

Follow-Up Items from July 16, 2020, SAC Webinar

Medi-Nurse Advice Line

Anthony Wright, Health Access CA: What happens if they have non-COVID questions or issues? Also, how does this interact with county programs for the uninsured, like My Health LA or Healthy SF?

DHCS Response: *Rene Mollow, DHCS:* Good question, I will double check. As you know this is focused on solutions for COVID. We can go back to see if they have those types of additional local county resources you mention. We provided them county contact information to apply for Medi-Cal if they are uninsured and that process would lead them to local county support programs.

DHCS Follow-Up: Callers to the Medi-Nurse Line initially go through our telephone service center's (TSC) live agents (Monday-Friday, 8 a.m. -5 p.m.) or an interactive voice response system (IVR) after hours. A live agent at the TSC will attempt to assist the caller with any questions, though they do not refer to or interact with county programs for the uninsured. However, if the caller is uninsured and in need of medical coverage, the agent will refer the caller to the appropriate Presumptive Eligibility (PE) program (Presumptive Eligibility for Pregnant Women, Hospital Presumptive Eligibility, or Child Health and Disability Prevention) and providers. If the caller is uninsured and seeking eligibility, the agent will refer the caller to the appropriate county (phone or address), the appropriate SAWS web portal, or the CoveredCA portal. If the caller advances to the Medi-Nurse line, care coordinators and nurses triage callers as either fee-for-service or uninsured. They discuss the PE program with callers and refer them to a qualified provider, accordingly. Behavioral health scripts used by the Telephone Service Center and the care coordinators and nurses reference the county hotline as well as state-supported websites and information.

Michelle Gibbons, County Health Executives Association of CA: I want to mention that the testing task forces put together a county database where you put in your zip code and get information on available testing. That may be something to include in the tools that you offer to folks.

DHCS Response: *Rene Mollow, DHCS:* Thanks, that is very helpful. I would appreciate if you and others would follow up and email me directly anything you think would be helpful

DHCS Follow-Up: For CareNet, individuals who call the nurse advice line with behavioral health type symptoms are triaged and provided an appropriate level of care recommendation. If the caller has questions about a behavioral health issue, the nurse will provide health education about the topic. All information provided or used to triage the caller is based on Schmitt/Thompson evidence-based guidelines and approved health education published by HealthWise. Available behavioral health guidelines include:

1. Anxiety and Panic Attacks
2. Depression
3. Suicide Concerns
4. Bipolar Disorder (Manic Depression)
5. Aggressive and Destructive Behavior
6. Alcohol Abuse and Dependence
7. Psychosocial Problems
8. Postpartum Depression

After providing symptom triage or health information, the nurse could further assist by coordinating behavioral health needs through referrals to available DHCS programs and services, as well as local, state, and national resources.

All nurses receive training on behavioral health/crisis calls. Training covers all calls considered to be urgent/emergency/911 or crisis management situations. CareNet also requires an annual (continuing education unit) training based on a behavioral health topic.

For DXC Technology, an assessment is made regarding the caller's statements (e.g., is there an intent to hurt themselves or others, or similar situation; is there a request for mental health support services, or similar services). Escalation to a supervisor may occur, or de-escalation and data gathering. If an escalation is warranted, a supervisor takes over the call, assesses the caller's needs, attempts to calm the caller if agitated, and gathers the caller's general contact/demographic information. A referral will be made for resources, as appropriate. If the caller requests mental health resources, an assessment is also made. Once the call is confirmed as a resource need request, a supervisor will refer the caller to the applicable county mental health resource.

Update and Discussion of Plans for Medi-Cal 2020 1115 Waiver Extension

Michelle Gibbons, County Health Executives Association of CA: Can you offer more context about why the Dental Transformation Initiative (DTI) Domain 4 is proposed to be eliminated?

Kristen Golden Testa, The Children's Partnership/100% Campaign: I understand that we are exhausting the pilot timeline, but given that many services could not operate in the final year of the pilot due to COVID-19, is there not a reason to extend the same way other pilots are extended for one year?

Kristen Golden Testa, The Children's Partnership/100% Campaign: I would ask for reconsideration of extending the timeline given they were not able to have the final year of the pilot project because of COVID-19.

DHCS Response: *Rene Mollow, DHCS:* It is primarily because it is a pilot that looks at success under the other three domains of the DTI – the overall success we are trying to accomplish through the DTI. There are projects that have not met established goals, which was taken into consideration for what we want to include in the extension.

Rene Mollow, DHCS: For Domain 4, we looked over the full term of the waiver timeline of the pilot – not just this year – and we are not seeing the success we wanted. To the credit of the entities approved for funding, they did their best, but they have not been able to achieve the successes that we anticipated we would see.

DHCS Follow-Up: On September 16, 2020, DHCS submitted a [request](#) to extend the Medi-Cal 2020 Section 1115 waiver for twelve months to the Centers for Medicare & Medicaid Services (CMS). A summary of the public comments was included in the extension request to CMS and has been posted on the [DHCS website](#). On October 1, CMS [determined that the DHCS application](#) to extend the Medi-Cal 2020 Section 1115 waiver for twelve months, until December 31, 2021, met the requirements for a complete application. The state's extension request was [posted](#) on the Medicaid.gov website for a 30-day federal public comment period.

Update and Discussion of Plans for Medi-Cal 2020 1115 Waiver Extension

Linda Nguy, Western Center on Law and Poverty: Considering the disproportionate impact COVID-19 has had, it would be worth thinking about how we can ensure that those served in Whole Person Care (WPC) pilots don't skew White as we saw in the early evaluation. Is there particular outreach to ensure that people of color and limited English proficient populations have access to this program?

DHCS Response: *Jacey Cooper, DHCS:* We would be happy to engage in those conversations with you. UCLA has produced demographic data regarding who has and has not been reached in WPC. I'm happy to engage in a learning collaborative or information gathering, or make DHCS priorities clear to our pilots, to ensure we are providing equitable services and reducing disparities across our population.

DHCS Follow-Up: DHCS has encouraged WPC Lead Entities to focus pilot efforts toward the inclusion of racial equity and culturally competent activities. Several pilot counties have implemented strategies to address these systemic barriers and have adopted new models of outreach to close the gap on racial disparities. For example, with DHCS' approval:

- Los Angeles County has established an Anti-Racism, Diversity And Inclusion Initiative to resolve disparate health outcomes among communities of color.
- Alameda County provides culturally affirmative assessments to Oakland's Eastmont neighborhood, a community consisting primarily of individuals of African descent who have complex care needs.
- Marin County partnered with a local health department to provide information, resources, and outreach to Latinx communities, which were observed to have high positivity for COVID-19 and lacked a regular source of health care.

In addition to the many services provided, WPC pilots have expanded their outreach resources and materials to engage these underserved communities. DHCS has approved multiethnic communication media outlets, which include culturally appropriate information in a variety of threshold languages. Finally, DHCS continues to promote the growth and expansion of WPC activities aimed at improving the health outcomes of disparate communities, and providing equitable services to the WPC target population across all counties.

Medi-Cal Enrollment Update

Kim Lewis, National Health Law Program: Thanks for the data. I think we previously asked about data on incomplete applications – those who were denied due to incomplete applications?

DHCS Response: *Jacey Cooper, DHCS:* We just received that data and are scrubbing through it to share in the future.

DHCS Follow-Up: DHCS doesn't currently have a mechanism to track this.