



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

**Community Advisory Committee Meeting**

**Regular Meeting**

**Wednesday, April 26, 2023 4:00 p.m. – 6:00 p.m.**

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

**Meeting held pursuant to AB 361**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 481 424 815#**

**Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234**

**Due to the declared state of emergency wherein social distancing measures have been imposed or recommended, this meeting is being held pursuant to AB 361.**

**AGENDA**

**INTERPRETER ANNOUNCEMENT**

**CALL TO ORDER**

**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.

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](mailto: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.

### **Welcoming Remarks**

Nick Liguori, Chief Executive Officer  
Marlen Torres, Executive Director of Strategy & External Affairs

### **CONSENT**

- 1. Approval of Community Advisory Committee Special Meeting Minutes of February 15, 2023, March 15, 2023, and April 12, 2023.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

### **FORMAL ACTION**

- 2. Findings to Hold Remote Teleconference/Virtual CalAIM Advisory Committee Meetings Pursuant to Assembly Bill 361**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Committee adopt the findings to continue to meet remotely.

### **UPDATES**

- 3. Medi-Cal Rx Update-Unwinding of Public Health Emergency-Therapeutics Coverage**

Staff: Lily Yip, Clinical Programs Pharmacist

RECOMMENDATION: Receive and file the update.

## **PRESENTATIONS**

### **4. Post-Discharge Hospital Health Navigator Program - Pilot Project at Dignity Health**

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

**RECOMMENDATION:** Receive and file the presentation.

### **5. Fluoride Varnish**

Staff: Heidi Ramirez, Quality Improvement R.N.

**RECOMMENDATION:** Receive and file the presentation

### **6. Keeping Our Medi-Cal Members Enrolled in Coverage**

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

**RECOMMENDATION:** Receive and file the presentation

### **7. General CalAIM Update**

Staff: Staff: Erik Cho, Chief Policy and Program Officer  
Pauline Preciado, Exec. Director of Population Health & Equity  
Rachel Lambert, Sr. Director of Clinical Care Management

**RECOMMENDATION:** Receive and file the presentation.

## **COMMENTS FROM COMMITTEE MEMBERS**

### **CAC Feedback / Roundtable Discussion**

## **PUBLIC COMMENT**

## **ADJOURNMENT**

Date and location of the next meeting to be determined at the May 24, 2023, special CAC meeting.

---

**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 (CAC)  
**FROM:** Maddie Gutierrez, MMC - Clerk to the Commission  
**DATE:** April 26, 2023  
**SUBJECT:** Approval of the Community Advisory Committee Meeting Special Meeting Minutes of February 15, 2023, March 15, 2023, and April 12, 2023.

### **RECOMMENDATION:**

Approve the minutes as presented.

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

**Community Advisory Committee (CAC) Minutes  
Special Meeting  
February 15, 2023**

**CALL TO ORDER**

Committee Chair, Ruben Juarez, called the meeting to order at 4:02 p.m. via teleconference. The Clerks were in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

**INTERPRETER ANNOUNCEMENT**

Ana Rangel, Interpreter, made her announcement for Spanish speakers.

**ROLL CALL**

Present: Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, and Rafael Stoneman.

Absent: Committee members Laurie Jordan, Juana Quintal, and Pablo Velez.

Attending the meeting for GCHP Executive Team were Marlen Torres, Luis Aguilar, CEO Nick Liguori, CMO Felix Nunez, M.D., CPPO Erik Cho, CCO Robert Franco, CDO Ted Bagley, CIO Alan Torres, and Lily Yip Clinical Programs Pharmacist.

**PUBLIC COMMENT**

None.

**WELCOMING REMARKS**

Nick Liguori, Chief Executive Officer, thanked the committee for their service. He noted that the Committee's contributions are invaluable.

CEO Liguori noted that CMO Nancy Wharfield, M.D. has retired and GCHP now has a new Chief Medical Officer: Felix Nunez, M.D. Dr. Nunez joined GCHP in October of 2022 as the Associate Chief Medical Officer. He began his role of Chief Medical Officer on February 1, 2023. Dr. Nunez integrated into the organization with 25+ years of experience in leadership. He immediately began to collaborate with the Health Services Care Management team to

design and implement a comprehensive integrated care team model for the coordination of care for members with medically or socially complex needs.

He is a graduate of Harvard Medical School, a creative problem solver and is very dedicated to the community we serve. CEO Liguori asked CMO Nunez to introduce himself.

Dr. Felix Nunez, M.D., stated he was honored and happy to be at GCHP. One of his many goals is to work for a positive change in the lives of our members. He is more than happy to meet with anyone who might have questions for him.

## **CONSENT**

- 1. Approval of Community Advisory Committee Regular Meeting Minutes of July 27, 2022, regular meeting minutes of October 26, 2022, Special meetings minutes of November 16, 2022, December 14, 2022, January 4, 2023, and January 25, 2023.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

**RECOMMENDATION:** Approve the minutes as presented.

Committee member Paula Johnson motioned to approve consent item 1. Committee member Martha Johnson seconded.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, and Rafael Stoneman.

**NOES:** None.

**ABSENT:** Committee members Laurie Jordan, Juana Quintal, and Pablo Velez.

The motion carries.

Committee member Pablo Velez joined the meeting at 4:16 p.m.

**2. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Marlen Torres, Executive Director, Strategy and External Affairs

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

Committee member Paula Johnson motioned to approve consent item 2. Committee member Pablo Velez seconded.

Committee member Rafael Stoneman asked for staff to inquire if the special AB361 meetings vote could be done via email instead of calling into Teams.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, Rafael Stoneman and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee members Laurie Jordan, and Juana Quintal.

The motion carries.

**UPDATES**

**3. Medi-Cal Rx Reinstatement Update**

Staff: Lily Yip, Clinical Programs Pharmacist

**RECOMMENDATION:** Receive and file the update.

Ms. Yip reviewed the Medi-CalRx background. She noted that the State took over pharmacy benefits. The State wanted to standardize benefits for all. Prior authorization requirements are being slowly reinstated in phases, in order to avoid disruption in care. If a prior authorization is required, it only impacts new, first start medications for members aged twenty-two and older. It does not include all medications, there are only a handful that are restricted. There will be limits on quantity and limits on age requirement. Ms. Yip reviewed the Reinstatement timeline, which will be done in four phases. In March, DHCS will release certain medications that had



prior authorization which had been approved, will now be denied and the doctor will need to submit a new authorization to Medi-CalRx, which will be reviewed by the State. The State has assured us that all new authorizations will be reviewed and approved within 24 hours to avoid disruption in care. If for some reason a member runs out of medication before receiving the approval, there is a way for pharmacies to call Medi-CalRx to get an override. Emergency supplies will be available.

Ms. Yip reviewed contact information and Medi-CalRx reinstatement resources. They are available 24 hours a day, 7 days a week and 365 days per year. She also listed GCHP pharmacy contact information.

Committee member Ruben Juarez asked how members age 19 through 21 would get their medications reinstated. Ms. Yip stated there is no impact to age 21 or under and they should have no barriers to access their meds.

CMO Nunez stated the key to avoid interruption of medications is to work with primary care physicians and also reach out to Medi-CalRx to avoid interruption.

Committee member Pablo Velez stated this information was very helpful. He stated that in the past members could go to a local pharmacy, he asked how this will continue. Ms. Yip stated Medi-CalRx has contracts with many of the local pharmacies. Members can look up the link or call Medi-CalRx to see if the pharmacy is covered.

Mr. Velez asked if a member could walk into a pharmacy with an Rx or if the Dr. needs to call it in. Ms. Yip responded that the Rx needs to be sent to the correct pharmacy, and the member must have their Medi-Cal card so the pharmacy can input the information needed.

## **PRESENTATIONS**

### **4. Actions to Improve Health, Healthcare, and Services for our Members**

Staff: Erik Cho, Chief Policy and Program Officer

**RECOMMENDATION:** Receive and file the update

Chief Program & Policy Officer, Erik Cho, gave an overview of his presentation. He noted data-driven focus actions for our members as well as a focus on transportation.

CPPO Cho noted that 10% of GCHP members account for all GCHP's controllable costs. 78% of these members have 2 or more chronic conditions, while 58% of these members have 5 or more chronic conditions. CPPO Cho also noted that over 13% of

our top 10% have not had prescriptions claims in the last 3 months. Studies show that those who do fill their prescriptions only 40% will actually adhere to the medication regimen.

We need to improve linkages to and retention of care and medication adherence as well as advance management of acute/chronic conditions.

CPPO stated there are targeted engagement campaigns. We launched targeted outreach in November for members who are high risk for hospitalization. We have also increased Medically Tailored Meals referrals in November with an emphasis on our top 10% members.

CPPO Cho reviewed the ECM (Enhanced Care Management) and CS Expansion Plan timeline as well as the Interdisciplinary Care Team (ICT) model noting examples of the populations served.

Member Incentives were also reviewed. The purpose is to motivate members to adopt healthy behaviors. Using a traditional approach such as awarding gift cards after completion of an activity has not proven effective. A new approach is to impact people's daily behavior through consistent nudges and focus on the hard to reach and low adherence population. We must keep members engaged. We need to invest in our members and focus on their care.

Committee member Pablo Velez asked about Community Health Workers (CHW). CPPO Cho stated this is a new program and staff will present more detailed information at the next meeting. He did note that this program is a way to reach members in the community.

CPPO Cho reviewed transportation impacts on health. He stated that lack of transportation leads to poor management of chronic illness and poor health outcomes. It has been found that transportation can be a barrier in accessing healthcare, especially for older adults. Appointments are missed, there can be delay in care, which can also cause a delay in medication use. The current state of public transportation in Ventura County presents challenges to our members.

CPPO Cho reviewed the importance of transportation for GCHP. He noted transportation is critical for care coordination and management and there is an increased DHCS focus on transportation services. GCHP is taking steps forward in developing and improving a transportation improvement plan. Currently staff is doing an assessment and analysis and will develop an intervention to define best paths for improvement.

Committee member Paula Johnson motioned to approve presentation items 3 and 4. Committee member Pablo Velez seconded.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, Rafael Stoneman and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee members Laurie Jordan, and Juana Quintal.

The motion carries.

### **COMMENTS FROM COMMITTEE MEMBERS**

Committee member Rafael Stoneman stated he continues to work with Gold Coast Veterans Foundation. He stated that he got assistance for one of his clients and he wanted to acknowledge the help he received from one of GCHP's staff.

Committee member Paula Johnson stated her team met with Dr. Wharfield to discuss how to better serve her ARC members and she looks forward to more meetings. She stated that she would like to get a general healthcare traveling clinic to go to ARC and serve ARC members. She noted that transportation is difficult, and a traveling clinic would be very helpful.

Committee member Pablo Velez acknowledged Rachel Lambert for her team's quick response and assistance.

### **PUBLIC COMMENT**

None

### **ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 5:11 p.m.

Approved:

---

Maddie Gutierrez, MMC Clerk to the Commission

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

**Community Advisory Committee (CAC) Minutes  
Special Meeting  
March 15, 2023**

**CALL TO ORDER**

Due to the Committee Chair not being able to attend, the Clerk called the meeting to order at 4:02 p.m. via teleconference.

**INTERPRETER ANNOUNCEMENT**

Lourdes Campbell, Interpreter, made her announcement for Spanish speakers.

**ROLL CALL**

Present: Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Victoria Jump, Rose Mackay, Juana Quintal, and Rafael Stoneman.

Absent: Committee members Ruben Juarez, Elaine Martinez, and Pablo Velez.

Attending the meeting for GCHP Executive Team were Marlen Torres, Exec. Director of Strategy & External Affairs, CMO Felix Nunez, M.D., CIO Alan Torres, Adriana Sandoval, Lisbet Hernandez, Susana Enriquez-Euyoque, and Veronica Estrada.

**PUBLIC COMMENT**

None.

**WELCOMING REMARKS**

Marlen Torres, Executive Director of Strategy & External Affairs thanked those present for making quorum and having the opportunity to hold the special AB361 meeting.

## **CONSENT**

### **1. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Marlen Torres, Executive Director, Strategy and External Affairs

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

Committee member Paula Johnson motioned to approve consent item 1. Committee member Rose MacKay seconded.

Roll Call vote as follows:

**AYES:** Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Victoria Jump, Rose Mackay, Juana Quintal, and Rafael Stoneman.

**NOES:** None.

**ABSENT:** Committee members Ruben Juarez, Elaine Martinez, and Pablo Velez.

The motion carries.

## **COMMENTS FROM COMMITTEE MEMBERS**

Committee member Laurie Jordan inquired if the changes in the public health emergency would impact the CAC meetings being held virtually.

Ms. Torres responded that our General Counsel would attend the next general meeting to give his interpretation of the requirements.

The Clerk announced there would be another special AB361 meeting held on April 12, 2023, and the next general meeting is scheduled for April 26, 2023, at 4:00 p.m. with a hard stop at 6:00p.m.

## **PUBLIC COMMENT**

None

## **ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 4:07 p.m.

Approved:

---

Maddie Gutierrez, MMC    Clerk to the Commission



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

**Community Advisory Committee (CAC) Minutes  
Special Meeting  
April 12, 2023**

**INTERPRETER ANNOUNCEMENT**

Moira Gallos, Interpreter, made her announcement for Spanish speakers.

**CALL TO ORDER**

Committee Chair, Ruben Juarez called the meeting to order. at 4:01 pm via teleconference.

**ROLL CALL**

Present: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, Juana Quintal, Rafael Stoneman and Pablo Velez.

Absent: Committee member Laurie Jordan.

Attending the meeting for GCHP Executive Team were Marlen Torres, Exec. Director of Strategy & External Affairs, CMO Felix Nunez, M.D., CCO Robert Franco, CIO Alan Torres, CPPO Erik Cho, Adriana Sandoval, Lisbet Hernandez, Susana Enriquez-Euyoque, Luis Aguilar, and Veronica Estrada.

**PUBLIC COMMENT**

None.

**WELCOMING REMARKS**

Marlen Torres, Executive Director of Strategy & External Affairs thanked those present for making quorum and having the opportunity to hold the special AB361 meeting.

## **CONSENT**

### **1. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Maddie Gutierrez, Clerk for the Commission

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

Ms. Torres noted that there have been changes to the AB361 meeting guidelines. General Counsel, Scott Campbell, will present updated information at the next regular CAC meeting, which is scheduled for 4/26/23 at 4 pm.

Committee member Rafael Stoneman motioned to approve Consent item 1. Committee member Paula Johnson seconded.

Roll Call vote as follows:

**AYES:** Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose Mackay, Elaine Martinez, Juana Quintal, Rafael Stoneman and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee member Laurie Jordan

The motion carries.

## **COMMENTS FROM COMMITTEE MEMBERS**

Committee member Dr. Pablo Velez stated that he wanted to thank GCHP staff for participating in the 3rd Annual Developmental Conference that was a collaborative effort with Proyecto Acceso. Dr. Velez stated that it was a very successful community event and that approximately 200 – 300 families participated. Developmental trainings were held in Spanish and Mixteco and various community partners shared resources and information. Dr. Velez noted that Marlen Torres, Exec. Director of Strategy & External Affairs, and her team were very helpful. Ms. Torres thanked her team for all their hard work.

Ms. Torres also announced that Committee member, Frisa Herrera, has resigned from the CAC committee. Ms. Torres stated there will be a discussion regarding recruitment for the open seat at the next regular meeting.



Ms. Torres announced the next regular meeting is scheduled for April 26, 2023, at 4:00 pm with a hard stop at 6:00 pm.

**PUBLIC COMMENT**

None

**ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 4:12 pm

Approved:

---

Maddie Gutierrez, MMC Clerk to the Commission



## **AGENDA ITEM NO. 2**

**TO:** Community Advisory Committee (CAC)  
**FROM:** Scott Campbell, General Counsel  
**DATE:** April 26, 2023  
**SUBJECT:** In-Person and Teleconferencing Meeting Options under the Ralph M. Brown Act and Assembly Bills 361 and 2449.

### **SUMMARY/RECOMMENDATION:**

Receive a report regarding the following in-person and teleconference meeting options available to the Community Advisory Committee of the Ventura County Medi-Cal Managed Care Commission (“Committee”) dba as Gold Coast Health Plan (“Plan”) pursuant to the Brown Act and Assembly Bills 361 and 2449:

1. Continue to make the requisite findings under Assembly Bill 361 to continue to hold meetings remotely in the absence of a declared statewide emergency in response to the COVID-19 pandemic. If this option is followed, the Committee would only be able to continue using AB 361 for teleconference meetings if the Committee makes the findings below by majority vote during today’s meeting and going forward continues to meet at least every 30 days to make such findings. The Committee must make the following findings:
  - a. The Committee has reconsidered the circumstances of the state of emergency; and
  - b. State or local officials continue to impose or recommend measures to promote social distancing, such rules being the Non-Emergency Rules issued by Cal/OSHA.

As explained below, the Committee may rely on the recent non-emergency rules issued by Cal/OSHA to make the second requisite finding, and if it chooses to so, it must reference such rules as a continuing basis to meet remotely. Additionally, the Committee may request that meetings held under AB 361 be hybrid meetings, with Committee members who want to attend in person attending such AB 361 meetings.

2. If the Committee decides to not make the findings under Assembly Bill 361, Commission meetings going forward will be conducted pursuant to the traditional Brown Act rules unless the exceptions under Assembly Bill 2449 are invoked.

## **BACKGROUND/DISCUSSION:**

The purpose of this staff report is to provide the Committee with an update regarding the Committee's teleconferencing options under recent amendments to the Ralph M. Brown Act via Assembly Bills 361 and 2449, and to request that the Committee provide staff with direction as to how the Committee wishes to proceed with meetings going forward.

### **I. Teleconferencing under the Traditional Pre-Pandemic Rules**

Traditionally, the Brown Act has allowed for teleconference or virtual meetings, provided that:

- The agenda must be posted at all teleconferenced locations.
- Each teleconference location must be accessible to the public.
- At least a quorum of the legislative body members must participate from within the boundaries of the jurisdiction, except as otherwise allowed by the Brown Act.
- All votes taken must be by roll call.
- Teleconferenced meeting must be conducted in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body.
- Notice of the meeting must be given, and agendas must be posted as otherwise required by the Brown Act.
- Each teleconferenced location must be identified in the notice and agenda.
- Members of the public must be provided an opportunity to address the legislative body directly at each teleconferenced location.

### **II. Teleconferencing under Assembly Bill 361**

The traditional teleconferencing rules under the Brown Act were relaxed in response to the COVID-19 pandemic. Since March of 2020 and the issuance of Governor Newsom's Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Committee and most public entities have had virtual meetings without having to post the location of the public officials attending virtually, making all locations accessible to the public and requiring a quorum of the body to be within the jurisdiction. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings dispensing with the traditional teleconferencing procedures under

the Brown Act of having to post the location of the legislative body members attending virtually, making all locations accessible to the public and requiring a quorum of the body to be within the jurisdiction, if the public agency makes the determination that there is a Governor-proclaimed state of emergency which they will consider in their determination, and one of two secondary criteria listed below exists:

- State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
- The Commission or its Committees determine that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

The Committee has been making the findings under AB 361 since the onset of the COVID-19 pandemic.

AB 361 provides that in the absence of the declaration of a public emergency, the Committee may continue to meet remotely if it makes the following two findings:

- The Committee has reconsidered the circumstances of the state of emergency; and
- State or local officials continue to impose or recommend measures to promote social distancing.

### **III. Teleconferencing under Assembly Bill 2449**

As local agencies saw the effects of the COVID-19 pandemic waning, some local agencies sought the Legislature's assistance in extending the use of the more flexible teleconferencing provisions. What resulted was AB 2449, discussed below.

AB 2449 provides a new teleconferencing option that can be used when a member of the Committee has to attend a meeting remotely due to an emergency or other reasons supported by "just cause." Under these new rules, the Committee may hold a hybrid (partial teleconference, partial in-person) meeting without having to comply with the traditional Brown Act teleconference rules under certain circumstances. These circumstances are:

- Just Cause. One or more Committee members (but less than a quorum) have *notified* the Commission at the earliest opportunity of their need to participate remotely for just cause. Just cause is restricted to:
  1. childcare or caregiving need for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires remote participation;

2. contagious illness that prevents in-person attendance;
3. physical or mental disability need not otherwise accommodated by the Committee; or
4. travel while on official business of the Committee or another state or local agency.

The Committee member must notify the Committee at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the meeting.

- Emergency Circumstance One or more Committee members (but less than a quorum) experience an emergency circumstance, which is defined as a physical or family medical emergency that prevents in-person attendance, and *requests* to participate remotely. As part of their request, the Committee member must provide a general description of the circumstances relating to their need to appear remotely; however, they are not required to disclose a medical diagnosis, disability or other confidential medical information. The Committee must then take action on each Committee member's request. The Committee member must make their request to participate remotely as soon as possible and must make a separate request for each meeting in which they seek to participate remotely. If the request does not allow sufficient time to be placed on the posted agenda for the meeting for which the request is made, the Committee may take action on it at the beginning of the meeting.

There are limitations on the number of times a committee member may use AB 2449 to participate remotely. Specifically, a Committee member may not participate remotely for "just cause" for more than two meetings in a calendar year and, in general, may not use AB 2449 to participate remotely for more than three consecutive months or 20 percent of the regular meetings for the Committee within a calendar year (or more than two meetings if the Committee regularly meets fewer than 10 times per calendar year). This means that staff would need to keep track of which meetings were attended remotely by which members throughout the year.

In addition to the limitation listed above, in order for the Committee to use teleconferencing under AB 2449, the meeting format and agendas must comply with the following:

- A quorum of the Committee must meet in-person at a single, physical location within the Commission's boundaries
- The Committee must use either a two-way audio-visual system or a two-way phone service with live webcasting.
- The agenda must identify a call-in or internet-based access option for the public, along

with the in-person meeting location.

- If a disruption to the online meeting occurs, the Committee may take no further action on agenda items until public access is restored.
- The public must be able to provide comments in real-time. Public comments may not be required to be submitted in advance.
- All votes must be taken by roll call.

In addition, Commissioners participating remotely under AB 2449 must comply with the following requirements during the meeting:

- Before any action is taken, the Committee member(s) must disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the Committee member, and the general nature of the Committee member's relationship with any such individuals.
- The Committee member(s) must participate through both audio and visual technology.

Finally, the teleconferencing rules discussed above apply only to situations where one or more Committee members are teleconferencing into a meeting, they do not apply to GCHP staff's attendance.

### **In-Person and Teleconference Options in Light of the Foregoing**

In light of the above, the following in-person and teleconference meeting options are available to the Committee pursuant to the Brown Act and Assembly Bills 361 and 2449:

- 1. Continue to make the requisite findings under Assembly Bill 361 to hold meetings remotely in the absence of a declared statewide emergency in response to the COVID-19 pandemic. If this option is followed, the Committee may only be able to continue using AB 361 for teleconference meetings if the Committee makes the findings below by majority vote during today's meeting and going forward continues to meet at least every 30 days to make such findings.**

Although AB 361 remains a law through January 1, 2024, Governor Newsom has announced that the declared statewide COVID-19 State of Emergency ended on February 28, 2023. The County of Ventura has announced that the County-wide COVID-19 local emergency also ended on February 28, 2023. As such, the Committee may only be able to continue using AB 361 for teleconference meetings if the Committee continues to meet at least every 30 days, and by majority vote, makes both of the following findings:

- The Committee has reconsidered the circumstances of the state of emergency; and
- State or local officials continue to impose or recommend measures to promote social distancing and that continuing to hold remote meetings will benefit the health, safety and welfare of attendees.

The Committee may rely on recent regulations issued by Cal/OSHA described below, to satisfy the second requisite finding listed above. If this option is followed, the Committee must make the above findings during today's meeting and reference the non-emergency Cal/OSHA regulations as a continuing basis to meet remotely.

### *Recently Issued Cal/OSHA Regulations*

On February 3, 2023, a new set of non-emergency COVID-19 prevention regulations issued by Cal/OSHA took effect statewide. The regulations carried over some of the same requirements from the earlier Cal/OSHA COVID-19 Emergency Temporary Standards and include new employer-facing provisions for worker protection measures. Among other things, these updated COVID-19 reduction measures require employers to develop, implement, and maintain effective policies to prevent transmission of COVID-19 by persons who had close contacts (based on being within six feet of a person confirmed to have COVID-19), and require face coverings in specified instances. Covid-19 still continues to negatively impact the public's health and safety. According to the state's Covid-19 dashboard, as of April 20, 2023, there are an average of 1330 cases of Covid-19 per day and an average of 10 deaths per day in California due to Covid-19. Ventura County is averaging 20 cases per day and one death per day.

Additionally, under the first option, and upon making the required findings under AB 361, the Committee may also consider adding an "in-person" component such as a hybrid meeting system. This option grants the Committee members who want to attend in person the option and such location would be listed on the agenda. The Committee could decide to allow members of the public to attend such hybrid meetings as well.

**2. If the Committee decides to not make the findings under Assembly Bill 361, Committee meetings going forward will be conducted pursuant to the traditional Brown Act rules unless the exceptions under Assembly Bill 2449 are invoked.**

Alternatively, the Committee may choose to cease making the requisite findings under AB 361 and either return to fully in person meetings or some Commissioners could attend remotely pursuant to the traditional Brown Act Rules discussed in Section (I) of this report. Additionally, there is always the option of individual Committee members attending remotely by invoking the reasons for attending remotely set forth in AB 2449 discussed in Section (III) of this report.

### **CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:**

If the Committee decides to not make the requisite findings under Assembly Bill 361 to continue to meet remotely, the Committee will have to follow the traditional Brown Act rules pertaining to in-person and teleconference Committee meetings that existed prior to the

COVID-19 pandemic, or individual Committee members could attend remotely pursuant to the requirements of AB 2449.

**FOLLOW UP ACTION:**

That the Committee provide staff with direction as to how the Committee wishes to proceed with meetings going forward.

**ATTACHMENT:**

None.





**AGENDA ITEM NO. 3**

TO: Community Advisory Committee  
FROM: Lily Yip, PharmD, Clinical Programs Pharmacist  
DATE: April 26, 2023  
SUBJECT: Medi-Cal Rx Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Medi-Cal RX Update*

# Medi-Cal Rx Update

April 26, 2023

Lily Yip, PharmD, APH, CDCES, BCACP  
Clinical Programs Pharmacist

Integrity

Accountability

Collaboration

Trust

Respect

# Medi-Cal Rx Background

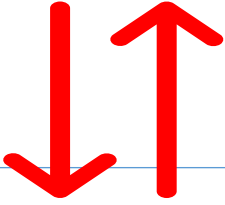
**Medi-Cal Rx is the collective pharmacy benefits and services that are administered by the Department of Health Care Services (DHCS) via its Pharmacy Benefits Administrator (“MMA”), Magellan Medicaid Administration, Inc.**

Medi-Cal Rx includes pharmacy services including but not limited to:

- Outpatient drugs (prescription and over-the-counter), including some Physician-Administered Drugs (PADs)
- Enteral nutrition products
- Medical supplies

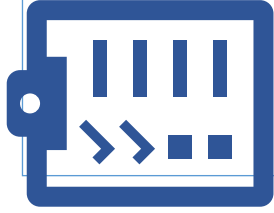


# Medi-Cal Rx Updates



## Pharmacy Services Transition

- Effective Jan. 1, 2022, Medi-Cal pharmacy services transitioned from managed care (MC) to fee-for-service (FFS).
- Transitioning pharmacy services from MC to FFS ensured:
  - A standardized Medi-Cal pharmacy benefit statewide



## Reinstatement of Prior Authorizations (PA)

- Effective Feb. 24, 2023, DHCS has completed the reinstatement process of the PA requirements for all therapeutic drug classes for some new start medications for beneficiaries 22 years of age or older.
- This will not impact any members who are 21 years of age or younger at this time



## Retirement of Transition Policy

- Effective Mar. 24, 2023, DHCS started the process for the retirement of the Transition Policy which will require new PAs for select medications which will impact beneficiaries 22 years of age or older refilling their medications.
- This will not impact any members who are 21 years of age or younger at this time

# Medi-Cal Rx Reinstatement Timeline



# Retirement of Transition Policy

Phase III is happening in a series of lifts where a group of drug classes will be impacted from 3/24/23 – 6/23/23

Only impacts beneficiaries 22 years of age or older

Members who had a previously grandfathered prior authorization (PA) for a medication in specified drug classes may require a new PA if indicated by Medi-Cal Rx

3/22/23: DHCS also enabled extended duration for some PAs for up to 5 years for certain maintenance medications – *list is pending to be published*

# Coverage of COVID-19 Products

- Coverage of COVID-19 vaccines, COVID-19 treatments and COVID-19 tests will still be covered without cost sharing until September 30, 2024.
- List of covered products:
  - [Covered Emergency Use of Authorization \(EUA\) COVID-19 Antigen Tests](#)
  - [Medi-Cal Rx Contract Drugs List \(for vaccines and treatments\)](#)

<https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>



# Contact Information

- Contact **Medi-Cal Rx Customer Service Center** at 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days a year
- **GCHP Pharmacy Services**
  - Email: [pharmacy@goldchp.org](mailto:pharmacy@goldchp.org)
  - Phone: 805-437-5738 (available 8am-5pm except for holidays and weekends)
  - Website: <https://www.goldcoasthealthplan.org/for-members/pharmacy-services/>

Note: Both email and phone can accept PHI, if via email ensure to encrypt the email on your side.



# Medi-Cal Rx Reinstatement Resources

- [Medi-Cal Rx Reinstatement information page](#): Select Medi-Cal Rx Reinstatement tab
- [FAQ](#): Frequently asked questions regarding Medi-Cal Rx Reinstatement (updated 4/7/23)
- [Medi-Cal Rx Reinstatement Phases II-III Webinar](#): The pre-recorded version of webinar
- [Medi-Cal Rx Reinstatement of Prior Authorizations and Retirement of the Transition Policy: Phases II, III, and IV](#)
- For further questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@magellanhealth.com](mailto:MediCalRxEducationOutreach@magellanhealth.com)

# Resources for Medi-Cal Rx

- [DHCS Medi-Cal Rx Website](#)
- [Medi-Cal Rx Bulletin & News](#)
- [Medi-Cal Rx Contract Drug List \(CDL\)](#)
- [Medi-Cal Rx Approved NDC List](#) – check for PA requirement
- [Medi-Cal Rx Provider Manual](#)
- [Medi-Cal Rx Find a Pharmacy](#)
- Medi-Cal Rx Customer Service Center – 1-800-977-2273 (available 24 hours, 7 days a week)
- Fax Requests for Prior Authorizations & Appeals – 1-800-869-4325
- [CoverMyMeds](#)
- [Prior Authorization Reinstatement Reference Guide](#)
- [Medi-Cal Rx Complaint Form](#)



**AGENDA ITEM NO. 4**

**TO:** Community Advisory Committee

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

**DATE:** April 26, 2023

**SUBJECT:** Post-Discharge Hospital Health Navigator Program - Pilot Project at Dignity Health

**SUMMARY:**

The purpose of the presentation is to provide an overview and elicit feedback on the Post-Discharge Hospital Health Navigator Program - Pilot Project at Dignity Health.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None.

**ATTACHMENTS:**

- 1) HECL Presentation – Hospital Health Navigator Program Presentation Slides – English and Spanish



# **Hospital Health Navigator Program Pilot Project at Dignity Health Community Advisory Committee (CAC)**

**April 26, 2023**

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

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# Agenda

- Hospital Health Navigator Pilot Program Overview
- Community Health Worker (CHW) and Integrated Care Framework
- Program Focus
- Evaluation Measures
- Questions/Comments



# Hospital Health Navigator Pilot Program Overview

- ❑ Partnership between Gold Coast Health Plan (GCHP) and Dignity Health.
- ❑ Two health navigators to conduct post-discharge visits with GCHP members.
- ❑ Health navigators to visit members with the highest need as identified by Dignity Health Care Management team.
- ❑ Health navigators will visit members in the hospital prior to discharge and will follow members for 30 days post-discharge.
- ❑ Assist with scheduling follow-up appointments, medication refills, meals, and other supportive services.
- ❑ Monitor ED visits among members and assist with follow-up services.





# Framework Community Health Worker (CHW)

- CHW framework is based on the Promotora Model.
- Evidence-based model used in many public health interventions.
- Health navigators will be trained on working with target population; will be bilingual/bicultural; and knowledgeable of GCHP health benefits and services.
- Provide post-discharge health education materials on chronic condition(s), GCHP health benefits and other resources.
- Ongoing follow-up post-discharge.



# Integrated Care Team

- ❑ Health navigators will be part of the integrated care team meetings at Dignity Health and at GCHP.
- ❑ Health navigators will collaborate with GCHP Care Management team regarding post-discharge supportive services.
- ❑ Integrated care teams help increase care coordination among members with the highest need.
- ❑ GCHP Resources:
  - [Health Education](#)
  - [Care Management](#)



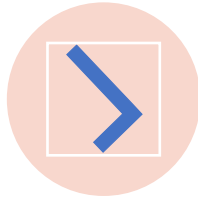


# Program Focus

- One initial post-discharge visit.
- Ongoing telephone contact regarding post-discharge follow-up services.
- Follow-up with PCP post-discharge and assist with scheduling appointments and other supportive services including behavioral health services or substance use disorder.
- Assist with scheduling transportation for medical appointments.
- Refer members to supportive meals or other community supportive services.
- Refer members for care management services as needed and health education services.



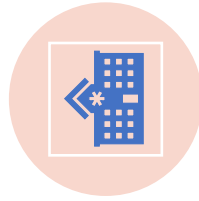
# Evaluation Measures



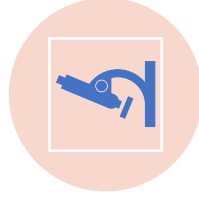
Evaluated at 3 and 6 Months



Member Satisfaction Survey to be Completed



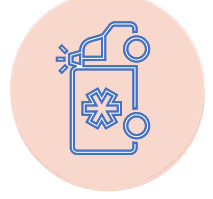
30-Day Re-Admission Rates to be Evaluated



HEDIS/MCAS Measures to be Reviewed



Change in Health Outcomes



Monitor ED Visits



# Questions/Comments

# **Proyecto Piloto de Programa de Navegadores de Salud Hospitalarios en Dignity Health**

## **Comité Asesor de la Comunidad (CAC)**

26 de abril de 2023

Guadalupe González, PhD, MPH  
Directora Jefe de Servicios de Educación para la Salud,  
Culturales y Lingüísticos

Integridad

Respecto

Colaboración

Confianza

Rendición de  
Cuentas

# Agenda

- Visión General del Programa  
Piloto de Navegadores de Salud Hospitalarios
- Trabajador de Salud Comunitaria (CHW) y Marco de Atención Integrada
- Enfoque del Programa
- Medidas de Evaluación
- Próximos Pasos





## Visión General del Programa Piloto de Navegadores de Salud Hospitalarios

- Colaboración entre Gold Coast Health Plan (GCHP) y Dignity Health.
- Dos navegadores de salud realizarán visitas tras el alta a miembros de GCHP.
- Los navegadores de salud visitarán a miembros con las mayores necesidades, según identifique el equipo de Administración de Atención de Dignity Health.
- Los navegadores de salud visitarán a los miembros en el hospital antes del alta y harán seguimiento de los miembros durante 30 días tras el alta.
- Ayudar a programar citas de seguimiento, resurtir medicamentos, comidas y otros servicios de apoyo.
- Monitorear las visitas al departamento de emergencias de los miembros y ayudar con servicios de seguimiento.



# Marco del Trabajador de Salud Comunitaria (CHW)

- El marco del CHW se basa en el Modelo de la Promotora.
- Modelo basado en evidencias utilizado en muchas intervenciones de salud pública.
- Los navegadores de salud recibirán capacitación sobre trabajar con la población objetivo; serán bilingües/biculturales; y estarán informados sobre los servicios y beneficios de salud de GCHP.
- Proporcionar tras el alta materiales de educación para la salud sobre condición(es) crónica(s), beneficios de salud de GCHP y otros recursos.
- Seguimiento continuo después del alta.



# Equipo de Atención Integrada

- ❑ Los navegadores de salud participarán en las reuniones del equipo de atención integrada en Dignity Health y en GCHP.
- ❑ Los navegadores de salud colaborarán con el equipo de Administración de Atención de GCHP respecto de servicios de apoyo posteriores al alta.
- ❑ Los equipos de atención integrada ayudan a incrementar la coordinación de atención entre los miembros con mayores necesidades.
- ❑ Recursos de GCHP:
  - [Educación para la Salud](#)
  - [Administración de Atención](#)



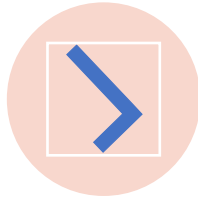


# Enfoque del Programa

- Una visita inicial tras el alta.
- Contacto telefónico continuado respecto de servicios de seguimiento tras el alta.
- Seguimiento con el PCP tras el alta y ayuda con programación de citas y otros servicios de apoyo, incluyendo servicios de salud del comportamiento o trastorno por consumo de sustancias.
- Ayuda para programar transporte para citas médicas.
- Remitir a miembros a comidas de apoyo u otros servicios de apoyo en la comunidad.
- Remitir a los miembros a servicios de administración de atención según sea necesario y servicios de educación para la salud.



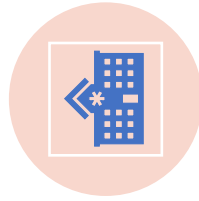
# Medidas de Evaluación



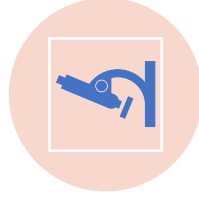
Evaluación a los 3 y 6  
Meses



Se completará una  
encuesta de satisfacción  
entre miembros



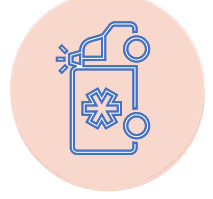
Se Evaluarán las Tasas  
de Reingreso en 30 Días



Se revisarán medidas  
HEDIS/MCAS



Cambio en Resultados  
de Salud



Monitoreo de Visitas a  
Departamento de  
Emergencias





**AGENDA ITEM NO. 5**

**TO:** Community Advisory Committee (CAC)  
**FROM:** Heidi Ramirez, Quality Improvement RN  
Laura Crisostomo, RN, Manager, Quality Improvement  
**DATE:** April 26, 2023  
**SUBJECT:** Fluoride Varnish

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*GCHP Quality Improvement – Fluoride Varnish Presentation*

# Gold Coast Health Plan Topical Fluoride Varnish

April 26, 2023

Heidi Ramirez, BSN, PHN  
Laura Crisostomo, RN, MSN, PHN  
Quality Improvement

Integrity

Accountability

Collaboration

Trust

Respect





- Tooth decay is the most common chronic disease in children and the most frequent health problem in the U.S.
- Poor oral health in children can lead to attention problems, nutrition issues, missed school days, and increased dental care costs.
- Can be prevented or minimized by:
  - Brushing with Fluoride toothpaste twice a day
  - Limiting sugar sweetened beverages
  - Early dental care for risk assessment, education and application of topical fluoride and dental sealants.
- 61% of third grade children in California have tooth decay (California Smile Survey 2018-2019)

## Oral Health in Children



# Fluoride Varnish

- United States Preventative Services Task Force (USPSTF) recommends that primary care providers apply fluoride varnish to primary teeth of all infants and children (0-5 YEARS)
- Fluoride varnish (FC) can be applied at well-child visits and dental offices
- FV is a protective coating brushed on the teeth to prevent tooth decay
- Safe, quick, and painless
- Can take less than 2 minutes to apply
- Applied up to 5 times per year as soon as the 1<sup>st</sup> tooth erupts until age 6
- 1 application can cut decay risk up to 59%

# Underutilization of Topical Fluoride



Topical Fluoride (TFL) – new MCAS Measure  
for MY 2023



Current low utilization rates



Remediation plan: member and provider  
network outreach and education



# Who needs Fluoride Varnish?



---

CHILDREN FROM 1<sup>ST</sup>  
TOOTH ERUPTION UNTIL  
AGE 6

---

LACK OF FLUORIDE  
EXPOSURE

---

NO RECENT DENTAL VISIT  
WITHIN THE LAST YEAR

---

POOR HOMECARE-LACK  
OF DAILY  
BRUSHING/FLOSSING

---

CHILDREN WITH SPECIAL  
HEALTH CARE NEEDS

---

# Fluoride Varnish Aftercare



PARENTS PROVIDE CHILD WITH SOFT  
DIET FOR THE REST OF THE DAY



NOTHING STICKY OR CRUNCHY FOR THE  
REST OF THE DAY



AVOID HOT FOOD FOR 4-6HRS



OK TO DRINK WATER IMMEDIATELY  
FOLLOWING APPLICATION



DO NOT BRUSH /FLOSS TEETH UNTIL THE  
NEXT MORNING (FV HAS A YELLOW  
COATING WHEN APPLIED TO TEETH)

# Resources

---

<https://www.goldcoasthealthplan.org/health-resources/health-education/> (select oral health)

---

<https://smilecalifornia.org/>

---

[https://vchca.org/images/public\\_health/VCCCHDP/COHP/FV-and-Baby-Teeth-Chart-Half-Sheet-Bilingual-05-10-19-.pdf](https://vchca.org/images/public_health/VCCCHDP/COHP/FV-and-Baby-Teeth-Chart-Half-Sheet-Bilingual-05-10-19-.pdf)

---

# References

- California Department of Public Health. (2021) Oral health status of children: results of the 2018-2019 California third grade smile survey [PDF] <https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/California%2019%203rd%20Grade%20Smile%20Survey%2020210730.pdf>
- Department of Health Care Services. 2019. California CHDP/EPSTD Dental Training: fluoride varnish. <https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CDCB/Pages/ChronicDiseaseControlBranch.aspx>

# Questions?

- For more information, call GCHP's Health Education Department Monday-Friday from 8 a.m.-5 p.m. (excluding holidays) at
  - **1-805-437-5718.**
  - If you use TTY, call
  - **1-888-310-7347.**



**AGENDA ITEM NO. 6**

**TO:** Community Advisory Committee (CAC)  
**FROM:** Marlen Torres, Executive Director of Strategy & External Affairs  
**DATE:** April 26, 2023  
**SUBJECT:** **Keeping Our Medi-Cal Members Enrolled in Coverage**

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Keeping Our Medi-Cal Members Enrolled in Coverage*

# Medi-Cal Continuous Coverage

Monday, April 24, 2023

Leadership Team

# Agenda

- ❖ Overview
- ❖ Outreach Strategy
  1. Communications
  2. Community Engagement
  3. Provider Engagement
  4. Member Engagement



# Initiative Imperatives and Goals

## ❖ Imperatives

1. Implement a unified communications campaign to raise awareness and drive action among members
2. Equip partners with information and resources to convey information authentically and credibly
3. Utilize data-driven methods to engage members who are at risk of losing coverage

## ❖ Goals

1. Support Medi-Cal renewals and Medi-Cal enrollment for newly eligible individuals
2. Raise awareness about the need to renew Medi-Cal coverage and support members to take the steps needed to do so
3. Engage Community and Provider network to increase outreach and strengthen messaging

# Regulatory Guidance



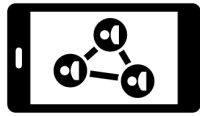
# Communication Channels



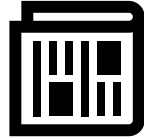
## GCHP website alert banner:

Members: Has your contact information changed? Give the Ventura County Human Services Agency your updated contact information so you can stay enrolled. Learn more English (English link: <https://vchsa.org/csd-submit/en>) / Spanish (Spanish link: <https://vchsa.org/csd-submit/es>)

BenefitsCal.com



## Social Media:



**Awareness advertising campaign:**  
Proposed timeline: May 2023 – June 2024

## Member newsletter:



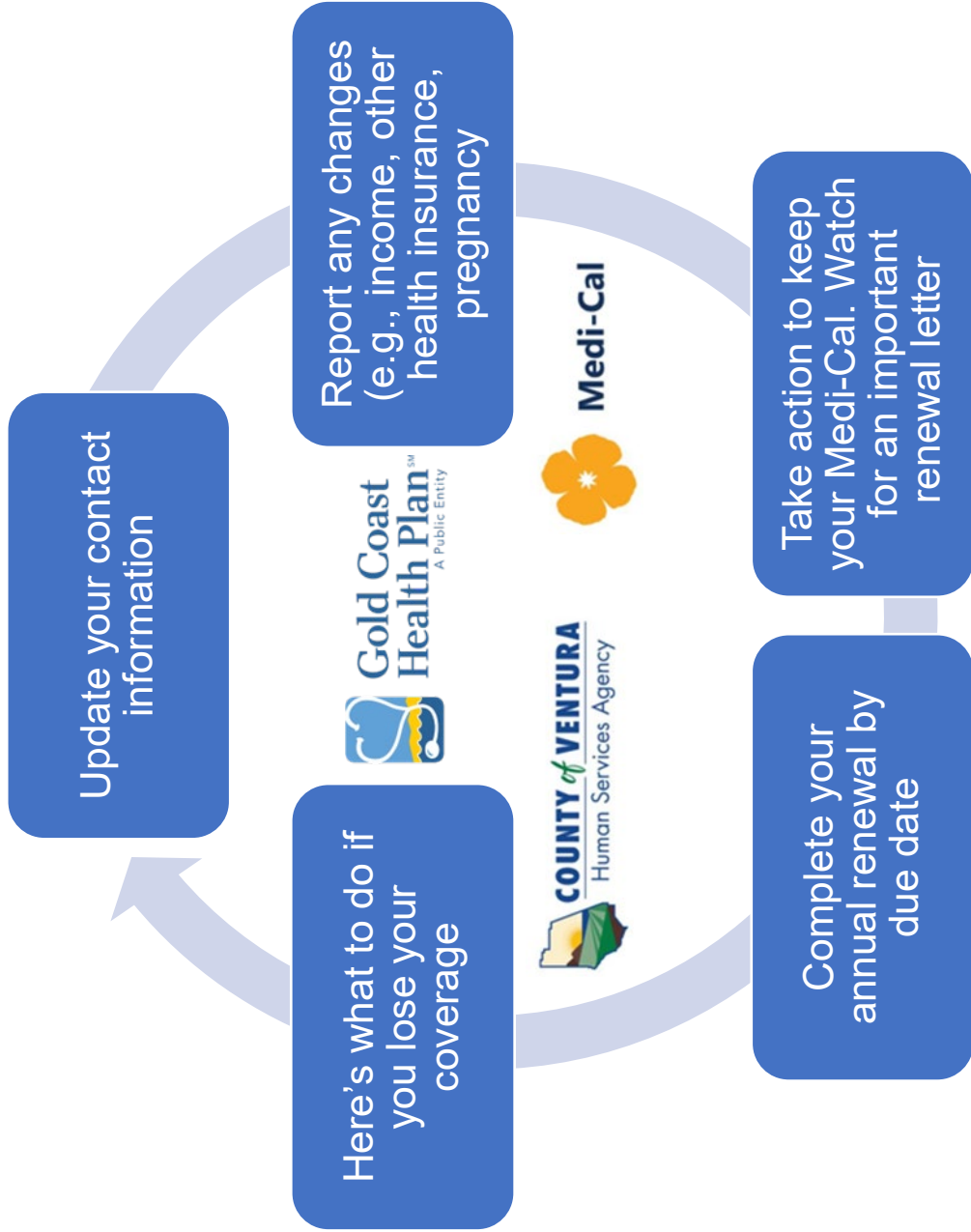
## Medi-Cal updates

Medi-Cal beneficiaries: It's important to respond to county requests to update your information. This includes renewal packets.

Doing so makes sure the county has the most up-to-date information it needs to renew your coverage. It also helps to see if you qualify for no-cost or lower-cost coverage.

Call the Human Services Agency at **1-888-472-4463**, Monday through Friday, from 8 a.m. to 5 p.m. If you use a TTY, call **1-800-735-2929**.

# Messaging



# Community Outreach and Engagement Strategy: April 2022 – June 2024



## **Presentations**

CBOs

Schools

Providers

Collaborative

Meetings

## **Paid / Earned**

### **Media**

Press Releases

Newspaper, Radio,  
Digital Ads

Radio Interviews

Social Media  
Platforms

## **Community Events**

Festivals

Community  
Resource Fair

Sporting Events

School Events

## **Community Leaders**

Elected Officials

City Officials

Human Services  
Agency

CAC, PAC, CalAIM

# Communications Timeline: July - December

## July 2023

- GCHP member newsletter
- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

## Sept. 2023

- GCHP community newsletter
- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

## Nov. 2023

- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

## Aug. 2023:

- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

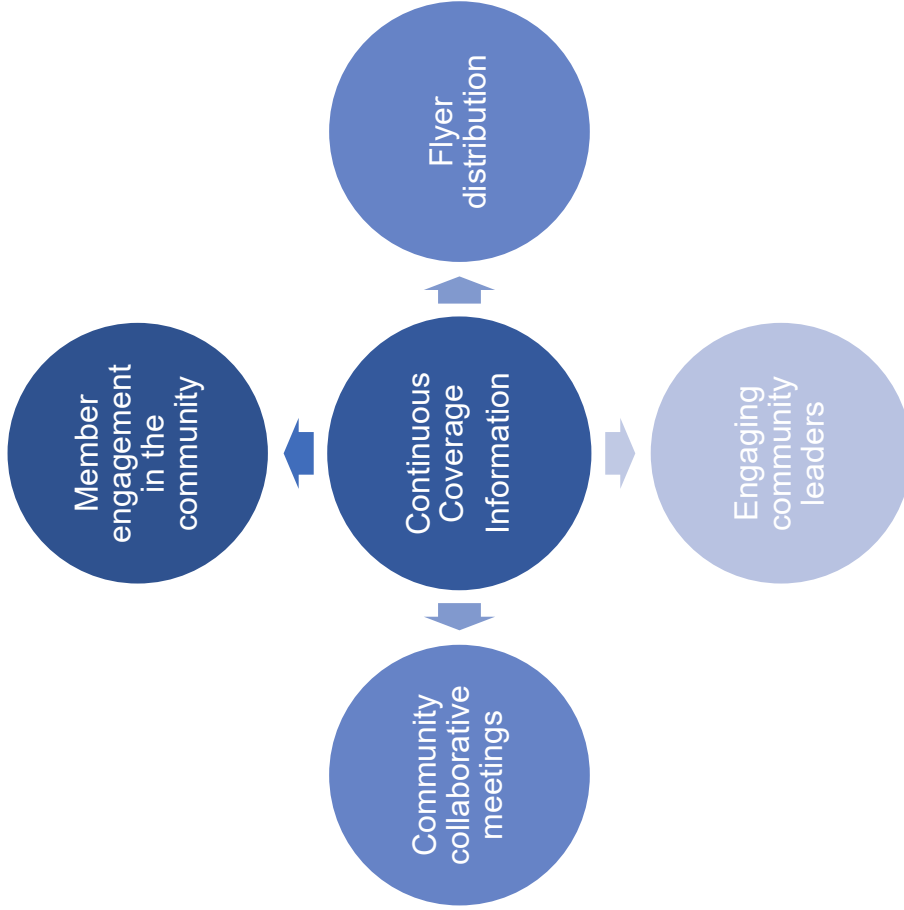
## Oct. 2023

- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

## Dec. 2023

- Digital, newspaper, radio ads
- Radio interviews
- Social media posts
- Community outreach events

# Community Engagement: April 2022-to present



**MEDI-CAL BENEFICIARIES**

**Take action to keep your Medi-Cal!**

Watch for an important renewal letter coming soon.



**Keep Your Medi-Cal**

Don't miss important information about your Medi-Cal health coverage. Make sure that Ventura County has your current contact information.

Name	Phone
Address	E-mail

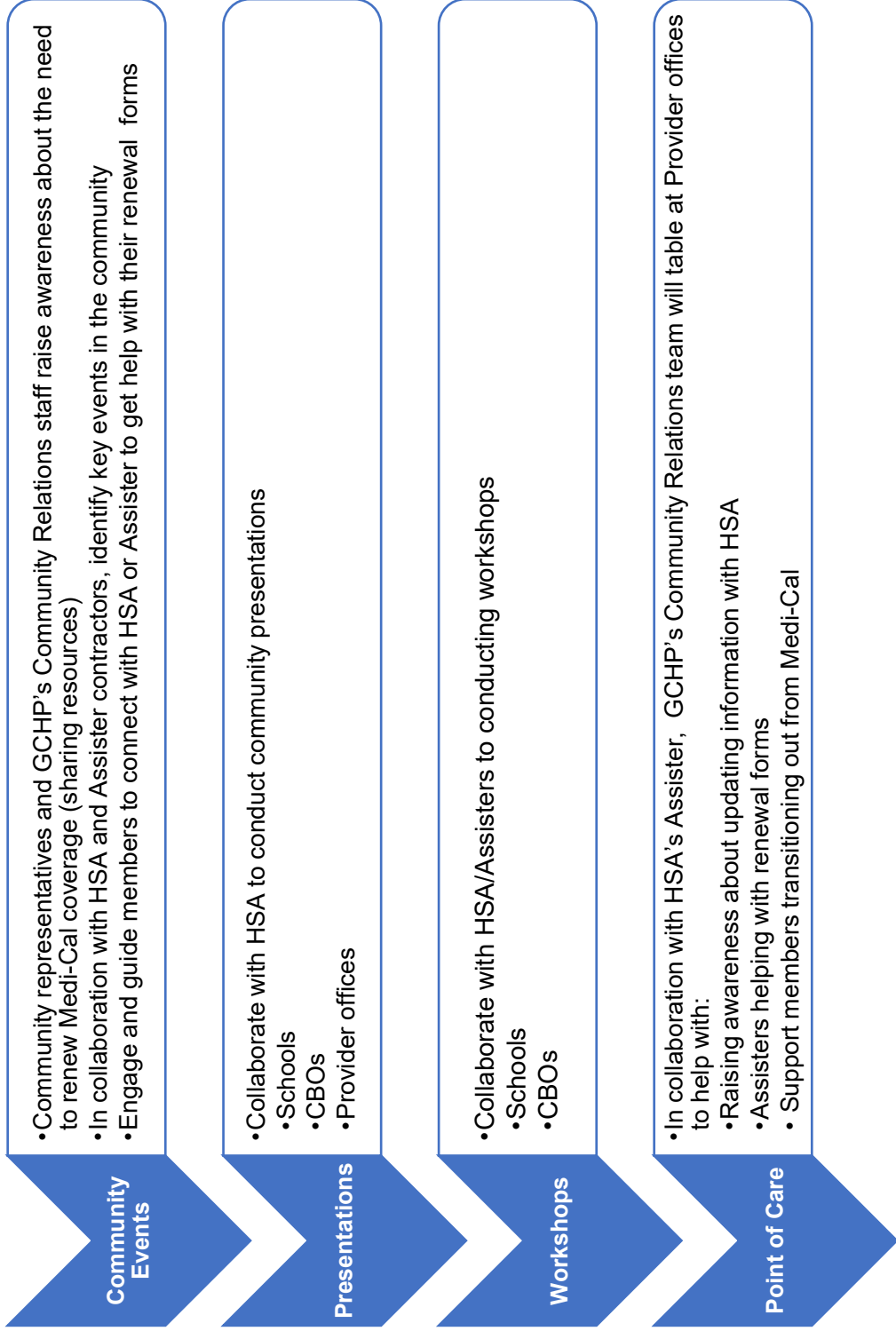
Report any changes to your name, address, phone number, or e-mail address. Contact:

**Ventura County Human Services Agency**  
 855 Partridge Drive, Ventura, CA 93003  
 1-888-472-4463  
 TTY: 1-800-735-2929 or 711  
 www.vchsa.org

**Did You Know?**

You can complete your annual renewal and report changes to your Medi-Cal online. Create your online account today by going to [BenefitsCal.com](https://BenefitsCal.com) and selecting the "Create An Account" link.

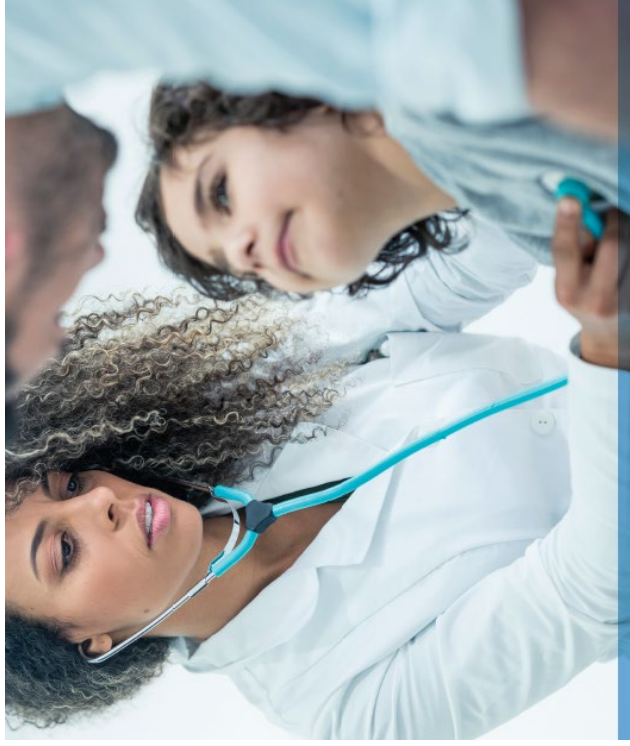
# Community Engagement and Outreach: June 2023 - June 2024





# Provider Engagement: April 2023 – June 2024

- Engage provider leadership in outreach effort
- Provider newsletter (bi-monthly)
- Provider Orientations
- Provider In-Services
- Email blasts
- Messaging during site visits
- Messaging during JOMs
- Add message on Provider Relations email auto response



**Provider  
Operations  
Bulletin**

DECEMBER 2022

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

# Member Engagement: Member Services / Call Center

- Trained Member Services and call center staff on helping members enroll on the BenefitsCal.com website, where they can complete their renewal and update any personal information that has changed.
- Ongoing sharing of information with the Ventura County Human Services Agency when updated addresses are provided to GCHP by members after verification.
- Add information to the call center IVR to remind members to update their contact information and complete renewal forms.

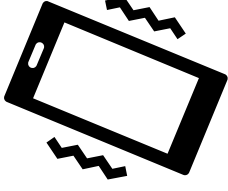
# Member Engagement: Automated Calls (IVR) / Texting (SMS)



Automated calls  
to all members  
with valid phone  
numbers



**FOLLOWED BY**



Text messages to  
all cell phones

# Questions



**AGENDA ITEM NO. 7**

**TO:** Community Advisory Committee (CAC)

**FROM:** Erik Cho, Chief Policy and Program Officer  
Pauline Preciado, Executive Director, Population Health & Equity  
Rachel Lambert, Sr. Director of Clinical Care Management

**DATE:** April 26, 2023

**SUBJECT:** CalAIM Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*CalAIM Update*

# Gold Coast Health Plan CaAIM Update

April 26, 2023

Pauline Preciado  
Executive Director, Population Health & Equity

Integrity

Accountability

Collaboration

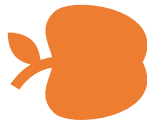
Trust

Respect

# Topics



Expansion Plan Overview:  
Enhanced Care Management  
(ECM) & Community Supports  
(CS)



Medically Supportive Foods  
(MSF) Program



Supportive Services



Community Health Worker  
(CHW) Benefit

# GCHP CalAIM Impact

## *Accomplishment Highlights*

### **Member First**



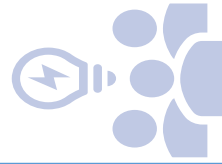
- Expanded ECM services to 1700+ high risk members
- Launched (12) **new** Community Support services to address SDOH
- Launched CalAIM webinar series & Advisory Committee

### **Community & Provider Engagement**



- Maximized all voluntary CalAIM Incentive Payment programs
- Launched CalAIM Technical Assistance (TA) series onboarding process for providers
- Convened stakeholders to address community wide barriers
- Contractually engage nontraditional providers ( Mixteco, Schools)

### **Best In Class**



- Obtain Advanced Data Analytic Capabilities to support risk stratification
- Recognized and led best practice discussions for exemplary Model of Care
- Facilitating and convening countywide discussions on data sharing and population-based health initiatives



# Enhanced Care Management Expansion:



Phase	Eligible Populations
January 1, 2022 (Phase 1)	<ul style="list-style-type: none"><li>• Whole Person Care transition</li><li>• High utilizers</li><li>• Homeless individuals</li><li>• Severe Mental Illness (SMI) / Substance Use Disorder (SUD)</li><li>• Justice Involved Populations</li></ul>
January 1, 2023 (Phase 2)	<ul style="list-style-type: none"><li>• Members at risk for Long-Term Care / Institutionalization</li><li>• Nursing home residents transitioning to the community</li></ul>
July 1, 2023 (Phase 3)	<ul style="list-style-type: none"><li>• All other children and youth (PoF)</li></ul>
January 1, 2024	<ul style="list-style-type: none"><li>• Pregnancy &amp; Post Partum Individuals (Adults &amp; Youth) at risk for adverse perinatal outcomes</li></ul>

**NOTE:** ECM POFs are not mutually exclusive; an individual might qualify for ECM via more than one POF

# Community Supports (CS Update)

## Current (CS) Services Available:

Housing Transition Navigation Services	Housing Tenancy & Sustaining services	Medically Tailored Meals (MTM)/ Medically Supportive Meals
Housing Deposits	Recuperative Care (Medical Respite)	Short Term Post Hospitalization (STPH)
Personal Homemaker Services Respite Services	Respite Services	Environmental Accessibility Adaptions
Nursing Facility Transition/Diversion to assisted Living Facilities	Community Transition Services/Nursing Facility Transition to a Home	



# Medically Supportive Foods

# GUIDING PRINCIPLES

Better health  
begins with  
the food we  
eat



We strive to  
make better  
health  
accessible to all



Together, we  
can make a  
remarkable  
impact



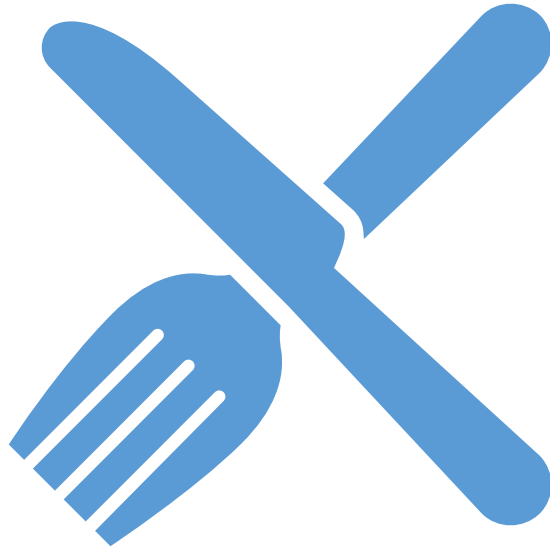
# CONDITION MANAGEMENT: EASIER WITH MEALS

Supporting members with home-delivered meals can make managing a chronic condition like Diabetes, Cancer, Hypertension, Renal Failure, or Heart Failure easier, helping members avoid flare-ups that lead to poor clinical outcomes, ED visits and IP stays



- Standard program provides 2 meals/day for 12 weeks (168 meals)
- Customized to each member's condition(s)
- Delivery to doorstep in 1-5 business days after receipt of referral

# Standard Meals Program



- Members who receive meals will also be assessed for additional Member Support Programs:
  - Enhanced Care Management
  - Integrated Disease Management through GCHP's CM department
  - Complete Case Management
  - Community Supports
  - Self-Management Supports
  - Health Education Materials

# Additional Supportive Services

# Services to Support Members

- Transportation Services
- Care Coordination Support for Pharmacy Benefit
- Coming Soon:
  - Future Engagement and Member Incentive Programs

## How was your ride today?

Our aim is to help get you where you need to go in a safe, reliable, and compassionate manner. If you have suggestions on how we can improve your experience using our transportation services, please reach out to us.

### Tell us what we can do better to:

- ✓ Help you schedule your ride.
- ✓ Get you where you need to be on time.
- ✓ Make your ride more comfortable.

Please call our liaison at **1-805-437-5832**.

You can leave a message 24 hours a day, seven days a week. If you use a TTY, call **711**.

You can also email us at: **[rides@goldchp.org](mailto:rides@goldchp.org)**.





# Community Health Worker (CHW) Benefit

# Community Health Workers

---

Preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health.

---

CHWs help Members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.

# Community Health Workers

- GCHP will launch a webinar series soon to engage local interested providers to would like to become CHW Supervising Providers.
- A CHW Supervising Provider must be a licensed Provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).
- CHW Supervising Providers are responsible for:
  - Overseeing CHWs
  - Ensuring that CHWs meet qualifications stipulated in the contract and within the CHW APL
  - Submitting claims for services rendered

# Referrals to GCHP Services

- ❖ Anyone can submit a referral, including members, family, community members, and community organizations
- ❖ Forms are posted on [goldcoasthealthplan.org](http://goldcoasthealthplan.org)
- ❖ You can reach the GCHP ECM CM team at (805) 437-5911 or [calaim@goldchp.org](mailto:calaim@goldchp.org)



# Discussion

