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

CalAIM Advisory Committee Meeting

Regular Meeting
November 13, 2024, 7:30AM – 9:00AM
Community Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Conference Call Number:1-805-324-7279
Conference ID Number: 904 589 050 #
Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

113 N. Mill St
Santa Paula, CA 93060

AGENDA

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the CalAIM Advisory Committee. Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CalAIM Committee are limited to three (3) minutes. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

OPENING REMARKS – Marlen Torres, Chief of Member Experience & External Affairs
Erik Cho, Chief Program & Policy Officer

CONSENT

1. Approval of CalAIM Advisory Committee regular meeting minutes of August 21, 2024.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2025 CalAIM Committee Meeting Calendar

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the 2025 CalAIM meeting calendar as presented.

UPDATES

3. Community Supports Expansion Update

Staff: Erik Cho, Chief Policy & Programs Officer

RECOMMENDATION: Receive and file the update.

4. Transitional Rent Policy Update

Staff: Alison Armstrong, Government Relations Manager

RECOMMENDATION: Receive and file the update.

PRESENTATIONS

5. Diversity, Equity & Inclusion (DEI) Training

Staff: Lupe Gonzalez, PhD, MPH, Sr. Director Health Education, Cultural & Linguistic Services

RECOMMENDATION: Receive and file the presentation.

ADJOURNMENT

Date of the next meeting will be February 19, 2025, regular CalAIM Advisory Committee meeting. the location will be at the GCHP Community Room located at 711 E. Daily Drive #110 Camarillo, CA 93010.

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: CalAIM Advisory Committee

FROM: Maddie Gutierrez, MMC - Clerk to the Commission

DATE: November 13, 2024

SUBJECT: Approval of the Community Advisory Committee Regular Meeting Minutes of August 21, 2024

RECOMMENDATION:

Approve the minutes as presented.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan
CalAIM Advisory Committee Regular Meeting

August 21, 2024

INTERPRETER ANNOUNCEMENT The interpreter, made her announcement.

CALL TO ORDER

The clerk called the meeting to order at 7:35 a.m.

ROLL CALL

Present: Committee members: Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie

Absent: Committee member Emilio Ramirez

GCHP Staff in attendance: CEO Nick Liguori, PPO Erik Cho, CCO Robert Franco, CIO Eve Gelb, CMO Felix Nunez, M.D., Marlen Torres, Exec. Director of Strategy & External Affairs, David Tovar, Susana Enriquez-Euyoque, Pauline Preciado, and Kimberly Marquez-Johnson

PUBLIC COMMENT

None.

WELCOME & OPENING REMARKS

CPPO Erik Cho welcomed the committee and staff to the meeting. He reviewed the agenda and the items that will be presented and discussed today.

CONSENT

1. **Approval of CalAIM Advisory Committee regular meeting minutes of May 15, 2024.**

   Staff: Maddie Gutierrez, MMC – Clerk to the Commission

   RECOMMENDATION: Approve the minutes as presented.

Committee member Dr. Linda McKenzie motioned to approve Consent item 1. Committee member Vanessa Frank seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Marina Jimenez, and Dr. Linda McKenzie

NOES: None.

ABSENT: Committee member Emilio Ramirez

The Clerk declared the motion carried.

UPDATES

2. Enhanced Care Management Services for Justice Involved Members

Staff: David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update

David Tovar, Incentive Strategy Manager, stated GCHP is collaborating with Justice partners to develop a joint release of information to share data between partners. Local facilities have submitted their implementation plans to DHCS GCHP is finalizing contract negotiations and onboarding for the justice serving ECM (Enhanced Care Management) provider. Mr. Tovar also noted that local correctional facilities will be onboarding their embedded ECM providers and should be completed by 2026.

Mr. Tovar stated that with data sharing we will be able to know when an individual will be released from a facility, and we will then be able to engage them in services. We need to set up a system between other managed care plans and the justice system to have the data readily available.

Mr. Tovar stated that both of our local facilities Todd Road main jail and juvenile justice facility) have chosen the embedded model which is where they will contract that work, and we will send in a provider to meet with the inmate close to their release date. The Sheriff's office intends to use Wellpath, which is a large statewide corrections healthcare provider that is already within their facility. Probation intends to use Ventura County Behavioral Health as their embedded provider. Both organizations have chosen to implement in-reach services 90-days pre-release.

Mr. Tovar stated that our justice liaison, who is on the CalAIM ECM team, has all his information on our GCHP website. This is a requirement by the state so that any facility can reach out to him, and he can assist in coordination for that person coming back into our community.

Dr. McKenzie asked for clarification on the data sharing for the Department of Corrections. Mr. Tovar stated that the data sharing agreement with State Department of Corrections would not be anytime soon. Local facilities data sharing will be implemented soon. The 8-34 file is a justice hold and when an inmate is reactivated into full scope Medi-Cal, and we anticipated that there will be a "warm hand-off" 90 days prior to scheduled release data so that a re-entry car plan can be developed.

CCO Robert Franco stated that currently there is a system that creates a path but does not give us the ability to automatically see who part of the Medi-Cal system is, instead we are waiting to see who is referred in. The 8-34 file is the daily feed that comes from the state which contains all the demographic data. Currently we are in the infancy of developing what we will do once we have the data. This is an opportunity to start mobilizing and outreaching to make connections and how we will implement. The obligation for us is to support any justice involved individual that needs assistance whether they are in our county or somewhere else. Currently we are relying on referrals, but with the data sharing we will have a better opportunity to service members in a timely manner.

PRESENTATIONS

3. Las Promotoras de Partos y Pos Partos Doula Benefit Pilot Program

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Pauline Preciado, Executive Director of Population Health & Equity

RECOMMENDATION: Receive and file the presentation.

Chief Medical Officer, Felix Nunez, M.D., stated that this is a new pilot program that is called Promotoras de partos y pos-partos. This program is a collaboration and partnership with two organizations in Ventura County, MICOP and the Ventura County Medical Center. This is a new benefit from the State. We are looking at developing a template for what we want to do going forward – designing a mandate and partnership. We are listening to what the communities needs are and ensuring that we are designing it in partnership with them to benefit a particular population in Ventura County. The community did not have a concept of a type of pregnancy support personnel or how they fit as part of the care team in general. There was some confusion as to whether they people were acting as clinical people or acting in a support role. We will bring in people that will help support and advance wellness for

the community. This is non-clinical personnel that are coming in to support and help women through their prenatal. Their delivery, and postpartum period. This benefit will help deal with disparities and inequities that are being faced by the community.

Pauline Preciado, Executive Director of Population Health, and Equity stated that GCHP is very excited to launch this new pilot program and leverage this benefit to meet the needs of our community and members. She stated that we have a population of Indigenous women that speak Mixteco and are experiencing poorer birth outcomes within our community.

Ms. Preciado stated that she wanted to share goals and objectives that GCHP has for the first initial pilot year. She stated that the aim is to onboard at least ten Doula providers to serve the Mixteco speaking population. Second, is to ensure that members receive high quality care services, including preventative and routine services. We want to improve the birth outcomes and member experience on the maternal journey. These will be measured by our established quality measures (MCAS). We will also be focusing on enhancing collaboration with stakeholder, which is a key priority for MICOP as well as the HealthCare Agency in Ventura County. We have a strong set of resources that are available for maternal health that includes advocacy groups, as well as local government agencies such as WIC and the breastfeeding coalition.

Ms. Preciado explained what a doula is – a non-licensed, culturally competent person that supports a member in a holistic manner. This person supports the maternal journey physically, mentally, and emotionally. This person will support the birthing journey per the birthing mother's wishes. This person will be an advocate. They can support better birth outcomes and prevent birth complications. There is a list of services under this specific benefit. There are up to eight visits that be provided in any combination of prenatal or postpartum, as well as support during labor and delivery It also includes delivery of a stillbirth termination, or a termination of pregnancy as well as postpartum, and if necessary continued support up to one year. It is a beneficial service especially if there are complications ensuring that individuals are linked to resources for the mother as well as the child.

Ms. Preciado noted that at the start of this pilot our data for pregnancy outcomes in the Mixteco-speaking community was limited. She reviewed a chart which demonstrated pregnancy related complications categorized by standard race and ethnic groups. Hispanics showed a higher maternal morbidity compared to US born Hispanics and white patients.

CMO Nunez noted that the Doula benefit is active at GCHP, and it will be a benefit throughout the entire population/membership as needed. These are available to service the greater Latinx population and the vision is to go beyond the Mixteco

community and serve the Latinx population in Ventura County. Inequities' need to be addressed. The dualist can also engage and help support care plans for the infant for the first year after delivery. We want to close gaps in care.

Committee member Vanessa Frank asked how the data was disaggregated. CMO Nunez stated it came over from Ventura County Medical Center – Dr. Watabe, CMO at VCMC engages in this program and has been working with us on getting data and helping us to disaggregate that population. He noted that VCMC is tracking people who self-identify as Mixteco.

Ms. Preciado noted that the DHCS program requires a specific curriculum for the dualists to observe and support at least three live births to complete certification and has been part of the pilot process. CMO Nunez noted there are different pathways to becoming a doula. This pilot is necessary to be able to help train the duelist through the training pathway. The training consists of 16 hours of specific topics that would support the education curriculum and then a clinical rotation observing at least three live births. Ms. Preciado stated the second pathway is someone that has at least five years of experience of doula experience, attest to observing and supporting at least five births to become certified, and the state would have to verify. Even though this is a non-traditional benefit, Doulas as still required to go through a Medi-Cal pathway which is a different complex process. CMO Nunez noted that our task as a managed care plan is to build up technical assistance and support to walk the Doula through the process. Ms. Preciado stated that these processes have never been established because this is a new benefit, so we are learning as we go, meet the needs of our members, and ensure that they are successful from the providers perspective.

Committee member Vanessa Frank asked what it means to go through a Medi-Cal pathway. Ms. Preciado stated that when you apply to be a Medi-Cal provider you must go through an application process with the state and establish an NPI number. You must submit specific information to the state, including a business address. Even if they are under the MICOP umbrella they would still have to submit as an individual provider. Currently MICOP is functioning as a network entity or third-party administrator; they would help support with billing, reporting, claim submission, and technical assistant to ensure all requirements for the state are met.

Committee member Carolina Gallardo asked if MICOP is going to get paid from the state or do the providers get paid directly from the state. Ms. Preciado stated that our goal is to integrate them into the healthcare delivery service. We are contracted with MICOP to be that third party entity, and we will be paying them as a provider and in addition, because of this additional work to launch this program, we have leveraged the incentive funding available through the CalAIM initiative to provide them with grant funding for this first pilot year.

Committee member Dr. Linda McKenzie asked if MICOP does all the recruiting. Ms. Preciado replied yes. Dr. McKenzie asked if they are being paid through the training or do, they do the 16 hours of training free. Ms. Preciado stated that we compensated them for travel and for training hours, and equipment. David Tovar, Incentive Strategy Manager, stated that we have assisted in funding with technical assistance, software purchasing for billing and care plan management, and to hire a manager/coordinator.

CMO Nunez stated that as demand builds up this is an opportunity to bring more promotoras de parto, and pos-parto. the demand was not clear on what it was going to look like from our perspective. We can start with ten and then build from there based on demand.

Dr. McKenzie asked if there was an estimated number of births for 2025. Ms. Preciado stated that due to lack of data we cannot estimate. She also noted that the pilot program is for one year, but we are looking at sustainability and building out the infrastructure to provide support.

CPPO Cho state that this program is not going to go away, this is a build, and we are excited about the long-term. Ms. Preciado stated this is a great opportunity to leverage our doula to promote additional services and connect members to essential care. CMO Nunez stated that the next phase after we build, is to build capacity, then promote the benefit to people out in the community. We have people taking advantage of the doula benefit now, it is an active benefit.

4. Community Supports Expansion

Staff: Pauline Preciado, Executive Director of Population Health
David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the presentation.

Ms. Preciado stated that Community Supports Expansion are designed to address social determinants of health which includes addressing social needs.

David Tovar, Incentive Strategy Manager, announced that the state has authorized fourteen community supports. Gold coast has launched twelve of the fourteen with sobering centers and two more are yet to launch. On July 8, 2024, we submitted our Community Supports Model of care to DHCS. GCHP intends to launch another sobering center and day-Habilitation services on January 1, 2025. The last two are similar services but in different settings. Sobering centers are for individuals who are actively intoxicate but not in withdrawal. Withdrawal management is a different service. The sobering center offers temporary shelter, food, rehydration, and offers a warm hand-off for additional substance use services and other health care needs. We

are looking at partnering with the sheriff's office as well as our local emergency medical services to set up protocols and ways for someone to be transported to an alternative destination.

The other services we are looking to launch is day-habilitation services. Thie will assist members in improving self-help socialization, improving adaptive skills, and improving their ability to live, be healthier by staying in housing. It will assist members in improving their daily life.

Committee member Vanessa Frank asked if day-habilitation is for all substance use or only related to the person's housing status. Mr. Tovar stated it is more of a housing issue, and they offer similar services to a sobering center – a sobering center is a 24-hour max stay versus day-habilitation would be more of a daily engagement. Dr. McKenzie asked if locations have been secured for these services. Mr. Tovar stated we are currently at the stage now. For sobering centers, we have identified locations and are in discussions with a provider. We are looking to start very small. The location is in the East County, although West County is preferred, but the cost of real estate is at an all-time high. We want multiple locations in the county, and having small locations is a start. Dr. McKenzie asked if GCHP is purchasing a location. Mr. Tovar stated that we have a provider who has an option to lease a location where they are currently located. Dr. McKenzie also asked about data from West County as opposed to East County. Mr. Tovar stated that we do have data. There are more people in West County than east, but East presented itself as an opportunity first. Dr. McKenzie stated that Sherri Landor with Genesis Sober living is wanting to expand and is currently looking for another home. Dr. McKenzie stated that her work is impressive, and she might be a good connection.

Due to shortage on time, Marlen Torres asked that this topic be presented at the next meeting with additional time.

5. D-SNP Launch

Staff: Eve Gelb, Chief Innovation Officer
Kimberly Marquez-Johnson, Director of Dual Special Needs Plan

RECOMMENDATION: Receive and file the presentation.

Kimberly Marquez-Johnson, Director of Dual Special Needs Plan will give an overview of the D-SNP launch. In 2022 DHCS collaborated with CMS, the center for Medicare/Medicaid services as well as some of our managed care plans in the state of California to establish an exclusively aligned enrollment dual eligible special needs plan model. There were seven MCPs that were implementing Cal Medi-connect and this model for EAE D-SNP was a replacement for that financially alignment

demonstration. The seven MCPs transitioned over to become EAWE D-SNPs on January 1, 2023. All other MCPs to include Gold Coast will be required to have an EAE D-SNP standing up by January 1, 2026. For us to be an EAE means that beneficiaries are automatically enrolled in a Medi-Cal plan that aligns with their Medicare plan. It is one organization that is going to be able to coordinate care across both sets of benefits. The plan must be able to administer both Medi-Cal and Medicare benefits. Comprehensive care must be coordinated across both. This will streamline the member's experience. The member will get one set of integrated material of evidence of coverage of their benefits, and grievance and appeals. They will no longer have to submit an appeal for their Medi-Cal, and an appeal for their Medicare. It is all-in-one, and a single drug formulary.

Eve, Gelb, Chief Innovation Officer, stated the state can decide what Medi-Cal plan a member belongs to, for Medicare, the state cannot auto-assign a member. The member must have choice in their Medicare. This means that there must be a plan in the county that enables a beneficiary to get both their Medicare and their Medi-Cal in one place. It does not mandate that a Medicare beneficiary, even if they have Medi-Cal with us, get their Medicare with us. They can choose to get their Medicare through traditional fee for service Medicare or enroll in another plan. If they enroll in our plan, they will have one place to coordinate all their services.

Ms. Marquez-Johnson state that this means that Gold Coast will become a Medicare Advantage plan that serves our members that qualify for D-SNP. We will be responsible for providing specialized care to our dual-eligible members. We are going to adhere to Medicare regulations in addition to our Medi-Cal regulations that we already have. We will institute Medicare processes that may not currently exist in our plan, and we will be aligning all our existing processes in the most efficient way possible to enable us to execute a D-SNP. Our goal is to a sustainably high-quality plan by making sure that we are thoughtful in our implementation and that we grow at a manageable pace.

We have already submitted our Knox-Keene application, and we are currently working with the Department of Managed Care Health to complete the other deliverables. We are on track with everything else, and everything looks good.

CMO Nunez stated that we are looking at taking care of the whole person and understanding the needs of the whole person. We have members who are dually eligible for Medicare and Medi-Cal. This is another advantage for us as a plan. We want to take care of our members in a collaborative and coordinated way. This is a huge advantage for us to be able to see what is happening in both Medi-Cal and Medicare. This is a value added to us having this benefit come in-house and we will have an opportunity to do coordination at an elevated level.

Committee member Vanessa Frank motioned to approve agenda items 2 through 5. Committee member Dr. Linda McKenzie seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Marina Jimenez, and Dr. Linda McKenzie

NOES: None.

ABSENT: Committee member Emilio Ramirez

The Clerk declared the motion carried.

ADJOURNMENT

With no further business to discuss, the Clerk adjourned the meeting at 9:08 a.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: CalAIM Advisory Committee

FROM: Maddie Gutierrez, MMC, Clerk to the Commission

DATE: November 13, 2024

SUBJECT: Approval of the 2025 CalAIM Committee Meeting Calendar

SUMMARY:

This item will establish dates for the CalAIM Committee meetings for 2025. The meetings will be held quarterly.

RECOMMENDATION:

Approve the 2025 CalAIM Committee meeting calendar as presented.

ATTACHMENTS:

Copy of the 2025 CalAIM Committee Meeting Calendar.

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CAIAIM Regular Mtg, 7:30-9 A

2025
CalAIM Advisory Committee Meetings

January

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AGENDA ITEM NO. 3

TO: CalAIM Advisory Committee

FROM: Erik Cho, Chief Policy & Programs Officer

DATE: November 13, 2024

SUBJECT: Community Supports Expansion

PowerPoint with Verbal Presentation

ATTACHMENTS:

Community Supports Expansion Update

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Community Supports Expansion Update

CalAIM Advisory Committee

November 13, 2024

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

Community Supports Expansion

- GCHP updated its Model of Care (MOC) submission on Friday, 10/18/2024.
  - GCHP altered its Community Supports elections.
- MOC Update:
  - GCHP intended to launch Sobering Centers and Day Habilitation on 1/1/2025
  - Due to reprioritization and new requirements for other CalAIM services, GCHP is delaying the launch of Sobering Centers and Day Habilitation.
    - GCHP is targeting a launch date of 7/1/2025 for Day Habilitation and a Sobering Center launch date is TBD.

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Community Supports Expansion

- In September, DHCS provided an overview of the 15th Community Support, Transitional Rent.
  - Transitional Rent will allow for up to 6 months for specific populations of focus.
- GCHP will provide additional details related to the implementation of Transitional Rent when final regulatory details are released by DHCS.

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AGENDA ITEM NO. 4

TO: CalAIM Advisory Committee

FROM: Alison Armstrong, Manager, Government Relations

DATE: November 13, 2024

SUBJECT: DHCS Transitional Rent Concept Paper

PowerPoint with Verbal Presentation

ATTACHMENTS:

CalAIM Advisory Committee_ Transitional Rent Overview

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DHCS Transitional Rent Concept Paper

November 13, 2024

Alison Armstrong
Manager, Government Relations

Integrity
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Collaboration
Trust
Respect

DHCS Transitional Rent Concept Paper

Released for public comment on Aug. 30, 2024

CalAIM Community Supports (CS) Service

Optional beginning Jan 1, 2025 and *mandatory* beginning Jan. 1, 2026

Proposes to cover 6 months of rent/temporary housing for Medi-Cal members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria

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Transitional Rent Background

DHCS sought authority to cover Transitional Rent from the Centers for Medicare and Medicaid Services (CMS) through two demonstration requests, both submitted in October, 2023:

An amendment to CalAIM 1115 Demonstration, requesting coverage of Transitional Rent as an optional benefit for Medi-Cal managed care plans (MCPs).	As part of the Behavioral Health Community-Based Organized Networks of Equitable Cre and Treatment (BH-CONNECT) Demonstration, a request for coverage of Transitional Rent as an optional benefit for county behavioral health delivery systems (County BH), including MHPs and DMC/DMC-ODS

Both demonstration requests are currently under active discussion with CMS

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Transitional Rent Stakeholders

Eligible MCP Members	• Receive up to 6 months of Transitional Rent and a connection to the RCM, Housing Trio, or other CS services
Managed Care Plans (MCPs)	• Contract with a network of providers for Transitional Rent • Conduct eligibility and service authorization determinations • Identify potentially eligible members • Establish a referral pathway from County BH • Pay Transitional Rent Providers
County Behavioral Health (BH)	• Connect individuals to their MCPs for Transitional Rent coverage • Outreach to potentially eligible individuals • Contract with MCPs to provide Transitional Rent • Develop individualized transition plan with MCPs
Transitional Rent Providers	• Contract with MCPs to provide Transitional Rent • Pay landlords/housing providers for furnishing housing to eligible members • Share data with county BH delivery system to support transition to permanent housing
Landlords/ Housing Providers	• Receive payment from Transitional Rent Providers
ECM Providers, Housing Trio Providers, and Other Health Care and Social Service Providers	• Refer members to MCP for Transitional Rent • Seek to engage referred member in ECM, the Housing Trio, and other needed services • Share data with MCP and with County BH to support transition
Continuums of Care (CoCs), Public Housing Agencies (PHAs), and BHSA Housing Intervention Programs	• Work with MCPs to identify eligible members • Share data with MCPs, County BH, and other providers to support care coordination and transition to permanent housing • May serve as Transitional Rent Providers if they have capabilities to administer the Medi-Cal service
Department of Health Care Services (DHCS)	• Establish service design and oversee implementation • Administer Payments to MCPs

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Eligibility

Clinical Risk Factors – meet one (1) or more of the following:

Have 1 or more serious chronic physical health conditions (pregnant or postpartum up to 12 months will be considered to have met this definition) or physical, intellectual, or developmental disabilities or,

Meet access criteria for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-OODS) services

Experiencing or at risk of homelessness

Meet CRF requirement and meet the HUD definition of homelessness or at risk of homelessness (Section 91.5 of Title 24 of the Code of Federal Regulations with two modifications:

If exiting a correctional facility and were homeless immediately prior to incarceration, regardless of length of incarceration/institutionalization

Timeframe for imminently lose housing and for considered at risk of homelessness is extended to 30 days

Specified transitioning populations or unsheltered or (FSP) eligible

Meet first 2 requirements (CRF and at risk of homelessness) and be transitioning out of the following health care, institutional, or housing settings:

- An institutional care or a congregate residential setting
- State prison, county jail, or youth correctional facility
- Recuperative care facility or short-term post-hospitalization setting
- Transitional housing, rapid rehousing, or a homeless shelter or other interim housing

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Presumptive Authorization

Proposes to require MCPs to allow county behavioral health delivery systems to directly authorize Transitional Rent for members under their care, for a temporary period.

- The county behavioral health delivery system would directly connect the member to a Transitional Rent provider with immediate effect and *DHCS would require the cost of up to 30 days of services to be paid by the MCP even in the event that the MCP subsequently determined that the member did not qualify for Transitional Rent.*

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Examples of Open Policy Questions

What clinical risk factors meet eligibility for criteria #1?

What happens if a member is hospitalized or institutionalized during the TR period? Do payments continue and does it count toward the 6 months?

What is the prioritization process for eligible members given the limited inventory of housing?

If a child has multiple guardians and splits time between different homes, can both houses qualify?

How will plans track eligibility by "once in a demonstration period"?

How will non-duplication be ensured if a county has presumptively authorized TR and the MCP has already authorized similar services such as short-term post-hospitalization?

If an eligible member is unable to be placed due to limited inventory, is that a denial?

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GCHP Considerations

Jan. 1, 2025 Transitional Rent *Optional*

Jan. 1, 2026 Transitional Rent *Mandatory*

Identify operational questions and technical issues for advocacy and clarification

Work with County BH and Public Housing Authority to understand how other agencies administer housing funding

Develop a network of Transitional Rent Providers

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Next Steps

DHCS awaiting CMS approval on proposed Demonstration

MCPs awaiting stakeholder discussions and/or final guidance from DHCS

According to LHPC, no plans are currently anticipating offering Transitional Rent as an optional benefit Jan. 1, 2025

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AGENDA ITEM NO. 5

TO: CalAIM Committee

FROM: Guadalupe González, PhD, MPH, Sr. Director Health Education, Cultural & Linguistic Services

DATE: November 13, 2024

SUBJECT: Diversity, Equity, & Inclusion (DEI) Training Program

SUMMARY:

The purpose of the presentation is to provide an update on the Department of Health Care Services (DHCS) Diversity, Equity, and Inclusion Training Program Requirements and solicit feedback from Community Advisory Committee (CAC) members on GCHP's DEI training curriculum. Members of the CAC will receive an email with the link after the meeting to review the DEI training and a survey will be emailed to members after completion of the online DEI training videos.

RECOMMENDATION:

None

ATTACHMENTS:

1) HECL – DEI Training Program Presentation
2) Enhanced National CLAS Standards

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Integrity
Accountability
Collaboration
Trust
Respect

CalAIM Committee Feedback on Diversity, Equity, and Inclusion (DEI) Training Program

November 13, 2024

Guadalupe González, PhD., MPH
Sr. Director of Health Education,
Cultural and Linguistic Services

Agenda

- ❑ DHCS All Plan Letter 23-025, Diversity, Equity, and Inclusion Training Program Requirements
  - Highlight New Guidelines for Diversity, Equity, and Inclusion (DEI) Training and Education Program
- ❑ Review Current Cultural Competency and Language Access Training with DHCS and National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards
  - Cultural Humility and Implicit Bias Training
  - Clear Communication using the National Standards for Culturally and Linguistically Appropriate Services (CLAS)
  - NCQA Language Access Member, Staff, and Provider Experience with Services
  - Cultural Beliefs and Traditional Remedies
  - Chronic Health Conditions
  - Gender Affirming Care
- ❑ CAC Member Feedback on DEI Training Curriculum to be Reported in Q1 2025
- ❑ Questions

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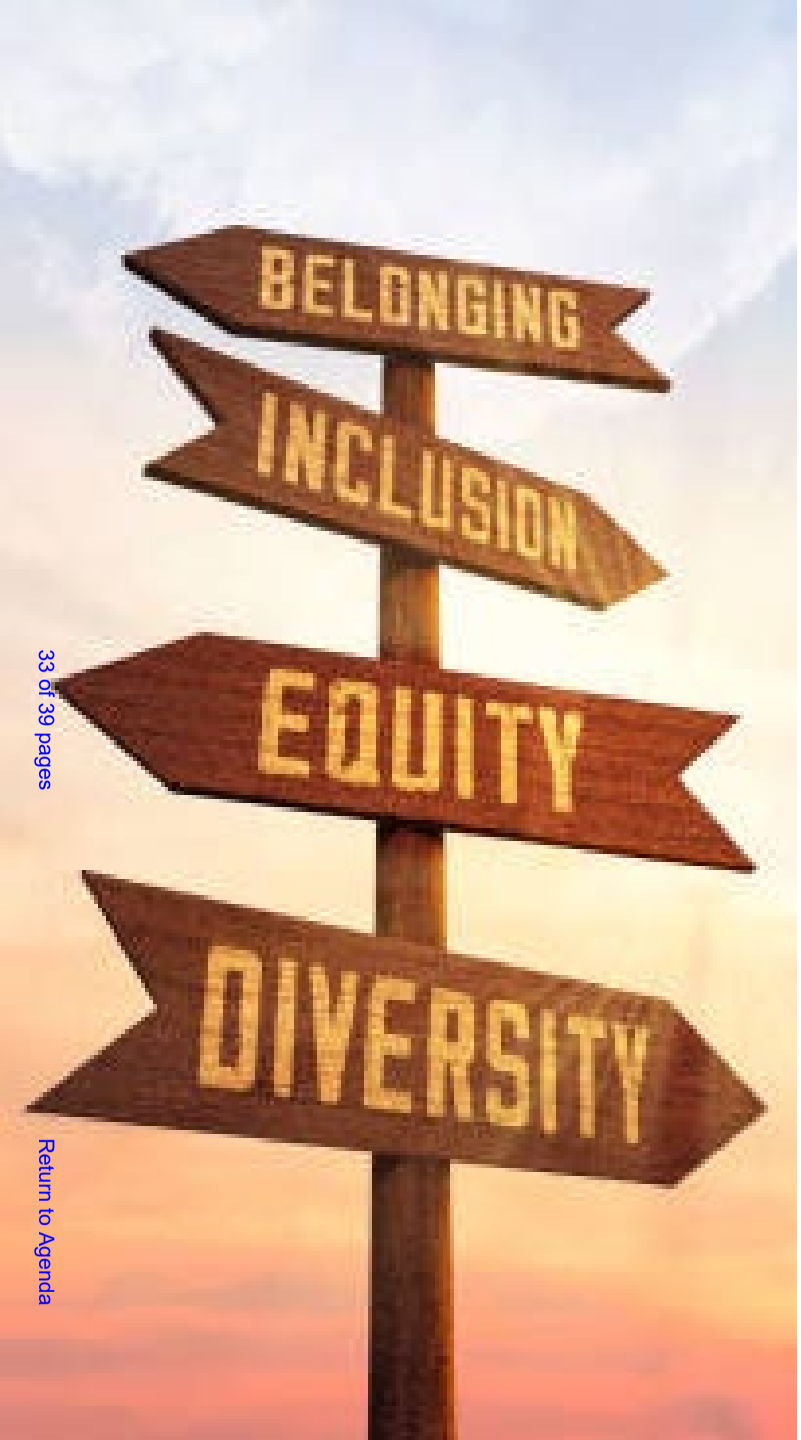

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DHCS APL 23-025 Guidelines for Diversity, Equity and Inclusion (DEI) Training and Education Program

DHCS released an All Plan Letter 23-025 in September 2023 and is currently being updated.

DHCS is asking Managed Care Plans to collect demographic data and stratify to address health inequities.

Workforce diversity and cultural responsiveness.

Eliminate health disparities within the Medi-Cal population and support policy efforts to eliminate disparities.

DEI Training will be monitored, tracked for completion, and recorded for reporting purposes.

Guidelines for DEI Training Curriculum

- Member Demographic – Specific to Ventura County
- Health Conditions by Race/Ethnicity and Region
- Seniors and Persons with Disabilities (SPD) Population
- Specialty Mental Health Services and Substance Use Disorder Needs
- Intellectual and Developmental Disabilities & Children with Special Needs
- LGBTQ+ and Gender Identity, Sexual Orientation

Reference from **APL 23-025** "The categories of DEI shall include GCHP Member demographics including, but not limited to, member's sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other person or groups defined in Penal Code section 422.56 within specific regions. "

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DEI Training Curriculum Topics

The DEI training content shall be delivered as training modules throughout following major themes:

A. Theme 1: Cultural and Linguistic Services at GCHP

B. Theme 2: Foundations of Diversity (Implicit Bias and Empathy)

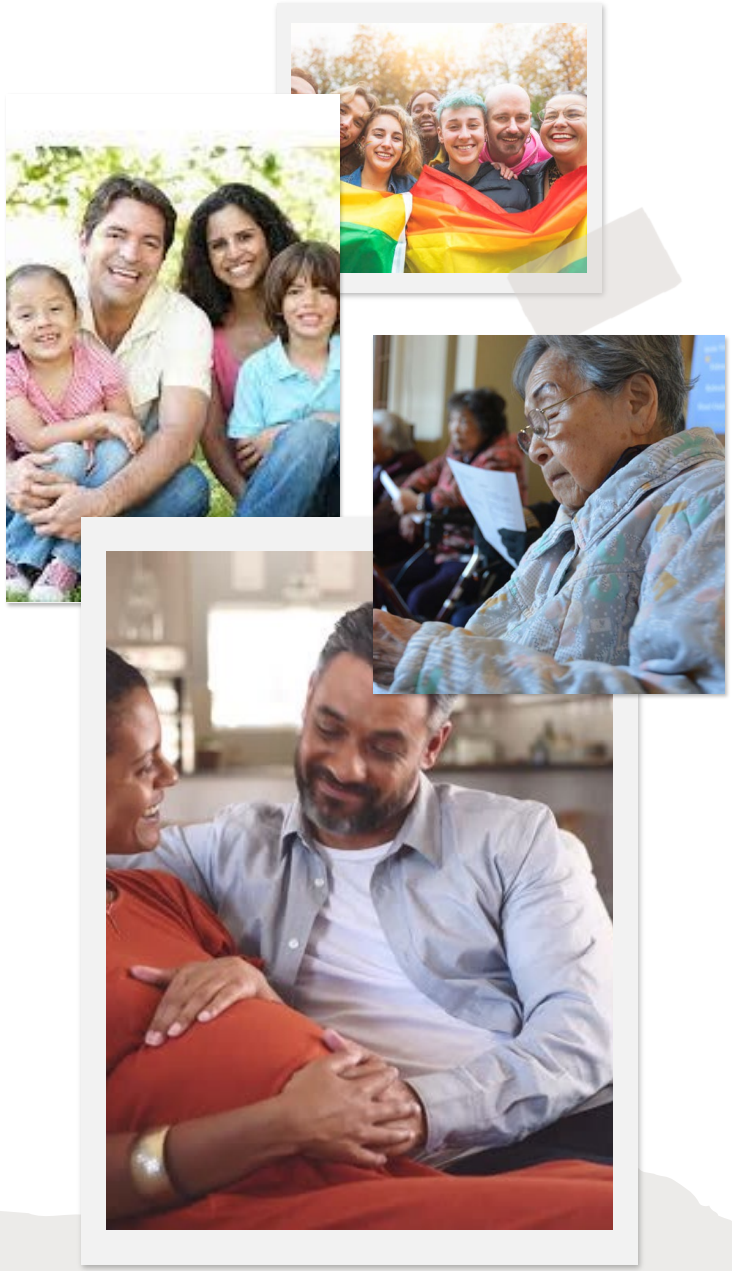
C. Theme 3: Diversity, Equity, and Inclusion for Special Groups of Care:
   - Gender, LGBTQ+, Race/Ethnicity, Religion, Disability, Age Breakdown and other Groups.
   - Need for Gender Affirming Care.

D. Theme 4: Diversity, Equity, and Inclusion for Service Groups of Care, which includes learning style (e.g., visual, auditory, or written) and alternative formats (e.g., braille, large print, audio CDs, translation).

E. Theme 5: Populations Specific to Region

F. Evaluation of Effectiveness of DEI Training Program

G. Open for Feedback



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DEI Training Timeline

Phase 1: 1/1/2025

DEI Training Development: 1/24-6/24

DEI Training Program Approval: 7/24-12/24

Phase 2: 1/1/2026

Pilot DEI Training: 1/25-6/25

Completion of Training: 7/25-12/25

GCHP Provider DEI Training Modules - Website

Cultural Competency Training

Welcome to Gold Coast Health Plan's Cultural Competency Training. We created these online training modules to help you work with vulnerable populations and increase your awareness of the diverse health care needs of our membership. We hope you enjoy the training modules and we encourage you to share them with your staff and other providers.

Training Overview

GCHP is required to provide annual Cultural Competency Training to staff, participating network providers and delegated entities. The training is mandated by the state Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to ensure staff, providers and delegated entities are meeting the unique and diverse needs of all members. All providers and GCHP staff must complete this training.

There are four training modules:

- Module 1: Language Assistance Services
- Module 2: Cultural Competency and Patient Engagement
- Module 3: Gender Identity and Transgender Health Care
- Module 4: Additional Training Resources

Upon completion of the training, you will be able to define:

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Contact us

1.888.301.1228

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Oxnard, CA 93031-9152

Gold Coast Health Plan
Attn: Correspondence

Cultural Competency Training Modules

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Feedback on GCHP's DEI Online Learning Platform - Litmos

❖ ***Discrimination Prevention*** (15 minutes)

Culture Series - Discrimination Prevention 1.0

Learning objectives:

- Define discrimination
- Describe why it is a workplace issue
- Recognize the type of behaviors that could be considered as discrimination
- Describe the impact discriminations has on its victim

❖ ***Understanding Diversity, Equity and Inclusion*** (15 minutes)

Understanding Diversity, Equity and Inclusion 1.0

Learning objectives:

- Define diversity, equity, and inclusion
- Describe the dimensions of diversity
- Recognize the benefits of diversity, equity, and inclusion

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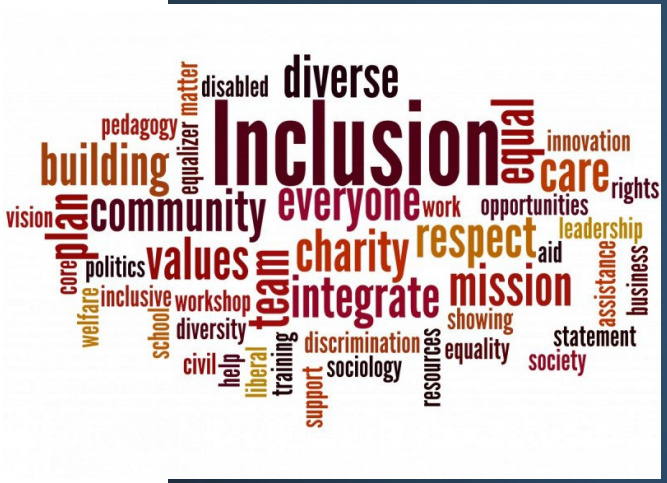
Open Feedback and Comments

Next Steps:

- Feedback on the Current Training Modules on the Website
- Feedback on the DEI Litmos Training
- Survey link will be released to CAC Members the following day
- Feedback due by October 31, 2024

Thank you!



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