

## MEDI-CAL MEMBER ADVISORY COMMITTEE (MMAC)

### MEETING SUMMARY

**Date:** Wednesday, May 15, 2024

**Time:** 5:30 PM – 7:30 PM

**Type of Meeting:** Virtual

**Number of Members Present:** 15 of 18 members were present

**DHCS Staff Present:** Michelle Baass, Director; Sarah Brooks, Chief Deputy Director, Health Care Programs; Tyler Sadwith, State Medicaid Director; Tracy Arnold, Assistant Director; Lindy Harrington, Assistant State Medicaid Director; Paula Wilhelm, Deputy Director, Behavioral Health; René Mollow, Deputy Director, Health Care Benefits and Eligibility; Susan Philip, Deputy Director, Health Care Delivery Systems; Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration; Autumn Boylan, Deputy Director, Office of Strategic Partnerships; Brian Hansen, Policy Advisor to the Directorate; Hatzune Aguilar, Manager, Stakeholder and Community Engagement; Maria Romero-Mora, Community Engagement

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### Introduction & Summary of Content

- » Members provided feedback on member-informing materials regarding Medi-Cal complaints and appeals. Members heard updates from DHCS about the recently passed Proposition 1 that will support the Behavioral Health Transformation and received an overview of the Department’s Medi-Cal behavioral health benefits and services.

### Topics Discussed

- » **Opening:** Artist Francesca Gamez, presented a unique art piece inspired by the MMAC members and their hopes and dreams for 2024, which they had shared during the previous January 10, 2024, MMAC meeting.
- » **Updates:** DHCS Director Michelle Baass provided updates about the recently passed Proposition 1 and its impact on supporting the Behavioral Health Transformation.



- » **Member-Informing Materials and Feedback Session:** DHCS provided members with draft, updated explainers about Medi-Cal complaints, State Fair Hearing, and appeals processes via mail and email to look at and consider before the meeting. During the meeting there was a discussion with members regarding how DHCS, informed by MMAC member feedback, is making changes to these Medi-Cal member materials. Members had the opportunity to provide further insights and opinions on the visuals, message clarity, and message content.
- » **Discussion:**
  - » Members liked the flow chart that was used in explaining the processes. They discussed terminology that is used and noted that it should be easy to understand and translate into multiple languages. They discussed the appeals process, and how it could be helpful to providing a sense of what the appeals processes entails and how long it can take. They also shared that examples of the reasons why someone might want to file a complaint could be useful especially for immigrant families. There was also discussion about incorporating language that shows respect for the individual in the process. Members also pointed out terminology that is unclear or difficult to understand.
  - » Examine terms used in member-informing documents such as “Ombudsman” and “grievance” and replace with easy-to-understand terms that communicate the same meaning and are also easy to translate into other languages. Consider incorporating new terms into guidance document for use by the Department, health plans and county offices.
- » **Overview of Behavioral Health Benefits and Services and Feedback from Members:** DHCS provided an overview of Medi-Cal behavioral health benefits and services. Members gave feedback on what additional information would be helpful, how roles of different Medi-Cal entities could be explained, and awareness of children’s services through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) could be highlighted.
- » **Discussion:**
  - » Appreciate the “No Wrong Door” policy.
  - » Positive feedback that service is provided first, and diagnosis is addressed second.
  - » There seems to be more coordination and support for people with severe mental health issues.



- » Sometimes it seems that service providers are confused about which system takes care of severe cases and which takes care of mild or moderate mental health cases.
- » There is a desire for explanations for how a member may interact with a behavioral health program or service.
- » More information on how specialized services that are available such as treatment for eating disorders or “health at every size” practitioners within the mental health field.
- » There is stigma about accessing mental health services, especially among immigrants. A member specifically shared about the Asian immigrant community and issues with being misdiagnosed or having their mental health symptoms show up as somatic symptoms when visiting their primary health providers.
- » One member shared their experience that for situations involving domestic violence, they have seen a lack of dignity from service providers and a lack of cultural understanding that people’s needs are not being met.
- » Hope to see trauma informed and cultural considerations when it comes to behavioral health and care overall through Medi-Cal.
- » Explore how individuals with mild, moderate, and severe mental health conditions are being served and identify if there are ways to add clarity to member informing materials to delineate who provides care (County/State/etc.) and how.