

Healthy Families Program Advisory Panel – Interim Transition Plan

Department of Health Care Services

May 5, 2014

Purpose

DHCS proposes an interim framework for the scope and structure of the Healthy Families Program (HFP) Advisory Panel transitioned to the Department of Health Care Services (DHCS) effective January 1, 2014.

Background

Healthy Families Program Transition

Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012, provides for the transition of HFP subscribers to the Medi-Cal Program beginning January 1, 2013. Children enrolled in the HFP as well as new subscribers will be enrolled into Medi-Cal's new Optional Targeted Low Income Children's Program (OTLICP) which covers children with household income up to 250 percent of the federal poverty level (FPL).

The federal Centers for Medicare & Medicaid Services (CMS) granted approval for DHCS to begin this transition via the Bridge to Reform 1115 Demonstration Waiver. As of November 1, 2013, the Department completed the transition of HFP children to Medi-Cal. At the end of Phase 4B of the transition over 760,000 children were enrolled into Medi-Cal and as of January 31, 2014, over 303,000 newly eligible children were enrolled into the OTLICP.

Healthy Families Program Advisory Panel Transition

AB 1494, Chapter 28, Statute of 2012 authorized the California Health and Human Services Agency, in consultation with DHCS and stakeholders, to create a Transition Plan for the transfer of HFP to DHCS that also included the transfer of the HFP Advisory Panel. The Panel has been advising the Managed Risk Medical Insurance Board (MRMIB) and Executive Director since the inception of the HFP in July 1998. The Panel consists of fifteen (15) members of various backgrounds and expertise such as providers, health care delivery organizations, dentists, business representatives and subscriber parents. Subscriber parent members provide critical input on behalf of children enrolled in the program.

In collaboration with MRMIB and the Advisory Panel members, DHCS developed a proposed interim plan for the transition of the Panel to DHCS. The interim transition plan includes the identification of current members, evaluating the need for replacement of members, defining roles and responsibilities for members and establishing a timeline for transition of the Panel. Concurrently, the Department is developing an overall Stakeholder Engagement Initiative. The purpose of this initiative is to analyze all of DHCS's current stakeholder efforts and work with stakeholders and the Legislature to create a culture that fosters transparency by improving communication with external parties. This transition plan will continue to evolve as the Advisory Panel meetings progress, and as the Department moves forward with the overall DHCS Stakeholder Engagement Initiative. Recommendations from Panel members and Children Now are incorporated in Appendix B and C.

Interim Transition Plan and Outline of Changes

DHCS values the feedback and guidance provided by the Panel on topics impacting health services to children and families, and seeks to maintain member engagement and participation on the Panel.

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Structure and Scope

New Panel Name

As part of the transition, the Healthy Families Program (HFP) Advisory Panel will be changed to *Advisory Panel for Medi-Cal Families*.

Roles and Responsibilities of the Advisory Panel at DHCS

The Advisory Panel will maintain membership of up to fifteen (15) members to ensure continuation of subject matter expert feedback on the provision of health care services to children and families in the Medi-Cal program.

Reporting Structure and Point of Contact

The Advisory Panel for Medi-Cal Families will provide recommendations to the DHCS Director and executive team. The Office of the Director will provide general support and assistance to the Advisory Panel. Appendix A may be referenced for understanding the current DHCS organizational structure.

Meetings

Frequency

DHCS will ensure all meetings are in accordance with Bagley-Keene Open Meeting requirements. Initially, meetings will be convened every two months for the first six months beginning January 1, 2014.

In collaboration with the Advisory Panel, DHCS plans to evaluate the frequency and structure of meetings in approximately July 2014 and discuss any potential changes with the Advisory Panel. Concurrently, DHCS will encourage Panel members to attend other relevant stakeholder functions to facilitate integration into broader DHCS stakeholder initiatives related to issues impacting Medi-Cal children and families.

Format

The Advisory Panel meetings will be utilized as a time to focus on one or two previously agreed upon topics as a “deep dive,” in-depth discussion. The “deep dive” discussion format will provide an opportunity for sharing feedback regarding experiences occurring in the field as well as best practices to be adopted by the Department. The DHCS Associate Director will attend and facilitate the meetings. Other DHCS executives and managers will attend as needed based on the topic.

DHCS will provide the Advisory Panel members relevant material prior to the meetings to ensure members have appropriate preparation for “deep dive” topics and are able to provide constructive feedback to the Department.

Communication and Outreach

DHCS Advisory Panel for Medi-Cal Families webpage and ongoing communication

DHCS developed a webpage dedicated to the Advisory Panel and will notify Panel members when new information is posted to the [Advisory Panel for Medi-Cal Families webpage](#). In support of ongoing, open communication, DHCS staff will also be accessible via email for questions,

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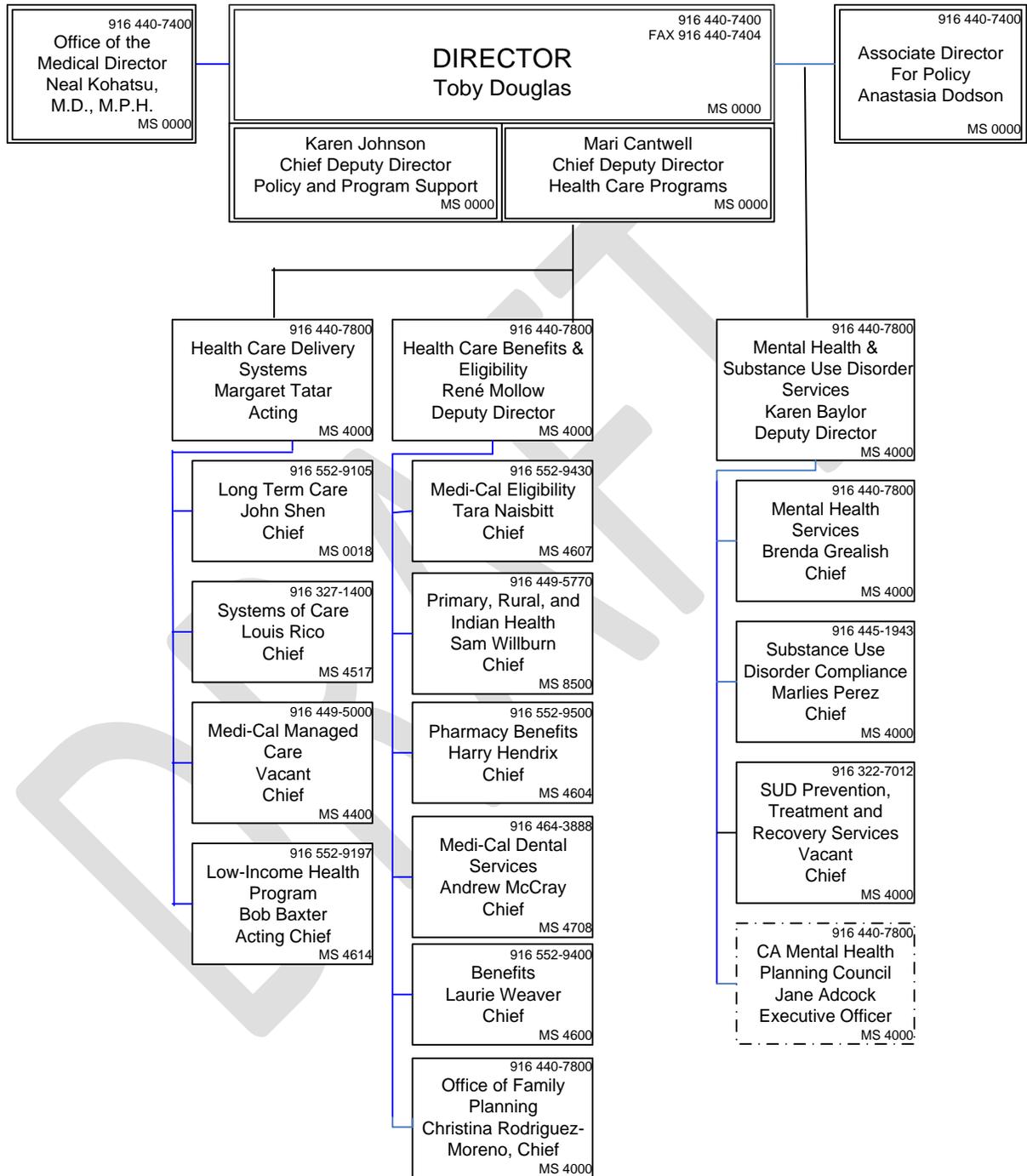
obtaining information regarding upcoming meetings and materials for review and/or feedback. DHCS will provide notification to the public of upcoming Advisory Panel meetings and related materials that have been posted to the website.

DRAFT

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Appendix A



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Appendix B

September 27, 2013

Toby Douglas, Director
California Department of Health Care Services (DHCS) 1501
Capitol Avenue, MS 0000
PO Box 997413
Sacramento, CA 95899-7412

Re: Transition of the Healthy Families Program (HFP) Advisory Panel and Future Role

Dear Director Douglas:

The HFP Advisory Panel is an essential contributor to effective and efficient quality health care services provided by the HFP, in partnership with the Managed Risk Medical Insurance Board (MRMIB), the administrative vendor (Maximus) and the HFP plans (health, dental & vision). The panel was statutorily established by Chapter 623, Statutes of 1997 along with the HFP under the administration of MRMIB. The fifteen member advisory panel has been directly advising the MRMIB Board and Executive Director since the inception of HFP in July 1998. The Advisory Panel has made recommendations that helped improve the quality of services by enhancing plan performance requirements, streamlining program administration, and enhancing vendor performance requirements.

The panel consists of various subject matter experts such as providers, health care delivery organizations, dentists, a business representative and subscriber parents. The members provide technical expertise not readily available in state agencies. The members who are subscriber parents provide critical input which often includes personal experience and feedback from other subscribers.

Chapter 28, Statutes of 2012 requires (1) the creation of a strategic plan that includes transition of the panel to become an Advisory Board to the DHCS and (2) “a time certain transfer of the HFP Advisory Board to the State Department of Health Care Services”. As the existing HFP Advisory Panel members, we are committed to our essential role as we transition to become the Advisory Board to the DHCS.

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The members submit the following written recommendations on the future role of the statutorily established Advisory Board for your consideration. The recommendations are as follows:

Structure and Scope

- To change the name of the panel to the “Advisory Board for Medi-Cal Families”
- To include the scope of advising on both children and families covered by the Medi-Cal program
- The Advisory Board shall report directly to the DHCS Director, as currently done with the MRMIB Executive Director
- For the Advisory Board to be provided designated DHCS staff support to facilitate its role and a designated DHCS lead contact person who directs the support staff, as currently done with the MRMIB staff
- To create an Advisory Board tab on the DHCS website to provide the public easy access to information on the board’s purpose, members, meetings, meeting agendas, meeting summaries, and recommendations
- To maintain the existing recommendation process where Advisory Board’s recommendations are submitted formally in writing to the DHCS Director and if the advice of the Advisory Board is not implemented, the DHCS Director shall respond in writing on the reasoning for non-implementation (as currently done with MRMIB)
- Maintain the existing scope of advising on all policies, regulations and operations as it relates to administration and provision of health care services in the Medi-Cal Program
- Maintain a nurturing trans-disciplinary approach to promote patient-centered health care

Board Meetings

- To move to a monthly meeting schedule format in order to provide timely technical advice and recommendations to help serve the 4.5 million children and their families that are enrolled in the Medi-Cal Program
- To have Advisory Board meetings at various locations throughout the state to encourage public participation and solicit input from local regions of the state, at least for the first year (alternating between Sacramento and other locations)
- To assure that public meeting locations are easily accessible to the public and board members and should not require individuals to be escorted into the meeting rooms to attend
- To assure that the Advisory Board continues compliance with the Bagley-Keene Open Meeting requirements

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Membership, Expertise and Collaboration

- To maintain the use of the Advisory Board's expertise to improve the quality of health care services being provided including but not limited to critical areas of Dental, Mental Health and Substance Abuse services
- To use the Advisory Board's technical and subject matter expertise in collaboration with other DHCS stakeholder groups to help facilitate improved stakeholder engagement
- To use Advisory Board as a vehicle for the DHCS to address challenges or issues facing the Medi-Cal Program that impact the effective delivery of care
- To utilize the Advisory Board's expertise to simplify communication and improve understanding with various Medi-Cal stakeholder groups
- To utilize Advisory Board members to help DHCS communicate effectively with public and act as DHCS' eyes/ears at the local level to identify issues or concerns with the Medi-Cal Program
- To add an additional statutory member to the Advisory Board to represent the EE/CAA Community
- To evaluate need to expand the scope of the Advisory Board to possibly include additional Medi-Cal populations such as adults, seniors with disabilities, etc

Reporting, Monitoring and Evaluation

- To develop and implement online monthly reporting on the Medi-Cal Program including tracking of applications, enrollments, ineligibility, retention, utilization, HFP transition cohort analysis, beneficiary surveys and quality measurements
- To review Medi-Cal Program online reporting at monthly Advisory Board meetings
- To have the Advisory Board evaluate monitoring and performance reports to provide data-driven and purpose oriented recommendations to maximize enrollment, improve program benefits and quality of service delivery which are reflective of the goals of the Affordable Care Act
- To utilize the Advisory Board to review and evaluate the successes and lessons learned from the transition of HFP children to the Medi-Cal Program
- To have the Advisory Board provide input on the Medi-Cal Outreach & Education Campaigns including the collaborations with Enrollment Entities (EE) and Certified

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Application Assistants (CAA)

We believe the recommendations above will facilitate a smooth transition of an effective Advisory Board to the DHCS and will allow the Advisory Board to be a vital contributor to the success of the Medi-Cal Program. The Advisory Board shares the goals of the DHCS to provide efficient, accessible and quality health care services to the Medi-Cal population. The Advisory Board will build on its established historical track record of improving the administration and quality of health care services. We look forward to collaborating with DHCS and serving the Medi-Cal Program.

Sincerely,

HFP Advisory Panel Members

Cc: Senator Darrell Steinberg, President Pro Tem
Senator Ed Hernandez, Senate Committee on Health Chair
Assembly Member, John A. Perez, Speaker of the Assembly
Assembly Member, Richard Pan, Assembly Health Committee Chair
Janette Casillas, MRMIB
Executive Director
Rene Mollow, DHCS Deputy Director

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Originally Signed by:

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Appendix C

August 19, 2013

Toby Douglas, Director
California Department of Health Care Services
1501 Capitol Avenue, MS 0000
P.O. Box 997413
Sacramento, CA 95899-
7413

RE: Transfer of the Healthy Families Advisory Panel

Dear Director Douglas,

The undersigned organizations are writing to provide recommendations for the forthcoming plan to transition the Healthy Families Program Advisory Panel (HFP Advisory Panel) to the Department of Health Care Service (DHCS). There are nearly 5 million children in Medi-Cal, and it is critical that their voices be heard to shape the future of the program.

The HFP Advisory Panel is a 15-member panel of stakeholders that has been advising the Managed Risk Medical Insurance Board (MRMIB) since the inception of the Healthy Families Program (HFP). AB 1494, Chapter 28, Statutes of 2012 authorized DHCS to create a strategic plan for the transition of HFP to Medi-Cal that addresses, among other things, the transfer of the HFP Advisory Panel. The strategic plan, published by DHCS on October 1, 2012, specified that "DHCS will work collaboratively with MRMIB to develop a plan for transitioning the HFP Advisory Panel to DHCS. Such efforts will include identification of current members, need for replacement of members, roles, and responsibilities for advisory board members, and establishing a timeline for transition. This transition plan will be informed by input from the advisory panel and will be shared publicly." To our knowledge, such a transition plan has not yet been developed or shared publicly.

We believe that it is critical that the Advisory Panel, once transferred to DHCS, retains an important role in advising the Department about the health coverage that children receive in Medi-Cal. In order to do so, the Panel should continue to consist of a broad array of stakeholders, as specified in statute (INS 12693.90), and report directly to the Director of DHCS with a frequency of no less than four times per year. The state may also want to consider (1) monthly communications with the HFP Advisory Panel, at

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least initially, in order to establish a relationship and maintain a focus on children in Medi-Cal, and (2) opening the meetings to the attendance of the broader stakeholder community.

Furthermore, we believe that in order to have an effective and efficient process for providing stakeholder feedback for Medi-Cal, it is critical that the HFP Advisory Panel, once transferred to DHCS, work as a subgroup within a single advisory body. The purpose of a Medi-Cal advisory body would be to make recommendations to the Department and to the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services. AB 209 (Pan), currently awaiting a vote on the Senate Floor, would create an advisory committee with this purpose. Within this body, the HFP Advisory Panel could act as a subgroup specifically to make recommendations based on the wellbeing of children who are enrolled in Medi-Cal program.

Following the transition of all children in HFP, nearly 5 million children are expected to be enrolled in Medi-Cal; in addition, many of the approximately 600,000 children who are currently eligible but not enrolled in Medi-Cal are expected to enroll as outreach efforts associated with implementation of the Affordable Care Act. In light of these changes, the need is greater than ever for children in Medi-Cal to benefit from an effective and efficient stakeholder advisory process.

Given the importance of serving children in Medi-Cal as well as possible, we believe that the, transfer of the HFP Advisory Panel to the Department should be completed by January 1, 2014, and respectfully request a meeting with DHCS staff to discuss plans for the transfer.

We thank you for your consideration and look forward to working with DHCS to ensure that children enrolled in Medi-Cal have timely access to quality health care services. Please contact Kelly Hardy at 510-763-2444x126 or khardy@childrennow.org with any questions or concerns.

Sincerely,

Originally signed by:

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Children
Now

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California Pan-Ethnic Health
Network

Bernadette Arellano
Director, Government Relations
California Children's Hospital
Association

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Consumers Union

Kim Brettschneider
California State Coordinator
Children's Defense Fund
California

Anthony Wright
Executive Director
Health Access California

Suzie Shupe
Executive Director
California Coverage & Health
Initiatives

Wendy Lazarus
Founder and Co-
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The Children's
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Paul R Phinney,
MD President
California Medical Association

cc: Diana Dooley, Secretary, California Health and Human
Services Agency Dr. Richard Pan, Chair, Assembly Health
Committee
Janette Casillas, Executive Director, MRMIB