

Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, October 15, 2021 – 11:30 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, Health Plan of San Mateo offices were closed for this meeting, and the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Clerk in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Committee Members Present: Art Wolf, Beverly Karnatz, Gay Kaplan, Teresa Guingona Ferrer, Evelina Chang, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar , Ricky Kot.

Committee Members Absent: Claire Day, Amira Elbeshbeshy, Nina Rhee Diane Prosser, Sharolyn Kriger, Pete Williams.

Staff Present: Maya Altman, Pat Curran.

1. Call to Order / Introductions

The meeting was called to order at 11:30 a.m. by Gay Kaplan.

2. Public Comment

There were no public comments received via email prior to the meeting or made at this time.

3. Approval of Minutes

Motion to approve the minutes for July 16, 2021, were approved as presented: Ligia Andrade Zuniga / seconded: Teresa Guingona Ferrer. Approved unanimously.

4. Adopt a resolution finding that, as a result of continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees

Ms. Altman explained that the Health Plan of San Mateo as the San Mateo Health Commission operates under the jurisdiction of the San Mateo County Board of Supervisors and are subject to the Brown Act with our public meetings. During the pandemic, the Governor signed an Executive Order allowing flexibility to meet virtually. That Executive Order expired on September 30th but subsequently legislation passed signed by the Governor giving public bodies the opportunity to continue meeting virtually. The Board of Supervisors adopted a

resolution on September 28th which must be renewed every 30 days. This resolution endorses the findings that there is still a risk of transmission of the COVID virus and they will continue to meet virtually. In addition, they recommend other commissions and committees under their jurisdiction continue meeting virtually. The San Mateo Health Commission adopted a similar resolution and asking committees to adopt this as well.

Motion to approve the resolution to continue to meet virtually at this time. Gay Kaplan / seconded: Beverly Karnatz. Approved unanimously.

5. Approval of 2022 committee meeting dates

Ms. Kaplan announced the dates proposed for 2022:

- January 21, 2022
- April 15, 2022
- July 15, 2022
- October 21, 2022

All were in favor of these dates.

6. State/CMS Updates – Ms. Altman reported the following:

a. Governor Appointments

- Kim McCoy Wade – Ms. Wade was the Director of the Department of Aging to now be a Senior Advisor on Disability and Aging issues. This is a cabinet level position and will be a peer of the Secretary of Health and Human Services, Dr. Mark Ghaly. This was one of the main recommendations from the Master Plan for Aging Stakeholder Advisory Group because of the fragmentation of programs for people with disabilities and older crossing various agencies and departments that there was a need for strong leadership position to integrate these programs.
- Susan DeMarois has been appointed to head the California Department of Aging. She was a member of the Master Plan as Director of Policy for the Alzheimer Association in California.
- Claire Ramsey has been appointed as the Chief Deputy Director for Disability, Adults and Housing Integration at the California Department of Social Services. Claire comes from this area, was the representative on this committee for Legal Aid when the CMC Advisory Group began and is an excellent advocate and attorney.

b. MSSP (Multi-Purpose Senior Services Program) Update

Ms. Altman explained that before CMC, the goal was for health plans to integrate the MSSP program. This integration was a success. Ricky Kot is the Director of this program. MSSP unit works closely with HPSM Care Management Team and the IHSS

group for intensive Care Management for at risk people in the Nursing Home levels of care. This program allows for the purchase of non-traditional services such as respite care and home modifications. The MSSP site association asked to be pulled out of the CCI health plans requiring disintegration and the state went out to bid for the program. Fortunately, a compromise with state was reached to transition this program into the Enhanced Care Management in the new CalAIM program that pays for intensive care management. This will require plans to contract with counties, which HPSM already has in place, and work with community based organizations to provide some face to face visits. This creates a loss of funding loss to HPSM but it is the right thing to do.

Ricky Kot stated that this transition will result in no change in benefits for the members. The county is working with HPSM on the continuation of case management and the purchase of services.

7. HPSM Updates

a. Vaccine Incentive Program

Mr. Curran reported on the COVID vaccinations:

HPSM has been involved in substantial work with the providers, members, and county health. The state used various methods to deploy vaccine and vaccine strategies with a focus on equity and to provide more vaccinations but disparities have been identified throughout the state within the Medi-Cal population. Because of this, the state has put substantial funding into the Vaccine Incentive Program through health plans. There is a gap between the general population in San Mateo County and the Medi-Cal population. The county has a 90% vaccination rate and the about 65% of the Medi-Cal population has been vaccinated. This 25% differential is fairly consistent around the state.

There is a small percentage of funding for an incentive program to get started and a larger portion related to outcomes based on closing the gap on the vaccination rate. He described the three areas of focus:

- Providers – a smaller amount of incentive dollars will go to providers who become vaccinators and submit a plan to accomplish this within their office.
- PCP Clinics – will receive a larger outcome-based incentive of \$60 for every member assigned to the clinic that is vaccinated between September 1st through March 1st. He explained they can develop their own plan to accomplish this and patients may receive the vaccination anywhere. This incentive is to leverage PCPs to outreach to their patients who have not yet been vaccinated.
- Community based organizations
 - Legal Aid is focusing on educating people to dispel the fear in the community about their ability to get the vaccine regardless of immigration status.

- Wider Circle will focus peer to peer outreach, providing them with a list of names of individuals, many of whom are CMC members needing the vaccine.

Mr. Curran explained after exploring many opportunities, the health plan has chosen to use these resources realizing their ability to effectively outreach without needing additional infrastructure.

Mr. Wolf asked how the booster shots will play into this incentive program. Mr. Curran explained that this program focuses on the unvaccinated people. Ms. Altman added this program was developed before the booster shots became available. She stated there are about 30,000 HPSM members that have not been vaccinated at all.

Ms. Kaplan asked about the flu vaccine. Mr. Curran replied that there is outreach done by HPSM but is not done part of this program. Ms. Kaplan said she understands people can get both vaccines on the same day.

b. Changes to Medi-Cal Effective January 2022: Enhanced Case Management, Community Supports, and Medi-Cal Rx

Ms. Altman reported the changes effective January 1, 2022:

a. **Dental Program**

Staff is being hired for this new program. The San Mateo Health Commission has formally approved the program. The rates have been received from the state that are acceptable.

b. **Cal MediConnect** -program changes within CalAIM

c. **Pharmacy Carve Out**

This will not affect the CMC members because they are under Medicare but will affect all Medi-Cal members. They will now need to go to the state for approval of medications. HPSM will do its best to help members but will not be the administrator of these benefits as before. Members will be directed to a state-wide call center. She expressed concerns about the many calls the health plan currently receives from members who are trying to get their medications at the pharmacy and how these issues will be resolved when this transition takes place. Mr. Wolf asked what the state is doing to help members go through this transition. Ms. Altman replied that the state is sending notices to members but is concerned most people won't pay attention until they are directly impacted. Mr. Curran said that members can still go to the same pharmacy and the same medications will be covered but we know there are instances where people are in an urgent need, and currently we resolve the issue.

c. D-SNP Transition Update

Mr. Curran spoke about the transition of the CMC program to a Duals Special Needs Program (D-SNP) in January 1, 2023. He will ask Karla Rosado-Torres, who is leading this effort, to present information on this transition at a future meeting. He explained how the health plan administered a D-SNP from 2006 through 2014 through CMS and will return from the current three-way agreement between CMS, State, and health plan back to this D-SNP and will have the direct relationship as a D-SNP with CMS. This transition will involve a lot of behind the scenes work operationally. An application and approval including an annual financial bid process will have to take place. This should be seamless to the members but for staff it will be a significant undertaking for policies and procedures, documentation, and regulatory requirements. This will also revert the health plan back to the Medicare star rating system which is the quality rating system that is used by CMS. This is a significant function in running a Medicare plan and will involve a lot of planning.

Ms. Altman commented that the health plan is in a good position having run the Cal MediConnect program and having operated the D-SNP for several years in the past. Though the program keeps evolving, the health plan has been involved in this work and the state is now requiring all health plans in every county to become a D-SNP. For HPSM, we will be required to begin in 2023 but others will be required to go live in 2025 or 2026. This will be a significant undertaking, especially for those who have not been involved before. She expressed her hope that the local health plans will step up to get involved in these D-SNP plans because if they do not, the commercial health plans in the state that contract for Medi-Cal know how to do this will and she feels there are advantages to the community-based plans such as HPSM.

Mr. Wolf asked what members can expect in the way of communications and information during the upcoming open enrollment period. Mr. Curran responded that each fall members are inundated with information from every Medicare Advantage plan, including HPSM, to request members to join their plan. Ms. Altman commented that people sometimes get signed up by Medicare Advantage Plans that are duals but the member ends up paying more than they have to and some people will come back to CareAdvantage after learning this. Because they are on Medi-Cal, they can change quarterly with the D-SNP plan and don't have to wait for open enrollment. This is why HICAP is so critical as an objective third party explaining the advantages to those who are dual eligible of the various plans. She added that HICAP needs to be expanded but is mainly run by volunteers doing this work. Mr. Wolf asked if the health plan works with private brokers. Ms. Altman explained the health plan has its own marketing staff that are licensed brokers and do outreach to members.

Dr. Yee-Melichar asked about the effect on their medication prescription coverage in

this transition. Mr. Curran asserted that it will not be affected.

d. Maya's Retirement

Ms. Altman stated that she is retiring at the end of this year and this will be her last meeting officially with this group. Gay Kaplan invited her to join us in January again. Ms. Altman stated she will miss everyone very much. CMC and programs for this population is very near and dear to her and is one of the reasons she took this job at the health plan. She saw the integration efforts in the 1990's with the Long-Term Services and Supports with Medical services offered by the health plan. It is exciting to see the progress in these areas.

Ms. Kaplan thanked Ms. Altman for all her efforts over these years, making these ideas a reality for the residents of San Mateo County and it is an amazing gift she has given them.

Mr. Wolf asked about future endeavors. Ms. Altman express her interest in the programs such as CMC that supports the older and disabled population. She is and will continue to serve on the board of HomeBridge.

Ms. Karnatz expressed her appreciation and on behalf of Human Good. The health plan has been a model to them for their efforts in other states and Ms. Altman has specifically been mentioned at their national convention.

Dr. Yee-Melichar wanted to thank Ms. Altman for all her efforts and wished she had more time to have worked with her through this group. She looks forward to seeing her at the HomeBridge meetings and elsewhere as well. She wanted to formally and officially recognize her through this group for all of her years of work.

8. CCI Ombudsperson Report (Legal Aid)

Ms. Chang reported:

- Eligibility for the undocumented population over 50 years old in Medi-Cal has a target implementation date of May 2022. They received clarification that IHSS is covered and HCBS covered under this eligibility.
- The change in the income level of the Asset Test is targeted for July 2022 going from \$2,000 to \$130,000. Elimination is targeted for January 2024.
- The moratorium on Medi-Cal negative actions, we do not have any updates if it will continue beyond the end of 2021.
- Spousal Impoverishment – the County has a tentative refresher training in the next quarter and will watch for updates about that.

9. LTC Ombudsperson Report

Ms. Irgens-Moller reported:

- Ombuds staff are now entering all facilities.
- Hillcrest in Redwood City, a 15-bed board and care facility with mostly behavioral health residents is closing at the end of November and they are concerned what will happen with these people. Behavioral Health is in the process of relocating the residents. It seems that the owner is retiring and can make a lot of money by selling the property. Ms. Altman commented that the state budget includes significant funding for the acquisition and rehabilitation of RCFEs and it is so critical to keep the facilities we have. There was discussion about investing in properties that could be a good RCFE site. Ms. Altman stated that Claire Ramsey who is the Chief Deputy Director for Disability, Adults and Housing Integration at the California Department of Social Services may be a good person to contact regarding possible real estate opportunities. Ms. Mancini added that the county is also interested in purchasing and she could be a good person to contact for possible RCFE site opportunities, as well as Amy Scribner, Population Health Director for the health plan.
- Residents are complaining that they think staffing is low but they have not been able to verify that at this point. Ms. Kaplan stated there was an article about how there is low staffing and licensing has not been out to the facilities. Ms. Irgens-Moller stated they are concentrating on the mitigation surveys rather than the regular annual surveys. They have been concentrating on infection control during COVID. As well, the issue is that families have not gone in so they haven't been able to make reports which means there has not been as many complaints from families and residents.

10. Questions about reports distributed prior to meeting.

a. HPSM Dashboards

Ms. Kaplan opened the floor for any questions on the reports distributed. She asked about the HRAs and ICPs. Ms. Altman explained that the health plan uses a vendor, Independent Living Systems (ILS) and it may be time to look closer to the process. Staff is looking into ways to incorporate more staff into performing these HRAs. It was noted that we are below the state average with the HRAs so Ms. Scribner and staff are looking at this closely and will bring more information to the January meeting.

Dr. Yee-Melichar asked about the Enrollment Specialist Dashboard that is listed to be presented. Ms. Altman stated that we heard that the report was not ready and will be brought to the next meeting. Mr. Curran shared that people are not dropping off Medi-Cal which is good, and the numbers are staying up. We are continuing to enroll people so overall enrollment is increasing mostly due to the negative action. Also, we continue to track the churn in the plan, and how we can prevent it.

Ms. Altman talked about the nursing home utilization for the CMC members but not for all our members. Overall, the number is down which is unusual because we are usually scrambling to find beds for people. We are hearing from providers like Seton Coastside has 20 beds available. We will watch to see how long this continues. She thinks families may be more reluctant due to COVID to place their loved ones in nursing homes.

b. IHSS

Ricky Kot reported that have over 6,000 clients with IHSS comparted to 5,700 last year at this time so the numbers are continuing to grow. The Public Authority is trying to recruit more caregivers and providers. This is an ongoing challenge especially for the coast population. The state continues to change due to COVID, they have received a new instruction by November 30th all IHSS caregivers must show proof of vaccination. However, it is not clear who is responsible for monitoring this. There may be penalties but this is also unclear who will receive this penalty. Ms. Altman stated that the consumer is in charge as the employer. Mr. Wolf asked about the funds coming into the County for IHSS, what percentage increase will be anticipated for hours or new people. Mr. Kot stated this is usually based on the realignment and previous two years experience to determine the budget but he was unsure how the additional funds will affect the hours. Ms. Altman added that the HCBS spending plan there are workforce enhancements for IHSS workers including additional pay but she does not know how this will translate into the local county, and this is also temporary under the American Rescue Act and these funds will need to be spent by March of 2024.

Mr. Wolf asked about the closure of Senior Focus and finding a new vendor. Ms. Altman has not heard any recent update. She commented on a family run Adult Day Health Care program based in Orange County. They were in the process of negotiating and hopes this will open up. Temporarily, people have been directed to Avenidas in Palo Alto and Coastside but we are hoping this new one will open when they are able to come back on site.

Ms. Zuniga commented on the vaccination policy for the providers, she knows the consumer is the employer, but it has been tough for people. Some people do not have the capacity to hold people accountable to having this documentation with the vaccine. Also, there are a lot of providers who do not want to be vaccinated. She added that there are not that many registry workers. People are falling through the cracks and are not getting the care they need. This has been a struggle in the past and it is getting worse. We do not have a robust workforce. When you call the people on the registry, they don't want to do certain things. And, what do people do when they have more complex needs. Then, making sure they are vaccinated. All of this becomes very difficult for people in

this community and how can we support these people who do not have the capacity to enforce this. She talked about the problems people have of just keeping track of their hours, violations that they receive, running out of hours, and they don't know how to manage their care. She spoke about some training, surveys, and so much education people do not have. Mr. Kot reported that 83% of IHSS providers have received at least one dose of the vaccination. Of course, the ideal would be that all would be fully vaccinated. We continue to outreach to providers to help those who may be indecisive to provide them more accurate information about vaccinations. Regarding identifying caregivers, this is an ongoing task.

11. Group Discussion: Suggestions from the committee for future in Lieu of Services/Community Support offerings

There was no other discussion at this time.

12. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission