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

CalAIM Advisory Committee Meeting

Regular Meeting
August 21, 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: 502 699 148#
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, Executive Director of Strategy & External Affairs
Erik Cho, Chief Program & Policy Officer

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.

UPDATES

2. Enhanced Care Management Services for Justice Involved Members

Staff: David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update

PRESENTATIONS

3. Las Parteras 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.

4. Community Supports Expansion

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

RECOMMENDATION: Receive and file the presentation.

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.

ADJOURNMENT

Date of the next meeting will be November 13, 2024, 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: August 21, 2024

SUBJECT: Approval of the CalAIM Advisory Committee Regular Meeting Minutes of May 15, 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

May 15, 2024

INTERPRETER ANNOUNCEMENT The interpreter, made her announcement.

CALL TO ORDER

The clerk called the meeting to order at 7:37 a.m.

ROLL CALL

Present: Committee members: Carolina Gallardo, Maria Jimenez, Dr. Linda McKenzie, and Emilio Ramirez

Absent: Committee member Vanessa Frank

GCHP Staff in attendance: CEO Nick Liguori, CIO Alan Torres, M.D., CPPO Erik Cho, CCO Robert Franco, CIO Eve Gelb, Adriana Sandoval, David Tovar, Susana Enriquez-Euyoque, Erin Slack, Pauline Preciado, Anna Sproule, and Nicole Bennett. Guests; Katherine Johnson & Ali Danch of VCCIE

PUBLIC COMMENT

None.

WELCOME & OPENING REMARKS

CPPO Erik Cho welcomed the committee and staff to the meeting. He stated that he would like to encourage conversations/have an open discussion during this meeting. The clerk noted there is a change in the order of the presentations.

CONSENT

1. **Approval of CalAIM Advisory Committee regular meeting minutes of February 21, 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 Carolina Gallardo seconded the motion.

Roll Call vote as follows:

AYES: Committee members Carolina Gallardo, Dr. Linda McKenzie, and Maria Jimenez

NOES: None.

ABSTAIN: Emilio Ramirez.

ABSENT: Committee member Vanessa Frank

The Clerk declared the motion carried.

PRESENTATIONS

4. Ventura County Community Information Exchange (VCCIE)

Staff: Erin Slack, Sr. Manager, Population Health
Katherine Johnson, MPA, Project Director, Guest Presenter

RECOMMENDATION: Receive and file the presentation.

Erin Slack, Sr. manager of Population Health introduced guest presenter, Katherine Johnson, who will be presenting on the Ventura County Community Information Exchange project. Ms. Slack stated that the VCCIE project was born out of the population needs assessment. In Ventura County we have the VC Community Health Improvement Collaborative and every three years the organizations work together on a collaborative population needs assessment. In 2019, one of the priority health issues that came out of that collaborative assessment process was addressing social needs. There are high utilizers of healthcare services in our community and the intervention strategy that was proposed was to establish a Community Information exchange. This project is getting close to a launch. We (GCHP) will invest as a participant on the Governance Board and through incentive payment program funding to move this project forward.

Ms. Slack introduced Katherine Johnson from the Public Health Institute, who is our fiscal sponsor and project oversight organization for this project.

Ms. Johnson reviewed how they are trying to connect both ECM and CS providers in a closed loop coordinated network of care. She also wanted to share how they are engaging CBOs in the onboarding process. The conversations have been around data use agreements because the privacy, security, and consent of clients is important.

The Community Information Exchange is a multi-discipline network partner. It is a network of partners that use an integrated technology and a common language and resource database for care coordination. There is an integrated delivery care network component – all who have signed have agreed on how they are going to work together to provide coordination of care.

In the current state of this project, we have seen clients with multiple needs are given multiple referrals for social services needs, and the service providers are not necessarily connected. They do not have transparency into any of the other referrals. The referrals are often through email, fax, or phone calls, and we do not know what happens to those referrals; therefore, we do not often know what is happening to our most vulnerable population.

We are trying to build an integrated delivery network that has transparent referrals, so that when a referral is made, the appropriate people can see it and understand what happened. There is documentation on services that were or were not provided. A gap in services is identified and it informs, at a system level, how we are doing in the delivery of service. We want to make it easy for the client.

There is a two-part approach. We cannot do everything for everyone at once, so the start is with a narrow population with a small use case. A Workflow specific to that case is developed, and then onboard as the case is built and additional cases are added. The first is based on current cases to support, and second, is to identify current referral “network clusters.” Success of the VCCIE is driven by collective impact, and by onboarding existing referral networks of providers.

Onboarding is done with the CEO’s – we aske what the top six organizations that clients are referred to, and from whom they receive the referrals. The information is gathered and put into a kumo map. Referral relationships are being developed between various organizations, which helps to narrow in on which network cluster should be onboarded to the platform.

Erin Slack stated that when collaborating with the school districts, they were identifying their most common referral pathways. We need to interconnect as a community to meet the needs of members.

Ms. Johnson stated that VCCIE will be providing financial assistance to support some of the costs of onboarding to cover staff costs to go through the planning process.

Roles and responsibilities will be established. Through the contracting there is training and then the Go-Live. VCCIE also wants to provide performance incentives which will improve efficiency and use of the system.

VCCIE is hoping CEO will want to participate because there will be more transparency, receipt of smart referrals, and being able to provide better quality of care for the clients because you will understand what is going on with the clients. VCCIE is also hoping to link medical reimbursements offered through CalAIM on this platform, and potential funding available for Community Supports for providing services. VCCIE is currently in conversation with key staff at GCHP to understand how VCCIE could support the process for the CVO.

Marlen Torres, Executive Director of Strategy & External Affairs asked if you are referring individuals to resources and referrals, do you either have your own binder, and know who tot call or you call 211 or call GCHP – how would it work with 211. Ms. Johnson stated that VCCIE does currently have a live feed from 211, so all the service directory that is in 211 is now in the Community Information Exchange. There are currently thirty-eight organizations that are now oriented. And more are being constantly added as well as latest information to the directory as part of the process.

Erin Slack asked if Ms. Johnson could speak about the student behavioral health incentive program, and legal issues with school districts. Ms. Johnson stated there are client authorization forms - one for adults and a different one for minors. The forms were differentiated because of conversations with school district legal teams. Student data is a challenge. The rule is that any school employee that puts data directly into a system by definition that system becomes a school system and must be a school managed/school owned system. School counselors when identifying a need with students would go to the CIE and put the referral information into the CIE, the organization(s) would receive it and would close the loop. We are finding a way to provide value for the schools by giving them read only access to the CIE. They still must go through their normal referral process of a phone call or email, but they will be able to query the system to see if that referral was done and what happened.

Any system that is trying to be school-base and providing information into a system that is intended to be shared beyond schools is going to have a problem with FERPA. This is one of the reasons that they have not served children or minors as part of the Community Information Exchange. At some point organizations will get together and increase efforts in this area to be a thorough source of referrals for minors. We need to figure out a way how we can support the onboarding of the CS and ECM providers that facilitate a tighter working relationship. Pauline Preciado, Executive Director of Population Health stated some of the challenges that GCHP has seen when doing outreach to organizations and onboarding them into our network is meeting some of the operational components – how to submit a claim and meet our minimal

requirements per the state due to the antiquated system that is currently in place. It is very disconnected and with CIE we are hoping will help build out the infrastructure. If you are a community-based organization that is interested in servicing our members, you would be able to sign on and submit information through the CIE and be a part of that healthcare system. The challenge is that we do not have the staff to enter the information or to train on this. We want to take services to the community and to the member and make it as easy as possible for them. We need to build out our network and have advocacy through MICOP or school representatives that can speak to services available through other organizations to ensure that members are connected to care. Erin Slack stated the CIE is going to help support entering a referral on the platform, there will then be an assessment, as well as addressing social determinants of health. Clients could be asked additional questions that will assist with referring them to other agencies that could address needs that were identified. The CIE is designed to address social needs. Most of the stakeholders involved or that are being outreached are social programs.

Ms. Torres stated GCHP and VCCIE would like to know how this system would be helpful to individuals that each of the organization representatives serve. One service referral could overlap with other services to provide the best outcomes for our members.

3. CalAIM: Advancing Health Equity for Members

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

RECOMMENDATION: Receive and file the presentation

Dr. Lupe Gonzalez will present information on health equity. She noted that she will highlight strategies for advancing health equity at GCHP, as well as the process to ensure that we become NCQA health equity accredited.

Dr. Gonzalez noted that DHCS develops strategies and road maps to improve health care systems, transform the delivery of services making it more accessible to all members that are most in need of services. CalAIM initiatives are just one strategy that is being used to help to advance health equity. Gold Coast is working with network providers, and community-based organizations to support the delivery of services to members. Dr. Gonzalez also reviewed the partnership between DHCS and GCHP which is demonstrated by meeting the needs of the most in need. DHCS has identified goals to be met at the state level and managed care level as well. To achieve these goals, GCHP has developed well child visits, immunizations, and incentives to promote both child visits and doing point of contact with providers to deliver gift cards, as well as the expansion of hours for children and families.

Gold Coast also authored grants through DHCS to improve adolescent depression, collaborating with community-based organizations to do screenings and follow-up services. Another area of improvement is mental health and substance abuse disorders. Gold Coast is working with Carelon as well as community-based organizations to help improve these disorders. One other goal is to ensure that health plans exceed the 50th percentile for all children's preventative care measures. GCHP is developing and collaborating with community-based organizations and working with our network providers to expand services after hours and weekends.

Dr. Gonzalez also reviewed strategies. She noted that looking at data and using data to monitor both inequities and areas of improvement, developing strategies to improves health outcomes, and developing strategies that are culturally, and linguistically appropriate for our members. We also used data for follow-up care after hospitalization. We have also developed the Healthy Connections Program, and health navigators went into the hospital and did outreach looking for ways of offering services and connecting the member to their PCP or care management.

Another strategy that has been used to advance health equity is our training and language access services. Currently GCHP offers training to providers on cultural competency and offering resources for our providers on language access. Through NCQA we will be expanding the training and offering more diversity, inclusion, and equity. It drives improvement through provider and member incentives. Incentives is another strategy for advancing health equity. She noted that some of the services that CalAIM offers is another area in which we can advance health equity. Dr. Gonzalez stated that developing community health work because we know there is a shortage of healthcare professionals and a way of offering supportive services and improving preventative care is by developing a workforce around community health workers and new program delivery, a service we are working on is the doula benefit. CalAIM also offers housing assistance, cooperative care, and supportive meals for our members.

Dr. Gonzalez also reviewed nest steps that GCHP is making to become circulated and NCQA Health Equity accredited. Federal, state, and local agencies are working to improve health outcomes and reduce treatment costs. DHCS is requiring managed care plans to become accredited. We are developing policies and procedures that would be aligned with NCQA so that we can become accredited in health equity.

Dr. Gonzalez also noted that GCHP offers language assistance services for our members. We offer free interpreter services, we offer alternative format for members that request large print, translation in Braille. We also offer audio CD. We are working with MICOP to expand interpreting services with them. We offer sign language as well. She noted that we also offer telephonic interpreting for providers and members. We

work with three different vendors to coordinate services to ensure that the members have access to the providers through language assistance services.

Committee member Dr. Linda McKenzie motioned to approve Presentation Items 3 and 4. Committee member Emilio Ramirez seconded the motion.

Roll Call vote as follows:

AYES: Committee members Carolina Gallardo, Dr. Linda McKenzie, Maria Jimenez, and Emilio Ramirez

NOES: None.

ABSENT: Committee member Vanessa Frank

The Clerk declared the motion carried.

UPDATES

2. Justice Services Update

Staff: David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update

David Tovar, Incentive Strategy Manager, gave a brief update on Justice Services. He is assisting and leading our justice services implementation.

Mr. Tovar noted that between 2020 and 2023 there were a total of 1049 deaths due to overdose in Ventura County. This is an exceedingly high rate. Many of these individuals use fentanyl or an opioid. A large majority of these overdoes deaths happen within the first few months of release from a correctional facility, which I when the individual is most vulnerable to overdose. Due to recent release, they often do not have the opportunity to engage in an MAT (Medication Assisted Treatment) or therapy. They have been disconnected from their healthcare provider because they might have been disenrolled from Medi-Cal due to the length of incarceration time. We need to figure out connections between the sheriff's officer, probation, stated corrections, behavioral health services, our network, and the Human Services Agency. We need to figure out how to work together to create a more cohesive system for these individuals. There are several steps within the justice services revamp. One of the first steps is engagement with Human Services and the jails, then behavioral health will come in and engage individuals with medication or with substance use disorders or mental health needs. We also have the role of the managed care plan

working to ensure that the member is engaged in enhanced care Management if they choose to opt into that benefit and community supports, as well as ensuring that they are transitioned to our network providers as they exit the facility.

Mr. Tovar noted there are two specific models that we are looking to implement in Ventura County. The first is called an ECM in-reach model where the health plan has their network of Enhanced Care Management providers, and they contract with the provider/ a specific nonprofit with experience in justice services. We would have an agreement with local facilities to be able to place our providers into the checklist and make sure that individuals who are identified as Medi-Cal recipients would be connected with our ECM provider 90 days prior to release to receive assistance with coordinating care upon release. It is quite a bit of coordination between us and the facilities and network providers. It also requires a level of trust. It looks like we will be working with this model. There is also an embedded model, where the provider they see in the facility will be the provider they see as they exit. It is a familiar face and there is some level of trust. The key difference is that with the In-reach model, we hold the contact with the ECM provider, and we direct the ECM provider. In the embedded model, which will be used in the juvenile facility, the facility holds the contract and gives the direction.

We are looking at contracting with that same provider to ensure continuity for exiting. There is also the issue of some being incarcerated for limited times, and you are not able to build a rapport or engagement with that individual. Currently it is an open process to get someone into ECM, and we want to keep it that way. The key difference in the models is who holds the contract.

Committee member Emilio Ramirez asked if it has been found that when a person is released if they are already addicted and/or if they are released into homelessness. Mr. Tovar stated that we are trying to avoid losing that person once released, and homelessness often has high incidence. Also asked if a service can provide a release into housing or into a bed. Mr. Tovar stated that within Community Supports we have five housing related communities supports and DHCS encourages us to pre-authorize individuals before they are released to ensure they have access to this housing. For example, if someone upon release has a wound they could be released into recuperative care and have access to 90 days of recuperative care. We can pre-authorize housing deposits, so that if the barrier to housing is first and last months' rent, we could do housing navigation beforehand. The goal is to get them into the HMIS system and connect to a housing provider as soon as possible.

Committee member Dr. Linda McKenzie stated she had one suggestion; she asked if there was an opportunity to provide an orientation six months prior to release so they can hear some of the statistics. Mr. Tovar stated that local facilities have classrooms fully set up for presentations, so there is an opportunity for this type of service. There

might be an opportunity to do health information, health education if the sheriff office and probation agree. Our new member orientation covers an extensive array of information on services that we provide. The intent is to try to prevent them from going back into a lifestyle that they may have already gotten caught up in. It is providing resources to have individuals make different changes/and opportunities that they would not other wise have. Mr. Tovar stated he will take this suggestion and present it. Dr. McKenzie stated that it is crucial to have them listen to restorative justice, empathy, and behavioral changes. Ms. Torres stated that this topic will be an ongoing item on the agenda.

Committee member Emilio Ramirez motioned to approve Updates item 2. Committee member Carolina Gallardo seconded the motion.

Roll Call vote as follows:

AYES: Committee members Carolina Gallardo, Dr. Linda McKenzie, and Maria Jimenez

NOES: None.

ABSENT: Committee member Vanessa Frank

The Clerk declared the motion carried.

ADJOURNMENT

With no further business to discuss, the Clerk adjourned the meeting at 9:02 a.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: CalAIM Advisory Committee

FROM: David Tovar, Incentive Strategy Manager

DATE: August 21, 2024

SUBJECT: Justice Services Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Justice Services Update

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Justice Services Update

David Tovar
Incentive Strategy Manager

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Justice Services Update

Justice-involved individuals - people who are now, or have spent time, in jails, youth correctional facilities, or prisons - are at higher risk for injury and death than the general public. They face disproportionate risk of violence, overdose, and suicide.

Information

GCHP is working with our Justice Partners to develop a joint release of information to easily share data between partners.

Working Together

Local facilities have submitted their implementation plans to DHCS. Plans outlined partnerships, implementation models, and needs.

Onboarding

GCHP is finalizing its contract negotiations and onboarding of its Justice Serving ECM provider. Local correctional facilities will also be working through on boarding their embedded ECM providers, Wellpath Health in Sheriff's facilities and VCBH at the JJF. The finalization of onboarded efforts is expected in 2026.

Return to Agenda

Questions?

Return to Agenda

AGENDA ITEM NO. 3

TO: CalAIM Advisory Committee

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

DATE: August 21, 2024

SUBJECT: Las Parteras de Partos y Pos Partos Doula Benefit Pilot Program

PowerPoint with Verbal Presentation

ATTACHMENTS:

GCHP Doula Benefit Pilot Overview

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GCHP Doula Benefit Pilot Program

August 21, 2024

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

711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

Promotoras de Parto y Pos Parto

Access to qualified and culturally competent doulas to support eligible GCHP members

The purpose of this pilot is to:

Build

Build a quality GCHP doula network

Provide Services

Provide equitable doula services to the Mixteco speaking population

Network Development

Develop a training pathway for GCHP doula certification

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Mixteco Indigena Community Organizing Project
Mixteco.org

Ventura County Medical Center

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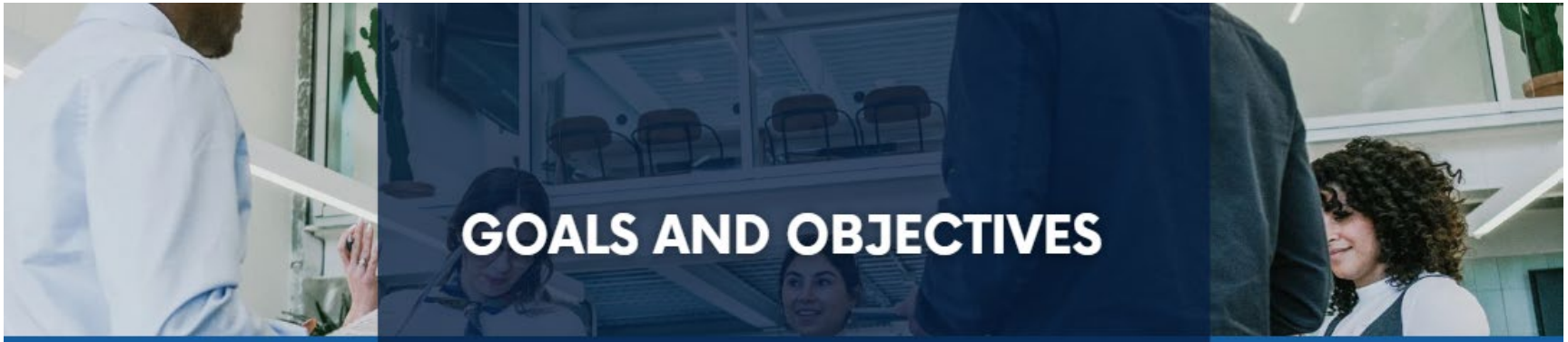

GOALS AND OBJECTIVES

Growth

By the end of the year, we will have a minimum of 10 doula providers that are able to serve the Mixteco speaking population.

Quality Improvement

Increase preventive and routine services measured by MCAS.

Increase Community Collaboration

Utilizing current resources within our community to strengthen the outcomes of our birthing population.

Return to Agenda

What is a Doula?

Doulas are birth workers who provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of beneficiaries while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Return to Agenda

DOULA SERVICES

As a preventive benefit, doula services require a written recommendation from a physician or other licensed practitioner of the healing arts. To increase access to services, DHCS issued a standing recommendation for doula services that fulfills the requirement for a recommendation for an individual who is pregnant or was pregnant within the past year.

Up to eight visits that may be provided in any combination of prenatal and postpartum visits.

Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage.

Members may receive up to 9 additional postpartum visits with an additional recommendation.

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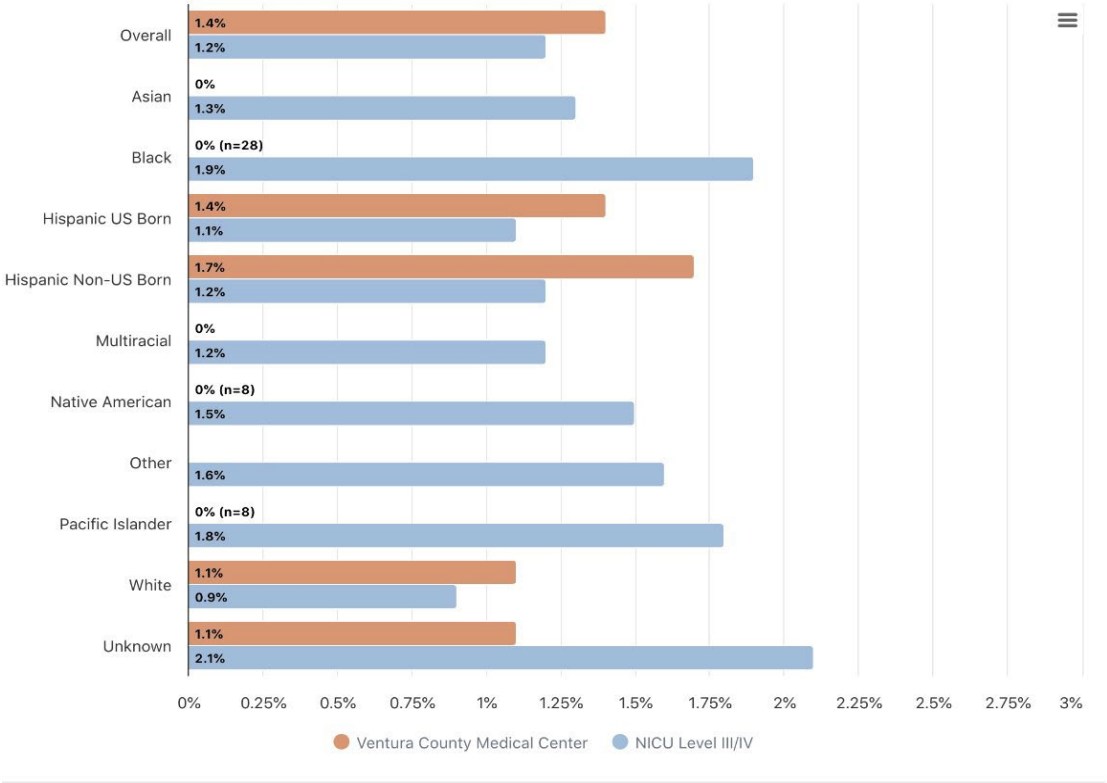
Baseline Data:
*Severe Pregnancy Related Complications : Non-U.S. Born Hispanic Women**

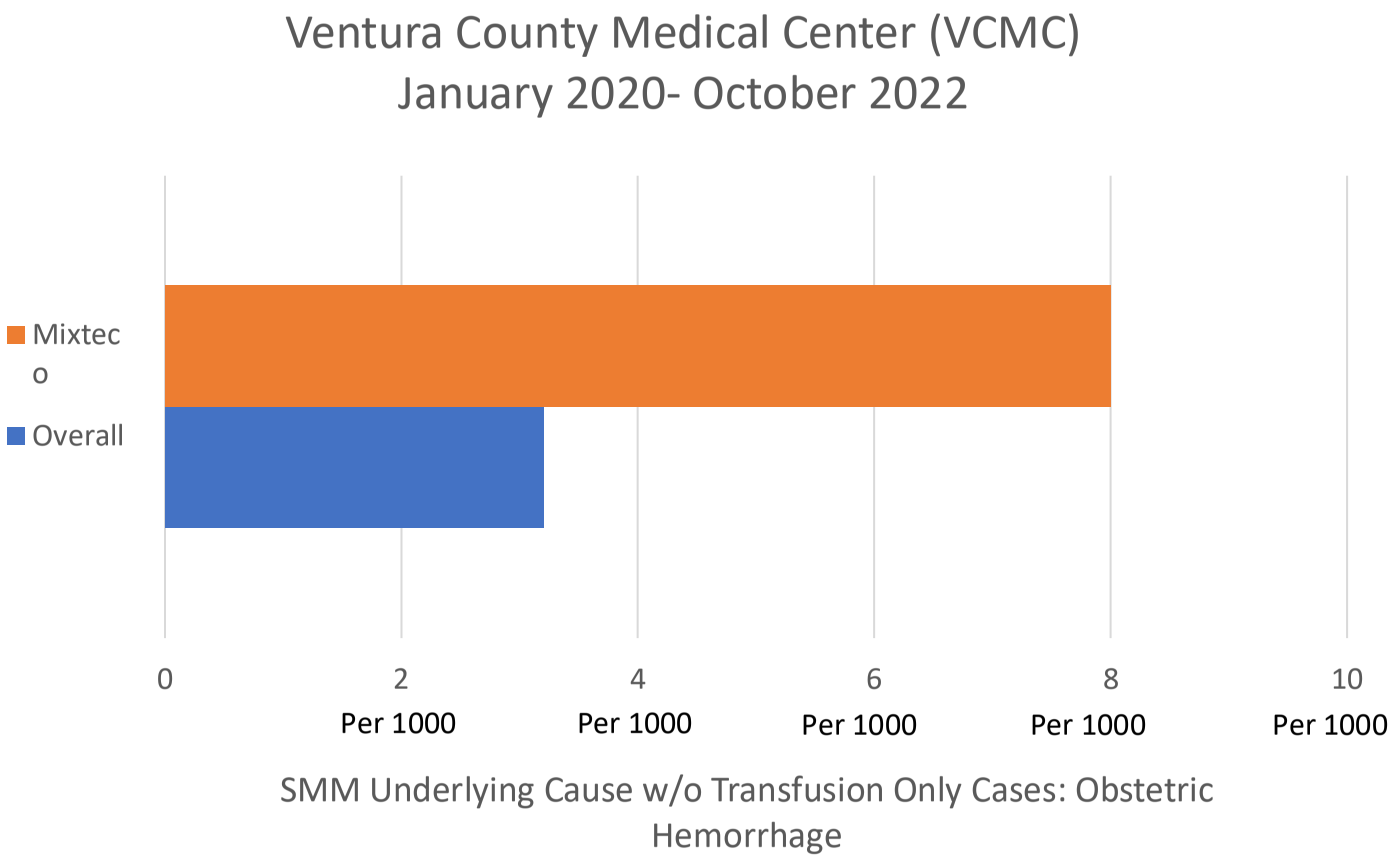


Patients who were *"Non-US Born Hispanic" had higher SMM compared to "US Born Hispanic" and "White"*

** Ventura County Medical Center*

Return to Agenda

Baseline Data:
Obstetrical Hemorrhage (Bleeding)
Mixteco vs. General Population



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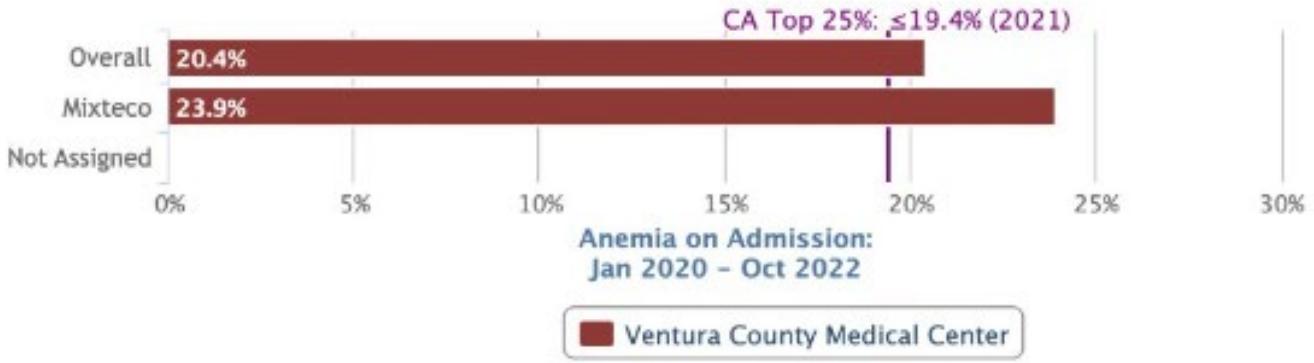
Mixteco Anemia (Low Blood Count) On Admission



	Rate	Numerator	Denominator
Ventura County Medical Center	20.4%	780	3825
Mixteco	23.9%	84	351
Not Assigned	No Cases	0	0

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Promotoras de Parto y Pos Parto

Doula Pilot Program- Cohort 1

Partnership with MICOP/VCMC/GCHP

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MICOP Doula Pilot Cohort 1

- March-April 2024
  - Doula contracting
- May 2024
  - Doulas hired
  - Doula on-board process for VCMC begins
- June 2024
  - 24-hour training with Labor of Love
  - Doula on-boarding for VCMC in process
- July 2024
  - CPR Training
  - Lactation Training
- August 2024 (expected)
  - 3 live births

DOULAS CONNECTING MEMBERS TO ESSENTIAL SERVICES

Enhanced Care Management (ECM)	Complex Care Management (CCM)	Community Support (CS)
Incentives for preventative care	Cultural & Linguistic Services	Transportation Services

Refer to the program using this link: https://www.goldcoasthealthplan.org/for-providers/provider-resources/claim-resources/community-supports/

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Questions

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AGENDA ITEM NO. 4

TO: CalAIM Advisory Committee

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

DATE: August 21, 2024

SUBJECT: Community Supports Expansion

PowerPoint with Verbal Presentation

ATTACHMENTS:

Community Supports Expansion Update

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Community Supports Expansion Update

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Pauline Preciado,
Executive Director, Population Health & Equity
David Tovar,
Incentive Strategy Manager

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Community Supports Expansion

- GCHP submitted its CS MOC to DHCS on 7/8/24
- GCHP intends to launch Sobering Center and Day Habilitation services on 1/1/25

Sobering Center	Day Habilitation
Services Include: • Medical triage • Lab testing • Temporary shelter/bed • Rehydration • Food service • Treatment for nausea • Wound and dressing changes • Shower and laundry facilities • Substance use education and counseling • Navigation and warm hand-offs for additional substance use services or other necessary health care services • Homeless care support services	**Services Include (but not limited to):** • The use of public transportation • Personal skills development in conflict resolution • Community participation • Developing and maintaining interpersonal relationships • Daily living skills (cooking, cleaning, shopping, money management) • Community resource awareness
Eligibility: • Are 18 years of age or older. • Are intoxicated, but conscious and cooperative. • Are nonviolent. • Are free from any medical distress. • Would otherwise be transported to the emergency department or a jail or presented at an emergency department and are appropriate to be diverted to a Sobering Center.	**Eligibility:** • Individuals who are experiencing homelessness, • Individuals who exited homelessness and entered housing in the last 24 months, • Individuals at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.

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AGENDA ITEM NO. 5

TO: CalAIM Advisory Committee

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

DATE: August 21, 2024

SUBJECT: D-SNP Launch

PowerPoint with Verbal Presentation

ATTACHMENTS:

Gold Coast Health Plan D-SNP Update

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Gold Coast Health Plan CalAIM: D-SNP Update

August 21, 2024

Eve Gelb, Chief Innovation Officer
and
Kim M Johnson, Director of Dual Special Needs Plan

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DHCS transformation for Dually Eligible Enrollees

- In 2022 the Department of Health Care Services (DHCS) collaborated with the Centers for Medicare & Medicaid Services (CMS) as well as Managed Care Plans (MCP) to establish an Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP) model.

- Seven MCPs in the Coordinated Care Initiative (CCI) counties have already established EAE D-SNPs effective January 1, 2023.

- All MCPs will be required to establish EAE D-SNPs no later than contract year 2026.

Return to Agenda

What does it mean to be a EAE D-SNP

- Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP):
    - Beneficiaries are automatically enrolled in the **Medi-Cal plan** that aligns with their **Medicare plan**, so there is only one organization coordinating care across both sets of benefits.
        - Limits a D-SNP's membership to only individuals with aligned enrollment. (the plan must be able to administer both Medi-Cal and Medicare benefits)
    - Provide comprehensive care coordination across Medicare and Medi-Cal benefits, and streamline enrollee experiences, such as integrating member notification materials, grievances and appeals processes, and a single drug formulary.

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What does this mean for GCHP?

- We will become a Medicare Advantage (MA) Plan to serve our EAE D-SNP members.
- Responsible for:
  - Providing specialized care to beneficiaries dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services
  - Adhere to Medicare regulations in addition to Medi-Cal
  - Institute Medicare processes that may not exist in our Medi-Cal
  - Need to align existing processes in the most efficient way possible
- GCHP will become an Exclusively Aligned Enrollment (EAE) D-SNP starting on 1/1/2026.
- Our goal is to be a sustainable high-quality plan by making sure we are thoughtful in our implementation and grow at a manageable pace.

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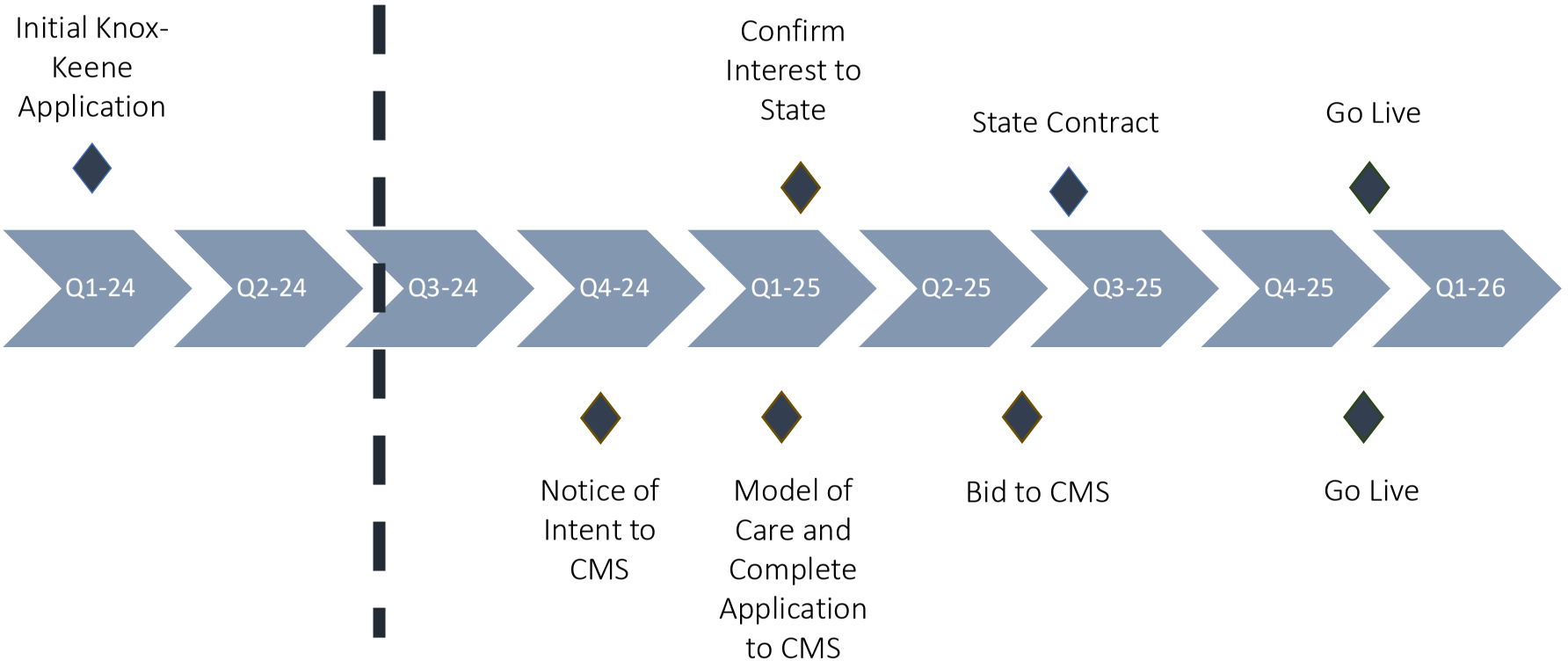
On Track with Regulatory Schedule

GCHP has filed our initial Knox Keene Application and is working with the Department of Managed Health Care to complete deliverables. We are on track for all other filings



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