

## Dual Eligible Demonstration Advisory Committee Meeting

Thursday, May 24, 2012

**Attendance:** Greg Knoll, Chair, Consumer Center for Health Education and Advocacy; Leizyl Anglo, HHS, HCPA, HSD; Amber Breen, UnitedHealthcare (Staff); Lauren Chin, County Behavioral Health Services; John Cunningham, IHSS Provider, Dual Eligible Consumer; Debra Fitzgerald, Healthy San Diego; Lisa Hayes, Molina Healthcare; Walter Hekimian, Edgemoor; Pam Hoye, Dual Eligible Consumer; Carol Hubbard, Program of All-Inclusive Care for the Elderly (PACE); Shannon Jaccard, NAMI; Richard Lawrence, United Domestic Workers (UDW); Rogelio Lopez, Health Net; Leanne Marchese, Elder Help; Sabra Matovsky, Molina Healthcare; Meredith McCarthy, IHSS Public Authority; Janice Milligan, Health Net; Carol Neidenberg, Consumer Center for Health Education and Advocacy; Mary Jo O'Brien, CCHEA, Dual Eligible Consumer; Lourdes Ramirez, AIS Aging Services and ADRC; Jean Rockwell, Healthy San Diego; Mary Lou Rohn, Care 1<sup>st</sup>; Bud Sayles, IHSS Public Authority; Ellen Schmeding, AIS In-Home Supportive Services and MSSP; Brenda Schmitthener, AIS Aging Services and ADRC; George Scolari, Community Health Group; Cheryl Wilson, Senior Alliance; Mark Woodruff, Community Based Adult Services (CBAS); Judith Yates, Hospital Association of San Diego and Imperial Counties; Dr. Nick Yphantides, HHS; Jo Ellen Zayer, Belle Vista Health Center.

### Welcome and Introductions

**Additions to Agenda:** No additions to the agenda

### Healthy San Diego Overview

Established in 1998, Healthy San Diego (HSD) is the umbrella that the five Medi-Cal managed Health Plans (Care 1<sup>st</sup>, Community Health Group, Health Net, Kaiser Permanente, and Molina Healthcare) operate under. George Scolari will email a Power Point presentation explaining the HSD reporting structure to the Dual Eligible Demonstration Advisory Committee. The Dual Eligible Demonstration project fits easily within the HSD structure because four of the five HSD Health Plans are participating in the Dual Eligible Demonstration project.

### Dual Eligible Demonstration Overview

Three main goals of the Dual Eligible Demonstration project:

1. Coordinate state and federal benefits and access to care across care settings, improve continuity of care, and use a person-centered approach.
2. Maximize the ability of dual eligible beneficiaries to remain in their homes and communities with appropriate services and supports in lieu of institutional care.
3. Increase the availability and access to home- and community-based alternatives.

Four additional goals set forth by the DHCS based on CMS guidance and stakeholder input:

1. Preserve and enhance the ability for consumers to self-direct their care and receive high quality care. Beneficiaries should be able to hire, fire, and manage their personal care worker.
2. Improve health processes and satisfaction of care.
3. Improve coordination of and timely access to care.
4. Optimize the use of Medicare, Medi-Cal and other State/County resources.

The Dual Eligible Demonstration project will build on California's existing Medi-Cal and Medicare managed care structure. It will combine benefits from Medi-Cal and Medicare into one program with one ID card for the beneficiary. There are currently four California county demonstration sites (Los Angeles, Orange, San Diego, and San Mateo) and four pending sites. The County's role in the Dual Eligible Demonstration project is still being determined because the contracts and money flow have not yet been decided.

Greg Knoll requested a copy of Rogelio Lopez's Dual Eligible Demonstration project overview be sent to George Scolari and that it be emailed along with HSD Power Point presentation to the Advisory Committee. Greg Knoll encouraged committee members to visit the CalDuals.org and the DHCS websites regularly for information and updates concerning the Dual Eligible Demonstration project.

The Dual Eligible Demonstration project population is functionally impaired and chronically ill. The Health Plans need to get clarity on the Dual Eligible Demonstration project to ensure there is no confusion for the consumer and the transition to the Dual Eligible Demonstration project is as easy as possible. It is important that the health plans reach out to providers in the community and ensure that the providers are not advising the Dual Eligible Demonstration project population to opt out. It is imperative that the consumers who are home-ridden are granted the same opportunities as the consumers that are able to travel.

### **Role of the Advisory Committee**

The Health Plans will request stakeholder feedback on program operations, benefits, access to services, adequacy of grievance processes, and consumer protections to aid in the development, implementation and continued operation of the project at a local level. This Advisory Committee is in a great position to provide significant input from the County level to the State level.

### **Participation on State Workgroups**

The County and the Health Plans want to be represented on each workgroup. Greg Knoll would like to compile and distribute an Advisory Committee Member Listing with each member's contact information and note who is on which of the seven stakeholder workgroups (Beneficiary Notification, Appeals, and Protections, Provider Outreach and Engagement, LTSS Integration, IHSS Coordination and Integration, Mental Health and Substance Use Services Integration, Fiscal and Rate Setting, and Quality and Evaluation). Committee members can reference this listing and reach out to members on the workgroups as needed.

George Scolari represented San Diego at the DHCS Mental Health Work Group meeting on May 16, 2012. He will email the Advisory Committee the slides he presented at this meeting.

San Diego County is the only geographic managed plan with four health plans participating in the Demonstration Project. Dr. Nick Yphantides noted that the Health Plans need to be cautious that the feedback that is given is not too customized so that the State does not dismiss it for being San Diego specific.

### **Advisory Committee Composition – Who is missing?**

The Advisory Committee wants to be able to demonstrate diversity in the roster. An invitation is open to any organization that is not already participating in the committee while ensuring that the committee stays at a workable number. Carol Neidenberg will extend an invitation to Ruth Kenzelmann or Terry Villacruz of OptumHealth, to represent the County's Access and Crisis Line. She will also invite Dr. James Beaubeaux or Dr. Tom Gehring from the San Diego County Medical Society and Dr. Thomas Lian from Scripps Mercy. Ellen Schmeding will contact Maxine Fisher and Bob Prath to represent AARP. Someone from the Ryan White Program will be contacted to represent the San Diego Lesbian, Gay, Bisexual, Transgender (LGBT) & AIDS population. Accountable Care Organizations (ACOs) should be included in the Advisory Committee even though Sharp Pioneer is the only one as of now.

### **Election of Committee Chair**

Greg Knoll was nominated and elected to be the Chair of the Dual Eligible Demonstration Advisory Committee.

### **Input on Long Term Services and Supports Network:**

Brenda Schmitthener suggests that stakeholder workgroup questions be shared with the Advisory Committee. Brenda Schmitthener will email the Advisory Committee the link to the two questions from the LTSS Workgroup survey for input.

### **California Healthcare Foundation (CHCF)**

There is a report from CHCF that covers all of the problems that were encountered in the Senior Persons with Disabilities (SPD) group transition. The CHCF will be personally contacting those who went through the SPD transition and interviewing them about their experience. A letter from UC Berkley will be sent to approximately 100 SPD members in San Diego County explaining the study and requesting their participation. Providers need to encourage everyone who receives the letter to participate in the study. CHCF plans to use the findings from the SPD population to improve the Duals Demonstration project.

### **Next Steps**

- **Frequency of Committee Meetings:** The Advisory Committee will meet on a monthly basis. An email will be sent to the Committee with meeting dates and time options for all members to vote.
- **Advisory Committee Agenda Items:** Suggested agenda items for upcoming meetings include: workgroup updates, network adequacy, stipends, new members, and possible work teams. Sabra Matovsky's hand out with references from the Request for Solutions can be used as a driver for future agenda items (program operations, benefits, access to services, adequacy of grievance processes, consumer protections). Amber Breen will partner with Greg Knoll on agenda items and committee communications.
  - **Network Adequacy:** Network Adequacy will be a huge focus for upcoming meetings and will be added as a standing agenda item. The next Advisory Committee meeting will clarify the meaning of network adequacy for the Dual Demonstration. Committee members are advised to discuss any with questions and concerns.
- **Subcommittee Work Teams:** The Behavioral Health work team has already met for the month of May. Other work teams will be formed that will report up to the Advisory Committee.
- **Consumer Participation:** George Scolari suggested that each Health Plan request approval to cover a \$50 stipend per person per meeting for up to three enrollees on a rotating basis. The stipend covers time, transportation/mileage and assistance.
- **Long Term Care Integration Project (LTCIP):** The quarterly LTCIP meeting is June 8, 2012. There will be a revised invitation including a correction to the meeting location which will include a phone-in option for consumers. Greg Knoll is going to check his calendar to see if he is able to attend and report out on the meeting. Brenda Schmitthener requested that each Health Plan have a representative available at LTCIP meetings for questions.

**Adjournment 03:00 pm.**