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

CalAIM Advisory Committee Meeting

Special Meeting
September 22, 2022, 8:30AM – 10:30AM
Community Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Meeting held pursuant to AB 361
Conference Call Number:1-805-324-7279
Conference ID Number: 189 963 549#
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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

WELCOME & OPENING REMARKS – Nick Liguori, Chief Executive Officer Marlen Torres, Executive Director of Strategy and External Affairs

INFORMATIONAL

1. Orientation & Review of CalAIM

Staff: GCHP Management Team

CONSENT

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

Staff: Office of the General Counsel

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

PRESENTATION

3. Community Needs Assessment

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

RECOMMENDATION: Receive and file the presentation.

4. Review of CalAIM Charter

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

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

5. Meeting Calendar & Timeline Review

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing

RECOMMENDATION: Staff recommends approval of the 2022 CalAIM Meeting calendar as presented.

COMMITTEE ROUNDTABLE

ADJOURNMENT

Date and location of the next meeting to be determined at the October 20, 2022, Special CalAIM Advisory Committee 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: CalAIM Advisory Committee

FROM: GCHP Management Team

DATE: September 22, 2022

SUBJECT: CalAIM Advisory Committee Orientation

PowerPoint with Verbal Presentation

ATTACHMENTS:

CalAIM Advisory Committee Orientation

Gold Coast Health Plan℠
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CalAIM Advisory Committee Orientation

Integrity

Accountability

Collaboration

Trust

Respect

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What to Expect Today

GCHP staff will introduce themselves and will provide general context for today's session.

To give a high-level overview of key priorities for GCHP as well as review key responsibilities for CalAIM Advisory members

The Clerk of the Board will reach out to schedule upcoming meetings.

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CalAIM Advisory Committee

The role of the Committee is to support GCHP's CalAIM program in achieving its objectives and serve as a resource to GCHP members and ECM and CS Providers. Responsibilities include:

- Evaluate the performance of the Enhanced Care Management (ECM) and Community Supports (CS) programs and ensure quality member experience
- Provide feedback to GCHP regarding community, member, and provider expectations and experiences
- Review utilization data to establish benchmarks and strategic goals
- Provide recommendations to the GCHP Commission related to the ECM and CS programs

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GOLD COAST HEALTH PLAN OVERVIEW

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Our Commissioners

GCHP is a County Organized Health System, one of only 6 in California. It is governed by a publicly appointed Commission, which meets in public monthly.

Dee Pupa *(Chair)*
Ventura County Health Care Agency

Laura Espinosa (Vice Chair)
Consumer Representative

Anwar Abbas
Clinicas del Camino Real, Inc.

Shawn Atin
County of Ventura

Allison Blaze, MD
Ventura County Health Care Agency

James Corwin
Community Memorial Health System

Andrew Lane, CPA
Los Robles Health System

Anna Monroy
Clinicas del Camino Real, Inc.

Sara Sanchez
County of Ventura

Jennifer Swenson
Adventist Health Simi Valley

Scott Underwood, DO
Oceanview Medical Specialists

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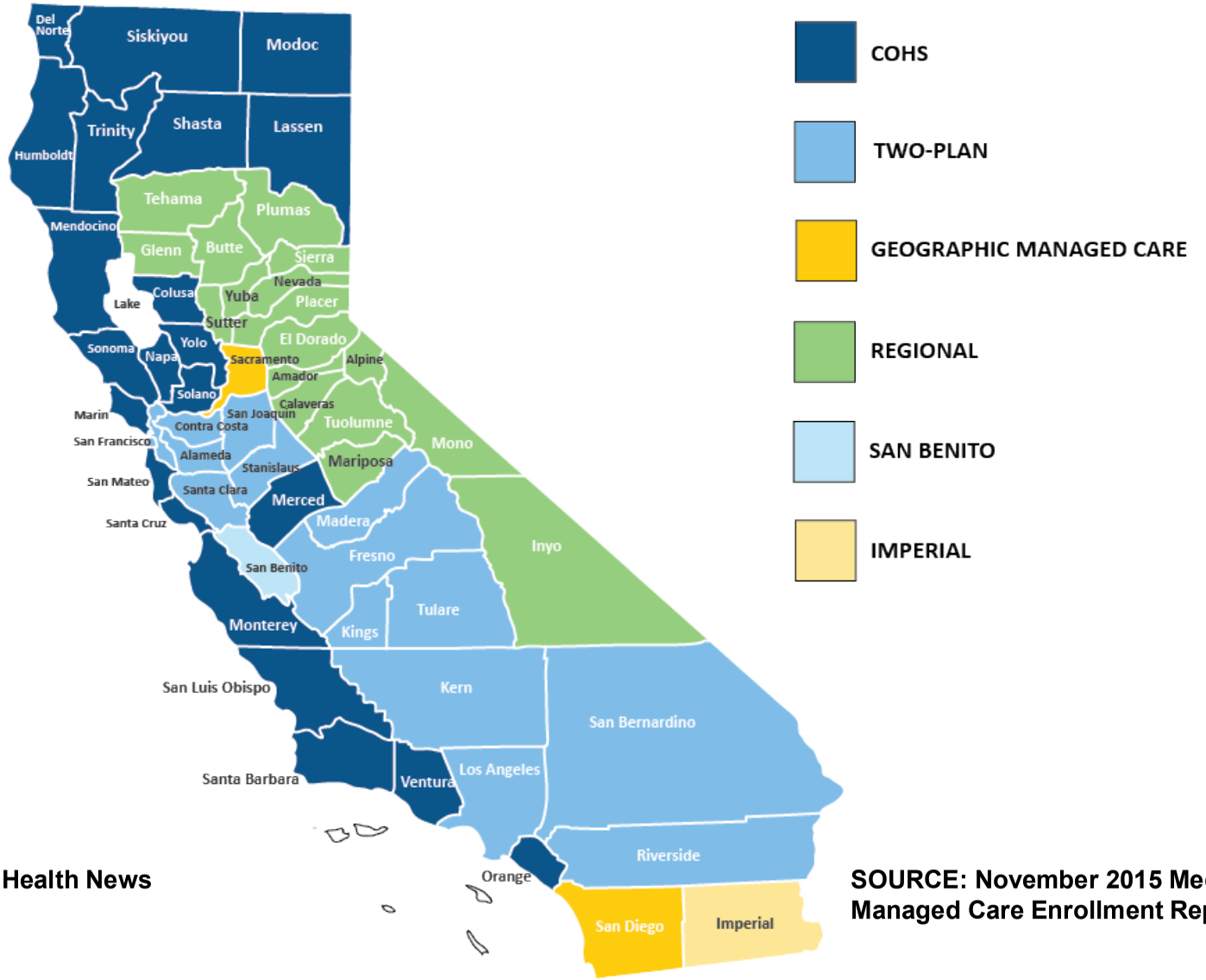
Who We Are: *Medi-Cal Managed Care Landscape*



KHN SOURCE: Kaiser Health News

SOURCE: November 2015 Medi-Cal Managed Care Enrollment Report

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Who We Are: Our Mission, Vision, and Values

We deliver health care services with a member-first focus that reflects a commitment to our community.

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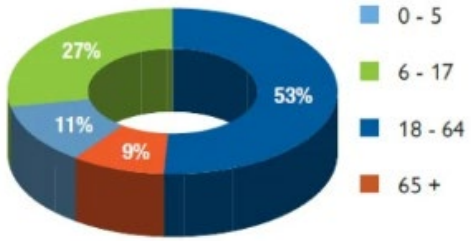
Who We Serve: *Our Membership*

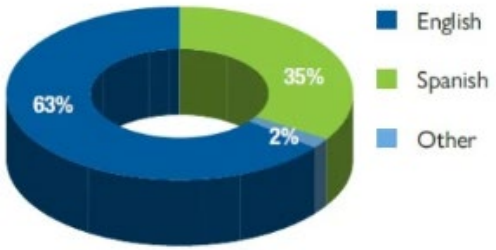
Members: 242,733

Membership by Supervisorial District

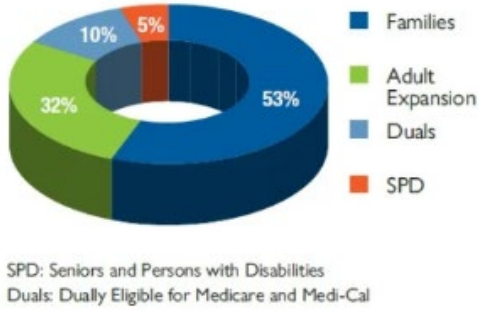
Membership by Age



Membership by Spoken Languages



Membership by Aid Category



SPD: Seniors and Persons with Disabilities
Duals: Dually Eligible for Medicare and Medi-Cal

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MEDI-CAL OVERVIEW

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Medi-Cal Overview

People with disabilities made up 9% of Medi-Cal enrollees but accounted for 31% of spending.

Children accounted for 17% of enrollees, but just 6% of spending.

More than 3 of 4 Medi-Cal enrollees are in households where they or another family member works part- or full-time.

The COVID-19 pandemic resulted in hundreds of thousands of people enrolling in, or retaining, Medi-Cal coverage.

The state has proposed innovations and changes aimed at improving care for Medi-Cal members (CalAIM).

Medi-Cal will address the needs and costs of an aging population

Implement strategies to address disparities in access, quality, and outcomes of care for enrollees of color.

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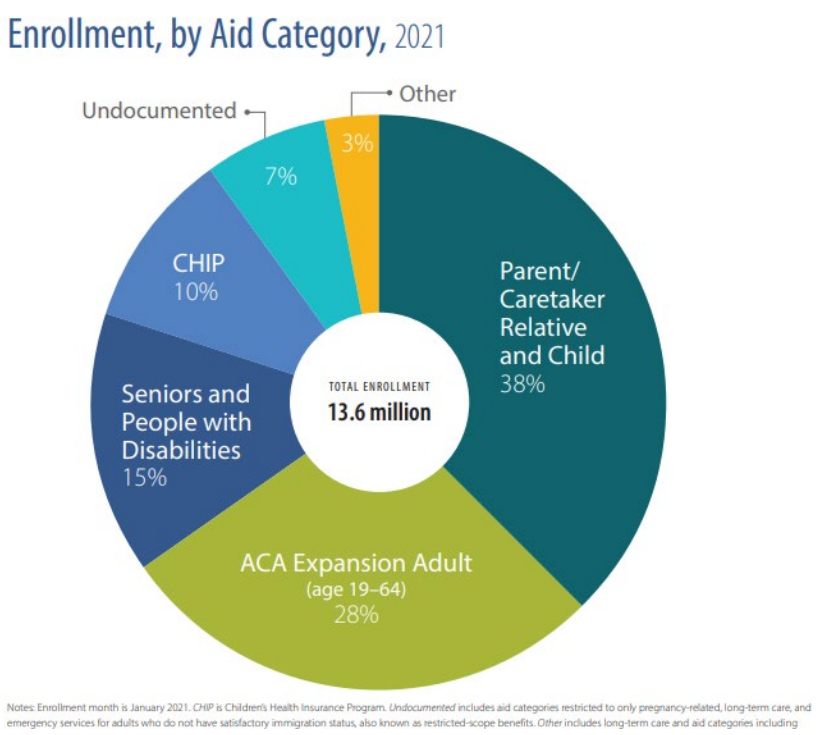
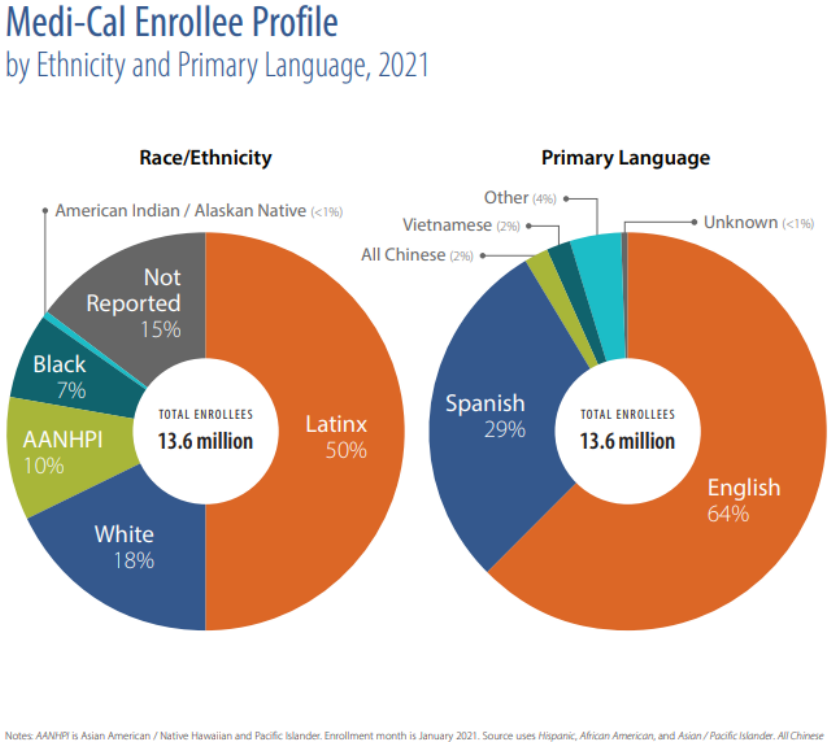
(The California Healthcare Foundation, 2021)

Medi-Cal Enrollment Coverage





(The California Healthcare Foundation, 2021)

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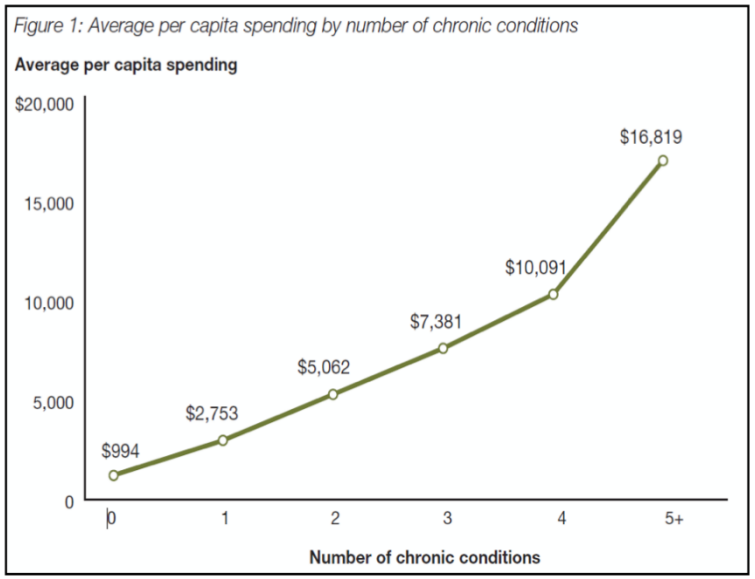
Why It Matters

Relationship Between Health Care Costs and Chronic Conditions

- The primary business of health care today is managing chronic conditions
- Approximately 75% of all health care expenditures are for chronic conditions
- A typical Medicare patient has 4 chronic conditions and will see 7 doctors (including 5 specialists) in 5 different practices in a year*
- 40% of Medicare patients have 7 or more chronic conditions and are likely to see 11 physicians in 7 different practices in a year (and it is not unusual for a patient to see 15-20 different doctors, along with other caregivers, in a year)*

- The cost of care is closely correlated with the number of chronic conditions

**NEJM* 2007; 356:1130-1139



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(The California Healthcare Foundation, 2021)

Why It Matters

Care management and the integration of social services that address determinants of health for persons living with multiple chronic conditions has been shown to:

1. Improve life and lifespan for these individuals (and communities);
2. Increase satisfaction with care for these individuals, families and caregivers;
3. Improve the healthcare system for all (not just these individuals); and
4. Reduce costs and cost growth, thereby allowing for greater value-based investments in – and modernization of – the health care system.

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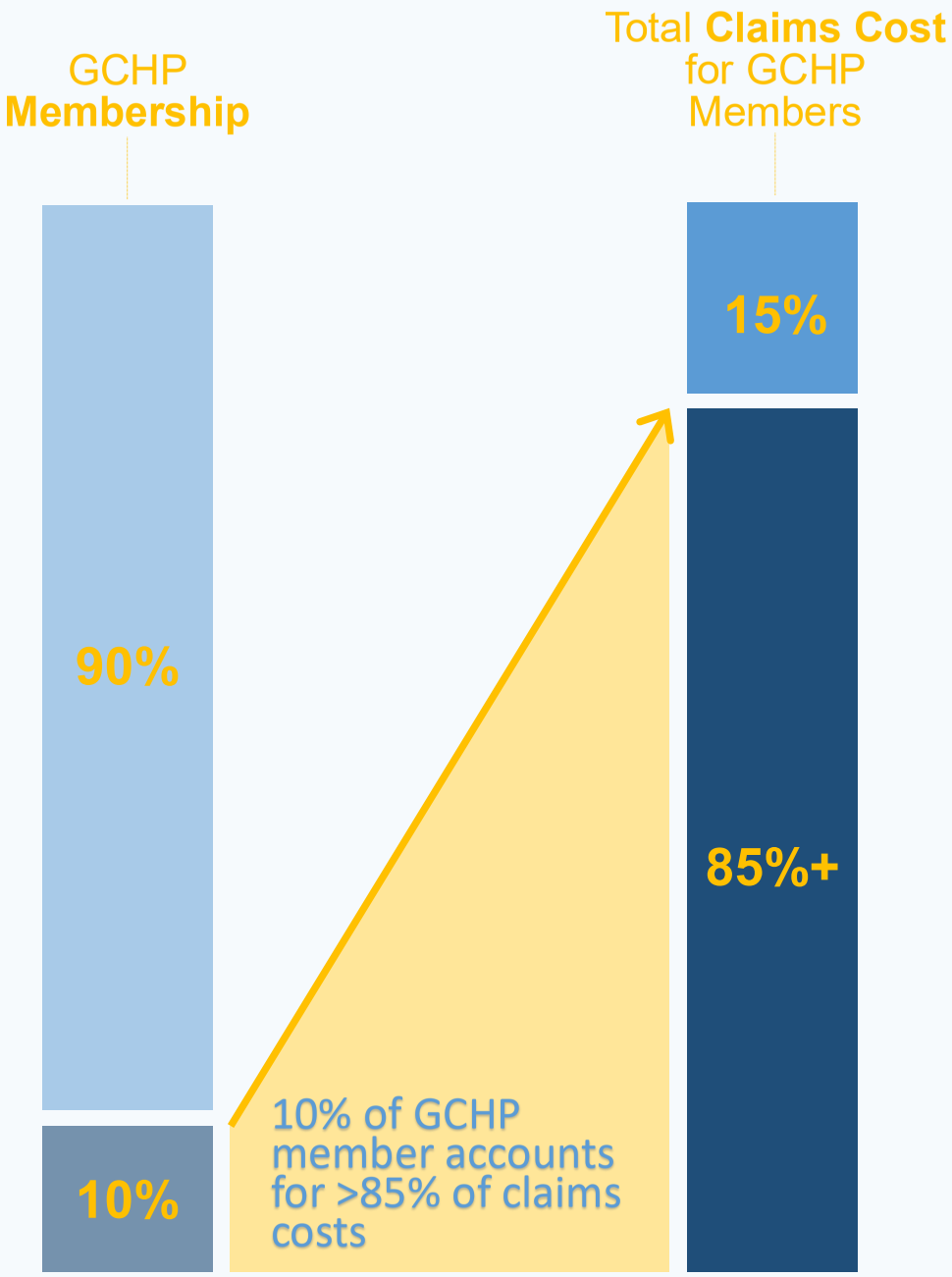

Why It Matters

There is great opportunity at GCHP to impact health and healthcare by focusing on the chronic condition population.

1. 10% of membership accounts for more than 85% of costs;
2. The experience of leading quality health plans is that greater impact occurs with longer enrollment (the length of time members are enrolled);
3. >60% of GCHP's highest cost membership were enrolled when we looked back 5 years (vs <25% more commonly seen in multiple plan "competitive" Medi-Cal / Medicaid markets); and
4. A significant number of the highest cost member have not yet been linked with ECM/CS supports (60% of GCHP's ECM-identified members to date are in the Top 10% group).

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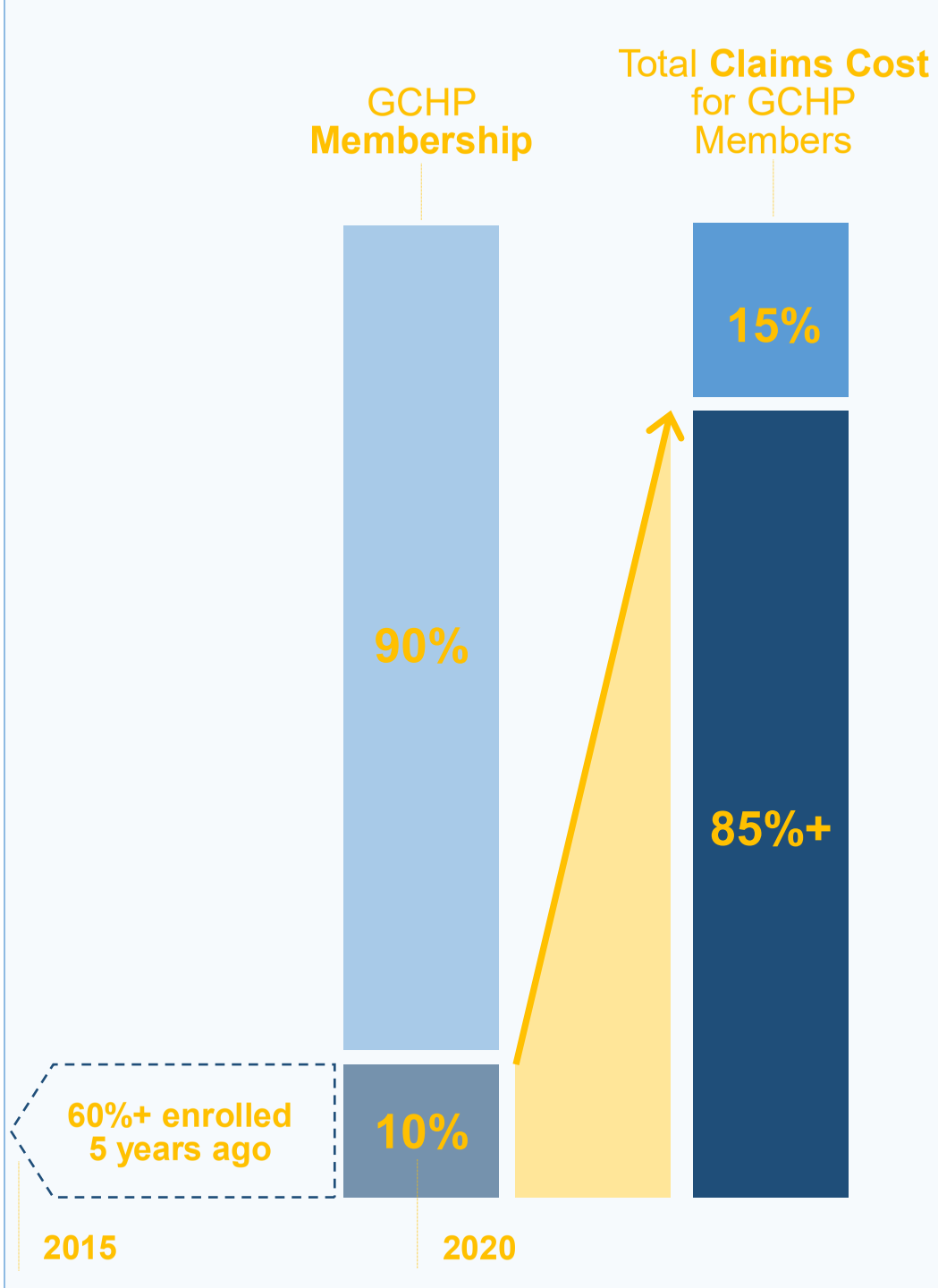

This Moment Matters

1. Medi-Cal is transforming rapidly through CalAIM, the 2024 procurement and other dynamics.
2. The imperative to improve the health and health care for persons living with chronic conditions and for the most vulnerable has always been with us at GCHP (purpose, founding, mission).
3. GCHP needs to lead (thought and action leadership) to ensure the best for Ventura County, our Medi-Cal members and our health care system through meaningful partnership with our partners.

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CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CalAIM)

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What is CalAIM?

NCQA

CalAIM is a multi-year initiative to improve the quality of life and health outcomes of Medi-Cal beneficiaries.

There are three primary goals:

- Improve member experience through a whole person care approach and addressing social determinants of health
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
- Improve quality outcomes, reduce health disparities, and propel innovation

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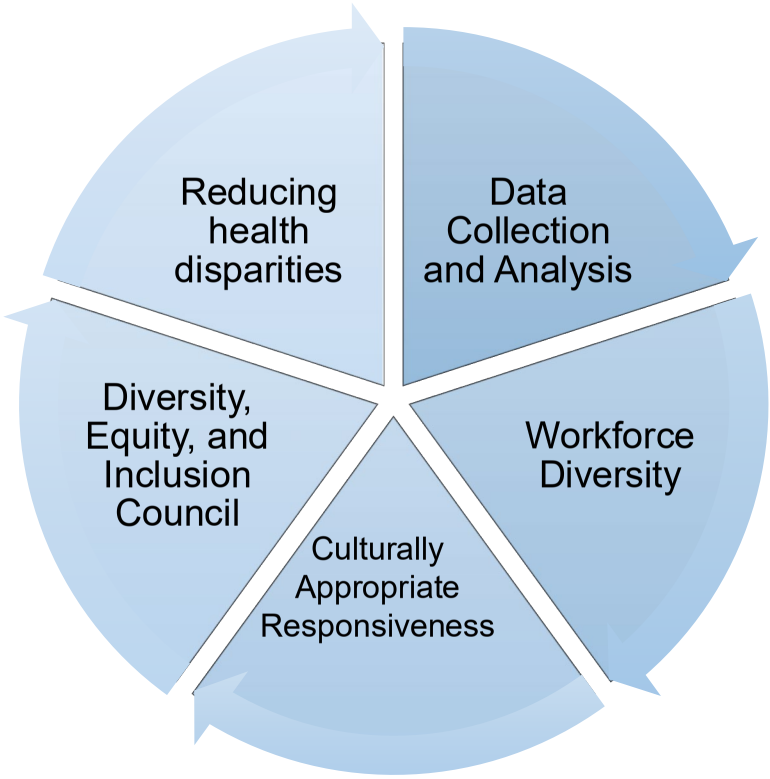
CalAIM and Health Equity

CalAIM's objective is to address health inequities through:

- Data collection
- Workforce diversity
- Culturally appropriate responsiveness
- Leveraging GCHP's Diversity, Equity, and Inclusion Council
- Closing racial disparities through quality measures



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ENHANCED CARE MANAGEMENT (ECM) / COMMUNITY SUPPORTS (CS)

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Enhanced Care Management (ECM)

ECM is a new, statewide Medi-Cal benefit providing intensive care management to address clinical and nonclinical needs of for the most vulnerable members.

ECM builds off the successful community-based care management programs piloted in the Medi-Cal 2020 waiver's Whole Person Care (WPC) Pilots.

In addition to ECM, enrollees may have connections to Community Supports to address social needs.

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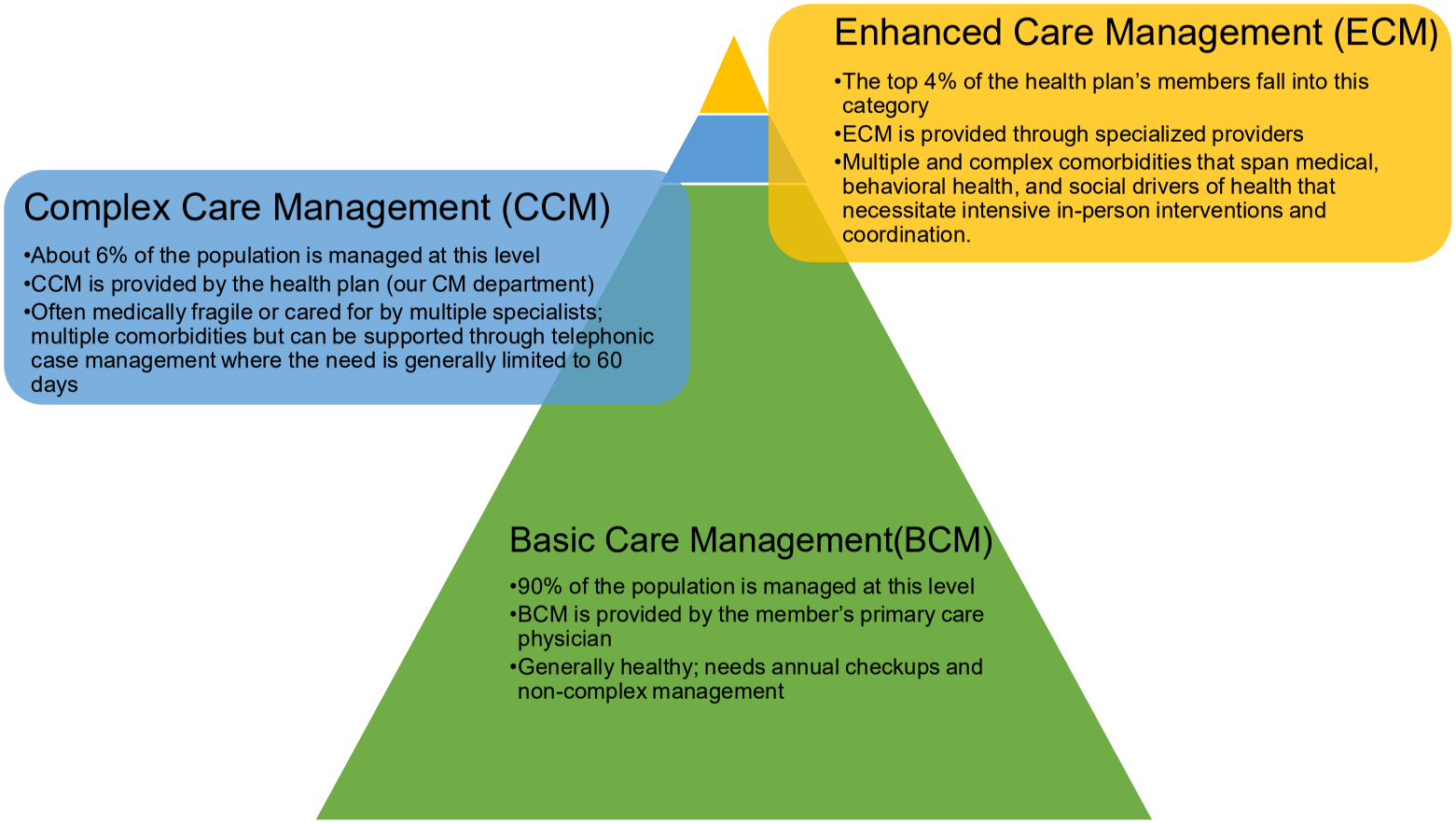
Levels of Care Management



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ECM Services

- **Outreach and Engagement:** Meeting members where they live
- **Comprehensive Assessment and Care Management Plan:** Ensure that members are assessed, and a care plan is developed
- **Coordination of Care:** Organizing member care activities and ensuring collaboration between the member's care team
- **Health Promotion**: Encourage and support members to make lifestyle choices based on healthy behavior
- **Comprehensive Transitional Care:** Support members and their families and/or support networks during discharge from hospital and institutional settings
- **Member and Family Support:** Activities that ensure the member and family/support are knowledgeable about the member's conditions, with the overall goal of improving their adherence to treatment and medication management
- **Coordination of and Referral to Community Support Services:** Coordinating and referring members to available community resources

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ECM Populations of Focus

January 2022

High Utilization
- Members with multiple hospital admissions, OR multiple short-term skilled nursing stays, OR multiple emergency room visits that could be avoided with appropriate outpatient care or improved treatment adherence

Homelessness
- Individuals experiencing homelessness or chronic homelessness or who are at risk of homelessness with complex health and behavioral health needs

SMI/SUD
- Members at risk for initialization who have chronic health condition co-occurring with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)

Justice System Involved
- Justice-involved significant complex physical or behavioral health needs
- Individuals released from incarceration within the last 12 months

January 2023

Nursing Facility Transition to Community
- Members residing in a NF but desire to return to living in the community

Risk for Institutionalization-Long Term Care
- Members who would otherwise require care for 90 consecutive days or more in an inpatient nursing facility (NF) would qualify and are able to continue to live safely in the community with wrap around supports

July 2023

Children and Youth with Complex Needs
- Children (up to age 21, or foster youth to age 26) with complex behavioral, and/or developmental health needs, with significant functional limitations and social factors influencing their health outcomes

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Community Supports (CS) Timeline

	CS	Description
Jan. 1, 2022	Housing Transition Navigation Services	Assists individuals with obtaining housing
	Housing Deposits	Funding one-time services and modifications necessary to enable a person to establish a basic household
	Housing Tenancy and Sustaining Services	Aims to help individuals maintain tenancy once housing is secured
	Medically Tailored Meals/Medically Supportive Food	Help individuals achieve their nutrition goals at critical times to help them regain and maintain their health
	Recuperative Care (Medical Respite)	Short-term clinical care for individuals who no longer require hospitalization but still need to heal
July 1, 2022	Shot-Term Post Hospitalization Housing	To support recovery immediately after exiting an inpatient setting

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Additional CS

Community Support	Description
Respite Services	Occasional temporary supervision to give relief to the caregivers
Day Habilitation Programs	Services to assist members in acquiring, retaining, and improving self-help, socialization, and adaptive skills
Nursing Facility Transition/Diversion to Assisted Living Facilities	Help individuals live in the community by facilitating transitions from a nursing facility
Nursing Facility Transition to Home	Help individuals live in the community by facilitating transitions from a nursing facility
Personal Care & Homemaker Services	Assists individuals to live in the community to avoid further institutionalization
Environmental Accessibility Adaptation (Home Modifications)	Physical adaptions to a home that are necessary to ensure the health
Sobering Center	Alternative destination for individuals who are found to be publicly intoxicated
Asthma Remediation	Physical modification to a home to avoid acute asthma episodes

*GCHP can offer any of these services every 6 months

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ECM/CS Referral Process and Contact

Enhanced Care Management (ECM)

- ECM Referral Form
- ECM Authorization Request Form

Community Supports (CS)

- CS Referral Form
- Housing Suites Authorization Request Form
- Medically Tailored Meals Authorization Request Form
- Recuperative Care Authorization Request Form

Visit: Gold Coast Health Plan CalAIM
Contact: CalAIM@goldchp.org

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ENHANCED CARE MANAGEMENT (ECM)
REFERRAL FORM

MEMBER INFORMATION
Please print or type

Last Name: _____ First Name: _____ Date: _____
Mailing Address: _____ City: _____ Zip: _____
Medi-Cal ID: _____ Phone: _____ Birth Date: _____
Language Preference: ☐ English ☐ Spanish ☐ Other: _____

REFERRAL SOURCE INFORMATION

Last Name: _____ First Name: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

RELATION TO MEMBER: ☐ Self ☐ Parent / Guardian ☐ Family / Friend ☐ Primary Care Provider (PCP) ☐ ECM Provider ☐ Other Service Provider ☐ GCHP Staff ☐ Community Based Organization (CBO)

PREFERRED CONTACT METHOD: ☐ Email ☐ Phone ☐ Mail

REFERRING ORGANIZATION (if applicable):

HAS MEMBER BEEN INFORMED THAT A REFERRAL WAS BEING SUBMITTED? ☐ Yes ☐ No

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

All Ages:
☐ Homeless or at risk of becoming homeless.
- Staying outside, in a car, in a tent, in an overnight shelter, temporarily in someone else's home (i.g., couch-surfing).
- Fleeing domestic violence.
- Leaving residential program, jail, hospital, or other institution without housing.
- Losing housing within 30 days.

☐ Has been incarcerated within the last year.

Adults (18+):
☐ Serious mental illness
☐ Substance use disorder
☐ 5+ ER visits in six months
☐ 3+ unscheduled hospital or nursing facility stays in six months

REASON FOR REFERRAL

What is your concern?	
Desired outcome or result:	
Additional Information:	

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POPULATION HEALTH MANAGEMENT

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Population Health Management

Goal: Establish a cohesive, statewide approach that ensures that all members have access to a comprehensive program that leads to longer, healthier, and happier lives, improved outcomes, and health equity.

AIM: Help all members stay healthy via;

- Preventative and wellness services
- Identify and assess members risks for care coordination needs
- Identify and mitigate social drivers of health to reduce health care disparities

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BEHAVIORAL HEALTH

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Behavioral Health Integration

Quick and easy access to mental health and substance use disorder services, regardless of the delivery system.

Community-based care coordination and Community Supports

Children can receive family therapy services without a diagnosis

Build Infrastructure to expand the continuum of behavioral health services in the community (e.g., mobile crisis, wellness centers, residential, acute psychiatric).

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DUAL ELIGIBLE SPECIAL NEEDS PLANS (D-SNPS) & MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

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Dual Eligible Special Needs Plans (D-SNPs)

D-SNPs are Medicare Advantage (MA) plans that provide specialized care to members dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services.

How does it work?

- D-SNP's are responsible for Medicare benefits like, Part A (hospital), Part B (outpatient, durable medical equipment), and Part D (prescription drug coverage)
- Single member health plan card to access both Medicare and Medi-Cal benefits

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Q&A

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APPENDIX

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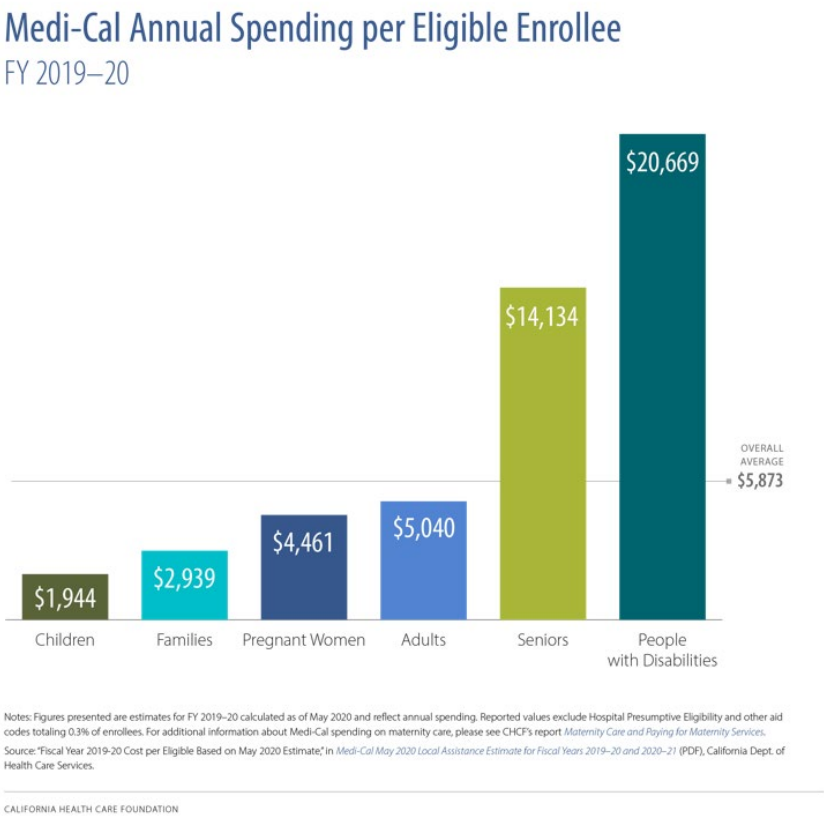
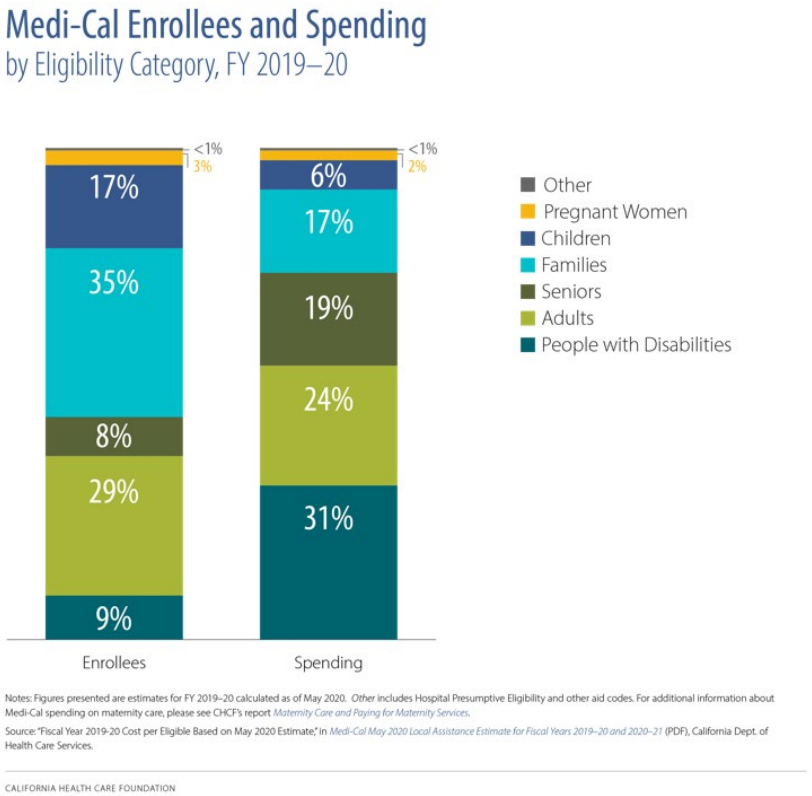
Medi-Cal Cost Breakdown





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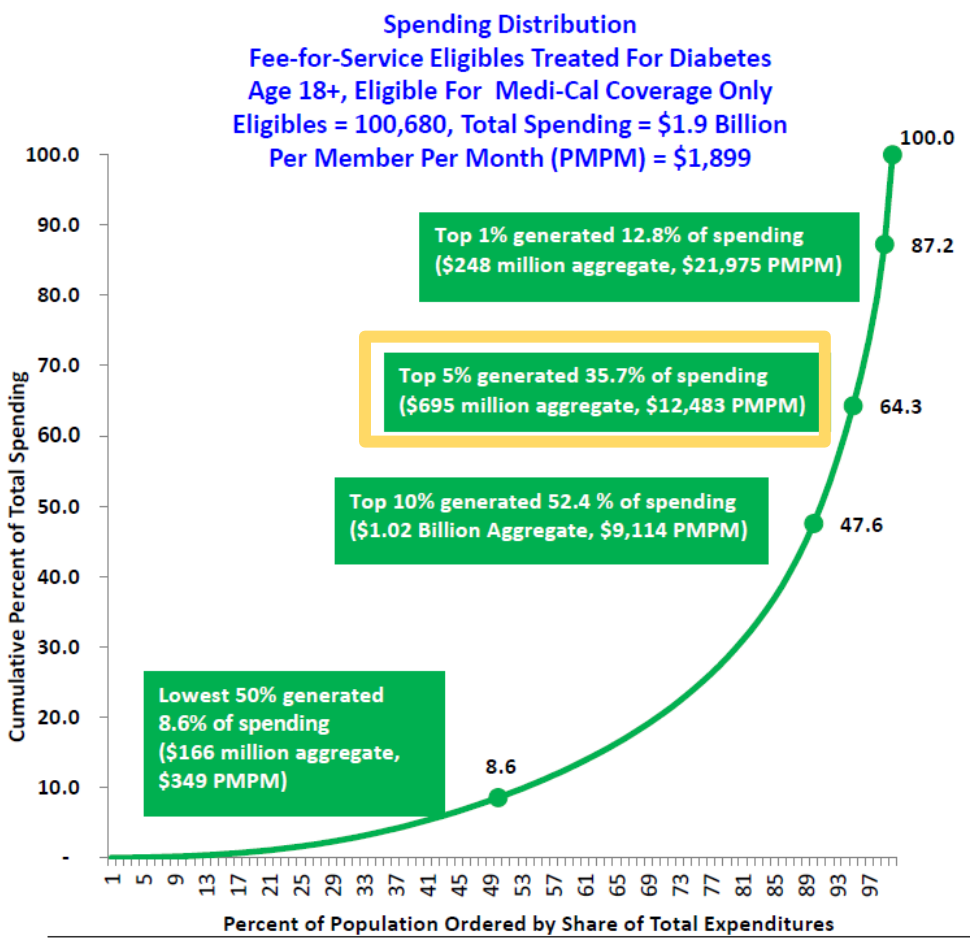
(The California Healthcare Foundation, 2021)

Analysis of High Utilizers of Medi-Cal Services (Diabetes)



- Most costly 1% of the population generated 13% of total cost spending or $248M
- Most costly 5% of the population generated approximately 36% of all spending, while the costliest 10% generated over 50% of total spending.

(The California Health Care Foundation, 2015)

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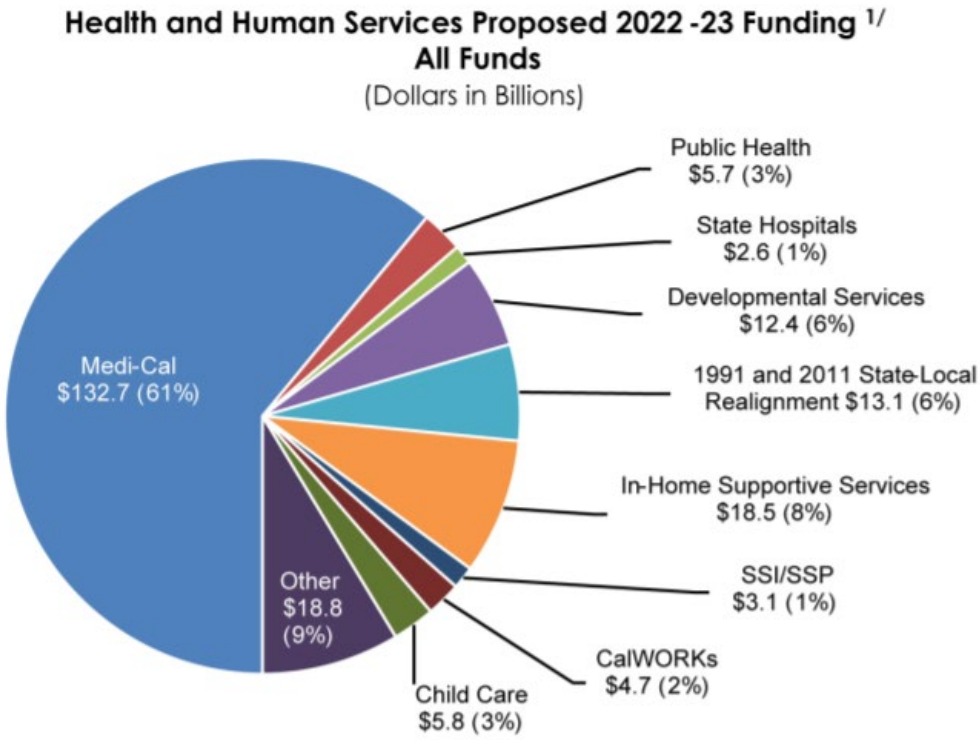
Governor Newsom's FY 2022-23 Proposed Budget



After peaking in 2021-22, LAO anticipates Medi-Cal caseload will decline by 5% annually to 12.6 million enrollees in 2024-25. Long-term projections indicate a $8.6 billion general fund cost growth between 2020-21 and 2024-25 – representing an **accelerated growth in costs**. Pre-COVID, average annual general fund cost growth for Medi-Cal was about $800 million. Post-COVID, LAO estimates annual average cost growth will be about $2 billion.

Highlights:

- Chronic condition costs are the largest, yet unmanaged driver of cost and cost growth
- Increase in per-enrollee costs (medical inflation and service utilization)
- Assume expiration of MCO Tax
- Assume end of enhanced Federal share of costs under the national COVID public health emergency

(California Department of Finance & Legislative Analyst's Office, 2022)

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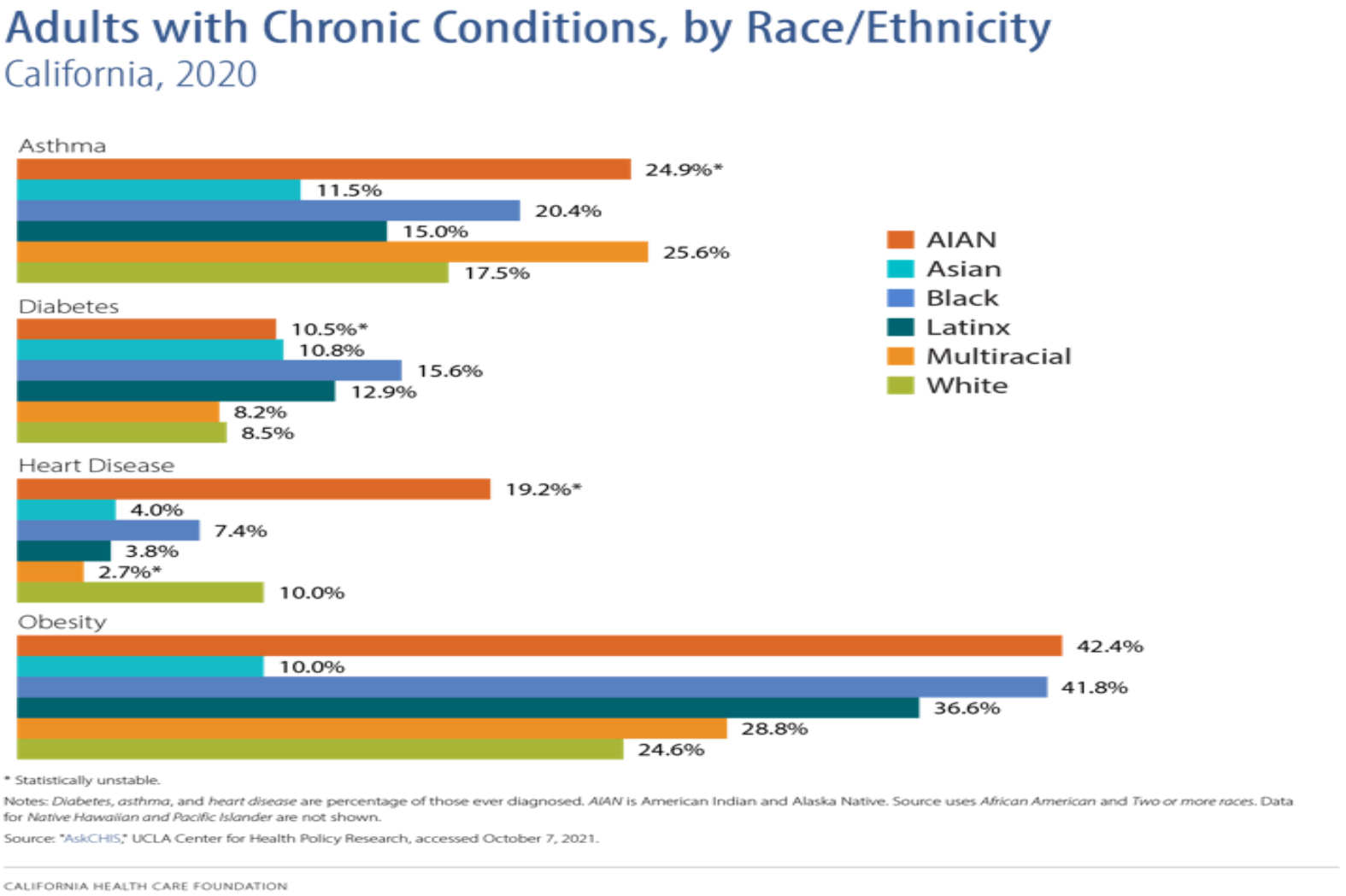
Addressing Health Equity in Medi-Cal



(The California Health Care Foundation, 2021)

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References

1. Finocchio et al. (2021). Medi-Cal Facts and Figures: Essential Source of Coverage for Millions. *The California Health Care Foundation.* https://www.chcf.org/wp-content/uploads/2021/08/MediCalFactsFiguresAlmanac2021.pdf

2. Gold Coast Health Plan. (2022). *Fast Facts About Us. https://www.goldcoasthealthplan.org/about-us/fast-facts/*

3. Johnson et al. (2022). The 2022-23 Budget: Analysis of the Medi-Cal Budget. *The Legislative Analyst's Office. https://lao.ca.gov/reports/2022/4522/medi-cal-budget-020922.pdf*

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7. Ventura County Recovers. (2022). https://www.venturacountyrecovers.org/

8. Watkins, J. (2015). Understanding Medi-Cal's High-Cost Populations. *The California Health Care Foundation. https://www.chcf.org/event/data-symposium-and-webinar-on-high-utilizers-of-medi-cal-services/#related-links-and-downloads*

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AGENDA ITEM NO. 2

TO: CalAIM Advisory Committee

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

DATE: September 22, 2022

SUBJECT: **Findings to Hold Remote Teleconference/Virtual CalAIM Advisory Committee Meetings Pursuant to Assembly Bill 361**

SUMMARY/RECOMMENDATION:

In order for the CalAIM Advisory Committee to hold virtual meetings where they are required to allow members of public to attend at locations they are teleconferencing from, findings pursuant to Assembly Bill 361 are required. The findings are that the Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee in deciding to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. These findings must be made every thirty (30) days.

BACKGROUND/DISCUSSION:

Traditionally, the Brown Act allows for teleconference or virtual meetings, provided that the physical locations of the legislative body's members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending and requiring that members of the public be able to attend at each such location. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including 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 Commission has had virtual meetings without having to post the location of the legislative body members

attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time

Specific Findings Required under AB 361

Under AB 361, the Committee, can hold virtual meetings without providing notice of the Committee's teleconference location if the Committee makes the determination that there is a Governor-proclaimed state of emergency which the Committee will consider in their determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or

2. The Committee determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County. Additionally, several Committee members may attend meetings in medical facilities or offices and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees.

Re-Authorization is Required Within 30 Days

Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

The Committee will have to follow the Brown Act provisions that existed prior to the COVID-19 pandemic.

FOLLOW UP ACTION:

That the Committee make the findings under AB 361 at the October 20, 2022, Special CalAIM Committee meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 3

TO: CalAIM Advisory Committee

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

DATE: September 22, 2022

SUBJECT: ECM Community Needs Assessment

PowerPoint with Verbal Presentation

ATTACHMENTS:

ECM Community Needs Survey

Gold Coast Health Plan℠
A Public Entity

ECM Community Needs Survey

Integrity

Accountability

Collaboration

Trust

Respect

Thursday, September 22, 2022

Marlen Torres
Executive Director, Strategy and External Affairs

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

Overview

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ECM Community Needs Survey

- The purpose of this survey is to identify the most vulnerable sub-populations who are eligible for ECM. The survey will help GCHP identify:
    - Members at highest risk of poor health outcomes
    - Members disconnected from preventative/routine care
    - Targeted ECM outreach interventions
- GCHP will survey a cross-section of safety net providers and community-based organizations to assess community needs
- With input from the CalAIM Advisory Committee, GCHP will identify members at highest risk of poor health outcomes and most disconnected from preventive / routine care

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Community Engagement

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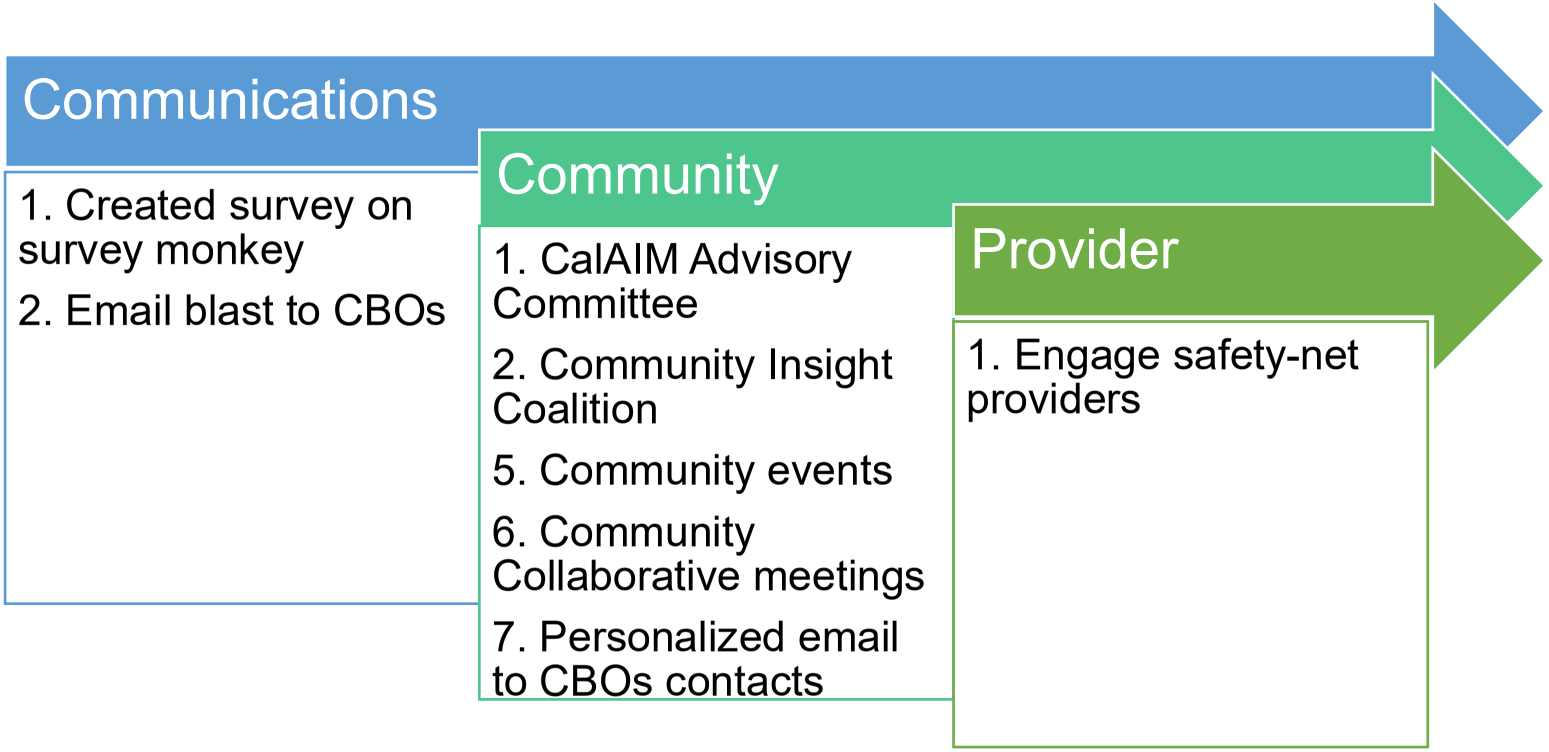
Community Engagement Paths



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Survey Next Steps

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Survey Collection, Analysis, and Plan

Survey results will be analyzed to identify the most vulnerable populations being served by CBOs and safety-net Providers

Analyzed survey results will be presented to the CalAIM Advisory Committee for input

GCHP will develop a plan to engage these populations who are eligible for the ECM benefit

Proposed plan will be brought to the CalAIM Advisory Committee for approval

Q&A

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AGENDA ITEM NO. 4

TO: CalAIM Advisory Committee

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

DATE: September 22, 2022

SUBJECT: CalAIM Advisory Committee Charter

Verbal Presentation

CalAIM ADVISORY COMMITTEE CHARTER

Purpose

The CalAIM Advisory Committee will advise Gold Coast Health Plan (GCHP) on Enhanced Care Management and Community Supports and other CalAIM benefits/services offered to GCHP members and provide input about interested community providers who would like to provide these types of services.

The creation of the Committee will also give members who may qualify the opportunity to voice their concerns and needs.

Duties and Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the Committee may carry out additional functions as may be appropriate considering changing business, regulatory, legal, or other conditions. The Committee shall also carry out any other responsibilities delegated to it by the Commission from time to time.

- Address clinical and administrative topics that affect interactions between providers and GCHP related to ECM and CS and other CalAIM benefits.
- Discuss local, state, and national issues related to these services.
- Provide input on health care services of GCHP.
- Provide input on the coordination of services between networks of GCHP for ECM and CS.
- Improve communications, relationships, and cooperation between providers and GCHP regarding CalAIM.
- Provide expertise to GCHP relative to a committee member's area of practice.

Composition and Qualifications

The CalAIM Advisory Committee will consist of seven members. At least 1 member seat will be specifically for a GCHP beneficiary who may qualify for these services and/or be a member advocate. The other 6 members may be representatives of the following sectors:

1. Education
2. Local elected officials
3. Transportation
4. Health care provider not interested in providing these services,
5. Community based Organization, not interested in providing these services.

Each of the appointed members, would serve a two-year term, and individuals could apply for re-appointment up to 2 times.

AGENDA ITEM NO. 5

TO: CalAIM AdHoc Advisory Committee

FROM: Marlen Torres, Executive Director of Strategy and External Affairs
Susana Enriquez-Euyoque, Director of Communications

DATE: September 22, 2022

SUBJECT: Approval of the CalAIM AdHoc Advisory Committee schedule for 2022

SUMMARY:

This item will establish dates for CalAIM AdHoc Advisory Committee meetings for 2022. In order to comply with AB 361, the Committee has to meet every 30 days to continue to have virtual meetings without posting at each location where a Committee member will be present during the meeting. The following schedule includes regular meetings that will be held every other month. The special meetings will be held as needed to review and vote on the findings required by AB 361. These meetings are expected to last five minutes.

Regular Committee Meetings

Time: 7:30 – 9 a.m.

Dates: Thursday, Nov. 17, 2022

Special Committee Meetings

Time: 7:30 – 8 a.m.

Dates: Thursday, Oct. 20, 2022
Thursday, Dec. 15, 2022

RECOMMENDATION:

Approve the 2022 Committee meeting calendar as presented.

ATTACHMENT:

2022 Committee Meeting Calendar

Gold Coast Health Plan℠
A Public Entity

Regular Mtg, 7:30AM -9 AM
Special Mtg. 7:30AM -8AM

2022
CalAIM Committee Meetings

January

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

February

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27	28					

March

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20	21	22	23	24	25	26
27	28	29	30	31		

April

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17	18	19	20	21	22	23
24	25	26	27	28	29	30

May

Su	M	Tu	W	Th	F	Sa
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

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28	29	30	31			

September

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October

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

Su	M	Tu	W	Th	F	Sa
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

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

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