff Training

# The National CLAS Standards

1

2

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

### Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



Think Cultural Health  
<https://www.thinkculturalhealth.hhs.gov/>  
contact@thinkculturalhealth.hhs.gov

## The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.<sup>1</sup> Currently, individuals across the United States from various cultural backgrounds experience different health care experiences and outcomes. These differences are often due to social and environmental conditions in which individuals are born, grow, live, work, and age,<sup>2</sup> such as socioeconomic status, education level, and the availability of health services.<sup>3</sup>

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.<sup>4</sup>

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.<sup>5</sup> By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HIS Action Plan to Reduce Racial and Ethnic Health Disparities<sup>6</sup> and the National Stakeholder Strategy for Achieving Health Equity,<sup>7</sup> which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

—Dr. Martin Luther King, Jr.

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Think Cultural Health  
<https://www.thinkculturalhealth.hhs.gov/>  
contact@thinkculturalhealth.hhs.gov





# The National CLAS Standards

- CLAS Standards are intended to eliminate health care disparities
- Four key items with sub-points:
  - Principal Standard
  - Governance
  - Communication and Language Assistance
  - Engagement

# Interpreting Standards in Health Care

- ❑ Standards of Practice
- ❑ Code of Ethics and Professional Responsibilities
- ❑ Difference Between an Interpreter and a Translator
- ❑ Analysis of Interpreting Process
  - The Perception Procedure
  - Simultaneous Interpreting

<https://najit.org/wp-content/uploads/2016/09/NAJITCodeofEthicsFINAL.pdf>

# **Public Meeting – Member’s Voice**

- Welcome Member
- Review process
- Meet with interpreter
- Ensure the Member’s Voice is heard

# Public Meeting - Speaker Card

**VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION (VCMIMCC)**  
**dba GOLD COAST HEALTH PLAN (GCHP) - SPEAKER CARD**

PLEASE PRINT – IN INK

*Comments are limited to three (3) minutes. If you wish to address the Commission, please complete and submit the card to the Clerk of the Board prior to Public Comment/Agenda Item number.*

Public Comment or  Agenda Item #: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Appearing on behalf of (Individual or Organization, if applicable): \_\_\_\_\_

In support of this item or  In opposition of this item

**Por favor marque aquí si necesita un intérprete**

**VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION (VCMIMCC)**  
**Razón Social: GOLD COAST HEALTH PLAN (GCHP) - TARJETA DE ORADOR**

IMPRESA - EN TINTA

*Comentarios se limitan a tres (3) minutos. Si desea dirigirse a la Comisión, por favor complete y entregue esta tarjeta a la Secretaría antes de Comentario Público/Número de artículo.*

Comentario Público o  N° de Artículo: \_\_\_\_\_ Fecha de la reunión: \_\_\_\_\_

Asunto: \_\_\_\_\_

Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

\_\_\_\_\_

Representando (Individual o Afiliación de Organización): \_\_\_\_\_

Estoy a favor de este tema  Estoy contra de este tema

**Por favor marque aquí si necesita un intérprete.**

Please check here if you need an interpreter



# Contact Information

Veronica Estrada, Cultural and Linguistics Specialist

Phone: 805-437-5603

Email: [vestrada@goldchp.org](mailto:vestrada@goldchp.org)  
[CulturalLinguistics@goldchp.org](http://CulturalLinguistics@goldchp.org)

# Thank you!

## **AGENDA ITEM NO. 7**

**TO:** Community Advisory Committee  
**FROM:** Marlen Torres, Director, Government & Community Relations  
**DATE:** November 20, 2019  
**SUBJECT:** California Advancing and Innovating Medi-Cal (CalAIM)

### **Verbal Presentation**

**RECOMMENDATION:**

Receive and file the CalAIM presentation.

# California Advancing and Innovating Medi-Cal (CalAIM)

Tuesday, November 20, 2019

Marlen Torres  
Director, Government & Community Relations

Integrity

Accountability

Collaboration

Trust

Respect



# CalAIM Proposal

# CalAIM Overview

- At its core, CalAIM recognizes the impact of Medi-Cal on the lives of its beneficiaries well beyond just accessing health services in traditional delivery settings.
- Establishes a foundation where investments and programs within Medicaid can easily integrate, complement and catalyze the Administration's plan to impact the following policy issues:
  - State's homelessness crisis
  - Support reforms of California's justice systems for youth and adults who have significant health issues
  - Builds a platform for vastly more integrated systems of care through standardization and a streamlined process
  - Continues to explore single payer principles through the Healthy California Commission

# CalAIM Overview

## Key Populations:

- Health for all: CalAIM will identify patients with high and emerging risks/needed and improve the entire continuum of care across Medi-Cal.
- High Utilizers (top 5%): CalAIM proposes enhanced care management and in lieu of services benefits (such as housing transitions, respite and sobering centers) that address the clinical and non-clinical needs of high-cost beneficiaries.
- Behavioral Health: Aligns the financing structure of behavioral health with that of physical health, which provides financial flexibility to innovate and enter into value-based payment arrangements.
- Vulnerable Children: Enhanced case management for medically complex children to ensure they get their physical, behavioral, developmental and oral health needs met.

# CalAIM Overview

## Key Populations:

- Homelessness: In Lieu of Services would build capacity to clinically link housing.
- Justice Involved: Enhanced care management and in lieu of services would provide the opportunity to better coordinate medical, behavioral health and non-clinical social services.
- Aging Population: In Lieu of Services would allow the state to build infrastructure overtime to provide MLTSS statewide by 2026.

# Impact to Managed Care

- Annual Open Enrollment
- NCQA Accreditation for plans and possibly delegates
- Population Health Management
- Enhanced Care Management and In Lieu of Services
- LTC Integration, Duals, D-SNPs
- Mandatory Managed Care Populations

# NCQA Accreditation

- Requires all Medi-Cal managed care plans and their subcontractors (delegated entities) to be NQCA accredited by 2025.
- The goal is to streamline Medi-Cal managed care plan oversight and increase standardization across plans.
- DHCS would use NCQA findings to certify or deem that plans meet state and federal requirements.
- Considering to require Medi-Cal managed care plan NCQA accreditation to include LTSS distinction survey, given movement for MLTSS.

# Population Health Management

- Medi-Cal managed care plans shall develop and maintain a patient-centered population health strategy by January 1, 2021.
- The plan shall include a description of how it will:
  - Keep all members healthy by focusing on preventive and wellness services.
  - Identify and assess member risks and needs on an ongoing basis.
  - Manage member safety and outcomes during transition, across delivery systems or settings, through effective care coordination.
  - Identify and mitigate social determinants of health and reduce health disparities,

# Enhanced Care Management

## In Lieu of Services

- New statewide enhanced care management benefit that would provide a whole person approach to care that addresses the clinical and non-clinical needs of high-need Medi-Cal beneficiaries.
- The proposed benefit builds on the current Health Homes Program and Whole Person Care pilots and transitions those pilots to this new statewide benefit to provide a broader platform to build on positive outcomes from those programs.
- Implementation of benefit on January 1, 2021 for most mandated target populations and January 1, 2023 for individuals transitioning from incarceration.



# Enhanced Care Management In Lieu of Services

- Provider Types:
  - Whole Person Care Providers
  - Health Homes Providers
  - Local Governmental Agencies
  - Counties (public health, social services, mental health or substance use)
  - Public Hospital and Health Systems
  - Federally Qualified Health Centers/Rural Health Center/Indian Health Provider/Community Clinics
  - Community-Based Organizations
  - Behavioral Health Provider

# Enhanced Care Management

## In Lieu of Services

- Medi-Cal managed care plans will integrate in lieu of services (ILOS) into their population health management plans-often in combination with the new enhanced care management benefit.
- DHCS is proposing to cover the following services:
  - Housing Transition/Navigation Services
  - Housing Deposits
  - Housing Tenancy and Sustaining Services
  - Short-Term Post-Hospitalization Housing
  - Recuperative Care
  - Day Habilitation Programs
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Environmental Accessibility Adaptations
  - Meals/Medically Tailored Meals
  - Sobering Centers

# LTC Integration, Duals, D-SNPs

- DHCS is proposing to discontinue the Cal MediConnect component of the Coordinated Care Initiative and begin transition to statewide managed long-term services.
- This requires all Medi-Cal managed care plans to also operate Dual Eligible Special Needs Plans as of January 1, 2023.

# Next Steps

- Robust CalAIM stakeholder engagement process (November 2019–February 2020)
- Develop 1115 waiver renewal request (spring/early summer 2020)
- Develop 1915(b) waiver submission (spring/early summer 2020)
- Negotiate waiver terms and conditions with CMS (June–December 2020)
- Work with Medi-Cal managed care plans, counties, providers, advocates and other critical partners to implement CalAIM (January 2021 and beyond)

# Appendix

## Section 1915 Waivers

Section 1915 waivers are limited in scope; they offer states authority relating to:

- Managed care (above and beyond what states can do without a waiver)
- Selective contracting
- Home and Community-Based Services (HCBS)

Review and approval is relatively routine; in some cases, authority overlaps state plan authorities. Section 1915 waivers are approved for 2–3 years, and extensions are available.

### For example:

- § Managed care — Mandate enrollment in managed care beyond what can be done through the state plan
- § Selective contracting — Limit the providers offering a particular service, such as an enrollment or transportation broker
- § HCBS — Authorize HCBS with or without enrollment caps

## Section 1115 Waivers

Section 1115 of the Social Security Act gives the secretary of the Department of Health and Human Services (HHS) authority to approve demonstration projects (referred to as waivers) to allow states to use funds or design their programs in ways not otherwise allowed by law.

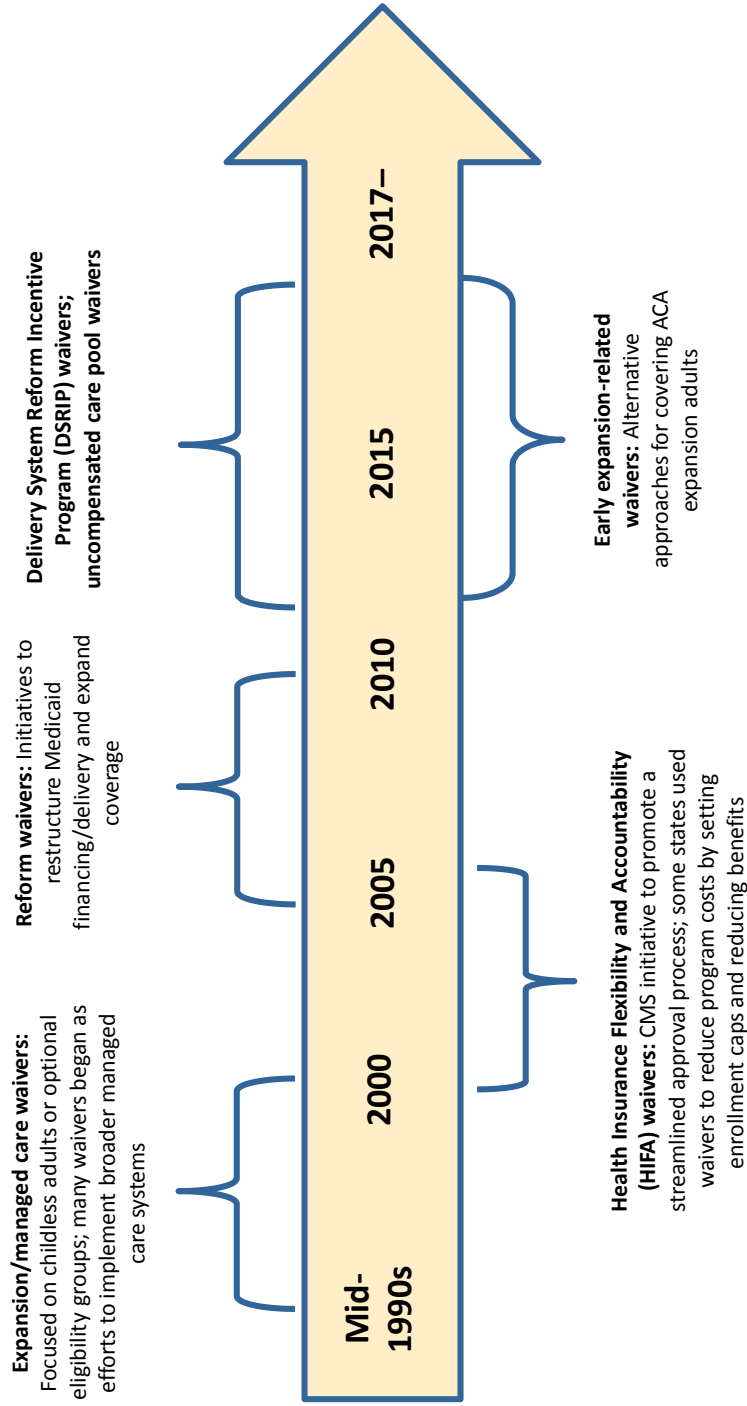
Waivers can be more or less comprehensive and are initially approved for 3 or 5 years; they may be amended and renewed.

Waiver approval **is discretionary**; each administration establishes its waiver policies within guidelines established by law or tradition.

### Section 1115 waivers must:

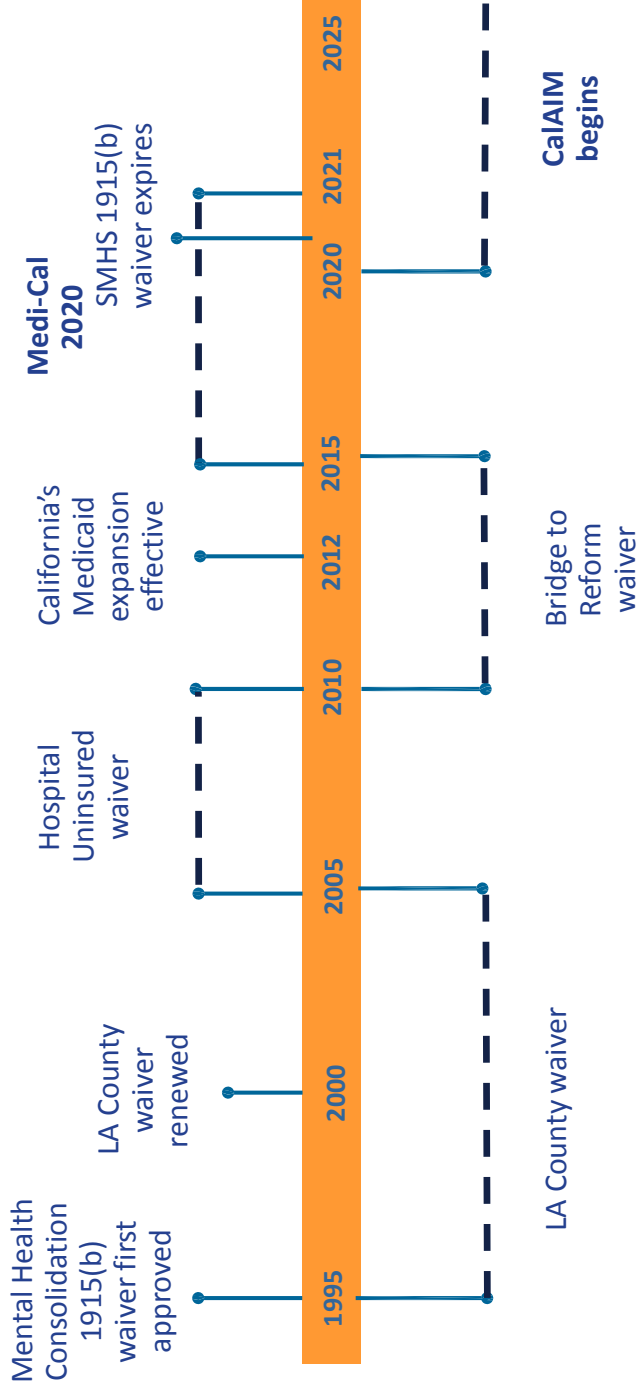
- ü Promote the objectives of the Medicaid program
- ü Be budget neutral to the federal government
- ü Receive public input during the development process
- ü Be subject to independent evaluation

# Section 1115 Waiver Policies Evolve Over Time





# California's Waiver History



# Medi-Cal 2020 1115 Waiver



## Whole Person Care Pilots

County-based initiatives that coordinate primary care, behavioral health, and social services for enrollees with complex health needs

25 pilots in operation across the state are building infrastructure, integrating service delivery across agencies and providers

Delivering wrap-around services including care coordination, disease management, access to housing supports, respite care, and sobering centers



## Public Hospital Redesign and Innovation in Medi-Cal (PRIME)

Incentive funding for 17 Designated Public Hospitals and 35 District and Municipal Public Hospitals to undertake quality improvement and performance measurement efforts

Hospitals are paid for their performance on a series of metrics related to clinical projects designed to improve care delivery

# Medi-Cal 2020 1115 Waiver



## Global Payment Program

Statewide pool of funding combining a portion of California's federal Disproportionate Share Hospital allotment with uncompensated care funding

Supports public health care system efforts to provide health care for California's uninsured population and promote the delivery of more cost-effective and higher-value care



## Dental Transformation Initiative

Incentive payments to dental providers to increase preventive services for children, treat more early childhood caries, and increase continuity of dental care

# Drug Medi-Cal Organized Delivery System



In 2015 California was the first state to receive 1115 waiver authority for federal Medicaid matching funds to provide substance use disorder treatment benefits in an institution for mental disease (IMD).

Evidence-based services designed in accordance with American Society of Addiction Medicine (ASAM) levels of care.

Services are delivered through county-based behavioral health managed care plans.

30 counties are participating in the waiver program, providing access to treatment and prevention services for 93% of the state's Medi-Cal population.

Expires on December 31, 2020.