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

Community Advisory Committee Meeting

Regular Meeting
Wednesday, April 28, 2021 4:00 p.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room
Camarillo, CA 93010
Executive Order N-25-20
Conference Call Number:1-805-324-7279
Conference ID Number: 319 106 199#
Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

AGENDA

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. 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

Welcome and Introductions

Staff: Margaret Tatar, Chief Executive Officer
Marlen Torres, Executive Director of Strategy & External Affairs

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of January 27, 2021.

Staff: Deborah Munday CMC – Associate Clerk to the Commission

RECOMMENDATION: Approve the minutes.

FORMAL ACTION

2. CAC Review Policy

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Staff recommends the Committee approve the changes identified.

3. Election of Chairperson and Vice Chairperson to serve two-year terms.

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Staff recommends the following:
1. Elect a CAC member to serve as Chairperson for a two-year term.
2. Elect a CAC member to serve as Vice Chairperson for a two-year term.

UPDATES

4. Medi-Cal Rx Update

Staff: Anne Freese, PharmD., Director of Pharmacy

RECOMMENDATION: Receive and file the update.

PRESENTATIONS

5. 2021 Population Needs Assessment (PNA) Update

Staff: Lupe Gonzalez, MPH, PhD., Director of Health Education Disease Management

RECOMMENDATION: Receive and file the presentation.

6. Health Equity / Diversity & Inclusion

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the presentation.

7. CalAIM / Enhanced Care Management (ECM) / In Lieu Of Services (ILOS)

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Marlen Torres, Exec. Director of Strategy & External Affairs
Pauline Preciado, Sr. Director Population Health

RECOMMENDATION: Receive and file the presentation.

COMMENTS FROM COMMITTEE MEMBERS

8. CAC Feedback / Roundtable Discussion

PUBLIC COMMENT

ADJOURNMENT

Unless otherwise determined by the CAC Committee, the next regular meeting will be held on July 28, 2021 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, 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: Community Advisory Committee

FROM: Deborah Munday, Assistant Clerk to the Commission

DATE: April 28, 2021

SUBJECT: Approval of the Community Advisory Committee Meeting Regular Minutes of January 27, 2021.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the January 27, 2021 Community Advisory Committee regular meeting minutes.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Community Advisory Committee
Regular Meeting via Teleconference

January 27, 2021

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CALL TO ORDER

Marlen Torres, Executive Director, Strategy and External Affairs, called the meeting to order via teleconference at 4:03 pm in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Curtis Updike, and Victoria Jump.

Absent: Committee Members Ruben Juarez and Pablo Velez

Attending the meeting for GCHP were CEO Margaret Tatar, CDO Ted Bagley, CMO Nancy Wharfield, MD., CFO Kashina Bishop, Marlen Torres, Dr. Anne Freese, Luis Aguilar, Dr. Lupe Gonzalez, Veronica Estrada, Susana Enriquez, David Tovar, Adriana Mejia and Paula Cabral.

PUBLIC COMMENT

None.

OPENING REMARKS

Welcome and Introductions

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

Executive Director, Strategy and External Affairs, Marlen Torres, requested Update/Agenda Item 5: Solvency Action Plan, be presented first.

UPDATES

5. Solvency Action Plan

Staff: Kashina Bishop, Chief Financial Officer

Chief Financial Officer, Kashina Bishop, reported on the Solvency Action Plan. CFO Bishop stated Gold Coast Health Plan's financial position is much better than last reported on projections.

Tangible Net Equity (TNE) was reviewed. The State has a required amount which is a percentage of our health care expenditures; currently, the required amount is approximately $35 million which is about two weeks of our expenses in reserve. The State will begin to watch the plan, not just when we are below the requirement, but when you fall below 200% of the required. If the Plan falls below 150% there is the possibility of having a monitor put in place by the State.

CFO Bishop reviewed the Outlier Status Among Public Plan slide updated as of June 30, 2020. This is a comparison of where we are as a percentage of our required TNE compared to other local initiatives in California. Gold Coast Health Plan remains an outlier at 213% of the required. Most plans are above to about 600%. Our commission approved amount is between 400% and 500% of the required.

CFO Bishop stated as we enter 2021, we were in a much better financial position than we had budgeted. During the first six months of the fiscal year we had a loss of $2.3 million. TNE is $75 million and 213% of the required, going forward we will be able to be in a phase of recovery. Revised rates were received from the State which were effective January 1, 2021. The rates are in effect for calendar year 2021, and represent a 6% increase from our current capitation rates; $14 million more annually than the budgeted rates. The rates combined with our Solvency Action Plan put us on a good path going forward.

A review of the 3-year forecast in the budget process showed that it could hit very close to the 150% of the required TNE, which puts us close to a State monitor, in addition to just the operational risk of not having sufficient reserves and there would be a very slow recovery in the next fiscal year.

The Revised Forecast was reviewed. Reviewing the improved financial position from the budget expectations at 213%, and take the revised capitation rates from the State, it improves our outlook for the next couple of years. CFO Bishop stated she is presenting this forecast with cautious optimism, as we do remain at risk at 213%. We would want to have reserves, but due to the pandemic we do not have a full sense of what that will mean from a health perspective of our membership and what it could do to our medical expenses. We remain focused on our Solvency Action Plan because we are not well positioned for the risks that exist.

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The Solvency Action Plan is looking to increase our ability to manage operations in the future. In prior presentations we have been focused on the contracting portion, but we have made significant efforts internally and they support the Solvency Action Plan. We are reviewing a transplant management approach, avoidable emergency room (ER) visits, and have formalized an internal control work group. We have reported the Strategic Planning process to our Commission.

Committee Member Curtis Updike asked if there are or will there be risks, because it appears if we continue to squeeze the providers or cut back on rate payments, eventually there could be an impact. CFO Bishop stated we are working with the vendor and are also looking at contractual strategies, but we are being mindful not to impact membership or access. We are unable to say with ultimate certainty that we won't make contractual provider rate changes. We are being strategic and very careful about any changes that are made it's on hold right now because we are very concerned about further provider abrasion with our system conversion. Focus is on the most important efforts internally and putting some things on hold so that we ensure there is a lot of thought, effort and strategy to any contract changes we make.

Committee Member Updike stated he knows that we have been progressive with the type of services we offer but is there anything we have cut or plan to cut back on. CFO Bishop stated that the benefits we cover are required by Medi-Cal guidelines and there isn't any benefit that would be cut for members, but there might be certain strategies around ER utilization and avoidable ER utilization. Encouraging members to be seen other than the ER will help with costs.

Committee Member Updike stated that it appeared for a while we were providing services that exceeded the Medi-Cal guidelines. CMO Wharfield stated that he was correct and that a few years ago we studied certain types of services and we found the Medi-Cal benefit was out of line with current standard practice; cardiac and pulmonary rehab would be examples. We studied those and found them to be standard of care and supported with medical research, and also to have a return on investment. We brought those to the Commission and there were just a few instances where we did extend the benefit. Since that time, Medi-Cal has caught up with us, and they also studied the issue and found it to be standard of care with a return on investment. At this time, we are not aware that we are extending benefits beyond Medi-Cal, part of the Solvency Action Plan would not touch the benefit structure for our members. Committee Member Updike stated that it would be difficult to figure out a way to reduce costs to such an extent and stay within the Medi-Cal guidelines.

Committee Member Jordan stated that she understands what Gold Coast Health Plan needs to do for members and appreciates the Plan thinking about the people they serve but is very concerning for families.

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CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of October 28, 2020.

   Staff: Maddie Gutierrez, MMC – Clerk to the Commission
   Deborah Munday, Executive Assistant / Assistant Clerk to the Commission

   RECOMMENDATION: Approve the minutes.

Committee Member Updike motioned to approve the minutes. Committee Member Jordan seconded.

Roll Call vote as follows:

AYES: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Curtis Updike.

NOES: None.

ABSENT: Committee Members Ruben Juarez, Victoria Jump and Pablo Velez.

The motion carries.

FORMAL ACTION

2. Nominations and Election of Committee Chair and Vice Chair

Staff: Marlen Torres, Executive Director of Strategy and External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Nominate and elect new CAC Chair and Vice-Chair

Marlen Torres stated that former Chair, Rita Weaver, is no longer a CAC member. In Ms. Weaver's absence, Ruben Juarez is the current Vice-Chair and has taken over the responsibilities of Chair and attending the meetings. Unfortunately, Ruben is unable to join the meeting today. During the October meeting we discussed about having an election of Chair and Vice-Chair. Our staff recommendation today was going to be for the committee to make a selection; however, there are only four members present. Ms. Torres asked if the committee would like to go ahead and select a Chair or Vice-Chair or table for the next meeting when there are additional members present. After a brief discussion, it was decided to table this item until the next meeting.

Committee Member Updike motioned to table the Nominations and Election of Committee Chair and Vice Chair. Committee Member Johnson seconded.

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Roll Call vote as follows:

AYES: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Victoria Jump and Curtis Updike.

NOES: None.

ABSENT: Committee Members Ruben Juarez and Pablo Velez.

Motion carries.

UPDATES

3. CAC Member Recruitment Process

Staff: Marlen Torres, Executive Director of Strategy and External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Receive and file the update.

Ms. Torres stated she met with the Ad Hoc Committee in November but wanted to present to the entire Community Advisory Committee board. Last year the CAC was advised that a number of the Committee Member's terms were up and if interested in continuing to serve to complete an application. All who were interested did complete an application. Unfortunately, we learned that a few members, Rita Duarte Weaver, Norma Gomez and Estelle Cervantes were not able to join. There is also a vacant seat for a member representative which created four openings.

The ad hoc committee is composed of individuals whose terms were not expired or up for renewal, Ruben Juarez, Curtis Updike and Victoria Jump. The process for new members who are interested in joining can complete the application and the ad hoc committee will review and put forth recommendations. We would then present to the Commission for a final approval and slate of members. As we were going through this, we made the announcement to the community that we were recruiting members, along with a number of postings that were placed in various city halls, Oxnard, Ventura, and main public libraries. The member application is in both English and Spanish and posted on our website. It was also put in a newsletter that is shared with our community-based organizations. Our community relations representatives also presented the application at networking meetings or presentations they have attended virtually in the community.

Prior to the pandemic, Luis Aguilar and his team were still conducting the member orientation meetings. Any member who wanted to be involved submitted their information and were contacted to see if they were interested in serving on the CAC committee. The Committee Members went ahead and made additional recommendations which we implemented to see if we could get additional interest. Some of the Committee Members took it upon themselves

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to see if they knew of anyone who might be able to assist us. We have not yet had any interest or applications. It was decided by the ad hoc committee we would reconvene once we had applications available for them to review. Luis Aguilar added that he reached out to MICOP to find out if they have anyone that would be interested in participating. They replied and were looking into it and would get back to us.

Committee Member Updike stated he had reached out to see if there was any interest. He stated he was disappointed that it didn't result in any applications. Ms. Torres added Ruben Ortiz had an individual who was interested and our Assistant Clerk to the Board, Deborah Munday, has been working with her to see if she's still interested and is able to submit her application. Committee Member Jordan asked that the English/Spanish flyer be emailed to her and she will add in their food distribution. Committee Member Johnson requested the flyer as well. Committee Member Herrera suggested the flyer be sent to all members of the committee.

4. Medi-Cal Rx Update

Staff: Dr. Nancy Wharfield, Chief Medical Officer
Dr. Anne Freese, Director of Pharmacy

RECOMMENDATION: Receive and file the update.

Dr. Freese stated that Medi-Cal Rx was originally scheduled to go live January 1, 2021 but was pushed out 90 days to April 1, 2021. Department of Health Care Services (DHCS) released a press release in November which was forwarded to everyone. They also issued a notice regarding script subscription service and we have been providing that to our community partners and our providers as a mechanism to stay up to date on all the information the State distributes. We also provided a notice to all of our providers, the GCHP Commission and Community and Provider Advisory Committees.

The State also released a beneficiary notice that went out the week of December 21, 2020. Prior to the notice of the extension, members should have received an additional 60-day and a 90-day letter from the State. We had expected our pharmacy benefit manager (PBM) contract to terminate on December 31, 2020, we were able to get that extended until Medi-Cal Rx goes live. We are continuing to provide pharmacy benefits and will do so until the transition to Medi-Cal Rx.

A review of the member communication schedule was presented. We were originally planning to do a 30-day notice in December with the January 1, 2021 date. Obviously, the extension did not go out and DHCS put the notice out in late December.

The Outreach Campaign will be kicked off throughout the County in February and March 2021 via radio and print media. The only change will be the date of implementation. We had planned to send out all new member ID cards to pull off our PBM information and put the State Medi-Cal Rx phone number. That is still in process and should be in homes by the last

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week of March 2021. The State will be issuing additional notices to members but do not know if they're going to do a 60-day and 90-day notice. When confirmation is received, we will communicate to our community partners.

The GCHP Provider Outreach Plan was reviewed. We will continue to provide information moving towards the April 1, 2021 date. We have our provider operations bulletins, internally we are sending out email blasts to the providers and those will be ongoing as we receive additional information from the State. We developed a resource guide in October 2020 for use and it will be updated for the April 1, 2021 date. That is located on our website and we are continuing to meet with various provider groups for joint operation meetings (JOMs) or Medi-Cal Rx meetings. We will be meeting with the State and will discuss how best to continue outreach to our providers to ensure they are ready and knowledgeable on the system. We also distributed a notice for two webinars from independent providers.

A review of the Medi-Cal Rx was given, including all email addresses for help with questions and/or comments to DHCS, pharmacy benefits, Medi-Cal Rx portal and general. The GCHP team will be monitoring the email address to ensure we are receiving and replying as quickly as possible. The State's new PBM, Magellan, has an email address and can be reached for questions.

CMO Wharfield asked if the Committee Members have heard anything from the public they serve or has interest waned because of the delay. Committee Member Johnson stated she was surprised there aren't any questions from her population, it must be going well, or questions are being answered. There have been questions about whether medications will be covered and what should they do. Bryan Quijada gave a demonstration about the website which was very helpful. Committee Member Jordan stated she felt there was a sigh of relief, but she feels the date will be changed again. There have been many different changes in programs that people were told were going to happen and dates kept changing. CMO Wharfield stated we want to watch our member communication channels as we get close again and especially with implementation to ensure we're ready to cover any issues that come up.

6. Government / Community Relations Update

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

RECOMMENDATION: Receive and file the update.

Ms. Torres presented her update on the Governor's Proposed fiscal year (FY) 2020-2021 Budget. As previously mentioned, there is a delay in the pharmacy Rx implementation to April 1, 2021, there has also been discussed $1.1 billion for the California Advancing and Innovating Medi-Cal Program (CalAIM) that we halted last year of the pandemic and there was a pause on this particular proposal and now it's been put forth by the administration. We will be providing a high-level overview at the next meeting when we have more information. Essentially it is a similar component that was discussed before, Enhanced Care Management

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(ECM) benefit. There is also the continuation of the Population Health Management strategy. These are the major components from the previous proposal, with some additions and changes with timelines. More information will come as we start attending webinars and meetings with DHCS.

We have also continued our telehealth funding. Due to the pandemic telehealth has really stepped up front and center. Funding and distribution for the vaccine and how to move forward with ensuring people get vaccinated. There have been offices created, Office of Health Care Affordability and the Office of Medicare and Innovation, which will be taking a look at the course of health care, cost and continuing on the efforts put on hold during the pandemic. Another item is the increase in Medi-Cal enrollment, they are coding up to 16 million which is up to 40% of Californians, which is a large number of individuals expected to enroll in the program due to the pandemic.

Community Relations. We have continued support and sponsorships with a number of organizations, Kids and Family Together, the Boys and Girls Club in Oxnard and Port Hueneme. Community meetings are attended virtually. We have also hosted meetings with community-based organizations on an individual basis to discuss what we do, the types of benefits we have, and any information that we feel is relevant for the community. Bryan Quijada and Adriana Sandoval-Jimenez presented to Paula Johnson, ARC, and recently worked with Laurie Jordan from Rainbow Connection to share information. There is a community newsletter, and the next issue will be sent next month. Committee Member Johnson asked if it was possible to receive a stack of the newsletters. Ms. Torres stated she would check with our Communications Manager to see if we are able to print.

Committee Member Updike motioned to receive and file agenda items 3 through 6. Committee Member Jordan seconded.

Roll Call vote as follows:

AYES: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Victoria Jump and Curtis Updike.

NOES: None.

ABSENT: Committee Members Ruben Juarez and Pablo Velez.

7. PRESENTATIONS

COVID-19 Update/Impact

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the presentation.

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CMO Wharfield gave an overview of how GCHP is supporting the COVID-19 vaccination efforts. It's important to hear from the Committee Members about any insights they have for the people they serve. That would help us position for coordination of care to get people in front of vaccine. We can do community engagement to the vulnerable populations and how to keep members and providers engaged. The goal of GCHP is to support the public health efforts. The biggest issue is we need a vaccine supply which is being worked out on the federal level.

When the vaccine becomes available, we want to ensure that our providers are enrolled to give the vaccine in the data system and to record who has received the vaccine for coordination for the second vaccine and to record that all doses are received. We need a shared coherent message to all the Medi-Cal members in the State and with the counties. We will be doing outreach to the vulnerable populations as the tiers of people who become eligible for their vaccines.

We had a meeting with our Medical Advisory Committee and heard some providers are having challenges in navigating the system. We have followed up with public health and they are aware of it and are working to correct the system.

There are communication channels for providers and members, information can be found on our website. We also envision that we will be able to do telephonic outreach and any member can be brought to our attention through providers; our community relationships are being managed by a care management nurse who can help to coordinate care.

It is important to note that we have a transportation benefit and it was noted in the county communication sent out today the Area Agency on Aging also provides a transportation benefit. We want to ensure transportation and technology is not a barrier to people getting their vaccines. We want to assist our members with stepping over any technology barriers that may exist. Direct mailers and DHCS's assisted call scripts.

DHCS is carving out the vaccine for Medi-Cal Managed Care Plans. Our role is to assist but we are not the payers. It will be a fee for service program. We can assist the providers to understand how to sign up and bill for it. DHCS hasn't finished yet but they are seeking federal approval for the Federally Qualified Health Centers (FQHC) systems to be able to participate in administrative fee reimbursement.

CMO Wharfield stated she would be available after the meeting for any questions on how to work together. Committee Member Jordan stated she had someone call and stated they were a mobile testing unit and would come out to our agency and would perform testing if the person had Medicare / Medi-Cal and she asked if this was real. CMO Wharfield stated there are scams but mobile testing sites do exist. Free testing sites are available in the county.

CMO Wharfield stated she attended a medical director's meeting and some of the plans are strategizing how to use home health care services to see if we could invoke something for

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people who stay in their homes and don't come out for whatever reason. It's important to direct people to the free testing sites whenever possible. Committee Member Jordan stated one of the challenges she faces in her community is the participants are able to receive their testing but the problem is their unpaid supports are unable to receive the vaccine that seems to be a big challenge for families.

CMO Wharfield stated by looking at this from a public health perspective, when the limited supply improves those issues may change. Currently we are doing better in Ventura County than we were in the last couple of weeks. With the surge and scarcity of hospital beds, intensive care unit (ICU) beds, ventilators, etc., the real focus is on the riskiest people who you think would be taking those beds and the vaccine supply will be the answer to a lot of these problems. Committee Member Jordan stated this has been a big issue because DDS sent out of a letter explaining that your child is served by the regional center. What is confusing for our agency, is we serve three counties including Santa Barbara and San Luis Obispo are offering the vaccine to unpaid direct care staff which is a parent who is taking care of the child, a sibling taking care of the child, we know they are doing it but the family doesn't understand who has the final say. CMO Wharfield stated what we are hearing is the gap between the theory and what the reality is. It is correct to say Public Health is the entity that has the say in our county.

CMO Wharfield stated they are all guided by the State of California Department of Health Services, which is hearing from the federal government. We want the vaccine supply to increase. Committee Member Jordan stated the Regional Center members are being vaccinated and that is how she received her vaccine. If a parent is the IHSS worker, they can receive the vaccine but other people who are caring for others should also be able to receive. There is a town hall meeting being held about people with disabilities. CMO Wharfield stated information changes daily and we just need to do whatever we can to get the information to our members.

Committee Member Johnson motioned to receive and file the presentation. Committee Member Jordan seconded.

Roll Call vote as follows:

AYES: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Victoria Jump and Curtis Updike.

NOES: None.

ABSENT: Committee Members Ruben Juarez, and Pablo Velez.

COMMENTS FROM COMMITTEE MEMBERS

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8. CAC Feedback / Roundtable Discussion

Committee Member Johnson asked if the member does not have access to a smartphone or tablet how does the patient have a telehealth visit. CMO Wharfield stated some of our provider systems have kiosks, and in most cases will triage you for some other type of visit if telehealth is not a possibility. If there are any providers only providing telemedicine, we can assist in changing providers or assist in having a conversation with the provider to see what can be done. Most providers will shift some of the burden to clinics but there are also visits and if assistance is needed, the Care Management nurses can assist.

Committee Member Jordan asked if there is any assistance for members with disabilities getting vaccinated. We need to prep members even though they are not currently being vaccinated. Although some are not eligible for the vaccination at this time, we need to start preparing for GCHP resources. CMO Wharfield stated we are in agreement, we can strategize how to work to anticipate those problems and vaccine hesitancy.

Committee Member Johnson stated she has been in contact with the Health Department and if more sites/locations are needed, they can come through our programs. We are located throughout Ventura County and sometimes we have over 500 people, because we not only have the participants, but we also support their families, the transportation agency that transports everyone, neighbors also come through and I've let them know that our facilities are available. We have had drive-through for the flu shots and it has been successful.

Committee Member Herrera stated she believes there is a misconception that once you receive the vaccine, the mask is no longer required. They are unaware how the immunity builds up, so we need to ensure members are being educated ahead of time. CMO Wharfield stated we will ensure that message gets reinforced.

Ms. Torres stated we appreciate the feedback provided. Per Committee request, we added a public comment section at the beginning and at the end of the meeting.

PUBLIC COMMENT

None.

ADJOURNMENT

The meeting was adjourned at 5:26 pm.

Approved:

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Maddie Gutierrez, MMC
Clerk to the Commission

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AGENDA ITEM NO. 2

To: Community Advisory Committee

From: Luis Aguilar, Member Services Manager
Marlen Torres, Executive Director, Strategy and External Affairs

Date: April 28, 2021

RE: Community Advisory Committee Policy

SUMMARY:

The purpose of the policy is to define the composition and role of the Gold Coast Health Plan (GCHP) Community Advisory Committee (CAC). The role of the CAC is to be involved in policy decisions related to quality improvement, educational, operational and cultural competency issues affecting GCHP members and groups who speak a primary language other than English. The purpose of this policy is to also establish a process for recruiting, evaluating, and selecting prospective candidates for GCHP's CAC, as well as to delineate the governance of the CAC.

As part of the annual review of Gold Coast Health Plan policies, the following updates to the Community Advisory Committee Policy have been identified:

1. Adding "GCHP members" to the purpose of the policy
2. Under definitions, updated the name of the assessment to "Population Needs Assessment (PNA).
3. Under the CAC recruitment process, added additional places where vacancy notices can be posted.

RECOMMENDATION:

Staff recommends the Committee approve the changes identified.

ATTACHMENTS:

Community Advisory Committee Policy MS-015 (Red-lined Version).

Title: Community Advisory Committee	Policy Number: **MS-015**
Department: Member Services	Effective Date: 10/18/2017
CEO Approved:	Revised: ~~11/02/2018~~2/16/2021

Purpose:

To define the composition and role of the Gold Coast Health Plan (GCHP) Community Advisory Committee (CAC). The role of the CAC is to be included and involved in policy decisions related to Quality Improvement, educational, operational and cultural competency issues affecting GCHP members and groups who speak a primary language other than English. The purpose of this policy is also to establish a process for recruiting, evaluating, and selecting prospective candidates for GCHP's CAC, as well as to delineate the governance of the GCHP's CAC.

Definitions:

Community Advisory Committee – A committee comprised of community advocates and Members, each of whom represents a constituency served by Gold Coast Health Plan (GCHP), which was established by GCHP to advise its Commission on issues affecting Members.

GCHP Commission - The Ventura County Medi-Cal Managed Care Commission (VCMMCC) is the governing body for Gold Coast Health Plan (GCHP). The Commission is comprised of locally elected officials, Providers, hospitals, clinics, the county healthcare agency and consumer advocates.

Threshold Language – Those languages identified based upon State requirements, and/or findings of the Population~~Group~~ Needs Assessment (~~G~~PNA).

CAC Policy:

This policy shall define the composition, requirements and elections for the CAC.

A. As directed by GCHP's Commission, CAC shall report every six months to the GCHP Commission and shall provide advice and recommendations to the GCHP Commission relative to GCHP's programs and initiatives.

B. GCHP's Commission encourages Committee Member involvement in policy decisions related to Quality Improvement, educational, operational and cultural competency issues affecting GCHP members and groups who speak a primary language other than English.
~~B.~~

C. CAC members shall recuse themselves from voting or from decisions where a conflict of interest may exist~~,~~ and shall abide by GCHP's conflict of interest code and, in accordance with GCHP Policy.

D. The composition of CAC shall reflect the diversity of the GCHP membership.

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E. All CAC members shall have direct or indirect contact with GCHP Members.

F. In accordance with the Ventura County Medi-Cal Managed Care Commission (VCMMCC), dba Gold Coast Health Plan (GCHP), CAC shall be comprised of 11 voting members, each seat representing a constituency served by GCHP.

1. Two of the 11 positions are standing seats and are held by the Ventura County Health Care Agency (VCHCA) and the Ventura County Human Services Agency (HSA).

2. Nine members shall serve a two-year term with no limits on the number of terms a representative may serve.

   a. One of the positions shall be a dedicated Member seat for a Beneficiary Member or the Parent/Guardian of a Beneficiary Member.
   b. The two-year CAC member terms shall coincide with GCHP's fiscal year (i.e., July 1st through June 30th).

3. CAC may include, but is not limited to, individuals representing, or that represents the interests of:

   - Beneficiaries with Chronic Medical Conditions
   - County Health Care Agency
   - County Human Services Agency
   - Foster Children
   - Medi-Cal Beneficiaries
   - Persons with Disabilities
   - Persons with Special Needs
   - Seniors

G. CAC shall conduct a nomination process to recruit potential candidates for the impending vacant seats, in accordance with this policy.

1. The CAC shall conduct an annual recruitment and nomination process.
   a. At the end of each fiscal year, approximately half of the CAC ~~seats'~~seats expire, alternating between four vacancies one year and five vacancies the subsequent year. The two standing seats for VCHCA and HSA are evergreen and do not expire.

2. The CAC shall conduct a special recruitment effort if a seat is vacated mid-term.
   a. Candidates that fill a vacated seat mid-term shall complete the term for that specific seat, which will be less than a full two-year term.

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3. If a vacancy occurs three months prior to the start of the nomination process, there will be no need for a special election and the vacant seat shall become part of the nomination process.

H. On an annual basis, CAC shall select a chairperson and vice-chair from its membership to coincide with the annual recruitment and nomination process.

1. The CAC chairperson and vice-chair may serve one-year terms with unlimited extensions with a vote taken by the CAC members annually.

2. The CAC chairperson or vice-chair may be removed by a majority vote from GCHP's Commission.

I. CAC members shall attend all regularly scheduled meetings, unless they have an excused absence. An absence shall be considered excused if a CAC member provides notification of an absence to GCHP staff at least four hours prior to the CAC meeting. GCHP staff shall maintain an attendance log of the CAC member's attendance at CAC meetings. Upon request from the CAC chairperson, the vice-chair, the Chief Executive Officer or the GCHP Commission, GCHP staff shall provide a copy of the attendance log to the requester. In addition, GCHP staff shall contact any committee member who has three consecutive unexcused absences.

1. CAC member's attendance will be considered as a criterion upon reapplication.

PROCEDURE

A. CAC recruitment process

1. GCHP shall begin recruitment of potential candidates in March of each year. In the recruitment of potential candidates, the ethnic and cultural diversity and special needs of the GCHP population shall be considered. Nominations and input from interest groups and agencies shall be given due consideration.

2. GCHP shall recruit potential candidates utilizing a variety of notification methods, which may include, but are not limited to, the following:
   a. Outreach to the respective Member community; and
   b. Placement of vacancy notices on the GCHP website, city halls, public libraries and the Building Community Newsletter.

3. An application is sent to prospective candidates and shall be notified at the time of recruitment regarding the deadline to submit their application (attached) to GCHP.

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4. The CAC chairperson or vice-chair shall inquire of its membership whether there are interested candidates who wish to be considered as a chairperson or vice-chair for the upcoming fiscal year.

B. CAC nomination process

1. To establish a nomination ad hoc subcommittee, the CAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. CAC members who are being considered for reappointment, cannot participate in the nomination~~s~~ ad hoc subcommittee.

2. Prior to the CAC nomination ad hoc subcommittee meeting:
   a. Ad hoc subcommittee members shall individually review the application for each of the prospective candidates.
   b. Ad hoc subcommittee members shall individually evaluate and select a chairperson and vice-chair.

3. At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation

4. The CAC nomination ad hoc subcommittee shall:
   a. Review, evaluate and select a prospective chairperson, vice-chair and a candidate for each of the open seats.
   b. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair and a candidate for each of the expiring seats using the attendance record if relevant and the prospective candidate's references.

C. CAC selection and approval process for prospective chairperson, vice-chair and CAC candidates

1. Upon selection of a recommendation for a chairperson, vice-chair and a slate of candidates, the ad hoc subcommittee shall forward its recommendation to the CAC for consideration.

2. Following consideration, the CACs recommended slate of new candidates shall be submitted to GCHP Commission for review and final approval.

3. Following GCHP's Commission approval of CAC's recommendation, the new CAC members' terms shall be effective July 1 or at the first meeting after July.

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a. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following CAC meeting.

4. GCHP shall provide new CAC members with a new CAC member orientation including information on past meetings.

Attachments:
Committee application
GCHP Code of Conduct
GCHP Conflict of Interest Code

Revision History:

Review Date	Revised Date	Approved By
10/18/2017		**Consumer Advisory Committee**
03/09/2018		**Dale Villani, CEO**
	10/02/2018	**Luis Aguilar, Member Services Manager**
10/29/2018		**VCMMCC**
11/05/2018		**Dale Villani, CEO**
01/30/2020		**Luis Aguilar, Member Services Manager**
03/04/2020		**Robert Franco, Interim Compliance Officer**
	02/16/2021	**Luis Aguilar, Member Services Manager**
03/09/2021		**PRC**

Title: Community Advisory Committee	Policy Number: **MS-015**
Department: Member Services	Effective Date: 10/18/2017
CEO Approved:	Revised: ~~11/02/2018~~2/16/2021

AGENDA ITEM NO. 3

TO: Community Advisory Committee

FROM: Marlen Torres, Executive Director, Strategy & External Affairs

DATE: April 28, 2021

SUBJECT: Nominations and Election of Committee Chair and Vice Chair

VERBAL PRESENTATION

SUMMARY:

At the October 28, 2020, Community Advisory Committee (CAC) meeting it was agreed by the CAC members that they would select a new chair and vice chair at the next CAC meeting, on January 27, 2021, as Rita Duarte-Weaver, current chair, is no longer able to serve in the CAC.

Ruben Juarez is currently serving as the CAC vice chair and has been serving as the chair in the absence of an official chairperson.

RECOMMENDATION:

Staff recommends that the CAC select a chair and vice chair.

AGENDA ITEM NO. 4

TO: Community Advisory Committee

FROM: Nancy Wharfield, M.D., Chief Medical Officer
Anne Freese, PharmD, Director of Pharmacy

DATE: April 28, 2021

SUBJECT: Medi-Cal Rx Update

SUMMARY:

Presentation providing an update to Medi-Cal Rx.

RECOMMENDATION:

Staff recommends that the Community Advisory Committee accept and file the presentation.

ATTACHMENT:

1) Freese, A., (2021). Director of Pharmacy, Medi-Cal Rx, Presentation Slides.

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Medi-Cal Rx

Annie Freese, Pharm.D.
Director of Pharmacy

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

Agenda

- Medi-Cal Rx Implementation
- Next Steps
- Questions

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Medi-Cal Rx Implementation

- When will Medi-Cal Rx be implemented?
  - On 2/17/2021, DHCS informed plans that the targeted implementation date of 4/1/2021 has been delayed. There is no new implementation date.
- Why was Medi-Cal Rx delayed?
  - DHCS stated the purchase of Magellan, the PBM contractor for Medi-Cal Rx, by Centene Health, an organization that has an managed care plan contract with DHCS, requires DHCS to explore acceptable conflict avoidance protocols.
- When will you know more?
  - DHCS anticipates providing an update in May 2021.

Return to Agenda

Next Steps

- GCHP Communication Plan
  - Providers
  - Community Partners
  - GCHP Website and Press Release
- Member Communication
  - DHCS Communication Plan
- Continued GCHP Pharmacy Benefit
- Future Considerations
  - Federal/State Legislation
  - Federal/State Policy Changes

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Medi-Cal Rx: Questions

- For questions and/or comments regarding Medi-Cal Rx, DHCS invites stakeholders to submit those via email to rxcarveout@dhcs.ca.gov

- For questions and/or comments for GCHP regarding pharmacy benefits, please reach out to Annie Freese at afreese@goldchp.org

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AGENDA ITEM NO. 5

TO: Community Advisory Committee

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

DATE: April 28, 2021

SUBJECT: 2021 Population Needs Assessment Stakeholder Engagement

SUMMARY:

The purpose of the presentation is to provide an update on the Department of Health Care Services (DHCS) 2021 Population Needs Assessment (PNA) report, and highlight preliminary results of the 2021 PNA Community Stakeholder Survey.

FISCAL IMPACT:

None

RECOMMENDATION:

None

ATTACHMENTS:

1) González, L., (2021). Health Education, Cultural and Linguistic Services, Community Advisory Committee, Population Needs Assessment Update, Presentation Slides in English and Spanish.
2) 2021 PNA Community Stakeholder Survey in English and Spanish.

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Health Education, Cultural and Linguistic (HECL) Services

Community Advisory Committee
2021 Population Needs Assessment Update

Wednesday, April 28, 2021

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

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Agenda

- Overview of Population Needs Assessment
- 2021 Population Health Assessment (PNA) Update
- Update of the PNA Community Stakeholder Engagement Survey
- Next Steps

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Overview

- Formerly called the Group Needs Assessment (GNA)
- Focuses on Health Education and Cultural & Linguistic Needs of Medi-Cal Members
- Requires an assessment of Health Disparities data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data
- Requires work plans to address the gaps or disparities identified in the assessment
- Requires community stakeholder involvement
- First submission of the PNA was June 2020

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Flow of Information

Data Source & Findings

Reliable Data Sources:

- 2019 CAHPS
- Claims/Encounter Data
- Health Disparity

Reports:

- Community Stakeholder Survey

Key Findings:

- Member Demographic
- Disease Prevalence
- Health Disparities
- Access to Care

HE/CL, QI, and Gap Analysis

Identify the HE/CL needs of members

Review QI HEDIS measures and Gap Analysis

Action Plan

2020 PNA Identified nine (9) Strategic Objectives

2021 Preliminary Data – five (5) Strategic Objectives

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Three Key Goals of the PNA is to Improve Health Outcomes for Members

Identify health needs and health disparities

Evaluate health education, cultural & linguistic needs and quality improvement activities

Implement targeted strategies

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2021 PNA Community Stakeholder Engagement

- The PNA Community Stakeholder Engagement:
  - Combined representation from community partners
  - Play key role in the delivery of health care services to GCHP beneficiaries
  - Opportunity to provide feedback on health education, health equity, culturally and linguistically needs of GCHP members
  - Improvement Opportunities

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2021 PNA Community Stakeholder Engagement

- Community Advisory Committee Members
- GCHP Building Community Newsletter
- Distribution to Various Organizations
- PNA Survey available in English and Spanish
- Return Data for Survey is May 14, 2021

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PNA Community Stakeholder Survey Key Areas

- Organization Background
- Member health concerns and health education communication
- Access to Cultural and Linguistic Services

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PNA Questions

Q4: What do you think are important health concerns or issues for low-income individuals you serve?

Select three. If selecting other, please specify in the last option listed as "other.“

- Not enough safe places to walk or play
- Not enough appointment times at doctors’ office/clinics
- Not enough doctors who treat patients with respect
- Not enough information about health conditions
- Not enough information about how to get healthy
- Not enough clinics and doctors nearby
- Not enough behavioral (mental) health services nearby
- Not enough healthy food (such as fresh fruits and vegetables) nearby
- Other, please specify:

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PNA Questions

Q5: What is the best way for GCHP to provide health education services to the members in your community?

Select three. If selecting other, please specify in the last option listed as "other."

- GCHP website
- Internet
- Doctor's offices/clinics
- Radio
- Family/friends
- Other, please explain:

Q14: How does your organization identify and address the cultural and health beliefs of the GCHP members you serve?

Please specify:

Q17: If you work with an interpreter, what is the best method of communication?

- In-person interpreting
- Telephone interpreting
- Video remote interpreting
- No preference

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Next Steps

- Review and Summarize Survey Results
- Add Findings to the 2021 PNA Report
- Report Survey Findings to Key Stakeholders
- Incorporate Findings to Improve Intervention Strategies

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Respeto

Servicios de Educación para la Salud, Culturales y Lingüísticos (HECL)

Comité Asesor Comunitario
Actualización sobre Evaluación de Necesidades de la Población de 2021

Miércoles, 28 de abril de 2021

Lupe González, PhD, MPH
Directora, Servicios de Educación para la Salud/Culturales y Lingüísticos

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

Agenda

- Revisión de la Evaluación de Necesidades de la Población
- Actualización sobre Evaluación de Salud de la Población (PNA) de 2021
- Actualización de la Encuesta de Participación de Partes Interesadas de la Comunidad en la PNA
- Próximos Pasos

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Revisión

- Antes llamada la Evaluación de Necesidades Grupales (GNA, por sus siglas en inglés)
- Se centra en las Necesidades de Educación para la Salud y Culturales y Lingüísticas de los miembros de Medi-Cal
- Requiere una evaluación de datos sobre Disparidades de Salud y datos de la encuesta de Evaluación de los Consumidores sobre Proveedores y Sistemas de Salud (CAHPS)
- Requiere planes de trabajo para abordar las carencias o disparidades identificadas en la evaluación
- Requiere la participación de las partes interesadas de la comunidad
- La primera presentación de la PNA fue en junio de 2020

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Flujo de Información

Fuente de Datos y Hallazgos

Fuentes de Datos Fiables:

- CAHPS de 2019
- Datos de Encuentros/ Reclamaciones
- Disparidad de Salud

Informes:

- Encuesta entre Partes Interesadas en la Comunidad

Hallazgos Principales:

- Demografía de Miembros
- Prevalencia de Enfermedades
- Disparidades de Salud
- Acceso a la Atención

Análisis de HE/CL, QI y Carencias

Identificar las necesidades de Educación para la Salud (HE) / Culturales y Lingüísticas (CL) de los miembros

Revisar las medidas HEDIS de Mejora de la Calidad (QI) y Análisis de Carencias

Plan de Acción

La PNA de 2020 identificó nueve (9) objetivos estratégicos

Datos Preliminares de 2021: cinco (5) Objetivos Estratégicos

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Las Tres Metas Principales de la PNA son Mejorar los Resultados de Salud para los Miembros

Identificar necesidades de salud y disparidades de salud

Evaluar necesidades de educación para la salud, culturales y lingüísticas, así como actividades de mejora de la calidad

Implementar estrategias dirigidas

Return to Agenda

Participación de Partes Interesadas de la Comunidad en la PNA de 2021

- Participación de Partes Interesadas en la Comunidad en la PNA:
  - Representación combinada de socios de la comunidad
  - Tienen un papel clave en la prestación de servicios de atención de salud a beneficiarios de GCHP
  - Oportunidad de aportar retroinformación sobre necesidades de educación para la salud, de equidad en salud, culturales y lingüísticas de miembros de GCHP
  - Oportunidades de Mejora

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Participación de Partes Interesadas de la Comunidad en la PNA de 2021

- Miembros del Comité Asesor de la Comunidad
- Boletín Informativo “Construyendo la Comunidad” de GCHP
- Distribución a Varias Organizaciones
- Encuesta de PNA disponible en inglés y en español
- La fecha de recepción de los datos para la Encuesta es el 14 de mayo de 2021

Return to Agenda

Áreas Clave de la Encuesta entre Partes Interesadas en la Comunidad sobre la PNA

- Contexto de la Organización
- Preocupaciones de salud de los miembros y comunicación de educación para la salud
- Acceso a Servicios Culturales y Lingüísticos

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Preguntas de la PNA

P4: ¿Qué piensa que son preocupaciones o problemas importantes de salud para las personas de bajos ingresos a las que sirve?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- No hay suficientes lugares seguros para caminar o jugar
- No hay suficientes horas de citas en clínicas/consultorios de médicos
- No hay suficientes médicos que traten con respeto a los pacientes
- No hay suficiente información sobre afecciones de salud
- No hay suficiente información sobre cómo estar sano
- No hay suficientes clínicas y médicos cerca
- No hay suficientes servicios de salud del comportamiento (mental) cerca
- No hay suficiente comida sana (como verduras y fruta fresca) cerca
- Otra, favor especifique:

P5: ¿Cuál es la mejor forma en la que GCHP puede proporcionar servicios de educación para la salud a los miembros de su comunidad?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- Sitio web de GCHP
- Internet
- Clínica/consultorio de médicos
- Radio
- Familia/amigos
- Otros, favor explique

Preguntas de la PNA

P14: ¿Cómo identifica y aborda su organización las creencias culturales y de salud de los miembros de GCHP a los que sirve?

Por favor, especifique en el cuadro a continuación.

P17: ¿Si trabaja con un intérprete, ¿cuál es el mejor método de comunicación?

- Interpretación en persona
- Interpretación por teléfono
- Interpretación a distancia mediante video
- Sin preferencia

Return to Agenda

Próximos Pasos

- Revisar y Resumir los Resultados de la Encuesta
- Añadir los Resultados al Informe de PNA de 2021
- Comunicar los Resultados de la Encuesta a las Partes Interesadas Clave
- Incorporar los Resultados para Mejorar las Estrategias de Intervención

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2021 Population Needs Assessment
Community Stakeholder Survey

Gold Coast Health Plan (GCHP) is conducting a community stakeholder survey and would like your feedback on barriers and challenges of seeking healthcare among low-income, Medi-Cal members. Your responses will help GCHP develop intervention strategies that are culturally and linguistically appropriate.

Please take a moment to complete the survey. If you work for an organization serving low-income individuals and/or Medi-Cal members, we encourage you to complete the survey. The survey is anonymous. Submit your responses no later than **Friday, May 14, 2021**.

If you have any questions, email **CulturalLinguistics@goldchp.org**.

Organization Background

1. **What type of organization do you represent?**
   Select one:
   a. Social Services
   b. Behavioral Health
   c. Health Care and/or Medical
   d. Education
   e. Non-profit
   f. Other, please specify:
   _____

2. **What percentage of your clientele are low-income and/or have Medi-Cal?**
   Select one:
   a. 0-25%
   b. 26-50%
   c. 51-75%
   d. 76-100%

3. **Select the population your organization serves in the community?**
   Check all that apply:
   a. Children
   b. Adults
   c. Families
   d. Homeless
   e. Seniors

f. Foster Care
g. LGBTQ+
f. Other, please specify: _____

Health Concerns and Health Education

4. **What do you think are important health concerns or issues for low-income individuals you serve?**
Select three. If selecting other, please specify in the last option listed as "other."

   a. Not enough safe places to walk or play
   b. Not enough appointment times at doctors' office/clinics
   c. Not enough doctors who treat patients with respect
   d. Not enough information about health conditions
   e. Not enough information about how to get healthy
   f. Not enough clinics and doctors nearby
   g. Not enough behavioral (mental) health services nearby
   h. Not enough healthy food (such as fresh fruits and vegetables) nearby
   i. Other, please specify: _____

5. **What is the best way for GCHP to provide health education services to the members in your community**?
Select three. If selecting other, please specify in the last option listed as "other."
   a. GCHP website
   b. Internet
   c. Doctor's offices/clinics
   d. Radio
   e. Family/friends
   f. Other, please explain: _____

6. **There are several health conditions that impact our community. Of the following health conditions below, please select three. If selecting other, please specify in the last option listed as "other."**
   a. Cancer
   b. Chronic pain
   c. Diabetes
   d. Heart disease/heart attack/stroke/hypertension
   e. Infectious/contagious disease
   f. Lung disease/asthma
   g. Mental health
   h. Obesity/overweight
   i. Substance abuse
   j. COVID-19

k. Other, please specify: _____

7. **How do GCHP members currently learn about improving their health conditions?**
Select three. If selecting other, please specify in the last option listed as "other."

a. GCHP website
b. GCHP telephone counseling
c. Internet
d. Doctor's office/clinic
e. Social media
f. Family/friends
g. Other

8. **What do you believe is the best method to inform members about Gold Coast Health Plan?**
Select three. If selecting other, please specify in the last option listed as "other."

a. Gold Coast Health Plan website
b. Text messages
c. Telephone/Voice mail/phone messages
d. In person (face-to-face)
e. Virtual class
f. Mail
g. E-mail
h. Social media (such as Facebook, Twitter, Instagram)
i. Video on the Internet/YouTube
j. Radio
k. Other, please explain: _____

9. **How often do you think GCHP members and/or low-income individuals use the Internet?**

a. Daily
b. Weekly
c. Monthly
d. A few times a year

10. **Do you know that GCHP offers behavioral health services where members can receive help with feelings like depression, stress, sadness, or anxiety?**

a. Yes
b. No

11. Are you aware that GHCP provides an Advice Nurse Line that is available 7 days a week, 24 hours a day?

a. Yes
b. No

12. Are you aware about GCHP Health Education Services provided to members?

a. Yes
b. No

13. Are you aware of services provided by the GCHP Care Management to support members?

a. Yes
b. No

Cultural and Linguistic Services

14. How does your organization identify and address the cultural and health beliefs of the GCHP members you serve?

Please specify: _____

15. What is the primary language you use when communicating with GCHP members?

a. English
b. Spanish
c. Other language. Please specify: _____

16. Do you know that GCHP provides medical interpreters to members at no cost?

a. Yes
b. No

17. If you work with an interpreter, what is the best method of communication?

a. In-person interpreting
b. Telephone interpreting
c. Video remote interpreting
d. No preference

18. Is there anything else you would like to tell us about community concerns, health problems or services in the community you serve?

_____

Thank you for taking the time to complete the survey!

Evaluación de Necesidades de la Población de 2021
Encuesta entre Partes Interesadas en la Comunidad

Gold Coast Health Plan (GCHP) está realizando una encuesta entre partes interesadas en la comunidad y desearía recibir sus aportaciones sobre barreras y dificultades para obtener atención de salud entre los miembros de Medi-Cal con ingresos bajos. Sus respuestas ayudarán a GCHP a desarrollar estrategias de intervención que sean cultural y lingüísticamente adecuadas.

Por favor tome un momento para completar la encuesta. Si trabaja para una organización que sirve a personas con ingresos bajos y/o miembros de Medi-Cal, le animamos a completar la encuesta. La encuesta es anónima. Envíe sus respuestas a más tardar el **viernes, 14 de mayo de 2021.**

Si tiene alguna pregunta, envíe un correo electrónico a **CulturalLinguistics@goldchp.org**.

Contexto sobre la Organización

1. **¿A qué tipo de organización representa usted?**
   Seleccione una. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

   a. Servicios Sociales
   b. Salud del Comportamiento
   c. Atención de Salud y/o Médica
   d. Educación
   e. Sin fines de lucro
   f. Otra, favor especifique:
   _____

2. **¿Qué porcentaje de su clientela son de ingresos bajos y/o tienen Medi-Cal?**
   Seleccione una:

   a. 0-25%
   b. 26-50%
   c. 51-75%
   d. 76-100%

3. **Seleccione la población a la que su organización sirve en la comunidad**
Marque todas las que apliquen. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

a. Niños
b. Adultos
c. Familias
d. Indigentes
e. Ancianos
f. Cuidados en crianza
g. LGBTQ+
f. Otra, favor especifique: _____

Preocupaciones de Salud y Educación para la Salud

4. **¿Qué piensa que son preocupaciones o problemas importantes de salud para las personas de bajos ingresos a las que sirve?**
Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

a. No hay suficientes lugares seguros para caminar o jugar
b. No hay suficientes horas de citas en clínicas/consultorios de médicos
c. No hay suficientes médicos que traten con respeto a los pacientes
d. No hay suficiente información sobre afecciones de salud
e. No hay suficiente información sobre cómo estar sano
f. No hay suficientes clínicas y médicos cerca
g. No hay suficientes servicios de salud del comportamiento (mental) cerca
h. No hay suficiente comida sana (como verduras y fruta fresca) cerca
i. Otra, favor especifique: _____

5. **¿Cuál es la mejor forma en la que GCHP puede proporcionar servicios de educación para la salud a los miembros de su comunidad**?
Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

a. Sitio web de GCHP
b. Internet
c. Clínica/consultorio de médicos
d. Radio
e. Familia/amigos
f. Otros, favor explique: _____

6. **Hay varias afecciones de salud que impactan a nuestra comunidad. De las afecciones de salud a continuación, favor seleccione tres.**
   Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

   a. Cáncer
   b. Dolor crónico
   c. Diabetes
   d. Enfermedad cardiaca/ataque cardiaco/embolia/hipertensión
   e. Enfermedad infecciosa/contagiosa
   f. Enfermedad pulmonar/asma
   g. Salud mental
   h. Obesidad/sobrepeso
   i. Abuso de sustancias
   j. COVID-19
   k. Otra, favor especifique: _____

7. **¿Cómo aprenden actualmente los miembros de GCHP acerca de la forma de mejorar sus afecciones de salud?**
   Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

   a. Sitio web de GCHP
   b. Consejería telefónica de GCHP
   c. Internet
   d. Clínicas/consultorios de médicos
   e. Redes sociales
   f. Familia/amigos
   g. Otra

8. **¿Cuál piensa que es el mejor método para informar a los miembros acerca de Gold Coast Health Plan?**
   Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other.".

   a. Sitio web de Gold Coast Health Plan
   b. Mensajes de texto
   c. Teléfono/correo de voz/mensajes telefónicos
   d. En persona (cara a cara)
   e. Clase virtual
   f. Correo
   g. Correo electrónico
   h. Redes sociales (como Facebook, Twitter, Instagram)
   i. Video en Internet/YouTube

j. Radio
k. Otro, favor explique: _____

9. ¿Con qué frecuencia piensa que usan Internet los miembros de GCHP y/o las personas de bajos ingresos?

a. Diariamente
b. Semanalmente
c. Mensualmente
d. Unas pocas veces al año

10. ¿Sabe que GCHP ofrece servicios de salud del comportamiento en los que los miembros pueden recibir ayuda con sentimientos como depresión, estrés, tristeza o ansiedad?

a. Sí
b. No

11. ¿Sabe usted que GHCP proporciona una Línea de Asesoramiento de Enfermería disponible 7 días a la semana, 24 horas al día?

a. Sí
b. No

12. ¿Sabe usted de los Servicios de Educación para la Salud de GCHP que se proporcionan a los miembros?

a. Sí
b. No

13. ¿ Sabe usted de los servicios que proporciona Gestión de Atención de GCHP para apoyar a los miembros?

a. Sí
b. No

Servicios Culturales y Lingüísticos

14. ¿Cómo identifica y aborda su organización las creencias culturales y de salud de los miembros de GCHP a los que sirve?

Por favor, especifique en el cuadro a continuación.

15. ¿Cuál es el idioma principal que utiliza cuando se comunica con miembros de GCHP?
Si su respuesta es otra, especifique en la última opción que aparece como "other."

a. Inglés
b. Español
c. Otro idioma. Favor especifique: _____

16. ¿Sabe usted que GCHP proporciona intérpretes médicos a los miembros sin costo?

a. Sí
b. No

17. Si trabaja con un intérprete, ¿cuál es el mejor método de comunicación?

a. Interpretación en persona
b. Interpretación por teléfono
c. Interpretación a distancia mediante video
d. Sin preferencia

18. ¿Hay algo más que desearía decirnos sobre preocupaciones de la comunidad, servicios o problemas de salud en la comunidad a la que sirve?
Por favor, especifique en el cuadro a continuación.

¡Gracias por tomarse el tiempo para completar la encuesta!

AGENDA ITEM NO. 6

TO: Community Advisory Committee

FROM: Ted Bagley, Interim Chief Diversity Officer

DATE: April 28, 2021

SUBJECT: Diversity, Inclusion & Health Equity

PowerPoint with Verbal Presentation

ATTACHMENTS:

Diversity, Inclusion & Health Equity Presentation

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Diversity, Inclusion & Health Equity

County of Ventura

Ted Bagley, Interim Chief Diversity Officer

April 28, 2021

Integrity

Accountability

Collaboration

Trust

Respect

Return to Agenda

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

Achieving Health Equity

Health Equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Health Inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. Health equity programs work to achieve health equity by eliminating health disparities and achieving optimal health for all Americans.

Center of Disease Control

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Household Income Affects Health Outcomes

Americans earning less than $35K are far more likely to develop serious chromic health conditions than those earning over $100K.

233% more likely to have Kidney Disease

186% more likely to have Liver Disease

163% more likely to have Chronic Bronchitis

144% more likely to suffer from a Stroke

86% more likely to have Chronic Diabetes

65% More likely to have Heart Disease

Return to Agenda

Disparities

- Breast Cancer – African American Women are nearly twice likely to be diagnosed with triple negative breast cancer and are more likely to die from breast cancer than white women.
- Kidney Cancer – Highest rates of kidney cancer and deaths occur among American Indians and Alaskan Native population.
- Liver Cancer – Highest rates are in American Indian, Alaskan Natives, and Asian and Pacific Islander population.
- Prostate Cancer – African American men are more than twice as likely to die from prostate cancer than white men.
- Cervical Cancer – Women in rural areas are twice as likely to die from cervical cancer than women in urban areas.
- Multiple Myeloma – African Americans are twice as likely to be diagnosed and die from Multiple Myeloma than whites.

Return to Agenda

Recommendations

- Are there appropriate resources (Human/$$$) to make the significant impact needed.
- Ascertain if there exists a catalogue of Health Equity training modules that can be used for providers offering CME (Continuing Medical Education) credits. Develop a seamless delivery platform mechanism to disseminate the information.
- Develop a resource listing of Subject Matter Experts (SME) on Health Equity to facilitate future training. In concert with SME's, develop virtual events going forward.
- Develop Health Equity educational series regarding various topics of health equity. For providers and for the community.

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Recommendations

- Work with County of Ventura to include health equity related questions in patient survey for data analysis, evaluation, and improvement measurers.
- Work with Ventura County and find evidence based practices and training regarding mitigating financial/insurance biased toward patients and their treatment via a health equity approach.
- Identify and meet with the different diverse cultures in the surrounding communities to identify real time perceptions and issues preventing effective health equity. (Mixteco, African American, Asian/Pacific Islander, American Indian, Hispanic, etc.

Return to Agenda

Strategies

- Summit – Secure a gathering of all representatives of communities of color to assess current state.
- Integrate & Institutionalize: Focus on systems change to improve racial equity. Center racial equity in all aspects of work.
- Develop a community Awareness training process to educate the populace on identifying failures to the equity process.
- Create a centralized equity resource group as a clearinghouse of equity issues. Assign one resource to facilitate for the county. Current resources are inadequate
- Assign appropriate budget and resources to prevent a check the box perception of the initiative.

Return to Agenda

Concerns

“ The issue of health equity is a systemic concern. It will take considerable financial and human resources simply to establish a baseline of operation. Many of the medical systems that I have researched have HR services but not a diversity element to its infrastructure.” Ted Bagley -CDO

Questions

- Once the issue is identified, what next? Role of GCHP/County?
- How do we educate the problem areas with knowledge concerning culture? Who will be responsible?
- Transportation availability as well as interpreters reman a concern.
- Large number of undocumented workers lacking insurance, information, counselling services.
- Threat of deportation prevents individuals from seeking proper health care.
- How do we use social media. Do we develop an all Spanish website?

Return to Agenda

Resources

Ted Bagley – Chief Diversity Officer GCHP

Phin Xaypangna – Ventura County Deputy Executive Officer Diversity/Inclusion

Pauline Preciado- Sr. Director Population Health & Equity

Marlen Torres – Executive Director, Strategy and External Affairs

Susana Enriquez – Sr. Manager, Communications and Marketing

Stacey Luney – Manager Grievance and Appeals

Roxanne Alaiz – Alaiz Marketing

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Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 7

TO: Community Advisory Committee

FROM: Marlen Torres, Executive Director, Strategy & External Affairs
Pauline Preciado, Senior Director, Population Health & Equity

DATE: April 28, 2021

SUBJECT: **Cal-AIM: General Overview**
Upcoming Enhanced Care Management (ECM) / In Lieu of Services (ILOS) Requirements and Implementation

PowerPoint with Verbal Presentation

ATTACHMENTS:
Cal-AIM: General Overview
Upcoming Enhanced Care Management (ECM) / In Lieu of Services (ILOS) Requirements and Implementation

Gold Coast Health Plan℠
A Public Entity

CalAIM Enhanced Care Management (ECM) / In Lieu of Services (ILOS) CAC Meeting

April 28, 2021

Marlen Torres
Executive Director, Strategy and External Affairs

Pauline Preciado
Senior Director, Population Health & Equity

Integrity
Accountability
Collaboration
Trust
Respect

Agenda

1. CalAIM Overview
    a. Previous Approach
    b. Stakeholder Communication
    c. Initiatives Timeline

2. What: ECM and ILOS

3. How and When: Implementation of ECM and ILOS

4. Current State and Implementation Approach

5. Program Timeline Review

6. Questions

Return to Agenda

Previous Approach

- Created internal workgroup made up of the leadership team
- Held meetings with Ventura County Leadership:

Ventura County Health Care Agency	Ventura County Public Health
Ventura County Area Agency on Aging	Ventura County Medical Center
Ventura County Human Services Agency	Ventura County Ambulatory Care
Whole Person Care Lead	Ventura County Probation
Ventura County Behavioral Health	

- Held meetings with health care leadership in Ventura County:

Clinicas del Camino Real	Ventura County Health Care Agency
Ventura County Medical Center	Los Robles Medical Center
Adventist Hospital	St. John's Hospital
Community Memorial Hospital	

Return to Agenda

Stakeholder Communication

Internal Workgroup

- Give regular updates at Exec Team and Directors meetings
- Share information via CalAIM Teams site
- Convene workgroup as necessary to get updates from business owners

Commission

- Give an update on ECM/ILOS in April/May 2021 Commission meeting
- Update Commission on CalAIM on a monthly basis (CEO Update) and when giving a Strategic Plan quarterly update

VC Leadership

- Convene meeting in April/May 2021
- Break into smaller subgroups to carry out workgroup and report to larger group on a monthly basis.

DHCS

- Provide ECM/ILOS Model of Care by July 1, 2021
- GCHP is giving DHCS feedback on all draft documents

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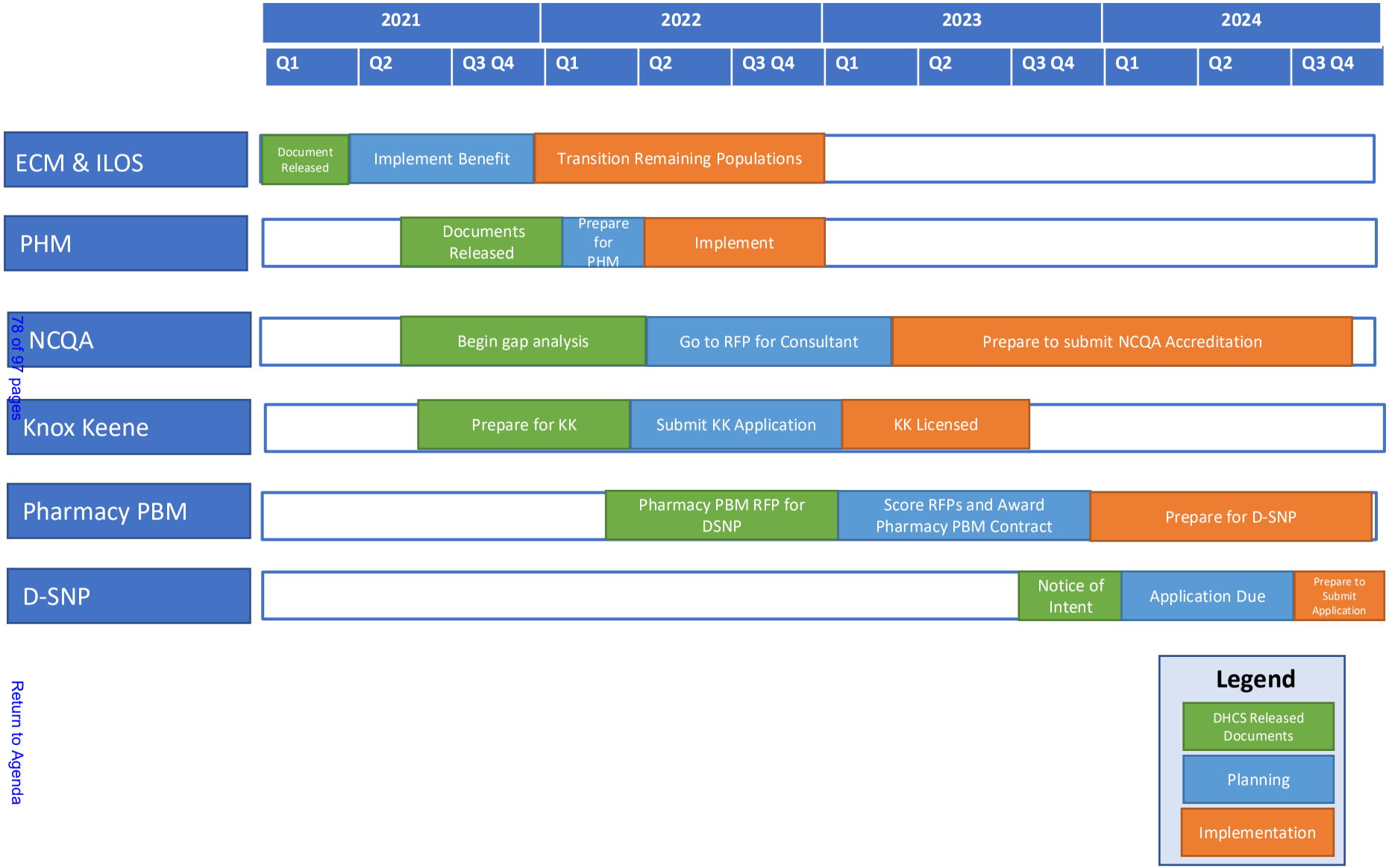
CalAIM Implementation Timeline



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ECM/ILOS: What

A. Enhanced Care Management (ECM) benefit is designed to provide a whole-person approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Medi-Cal beneficiaries.
   1. Systemic coordination of services
   2. Primarily community based, interdisciplinary
   3. High touch and comprehensive

B. In Lieu of Services (ILOS), as identified by DHCS, are flexible wrap-around services that Managed Care Plans can integrate into their population health strategy and are provided as a substitute to, or to avoid, other covered services
   1. Complementary services with ECM benefits
   2. Addresses Social needs and/or social determinants of health (SDOH)

Return to Agenda

ECM/ILOS: How and When

HOW:

1. DHCS urges plans to contract with Whole Person Care entities to deliver ECM and ILOS
2. DHCS also urges plans to select *all* ILOS services that it will offer to them to offer to enrollees
3. DHCS has already provided plans with template contract terms for contracts with the entities that will delivery ECM and ILOS
4. GCHP has provided comments to DHCS on the template contract terms, which GCHP shared with the Commission

WHEN:

1. DHCS has submitted its CMS waiver documents to stakeholders for a comment period
2. DHCS will then submit the waiver to CMS for approval
3. DHCS has committed to providing the plans with ECM and ILOS rates in May 2021
4. DHCS anticipates a phased in approach to EMC and ILOS implementation:
   - Phase I: Jan. 1, 2022
   - Phase II: July 1, 2022
   - Phase III: Jan. 1, 2023

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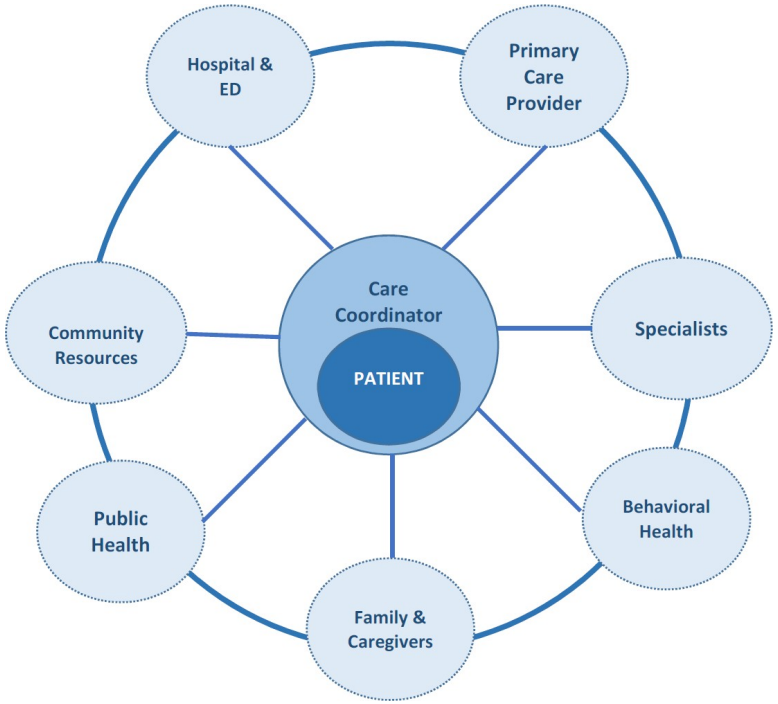
WPC Model



VENTURA COUNTY
HEALTH CARE AGENCY

Intensive, multi-disciplinary care coordination

- (Medical, mental health, alcohol and drug, social services)

Frequent check-ins from community health workers

- (Help navigating the system, addressing barriers, building capacity for self-management)

Field-based services (at home or in the community)

- (RN, BH Clinician, Alcohol and Drug Treatment Specialist)

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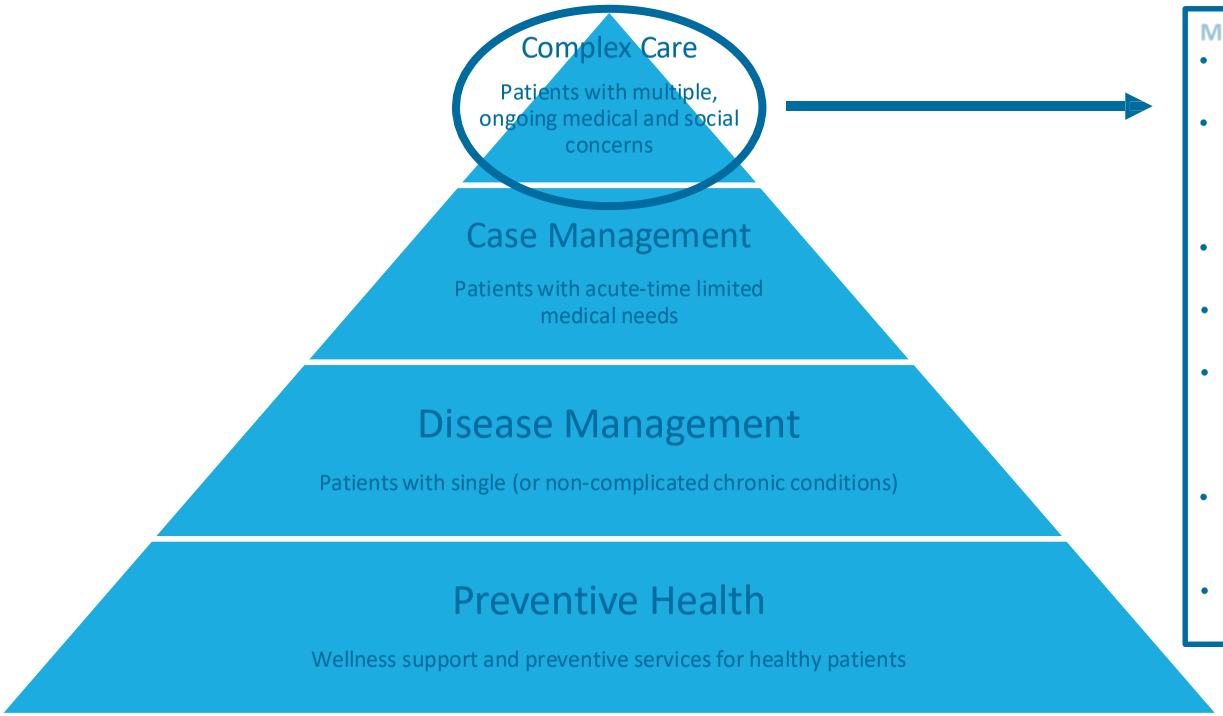
Types of Care Management



Mandatory ECM Populations:

- **High utilizers with frequent hospital or emergency room visits/admissions;**
- **Individuals at risk for institutionalization with Serious Mental Illness, children with Serious Emotional Disturbance or Substance Use Disorder with co-occurring chronic conditions;**
- Individuals at risk for institutionalization, eligible for long-term care;
- Nursing facility residents who want to transition to the community;
- Children or youth with complex physical, behavioral, developmental, and oral health needs (i.e. CCS, foster care, youth with Clinical High-Risk syndrome, or first episode of psychosis); and
- **Individuals experiencing homelessness, chronic homelessness or at-risk of becoming homeless**
- Re-entry of individuals transitioning from incarceration

VENTURA COUNTY
HEALTH CARE AGENCY

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Enhanced Care Management (ECM):Target Populations

Seven Enhanced Care Management Target Populations	
** **Individuals experiencing homelessness**, chronic homelessness or who are at risk of becoming homeless.	**Individuals at risk** for institutionalization who are **eligible for long-term care services.**
** **High utilizers with frequent hospital admissions,** short-term skilled nursing facility stays, or emergency room visits.	**Nursing facility residents** who want to transition to the community.
Individuals at risk for institutionalization with serious mental illness (SMI), children with serious emotional disturbance (SED) or substance use disorder (SUD) with co-occurring chronic health conditions	**Individuals transitioning from incarceration** who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.
Children or youth with complex physical, behavioral, developmental and oral health needs(e.g., California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis).	** WPC populations in Ventura County

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In Lieu of Services (ILOS)

***** ILOS are optional for Plans to provide & optional beneficiaries *****

DHCS list of Thirteen *In Lieu of Services*		
Housing Transition Navigation Services	Personal Care and Homemaker Services	Asthma Remediation
Housing Deposits	Respite Services	Meals/Medically Tailored Meals
Housing Tenancy and Sustaining Services	Day Habilitation Programs	Sobering Centers
Short-Term Post-Hospitalization Housing	Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF)	Environmental Accessibility Adaptations (Home Modifications)
Recuperative Care (Medical Respite)		

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Proposed In Lieu of Services

Benefit	Description	Does it exist in Ventura County?	Recommended GCHP Service
Services to Address Homelessness and Housing			
Housing depositsa	Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.	Yes, through Continuum of Care	Possible
Housing transition navigation servicesa	Assistance with obtaining housing. This may include assistance with searching for housing and completing housing applications, as well as developing an individual housing support plan.	Yes, through Continuum of Care	Possible
Housing tenancy and sustaining servicesa	Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.	Yes, through Continuum of Care	Possible

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Proposed In Lieu of Services

Benefit	Description	Does it exist in Ventura County?	Recommended GCHP Service
Services for Long-Term Well-Being in Home-Like Settings			
Asthma remediationb	Physical modifications to a beneficiary's home to mitigate environmental asthma triggers.	No*	Possible
Day habilitation programs	Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.	Possible, need to conduct further research	Possible
Environmental accessibility adaptions	Physical adaptations to a home to ensure the health and safety of the beneficiary.These may include adaptations ramps and grab bars	Yes, wheelchair ramps organized through Community Based Organizations.	Possible
Meals/medically tailored meals	Meals delivered to the home that are tailored to meet beneficiaries' unique dietary needs, including following discharge from a hospital.	Yes (The Ventura County Area Agency on Aging has meals for seniors)	Possible
Nursing facility transition/diversion to assisted living facilitiesc	Services provided to assist beneficiaries transitioning from nursing facility care to community settings or prevent beneficiaries from being admitted to nursing facilities.	Possible, need to conduct further research	Yes
Nursing facility transition to ahome	Services provided to assist beneficiaries transitioning from nursing facility care tohome settings in which they are responsible for living expenses.	Possible, need to conduct further research	Yes
Personal care and homemaker servicesd	Services provided to assist beneficiaries with daily living activities, such as bathing, dressing, housecleaning, and grocery shopping.	Yes, IHSS	Possible (need to understand IHSS overlap)

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Proposed In Lieu of Services

Benefit	Description	Does it exist in Ventura County?	Recommended GCHP Service
Recuperative Services			
Recuperative care (medical respite)	Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.	Yes	Yes
Respite	Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.	Yes (California Children Services)	Yes
Short-term post-hospitalization housinga	Settings in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.	Yes, (Ventura County Behavioral Health)	Possible
Sobering centers	Alternative destinations for beneficiaries who are found to be intoxicated and would otherwise be transported to an emergency department or jail.	No	Need to conduct research

a Restricted to use once in a lifetime, unless managed care plan can demonstrate cost-effectiveness of providing a second time.
b New benefit introduced this year. Restricted to lifetime maximum amount of $5000, unless beneficiary's condition changes dramatically.
c Includes residential facilities for the elderly and adult residential facilities.
d Does not include services already provided in the In-Home Supportive Services program.
*Existed Previously between GCHP and VCPH

Legislative Analyst's Office. (2021, March). *The 2021–22 Budget: CalAIM: Equity Considerations*. https://lao.ca.gov/reports/2021/4402/CalAIM-Equity-031221.pdf

The title is *The 2021–22 Budget: CalAIM: Equity Considerations and it can be found at* https://lao.ca.gov/reports/2021/4402/CalAIM-Equity-031221.pdf

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ECM Model of Care: Person-Centered Approach

Intensive, multi-disciplinary care coordination

- (Medical, mental health, alcohol and drug, social services)

Skilled Community Health Workers

- Address SDOH barriers
- Health Navigation Assistance
- Building capacity for self-management

Field-based services (at home or in the community)

- Immediate and Accessible care to Medical, Behavioral and community services
- Comprehensive assessments to identify needs

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ECM Phases

1/1/2022
(Phase 1- WPC Populations)

7/1/2022
(Phase 2- All ECM populations x Incarceration populations)

1/1/2023
(Phase 3- All ECM Populations)

Homeless Population

Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless.

High utilizers

Individuals with frequent hospital admissions, short-term skilled nursing facility stays or emergency room visits.

At risk SMI, SUD, and children with (SED) populations

Serious mental illness (SMI), children with serious emotional disturbance (SED) or substance use disorder (SUD) with co-occurring chronic health conditions.

Children or youth with complex Needs

Physical, behavioral, developmental and oral health needs e.g., California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis).

Individuals at risk for institutional-ization

Individuals who *are eligible for long-term care services*

High Risk Nursing facility residents

Residents who want to transition to the community

Individuals transitioning from incarceration

Who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.

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GCHP Current State and Implementation Plan

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GCHP Current State and Implementation Plan

Current State in Ventura County:

- 1115 Waiver WPC Pilot Program led by the Health Care Agency (HCA)
- Payment Methodology & Rates: Expected May 2021 from DHCS
- Currently assessing County ILOS Landscape

GCHP Implementation Plan

- Develop Model of Care in accordance with DHCS requirements
- Finalize workflows and referral policies and procedures with County
- Socialize template contract requirements with County of Ventura
- Conduct readiness review process for ECM and ILOS
- Secure approval from DHCS on Model of Care and applicable policies and procedures
- Pursue contract with *County of Ventura*
- Phase I Go Live Date: Jan. 1, 2022

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Division of Responsibilities

Function	GCHP	ECM Provider
Data Mining	xx	
Outreach		xx
Member Consent		xx
Determine Eligibility for ECM		xx
Discharge ECM		xx
ECM Authorization	xx	
ECM Vendor Oversight	xx	
Reporting to MCP		xx
TCM Exclusion		xx
Reporting to DHCS	xx	
Payment for ECM	xx	
DHCS Program Compliance Oversight	xx	
Approval for ILOS Services	xx	
Oversight for ILOS Services	xx	
Payment for ILOS	xx	
Grievance & Appeals	xx	

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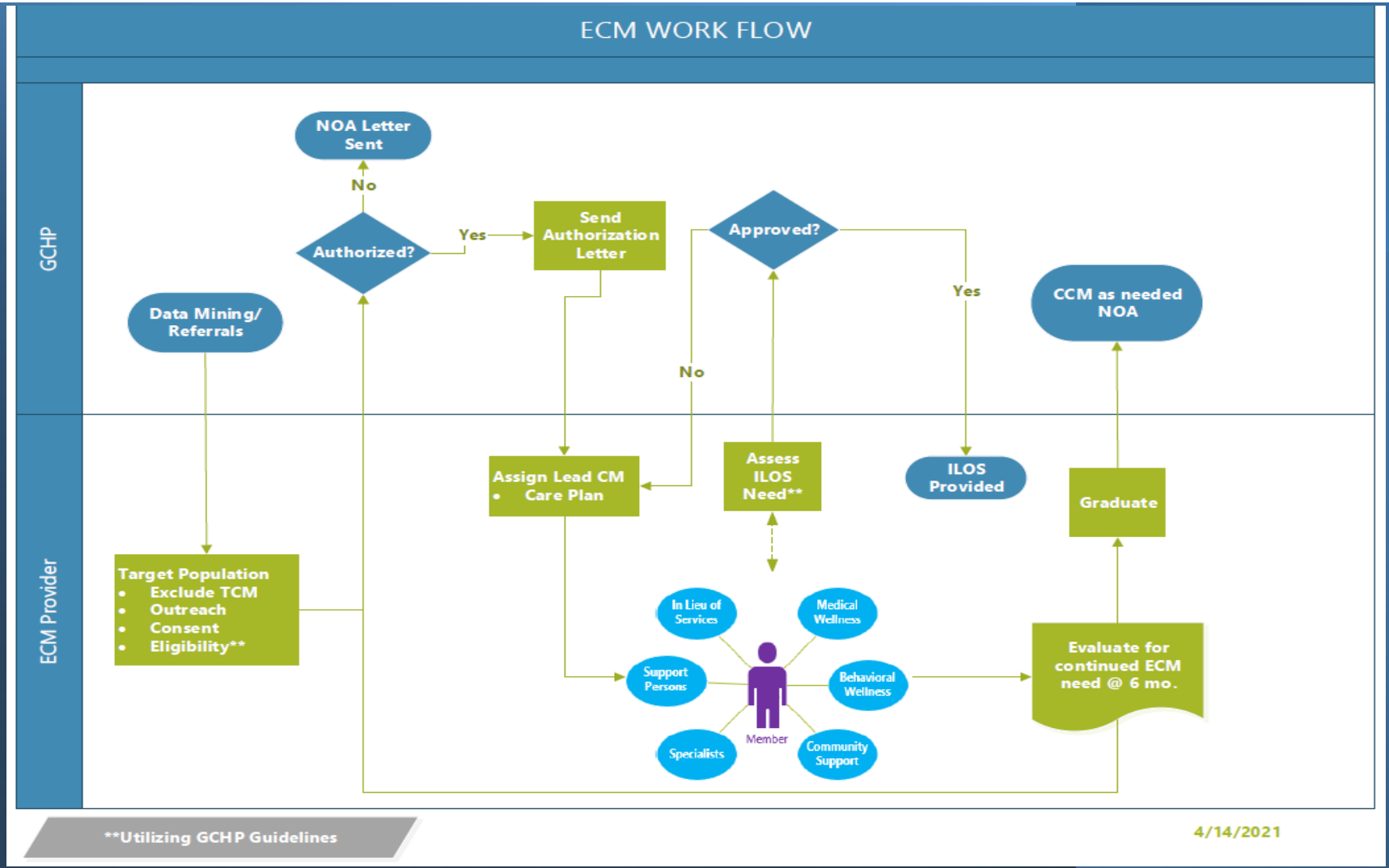

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Project Timeline Review

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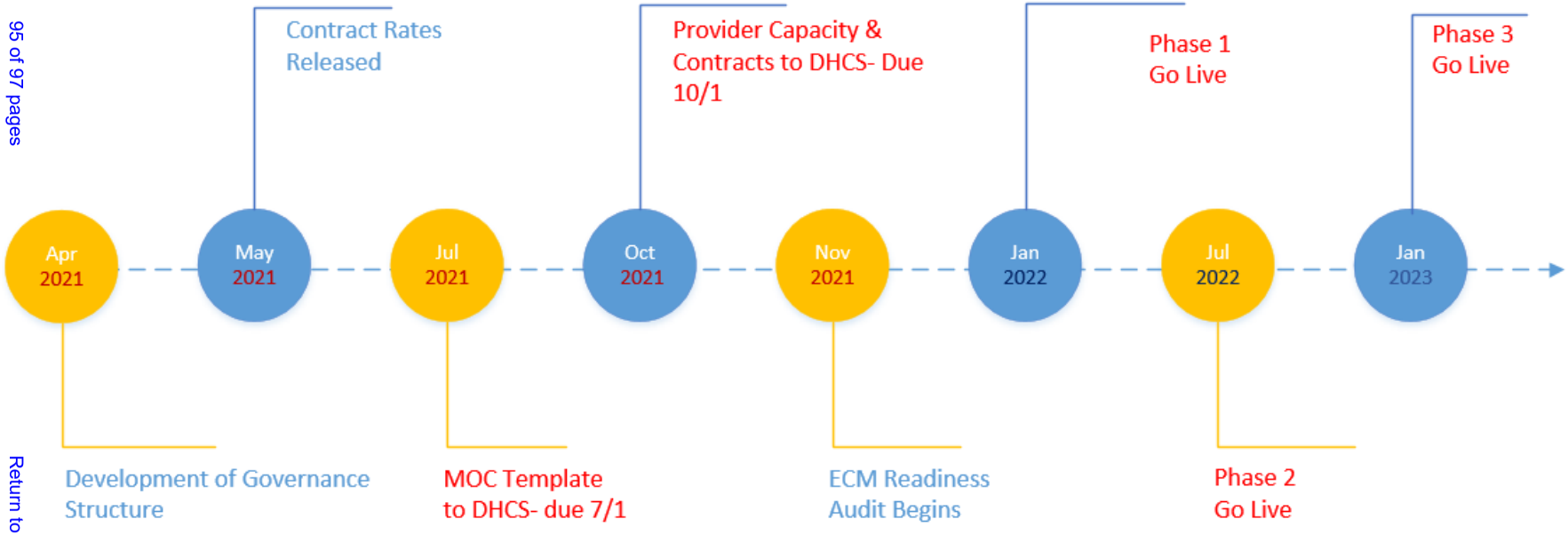
Project Milestones



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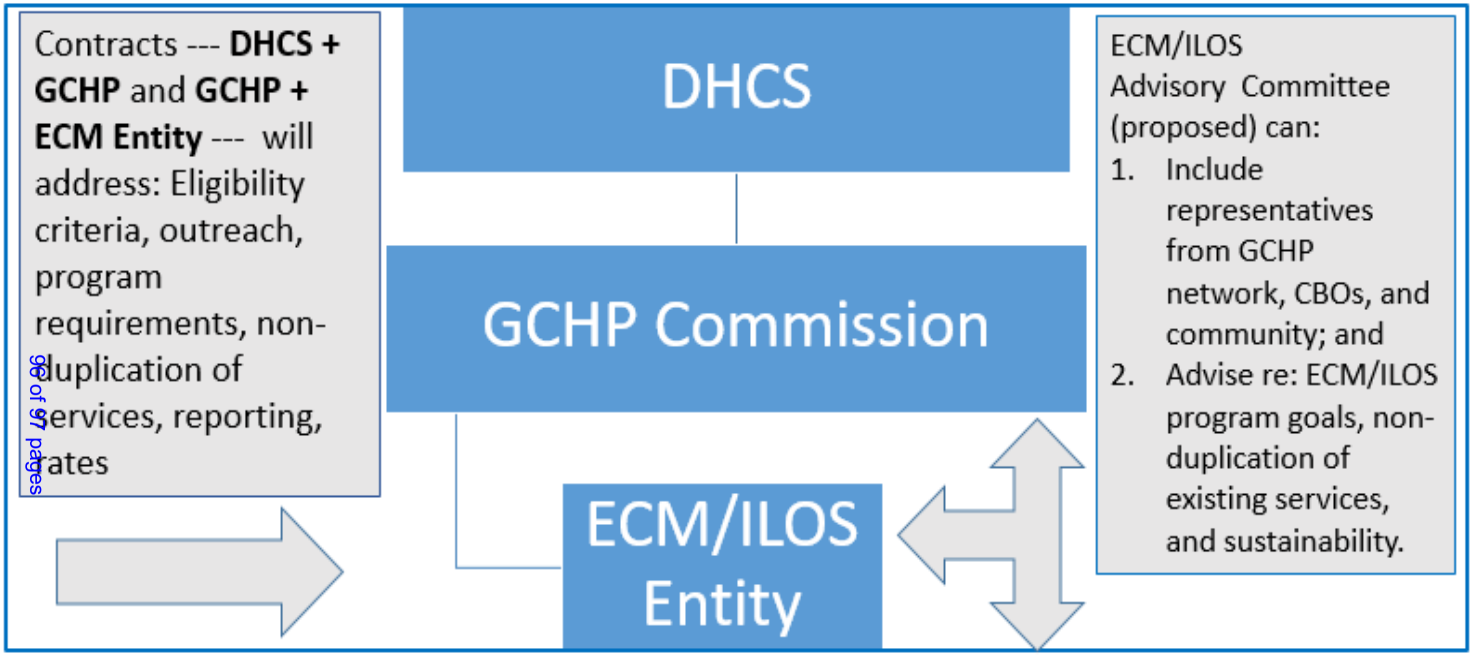
Proposed Governance Structure: Role of Advisory Committee



Other community Advisory Committees to be aligned for the Medi-Cal Community:

1. **CIE**
2. **HIE**

GCHP network providers | **GCHP network providers** | **GCHP network providers** | **GCHP network providers**

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Questions

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