DEPARTMENT OF HEALTH CARE SERVICES
STAKEHOLDER ADVISORY COMMITTEE
Wednesday November 20, 2013
9:30AM – 12:30PM

MEETING SUMMARY

Attendance

Members Attending:
Cathy Senderling, County Welfare Directors Association; Katie Murphy, Neighborhood Legal Services-Los Angeles and Health Consumer Alliance; Anthony Wright, Health Access California; Elizabeth Landsberg, Western Center on Law and Poverty; Richard Thomason, Blue Shield of California Foundation; Michelle Cabrera, Service Employees International Union; Anne Donnelly, Project Inform; Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Center; Melissa Stafford Jones, CA Association of Public Hospitals and Health Systems; Rachel Wick, Blue Shield of California Foundation; Suzie Shupe, CA Coverage & Health Initiatives; Brenda Premo, Harris Family Center for Disability and Health Policy; Lishaun Francis, CMA; Marilyn Holle, Disability Rights CA; Gary Passmore, CA Congress of Seniors; Sandra Goodwin, CA Institute for Mental Health; Bob Freeman, CenCal Health; Steve Melody, Anthem Blue Cross/ WellPoint; Rusty Selix, CA Council of Community Mental Health Agencies.

Members Attending by Phone:
Chris Perrone, California HealthCare Foundation; Herrmann Spetzler, Open Door Health Centers; Michael Humphrey, Sonoma County IHSS Public Authority; Marty Lynch, Lifelong Medical Care and California Primary Care Association; Kristen Golden Testa, The Children's Partnership/100% Campaign

Members Not Attending:
Lee Kemper, County Medical Services Program; Judith Reigel, County Health Executives Association of California; Kim Lewis, National Health Law Program Stuart Siegel, Children's Specialty Care Coalition; Mitch Katz, MD, LA County Department of Health Services; Marvin Southard, LA County Department of Mental Health; Jim Gomez, CA Association of Health Facilities; Kelly Brooks, CA State Association of Counties; Teresa Favuzzi, CA Foundation for Independent Living Centers; Anne McLeod, California Hospital Association; Ingrid Lamirault, Alameda Alliance for Health; Bill Barcelona, CA Assoc. of Physician Groups

Others Attending: DHCS staff: Toby Douglas, Jane Ogle, Allan Roush, Anastasia Dodson, Mari Cantwell, Sarah Brooks, Rita McCabe, Dave Nielsen, DHCS; Yolanda Richardson, Thien Lam, Covered California

Public in Attendance: 36

The meeting was called to order at 9:30am.

Welcome, Purpose of Today's Meeting and Introduction of Members
Toby Douglas, Director, DHCS

- Heading to 2014 and Implementation of ACA: Updates
- Next Meeting: February 21, 2014 9:30am – 3:00pm

Douglas welcomed everyone and introduced a new representative, Lishaun Francis, from the California Medical Association. This is the last meeting for Melissa Stafford Jones, who is leaving CAPH. Erica Murray, incoming CAPH Executive Director will join the SAC to represent CAPH next year. Toby thanked Melissa for her partnership and tireless leadership over her 14 year tenure with CAPH.

Douglas reviewed the day's agenda focused on implementation of the ACA. Covered CA joins DHCS to discuss items that overlap and intersect with issues of Medi-Cal.

ACA Coverage Expansion 2014
Rene Mollow and Anastasia Dodson, DHCS
Yolanda Richardson, Covered California

- *Single Streamlined Application (SSApp)*
- *Outreach/Inreach*
- *Difference Between Newly Eligible and Currently Eligible*
- *CEC Training Status*
- *Processing of Applications*
- *Default for Newly Eligible*
- *Special Concerns in Rural Areas*
- *Express Lane*
- *Hospital Presumptive Eligibility*

Rene Mollow and Anastasia Dodson, DHCS
Single Streamlined Application (SSApp)
The application is completed and available on the DHCS and Covered California websites. It is translated into several languages and we will be asking advocacy communities to assist us in assuring the translations are correct. The length of the application is only 2-3 pages for a single person and the balance of the application is for family members to enroll.

Gary Passmore, CA Congress of Seniors: How different is the application you are working on now from the one people have been using since October? Is there additional information required?
Mollow: The application changes clarify text or move the order of questions in the application based on feedback we received. Also, there is added information on income and FPL to let the applicant know what they are eligible for. If the applicant chooses a

health plan for Medi-Cal or Covered California, it can be incorporated into the document. We added information on frequently asked questions for pregnant women and foster children. We have a one page chart that describes the changes and we will post online. There is new arbitration language now included in the Health Care Options document so it will be easily distinguishable when you are choosing a plan for Medi-Cal or Covered California.

Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: What is the plan for updates to FAQs? Given there is a new body of workers doing enrollment beyond county eligibility workers, is there a process for updating and sending the information out to people. People will continue to use the paper application and will be looking for ongoing information and updates to both the application and user guidance.
Mollow: Currently, the online application and the paper application do not sync up. This will happen later. As we go through this period with the paper application, we are learning about how it is used. We will collect this and incorporate changes periodically. There will be guidance put out and we will work to be sure that certified enrollment counselor training modules get updated.
Douglas: This gets to our work with Covered CA because there will be times we do this jointly and will coordinate the guidance.

Outreach/Inreach
Update to The California Endowment funding. We received 40 applications from counties and CMSP. We hope to have funding decisions out by end of year. We are working closely with Covered California on the process for paying assisters to coordinate reimbursement for individual enrollment assisters. When Covered California starts its reimbursement for enrollment, payment will go out for both Covered California and for Medi-Cal applications.

Suzie Shupe, CA Coverage & Health Initiatives: Can you talk more about the payment process? I thought the whole process will run through Covered California?
Mollow: Yes, it is coordinated. Covered CA will make payments for both Covered CA applications and for successful Medi-Cal applications.
Anthony Wright, Health Access California: You mention 40 apps including CMSP – how does this break out?
Mollow: CMSP did not apply for all of the traditional CMSP counties and some CMSP counties submitted their own applications.

Richard Thomason, Blue Shield of California Foundation: What is size are the grants and what will counties use the funding for?
Mollow: We are still working on the amount of the grants. Consistent with law, the funding is for hard to reach target populations. There are other grants, and we want to be sure that we are not supplanting other efforts. We need to be able to distinguish what Medi-Cal money will target and how other money is being used currently. Also, coordination at the local level and focus on retention/utilization are factors in selection.

Gary Passmore, CA Congress of Seniors: Are there public dollars involved this effort?
Mollow: The funding is $26.5M from TCE, matched by federal funds for outreach and in person assistance for the Medi-Cal effort.
Suzie Shupe, CA Coverage & Health Initiatives: There was an opportunity in the legislation that if a county did not apply, other entities could step forward to apply.
Mollow: Counties are the first priority, so based on the applications and funding in this round, we will determine if there will be a second round for applications from other entities.

Difference Between Newly Eligible and Currently Eligible
Mollow: Medi-Cal has no open enrollment – it is always available. However, we recognize that during the Covered CA open enrollment period, people are applying who are eligible now and others who are eligible starting in January. We have this incorporated into the application, and each category will be processed according to eligibility now or eligibility in January. Other applications are coming in electronically through Covered CA that indicate information such as a disability that may mean they are eligible for Medi-Cal now. These are going to counties to review and assess if they can be processed with current rules or rules for 2014. People are getting coverage based on both sets of eligibility rules.

Dodson: There is no wrong door – many avenues for submitting applications through service centers and others. This is a special period before the interface is fully implemented, but we have systems in place to ensure applications are processed.

Yolanda Richardson, Covered California
CEC Training Status
We are happy to be here and for the partnership between Covered CA and DHCS. We are excited about early results. We thought October might be slow for enrollment but we are surprised and pleased to see 150,000 applications. We are looking to continue this pace and even increase it in November. Six weeks in, we are looking at systems, testing how we are doing and assessing the consumer experience. We have received lots of feedback from consumers and have made changes. We are doing a thorough review of Spanish language pages and making sure we are clear in our language throughout the process. Looking forward, we want to ensure a well-trained work force. We have three service centers and launched the Fresno service center today. We want to increase the number of certified enrollment counselors. We received feedback from advocates and others about how to streamline the certification and we have changed the process. This is moving rapidly – it has increased from 600 to 1700 from in the last week and we hope to be at 5,000 by the end of November. This is an ongoing process for us. We will continue to get feedback from those trained, consumer application feedback and will continue to make changes.

Michelle Cabrera, Service Employees International Union: SEIU has two locals as grantees and we are deep into the process. There have been reports that identified leads are not contacted back by Covered California. Is there a backlog of leads? What is the plan to address the long time? Are only CEC's responding?

Richardson: We are addressing this. We didn't have adequate workforce to meet the needs, and as we began to increase the efforts several weeks ago, we heard about the lag time from consumers. We are ramping up the CEC's so we can move faster. Both agents and CEC's can follow up on leads.

Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: We are a direct contractor in Los Angeles County. We appreciate the updates to the lists of who is a CEC, but there is a high error rate. Many of the entities listed as trained have applied but are not on board yet. We find that the languages listed are not accurate.
2nd Issue: Everyone on Board coalition in LA is looking at best practices. We are hearing that the training is improving and people in the later rounds are getting more information about Medi-Cal, but it is still not enough. Folks need information on the actual programs people may be eligible for – not just basic income type information.
Mollow: We recently reviewed the training module and sent extensive changes back to Covered CA. Let us know if this version hits the mark better.
Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: Are the training modules available for review? We are doing an inventory of who is doing what in LA, and there are many people not officially trained who are interacting with consumers and could benefit from the training module information.
Richardson: That is a good suggestion. We will do that.
Mollow: We want to balance access to information from fraudulent assistance and fees being charged
Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: We developed an antifraud brochure for the problem of assistance fraud.

Elizabeth Landsberg, Western Center on Law and Poverty: We appreciate the updates. I am disturbed by the people who don't want to take Medi-Cal when they are eligible. We need to address the stigma and concerns that there will be "recovery" of money. We need to reassure families and let them know about changes in the program.

Anne Donnelly, Project Inform: We have written to Covered CA about concerns for people with HIV and chronic conditions. It is difficult to make a plan decision because they can't get to the plan formularies. Once you get to the formularies, it is not clear how it relates to cost sharing. What are the costs for each tier of medications listed? We see that at least one plan has all antiretrovirals listed as a specialty pharmacy access only. When you look at the provider list, there is no HIV specialty designation and that is difficult to untangle. On training, we understood that there would be information in the training about Ryan White. When will that be available as part of the training? I want to echo the language issue on the provider side – many errors exist.
Richardson: We will follow up on this homework. We ask you to look at the provider directory enhancements. The website allows people to look at specialists side by side in a window when choosing a plan.
Anne Donnelly, Project Inform: We encourage you to add a designation for HIV specialty.

Suzie Shupe, CA Coverage & Health Initiatives: It is heartening to hear about the goal at 5,000 CECs by the end of November. I want to offer some feedback from the field, primarily from existing MRMIP entities: 1) many of current entities are not clear they have to become CECs by Covered CA. It will be interesting to hear if you have these piling up in the pipeline. 2) Even if interested in becoming a CEC, the application process for becoming a CEC is arduous. Many of these are organizations that have another primary mission, such as home visitors, but they could be a great boost to effort. They may not become CECs if it remains too difficult. This type of organization will need additional hand holding during the application process.
Richardson: Thank you. Where we have launched some of the improvements and we hope it gets better. Some of the application process must remain but we have made it easier. We have weekly webinars about how to fill out applications and answer questions. We hope these steps will continue to increase the number of CECs.
Mollow: DHCS took over this in the transition of Healthy Families to Medi-Cal. We will make it clear that the CAA process will come under the CEC process. We will work on the messaging with Covered California. We have developed a side by side for CAA and CEC process to help those entities understand the requirement differences. This is posted on the outreach and enrollment website.
Suzie Shupe, CA Coverage & Health Initiatives: We did a webinar on this and have an FAQs document that could be helpful to post on your website.

Herrmann Spetzler, Open Door Health Centers: It seems that community health centers are not listed as providers in the search criteria on the Covered California website.
Lam: Is the clinic is not identified as a provider, or is it about the CEC list?
Herrmann Spetzler, Open Door Health Centers: The CHC is not listed as a provider.

Anthony Wright, Health Access California: Can you clarify the numbers of CECs you will have at the end of November? Are these folks actually in the pipeline? Is there a way to go back to those trained in the beginning to get them up to date information – the feedback is that people need more on the basics?
Richardson: We hope to get 200/day through the process to meet the expansion goals of CEC's. These are people already identified. We don't want to overpromise but we will be working overtime and weekends to make this happen.
Lam: We will provide updated training – but this has not happened yet. We will roll out supplemental training via webinars, computer tutorial or instructor-led sessions. This has not been decided until we do an analysis of the extent of the change.

Gary Passmore, CA Congress of Seniors: Covered CA results are upbeat, and this is counter to the national reports. At some point, I suspect the national perspective will impact California. I have not seen much media coverage on the California story. There may be a serious challenge coming forward, and I think we need to get national media to report the California success.
Richardson: We are talking about this internally and with other state exchanges. We have surveyed consumers and heard from them that they needed to hear a simple message: California exchange is open and ready for business. We have received media

coverage in national press and we will continue to do what we are doing. We need to make the consumer experience so positive that it can't be refuted.

Anne Donnelly, Project Inform: The first payment to the plan is what initiates coverage. If it does not happen by due date, the plan starts cancellation of enrollment. People have until January 31 to enroll? Is there any time between the due date and coverage starting to make the payment? What if this is happening in March? Does the consumer start over?
Richardson: You are discussing effectuation of coverage – people don't have coverage until they make the payment. We are looking at this issue and how to inform people because this will be the day after a holiday. This will be one of our concerns over the next 6 weeks.
Lam: As a scenario, if I don't make a payment by the due date to start coverage in January, I do not have to start the application over again. I have 30 days after I missed the payment. The plan can let us know that they received payment in that 30 day window and coverage will begin Feb 1. This will help us to not lose consumer enrollment and plan choice for this period. This process will carry through in the future – people have until March 31st to make a payment for coverage to begin May 1st.

Default for Newly Eligible
Context for this update is the question: What happens to someone newly enrolling who was never in LIHP or Medi-Cal? What is default process?

Douglas: If a consumer enrolls in any of the access points, online or county or paper, the normal process will occur. They will be put into FFS and receive a packet from Health Care Options to choose a health plan, then moved into managed care later in April. Starting in April, once we have the online system fully implemented, they will be enrolled and go directly into a plan.
Elizabeth Landsberg, Western Center on Law and Poverty: Our understanding about the process for now is that someone may apply today, and they will receive a notice from Covered CA saying they are not eligible for tax credits and probably eligible for Medi-Cal, but they won't hear about definite notice of eligibility for Medi-Cal until January. What are the specific times for notices and receipt of BIC? They apply in November and don't hear until January?
Mollow: We are aware of the sequence issues, and we are working on loading the information into MEDS. That will trigger the BIC being processed and informing Health Care Options to mail out a packet to choose a plan.
Elizabeth Landsberg, Western Center on Law and Poverty: Why do we need to wait until Jan 1 to send the information?
Douglas: We are working through the IT systems to accomplish this. It may happen before January 1, but we don't want to overpromise. The goal is to do this as soon as we can, but we are still working on the process.

Kristen Golden Testa, The Children's Partnership/100% Campaign: Is there a different process for those who apply and are eligible under the current Medi-Cal eligibility?

Dodson: For people eligible pre-January 1, the process will be through the county just as they have been in the past.
Cathy Senderling, County Welfare Directors Association: For pre-January eligible, this is true but for those post-January eligible populations, we are not able to send a notice if they applied through CALHEERS. County staff are hearing from people that they want to have information sooner than January 1 since the coverage actually should start on January 1st.

Anne Donnelly, Project Inform: There are HIV consumers who will show up on January 1 in a pharmacy, and I am concerned that their eligibility will not be found, and they will not have a NOA or BIC card.
Douglas: Do you have recommendations on this?
Anne: we could develop them.

Gary Passmore, CA Congress of Seniors: Given the issues raised on two health plans, are you concerned that health plans are not ready? My understanding that there were issues with pharmacy and formularies that have been raised here.
Douglas: We take this very seriously. We are working with the Dept. of Managed Health Care to be sure that quality and access are maintained for Medi-Cal. We look at this in context of the population being served – Medi-Cal vs. other populations.

Brenda Premo Harris Family Center for Disability and Health Policy: On LA Care, which of the programs is impacted – the partners or is it LA Care's own small program or is it the whole system?
Douglas: We are working through this issue. Our contract is with LA Care as a whole.

Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: On the conversation about newly eligible coverage in the national press, I would really like to see the CA victories of increased coverage be part of a DHCS campaign with Medi-Cal and Covered CA as a prominent part of this.

Special Concerns in Rural Areas
Douglas: As an update, we transitioned eight counties into Partnership HealthPlan September 1 and November 1 transitioned an additional 20 counties. We now have managed care in 58 counties (still voluntary in San Benito). The transition is going smoothly. On the Ombudsman call line, only 3% of the calls are coming from these counties; we are seeing some issues with provider networks and at times, DMHC made some exceptions to time/distance for provider networks. The networks will continue to grow, but it is unlikely that the providers will be exactly the same as FFS.

Steve Melody, Anthem Blue Cross/ WellPoint: Our efforts include educating providers and consumers about what is and is not managed care, so we can increase their comfort. We will continue for another 6-12 months, but I agree with you that some providers will make a decision not to join. We want to ensure continuity of care is not disrupted.

Herrmann Spetzler, Open Door Health Centers: From my perspective, things are running smoothly.

Gary Passmore, CA Congress of Seniors: My understanding is that you have transitioned the Healthy Families population, committed to transition the Seniors and Persons with Disabilities in the future and have not decided to transition Dual Eligibles populations into the rural expansion. Is there a calendar for when you will decide about Duals?
Douglas: Yes, we transitioned Healthy Families, children and parents, the LIHP will transition on Jan 1. Our goal is to transition the SPD populations in Spring 2014, once we have approval from federal partners. The Dual Eligibles will be voluntary except for COHS counties. We believe organized delivery systems are a good way to go although we don't have a deadline to transition the remaining populations. We expect it will happen but don't have a date.

Elizabeth Landsberg, Western Center on Law and Poverty: Congratulations on the transition going well. What is the "regional model" terminology?
Douglas: The two plan model definition includes a local initiative health plan. In these counties, there is no local initiative plan. Also, there is a single rate for 18 counties – other programs have county by county rates.
Elizabeth Landsberg, Western Center on Law and Poverty: I understand the default rate was something like 90%.
Douglas: I know the opt-out rate in San Benito was 20% (going back to FFS). Yes, 18% choice rates, 24% were linked to their provider and 58% were defaulted and similar in Imperial County.

Express Lane
Mollow provided an update. The ACA legislation included options for us to implement express enrollment into Medi-Cal and we requested from CMS approval to move forward for some populations. For Cal-Fresh, we identified 600,000 between ages 19-64 who can be express enrolled into Medi-Cal. We are working with CWDA and the Dept. of Social Services to develop the procedures for this, and we plan to have a stakeholder meeting in January to get feedback. We plan to send a letter to eligible consumers and they will need to return their desire to enroll. We can complete this easily through MEDS, and then inform them of choice options for a health plan. CMS is excited about the CA proposal, so we expect their approval shortly

Katie Murphy, Neighborhood Legal Services: This is huge and exciting. Some input from my colleagues: 1. Can you allow phone and online answers from consumers who want to enroll to make it no wrong door. They may not receive the card informing them about the program. 2. Can you look at food networks and do outreach to them to let people know. 3. We would love to see this as ongoing, not just a one-time event. If people apply for food stamps, we will express you into Medi-Cal. 4. Will food networks be invited to stakeholder meeting?

Cathy Senderling, County Welfare Directors Association: We are having discussion about how we can make this an ongoing approach. We do want to make this a both/and - not one time. We are working to program that to start in spring to make this part of the redetermination process. We are agreed to do a short-term plus additional longer term approach but stay tuned as to the details. The phone option seems doable – online is not easy to pull off.
Mollow: We are working with DSS to identify stakeholders for the meeting.

Anthony Wright, Health Access California: Is the 600,000 number in addition to LIHP and currently in Medi-Cal?
Mollow: Yes

Kristen Golden Testa, The Children's Partnership/100% Campaign: The notices in this round don't include children, but could they be included in the ongoing rounds? There are children not enrolled in Medi-Cal.
Douglas: We still have work to do on parents, and we have other populations lined up to work on later.

Hospital Presumptive Eligibility
Mollow provided an update. We are in the process of finalizing the application for Hospital Presumptive Eligibility for those presenting in the hospital and identified as eligible through consumer self- attestation as to income and residency. We are working on a training program for the hospitals and finalizing the system for the program. We will leverage the online CHDP system for hospital PE. We are looking to have a stakeholder convening in December and will be operational January 1.

Melissa Stafford Jones, CA Association of Public Hospitals and Health Systems: Thank you for excellent work on this and the ability to offer input. Do you have sense of timing to finalize the documents and process?
Mollow: We sent a draft of the documents to CMS and those should be going out to hospitals as draft (until approved by CMS). One of the requirements was that we had to develop the training curricula before submitting to CMS.

Gary Passmore, CA Congress of Seniors: This may be more for Covered CA rather than Medi-Cal, have you looked into 200,000 people eligible for utility and telephone subsidies? This is administered through utility companies themselves.
Lam: Thank you. We have focused on working with state programs like EDD, parents of Healthy Families to let their consumers know. We haven't worked with Lifeline yet and will look at this in the future.

Marilyn Holle, Disability Rights CA: Another group to include is parents of children who quality for Medi-Cal through aged/disabled poverty program, and the parents of children receiving regional center services that qualify on the basis of institutional deeming.

Brenda Premo Harris Family Center for Disability and Health Policy: I understand the decision to target young healthy people for coverage. Many people entering college are

required to get insurance, but can't afford it due to pre-existing conditions. It is important to have the specifics available for pharmacy, DME, and other specifics. The disability community is not always poor, and we are hearing that on the website folks can't always get the information they need. I hope that Covered CA will include this information from plans.

Kristen Golden Testa, The Children's Partnership/100% Campaign: Another express lane opportunity is the WIC Program.

AB85 Update
Mari Cantwell, DHCS
Presentation slides can be found at:
http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx

Richard Thomason, Blue Shield of California Foundation: When does the health realignment funding stream to the counties change? So, out of the 2013-14, the $300 million of realignment funding total, this represents about 25%.
Cantwell: There are initial projections of amounts for each year that will start in January and there is a cap. Every year we will do a projection in January and May of the amount of funding to be redirected on a county by county basis and a true-up process.

Marty Lynch, Lifelong Medical Care and California Primary Care Association: Do we think we are at the point where we can use the formula to incentivize counties to serve more of the remaining uninsured?
Cantwell: Since we look at each counties' cost of what they are actually providing, we have built in some incentive. However, there is a cap. We built in a cost containment limit based on requirements they couldn't avoid like a court order. There is also a process for a county to petition for a change based on any reason.

Melissa Stafford Jones, CA Association of Public Hospitals and Health Systems: The issue you are raising is a dilemma for counties. They are in a position where if they offer more for remaining uninsured than in the past, they could hit the cap and have to pay back to state because the cost is not recognized. It is almost like a disincentive. The state wanted to capture savings based on current status, not based on expanded care.

Anthony Wright, Health Access California: If this is $300M over 6 months, this is about 50% of the total. Are you collecting information about services and enrollment? Some counties are reorienting realignment to remaining uninsured, but we are concerned that some counties reported in our survey feel pressure to roll back services. Is there analysis about whether this is happening?
Cantwell: We are collecting information about what is covered and eligibility; what is health realignment being spent on. We need to make that information useable for external use. Counties have their own choice about how to use and structure indigent care programs. I am not sure there is a state role here beyond transparency.
Douglas: We will provide transparency on what we are collecting from the formula counties. We can continue to discuss as we get data.

Anthony Wright, Health Access California: We are keenly interested in this.

Michelle Cabrera, Service Employees International Union: We too are interested in data collection and hope there will be transparency on an ongoing basis

Low-Income Health Program Transition
Alan Roush, DHCS
Presentation slides can be found at:
http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx

Douglas: As context for this presentation, you will hear that there has been a lot of activity in the LIHP. There have been bumps – we apologize that a letter that went out incorrectly noticing consumers. The correction notice went out on November 12, and we are confident we will have a successful transition as we go forward.

Katie Murphy, Neighborhood Legal Services: Can you say more about the open treatment authorizations? I am not clear what the directive is to the LIHP and the plans about ongoing treatment under Continuity of Care? If someone is in LIHP treatment, will plans be required to provide that treatment?
Roush: We want to empower the LIHP's and health plans to work together. We have a communication about the plans' responsibility related to this. We can't require the plans to accept a treatment authorization, so we need to encourage communication.
Sarah Brooks: The plans are required to continue treatment that is authorized by the LIHP at least until the individual is seen. An all plan letter specifies that the plan should coordinate with the LIHP to ensure the transfer the authorization, so there is no gap in service.

Katie Murphy, Neighborhood Legal Services: People in LA are concerned about specialty care access and hospital. What are the instructions about contracting out and other provisions, so that people have access to care they need?
Brooks: Generally, that will be covered in the All Plan Letter, and it will be out early next week.

Anne Donnelly, Project Inform: I appreciate the work on special populations.
There is a gap around the first-second month pharmacy fill, and there is no back up if there is confusion. I would like to continue the conversation about that and emergency supply. Also, I am glad to hear about the all plan letters, but those are not clear to providers and consumers.
Brooks: We are close to finalizing a document for providers to explain continuity of care and can be given to consumers that is in simple, lay language. We are targeting provider offices to have this information and it will be covered on a webinar. We learned in the SPD transition that provider offices are the best way to reach consumers and we can think about if there are additional ways to communicate directly to consumers.

Katie Murphy, Neighborhood Legal Services: How are you reaching the larger group of physicians who are not part of managed care or an IPA who don't seem to get the message? We are working with associations and pharmacies to attend the webinar.

Suzie Shupe, CA Coverage & Health Initiatives: It is exciting to see COC work. What we learned from the Healthy Families transition, and the kid's coverage coalitions was that getting clear information to families about what their rights are would have avoided many instances of gaps in care that did happen during HF transitions. Can you post the rights on the DHCS website?
Brooks: Yes, we will post this on the web site.

Anne Donnelly, Project Inform: We have a huge concern about HIV gaps and inability to choose a plan given the lack of specific information available on their choices. We need to work with Office of AIDs to come up with options and ideas.

Marilyn Holle, Disability Rights CA: My experience is that we need to inform providers via the provider bulletin and be highlighted for advocates and others. Also, I want to reiterate concerns about COC that referrals to specialists are to providers who actually have the specific required expertise for the person's condition. There are blind referrals without knowing if the referral is to an appropriate provider.

Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Center: On a communication point in general, we need to include all types of providers in the information. Currently, the substance use/mental health community often does not receive the information. If we all get the same notices, we can help educate consumers.
Douglas: That is a good point. We are racing to January 1 and we will continue beyond that to do better, to continue to integrate the system from a provider and consumer perspective so it isn't fragmented.

Anthony Wright, Health Access California: How many people will be transitioned by end of year?
Roush: I don't have it with me. I will follow up.

Behavioral Health Services Transition to Medi-Cal Managed Care Update
Rita McCabe and Sarah Brooks DHCS
Presentation slides can be found at:
http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx

Rusty Selix, CA Council of Community Mental Health Agencies: This is a big improvement and more than we have had before, but there is still ambiguity on Mental Health services available. Specifically, screening and brief intervention of alcohol does not make sense without a Mental Health assessment as well. The requirement is actually SBIRT(screening, brief intervention, referral and treatment) – the RT is referral and treatment and is not in your description. I also want to highlight a problem. Our

providers are not part of the managed care network (except LA Care and Alameda). The plans have many barriers related to credentialing and cost for providers to join networks.
Douglas: I want to hear more about the SBIRT explanation you recommend later. On network issues, we may need another work group on this. There is assessment work to be done and we will have to continue.

Anne Donnelly, Project Inform: In a meeting in LA, I learned that no one in the HIV community really understands the structure and implementation. Will you include HIV expertise in the work group as we continue? We would like to see a higher level discussion of credentialing because the services to HIV are at a different level than Medi-Cal.

Marilyn Holle, Disability Rights CA: On page 6, I see mentions of submitting and posting materials, the SPA, the waiver. Are they posted?
McCabe: Yes, it is on the website, and we can get the links out to people.
Brooks: We are working on a benefits crosswalk of information we are sharing with plans that we can share with this group to clarify.

Elizabeth Landsberg, Western Center on Law and Poverty: Have notices gone to consumers? Was there input to notices? We would appreciate the opportunity to comment and we are quick to respond.
Brooks: On November 1, notices went out consumers.

Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: Will there be an effort to send individualized notices based on beneficiary needs, based on who is already using mental health services?
Brooks: We will be providing notices to the plans but your question is to consumers. We do have data on individuals, but I will to take that back to discuss the follow up. That is an excellent idea.

Lishaun Francis, CMA: Have provider notices gone out? CMA will help get this info out.
Brooks: We are working on All Plan Letters that will go to providers as well. Notices go out on November 15th.

Substance Use Disorder Services (SUDS) Expansion Update
Dave Nielsen, DHCS
Presentation slides can be found at:
http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx

Douglas: The SUDS area is currently FFS, and we need help with expanding the network by encouraging them to enroll. This is one of the items that will be ongoing beyond January 1.

Rusty Selix, CA Council of Community Mental Health Agencies: The rates are below cost and providers say it is not feasible to enroll.

Public Comment
Diane Van Maren with Senator Steinberg: I echo comments made earlier. There needs to be more transparency with the changes going on in the Mental Health system. I want to encourage that you expand this group to include consumers from Substance Use and Mental Health community. The group was originally about the 1115 waiver, but now there are additional issues covered. Also, I want to encourage additional work groups for stakeholders on Mental Health and Substance Use. We need more transparency on MOU's and other documents. The meetings need to increase time and emphasis on MH/Sub Use agenda items.
Douglas: I take those comments to heart. We are looking at all of our stakeholder meetings to see how they are structured. There are ongoing transitions into 2014 we will focus on. Let us know if we have the right representatives and voices at the table.

Jessica Haspel from Children Now: We have seen improvement flagging foster care issues. There is more to be done. For example, this population is eligible regardless of income, but there is nothing on the application to let them know they can skip all the income. Is the call center trained to ask the right questions? This is also something to keep this in mind for the presumptive eligibility process. We need to be mindful that there is additional work on this to accomplish.
Mollow: Thanks, we have included additional questions on the paper application. We have added questions based on age that pops up in CALHEERS. Eligibility for foster care will be granted automatically with follow up by the county to see that they were in foster care at age 18.

2014 Stakeholder Advisory Committee Meetings and Process
Toby Douglas, DHCS
The next in-person DHCS Stakeholder Advisory Committee will be on Wednesday, November 20, 2014.

We don't have dates for 2014, but will send them out. There have been lots of questions about the overall stakeholder advisory engagements and committees. How do we create a more rational structure for two way discussion and input from stakeholders to inform our policy work and operation of programs? Anastasia Dodson is working on this, so feel free to reach out to her with input on this. We want to continue to have a transparent process that helps incorporate.

Suzie Shupe, CA Coverage & Health Initiatives: It is great to hear that you want to keep Healthy Families advisory board level of transparency.

Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance: I hope that this group continues as it is. I want to plug for at least the first meeting in 2014 to be the longer format.

Douglas: I don't see specific changes to this group. We are looking at how they all fit together.
Anthony Wright, Health Access California: Is this the committee for only the old waiver, or will this group discuss the new waiver since we are getting close to that time? Also, I was surprised to see the strategic plan, is it final? Are you looking for feedback?
Douglas: The strategic plan is used internally, but I welcome input and feedback.

Gary Passmore, CA Congress of Seniors: Happy Holidays to everyone.

Brenda Premo Harris Family Center for Disability and Health Policy: This committee is necessary, and I agree we need to add some others as we go forward. There is an assumption that folks only have one disability. Often, people have multiple disabilities and needs; people come in with multiple needs for physical health and mental health. Part of this is the integration of the systems because people come in with multiple needs – physical, cognitive and mental health – that require specialized care and are not receiving care they need. We need to consider the "disabilities". The quality of the discussion here is excellent and we want to continue that.

Adjourn