

TRANSCRIPT OF "QUARTERLY STAKEHOLDER UPDATE, PART 2-SD"

>> HI. GOOD AFTERNOON, EVERYBODY. THANK YOU FOR JOINING US. WE JUST WANTED TO GIVE EVERYBODY ON THE CALL A HEADS UP, WE WILL BE BEGINNING THIS PRESENTATION SHORTLY. THANK YOU FOR YOUR PATIENCE.

OKAY. HI. GOOD AFTERNOON, EVERYBODY, AND THANK YOU FOR JOINING US FOR PART TWO. BEFORE WE JUMP INTO THINGS, I WANTED TO DO A SOUND CHECK. SO IF YOU CAN HEAR ME OKAY, PLEASE PRESS THE NUMBER TWO ON YOUR PIN PAD. OKAY. PERFECT. IT LOOKS LIKE THE SOUND IS WORKING.

JUST A COUPLE OF HOUSEKEEPING ITEMS WE WANTED TO RUN THROUGH QUICKLY. THIS WEBINAR – OR, NOT WEBINAR – THIS PRESENTATION IS GOING TO BE RECORDED, AND IT WILL BE POSTED ON TO CALDUALS.ORG LATER ON. AND WE WILL BE OPENING UP FOR Q AND A SESSIONS EITHER AT THE END OF THE PRESENTATION OR KIND IN MIDDLE OF THINGS. SO ONCE WE OPEN UP FOR THAT, I WILL BE GIVING OUT INSTRUCTIONS ON HOW WE GO THROUGH THAT PROCESS.

BEFORE WE GET STARTED, JUST WANTED TO DO QUICK INTRODUCTIONS OF WHO WE HAVE HERE AT THE DEPARTMENT OF HEALTH CARE SERVICES. THIS IS COURTNEY KASHIWAGI.

>> MARGARET TATAR.

>> NATHAN.

>> PETER HARBAGE.

>> RYAN MACDONALD.

>> BRIAN HANSEN.

>> OKAY. GREAT. AND I THINK WITH THAT, I'LL HAND IT OVER TO MARGARET.

>> GREAT. THANK YOU, COURTNEY, AND TO EVERYBODY PARTICIPATING ON THE CALL THIS AFTERNOON. THANK YOU VERY MUCH FOR JOINING US THIS AFTERNOON. FOR THOSE WHO WERE WITH US AT THE NOON HOUR, THANK YOU FOR COMING BACK. FOR EVERYBODY WHO WASN'T WITH US AT THE NOON HOUR, THANK YOU AGAIN FOR JOINING. WE ARE VERY GRATEFUL FOR THE COLLABORATION WE ENJOY WITH ALL OF YOU, AND FOR YOUR CONTINUED PARTICIPATION IN THESE UPDATES SO THAT WE CAN KEEP YOU INFORMED AND HEAR FROM YOU IN CONNECTION WITH OUR ON GOING IMPLEMENTATION OF CAL MEDICONNECT. SO PLEASE KNOW THAT WE ARE VERY GRATEFUL FOR YOUR ATTENTION.

AS WE TALKED ABOUT THIS MORNING, THIS AFTERNOON'S SESSION IS REALLY SORT OF SURGICALLY DEVOTED TO TWO PARTICULAR TOPICS. SO WE ARE GOING TO BE TALKING ABOUT ISSUES RELATING TO LONG-TERM SERVICES AND SUPPORTS AND HOW THEY CAN BE BETTER INTEGRATED WITH OTHER CARE AND SERVICES THROUGH THE CAL MEDICONNECT PROGRAM.

SO AGAIN, WE HAVE TWO MAIN TOPICS OF CONVERSATION FOR THIS AFTERNOON. THE FIRST INVOLVES NURSING FACILITIES AND THE NURSING FACILITY BENEFIT AND HOW THAT IS BEING ADDRESSED AND COVERED IN CAL MEDICONNECT AND CCI. THE SECOND PART OF THIS AFTERNOON'S CONVERSATION RELATES TO ANOTHER CRITICAL LONG-TERM CARE BENEFIT, LONG-SERVICES AND SUPPORTS BENEFIT, AND THAT IS HOW WE ARE COORDINATING THE IHSS, THE IN HOME SUPPORTIVE SERVICES BENEFIT IN CAL MEDICONNECT AND THE CCI.

SO AGAIN, YOU KNOW, AS WE TALKED ABOUT THIS MORNING, WE HAVE TAKEN YOUR FEEDBACK THAT THESE UPDATES ARE VERY VERY HELPFUL, BUT THAT WE PROBABLY NEEDED TO BREAK THEM INTO TWO

SESSIONS AND PROVIDE IN THE EARLIER SESSION A HIGH-LEVEL UPDATE OF WHAT WE ARE, AND THEN HAVE A FOCUSED CONVERSATION – AGAIN, IN THIS CONVERSATION ABOUT TOPICS THAT ARE OF INTEREST TO EVERYBODY ON THE PHONE.

SO WITH THAT, HAPPY TO AGAIN WELCOME EVERYBODY. WE WILL START WITH THE DISCUSSION ABOUT NURSING FACILITIES AND THE NURSING FACILITY BENEFIT. I'M GOING TO TURN IT OVER TO BRIAN HANSEN OF THE DEPARTMENT OF HEALTH CARE SERVICES. HE IS GOING TO WALK THROUGH SOME KEY POINTS. I WOULD JUST LIKE TO SAY AT THE OUTSET THAT WE HAVE BEEN WORKING COLLABORATIVELY WITH THE NURSING FACILITIES, WITH CAHF, AND WITH OUR PLANS IN CONNECTION WITH PROVIDING SPECIFIC GUIDANCE ON THIS VERY IMPORTANT BENEFIT. AND I WOULD JUST LIKE TO SAY ON BEHALF OF EVERYBODY HERE AT THE DEPARTMENT AND ON BEHALF OF EVERYBODY AT HARBAGE, WE ARE VERY VERY GRATEFUL WITH THE COLLABORATION WE HAVE ENJOYED WITH CAHF, THE NURSING FACILITIES, AND OUR PLANS AS WE PROVIDE GUIDANCE AND GIVE GUIDANCE TO EVERYBODY ON THIS BENEFIT IN CAL MEDICONNECT.

SO AGAIN, WITH THAT I'M GOING TO TURN IT OVER TO BRIAN HANSEN. THANK YOU, BRIAN.

>> THANK YOU, MARGARET.

SO THE TRANSITION OF NURSING FACILITY SERVICES AND OPERATION UNDER MEDICONNECT IS A SIGNIFICANT AND VERY IMPORTANT PART OF THE PROGRAM, AND DHCS IS COMMITTED TO ENSURING THAT CAL MEDICONNECT NURSING FACILITY SERVICES ARE FUNCTIONING ACCORDING TO ALL MEDICONNECT POLICY AND THE INTENT OF THE COORDINATED CARE INITIATIVE, AND WE ARE ALSO COMMITTED TO QUICKLY ADDRESSING ANY ISSUES THAT SURFACE.

TO THAT END, WE HAVE TAKEN SOME RECENT ACTIONS THAT I AM GOING TO DETAIL FOR YOU RIGHT NOW. IN ADDITION TO THE COLLABORATION THAT MARGARET SPOKE OF AND THE CONTINUING COLLABORATION ON THESE POINTS AND OTHERS THAT WE ARE DOING.

SO DHCS HAS DEVELOPED AND DISTRIBUTED PUBLICLY A POINT OF CONTACT LIST SPECIFIC TO CAL MEDICONNECT, TO FACILITY THE WORKING RELATIONSHIP BETWEEN PLANS AND PROVIDERS AND STAKEHOLDERS. THERE ARE SEPARATE CONTACT LISTS, PLAN REPRESENTATIVES FOR PROVIDERS SPECIFICALLY AND ANOTHER FOR STAKEHOLDERS SPECIFICALLY. WE HAVE SHARED THESE WITH THE COLLABORATIVE AND OTHER STAKEHOLDERS.

SECOND, DHCS IS ALSO WORKING WITH OUR NURSING FACILITY PARTNERS TO PROVIDE INFORMATION ABOUT THE DELEGATION THAT IS HAPPENING UNDER MEDICONNECT AND TO ASSIST PROVIDERS TO WORK WITH THEIR – IN THEIR NEW PAYER ENVIRONMENT, AND WE ARE COMMITTED TO GETTING THAT INFORMATION OUT SO EVERYONE UNDERSTANDS WHERE THEY NEED TO GO FOR EVERYTHING THAT THEY NEED IN THE NEW ENVIRONMENT.

THE THIRD THING I WILL MENTION, WHICH WILL TAKE UP MOST OF MY TALK, IS THAT IN ORDER TO CLARIFY A NUMBER OF POLICIES REGARDING NURSING FACILITY OPERATIONS, WE HAVE RECENTLY DEVELOPED AND RELEASED A DUAL PLAN LETTER, 14-002, REGARDING NURSING FACILITY REQUIREMENTS AND CAL MEDICONNECT. AND I'LL REVIEW THE ELEMENTS OF THIS DPL IN VERY BRIEF DETAIL NOW.

WE ALSO HAD A TECHNICAL SYSTEMS CALL WITH OUR CAL MEDICONNECT PLANS, WITH DELEGATES ALSO, TO WALK THROUGH THE DPL REQUIREMENTS ON JUNE 24<sup>TH</sup>. AND VERY SOON WE WILL BE RELEASING A PARALLEL ALL PLAN LETTER TO PROVIDE SIMILAR GUIDANCE FOR THE MLTSS PROGRAM.

IF ANYBODY WANTS TO LOOK UP THE DPL AND FOLLOW ALONG ON YOUR COMPUTER, ALL YOU NEED TO DO IS GOOGLE “DPL 14-002,” AND IT SHOULD COME RIGHT UP IN THE GOOGLE SEARCH. AT LEAST IT USUALLY DOES FOR ME.

SO THE ELEMENTS OF THAT DPL, WHICH I'LL WALK THROUGH QUICKLY, FIRST WE ARE REQUESTING ALL OF OUR PLANS TO RESUBMIT THEIR POLICIES AND PROCEDURES, ANY POLICIES AND PROCEDURES THAT RELATE TO ANY OF THE POLICIES THAT ARE ADDRESSED THIS DPL, WITH MODIFICATIONS TO ENSURE THAT

REQUIREMENTS IN THE DPL ARE REFLECTED IN THE POLICIES AND PROCEDURES. AND WE ARE DOING THIS JUST TO ENSURE A SMOOTH IMPLEMENTATION.

THE DPL NOTES THAT PROVIDER CONTRACTS SHALL COMPLY, MUST COMPLY WITH CAL MEDICONECT REQUIREMENTS. REGARDING PROMPT PAYMENT AND ELECTRONIC CLAIMS, WE HAVE APPLIED THROUGH THIS POLICY PROMPT PAYMENT REQUIREMENTS THAT 90% OF ALL CLEAN CLAIMS FOR CONTRACTING NURSING FACILITY SERVICES PROVIDED MUST BE PAID WITHIN 30 DAYS, AND 99% OF ALL CLEAN CLAIMS MUST BE PAID WITHIN 90 CALENDAR DAYS, UNLESS THE PROVIDER AND THE PLAN HAVE AGREED TO A FASTER ALTERNATIVE PAYMENT SCHEDULE.

IN ADDITION, PLANS SHALL PAY ALL CLAIMS SUBMITTED BY CONTRACTING NURSING FACILITY PROVIDERS IN ACCORDANCE WITH KNOX-KEENE REQUIREMENTS IF THERE ARE A FASTER TIME FRAME REQUIRED UNDER KNOX-KEENE, AND IN SOME CASES THERE ARE.

REGARDING ELECTRONIC PROCESSES, IF THE SUBMITTING PROVIDER REQUESTS ELECTRONIC PROCESSING, THE PLAN SHALL ACCEPT THE SUBMISSION OF THE ELECTRONIC CLAIM AND PAY ELECTRONICALLY. REGARDING REIMBURSEMENT FOR MEDI-CAL BENEFIT NURSING FACILITY SERVICES, THE PLAN SHALL REIMBURSE CONTRACTED PROVIDERS AT RATES THAT ARE NOT LESS THAN THE MEDI-CAL FEE FOR SERVICE RATES, TO INCLUDE ANY PUBLISHED AND REVISED – OR AS PUBLISHED AND REVISED BY DHCS AND INCLUDING ANY RETROACTIVE PAYMENT ADJUSTMENTS THAT ARE MADE BY DHCS FOR EQUIVALENT SERVICES.

REGARDING REIMBURSEMENT FOR MEDICARE NURSING FACILITY SERVICES, WE HAVE REITERATED SOME INTENT LANGUAGE THAT WAS INCLUDED IN THE CCI LEGISLATION, AND WE HAVE ALSO INCLUDED GUIDANCE THAT PLANS MAY ENTER INTO ALTERNATIVE PAYMENT ARRANGEMENTS WITH NURSING FACILITIES AND ARE NOT RESTRICTED TO ONLY MEDICARE FEE FOR SERVICE EQUIVALENT RATES WHEN THEY CHOOSE TO DO THAT.

REGARDING LEAVE OF ABSENCE AND BED HOLDS, THE DPL MAKES CLEAR THAT LEAVE OF ABSENCE AND BED HOLDS ARE COVERED BENEFITS UNDER MEDICONECT, AND IT PROVIDES SOME GUIDANCE TO WHERE TO LOOK IN CALIFORNIA CODE OF REGULATIONS FOR THE DETAIL ABOUT WHAT THAT BENEFIT ENTAILS.

MEDICARE COINSURANCE AND DEDUCTIBLE, DPL CLARIFIES THAT BENEFICIARIES ARE NOT TO BE CHARGED ANY MEDICARE COINSURANCE OR DEDUCTIBLES UNDER CAL MEDICONECT, AS THOSE ARE COVERED PARTS OF THE MEDI-CAL BENEFIT PACKAGE.

MEDI-CAL'S SHARE OF COST. DPL CLARIFIES A LITTLE BIT HOW MEDI-CAL SHARE OF COST CLAIMS ARE SUBMITTED, ESSENTIALLY THE BENEFICIARIES IS ALLOWED TO PAY DOWN THEIR SHARE OF COST, THE NURSING FACILITY ACCOUNTS FOR THAT, ACCOUNTS FOR IT IN THE INVOICE AND BILL THAT THEY SEND TO THE PLAN, AND THE PLAN PAYS THE REMAINDER. THERE'S A GOOD BIT OF ADDITIONAL DETAIL LISTED THE DPL ABOUT JOHNSON V. RANK REQUIREMENTS AND THE ALLOWABILITY OF BENEFICIARIES TO SPEND THEIR SHARE OF COST ON NON-MEDI-CAL COVERED BENEFITS. SO IF YOU WANT TO SEE ANY OF THAT DETAIL, YOU CAN LOOK THERE FOR THAT.

ON CONTINUITY OF CARE, THERE IS JUST A REFERENCE BACK TO THE PRIMARY SOURCE FOR CONTINUITY OF CARE GUIDANCE FOR CAL MEDICONECT, WHICH IS DUALS PLAN LETTER 13-005, AND A LINK. IT ALSO NOTES THAT PER THE THREE-WAY CONTRACT FOR SERVICES PROVIDED UNDER MEDICONECT CONTINUITY OF CARE REQUIREMENTS, PLANS SHALL PAY OUT OF NETWORK PROVIDERS AT RATES NOT LESS THAN THE CURRENT MEDICARE FEE SCHEDULED FOR MEDICARE NURSING FACILITY SERVICES, AND NOT LESS THAN THE APPLICABLE MEDI-CAL FEE FOR SERVICE RATE OR MEDI-CAL NURSING FACILITY SERVICES.

REGARDING A CHANGE IN A BENEFICIARY'S CONDITION AND DISCHARGE. THE DPL REITERATES W AND I CODE REQUIREMENTS STATING THAT A NURSING FACILITY MAY MODIFY ITS CARE OF THE BENEFICIARY OR DISCHARGE THE BENEFICIARY IF THE NURSING FACILITY DETERMINES THAT THE FOLLOWING SPECIFIED CIRCUMSTANCES ARE PRESENT. THE FACILITY IS NO LONGER CAPABLE OF MEETING THE BENEFICIARY'S

HEALTH CARE NEEDS, THE BENEFICIARY HAS IMPROVED SUFFICIENTLY SO THAT THEY NO LONGER NEED THE NURSING FACILITY SERVICES, OR THE BENEFICIARY POSES A RISK TO THE HEALTH AND SAFETY OF INDIVIDUALS IN THE FACILITY.

THE DPL ALSO NOTES THAT PLANS ARE ALSO ALLOWED TO MAKE THAT DETERMINATION AND THAT PLANS MAY REQUEST DOCUMENTATION FROM THE FACILITY TO VERIFY THAT THE FACILITY'S CARE MODIFICATION WAS MADE FOR ALLOWABLE REASONS.

UNDER AUTHORIZATION OF MEDICARE AND MEDI-CAL SERVICES, THE DPL NOTES THAT PLANS SHALL AUTHORIZE UTILIZATION OF NURSING FACILITY SERVICES FOR WHEN MEDICALLY NECESSARY, AND THE PLAN SHALL MAINTAIN STANDARDS FOR DETERMINING LEVELS OF CARE AND AUTHORIZING SERVICES THAT COMPLY WITH BOTH CMS AND MEDICARE AND MEDI-CAL REQUIREMENTS. AND THERE'S A REFERENCE HERE TO WHERE TO FIND MEDI-CAL REQUIREMENTS UNDER TITLE 22, CALIFORNIA CODE OF REGULATIONS 51003.

WRAPPING UP WITH A COUPLE OF ITEMS, DELEGATION AND MONITORING. THE DPL NOTES THAT THE PLANS ARE RESPONSIBLE FOR ENSURING THAT THEIR DELEGATES COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS AND REGULATIONS AND OTHER CONTRACT REQUIREMENTS, AS WELL AS DHCS GUIDANCE SUCH AS POLICY LETTERS, AND THAT DHCS'S READINESS REVIEW PROCESS FOR CAL MEDICONNECT INCLUDES REVIEW OF EACH PLAN'S DELEGATION OVERSIGHT POLICIES, WHICH ARE FAIRLY EXTENSIVE. IT ALSO NOTES THAT PLANS MUST RECEIVE PRIOR APPROVAL FROM DHCS FOR EACH DELEGATE.

REGARDING MONITORING, REITERATING THAT DHCS WILL CLOSELY MONITOR BENEFICIARY ACCESS TO MEDICARE AND MEDI-CAL NURSING FACILITY SERVICES AND QUALITY OUTCOMES, AND THAT DHCS WILL ENFORCE APPROPRIATE PRIME PLAN OVERSIGHT OF DELEGATE COMPLIANCE WITH THE PRIME PLAN'S POLICIES AND PROCEDURES.

AND THAT IS THE EXTENT OF WHAT IS CONTAINED IN THAT DPL. AND WITH THAT, I WILL TURN IT BACK TO  
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>> YEAH, THIS IS MARGARET. THANK YOU, BRIAN.

SO I HOPE THAT THAT OVERVIEW OF THE BENEFITS AND THE DPL THAT BRIAN WALKED THROUGH IS HELPFUL TO EVERYBODY. AS BRIAN SAID, THE DPL AVAILABLE ON CALDUALS.ORG AS WELL AS THE DHCS WEBSITE. AND AGAIN, HOPE THAT THIS OVERVIEW HAS BEEN HELPFUL.

AT THIS POINT I'D LIKE TO OPEN IT UP FOR ANY QUESTIONS ON THE POLICY AND ANYTHING THAT WE CAN HELP WITH.

>> SO FOR THOSE OF YOU ON THE PHONE THAT HAVE A QUESTION, PLEASE PRESS THE THREE ON YOUR PIN PAD.

FIRST UP WE HAVE NANCY HAYWARD, FOLLOWED BY DEBORAH DOCTOR. NANCY, YOUR MIC IS OPEN.

>> HI. BRIAN AND MARGARET AND ALL DHS STAFF, WE REALLY APPRECIATE THE WAY YOU HAVE WORKED WITH US IN IMPLEMENTING AND ISSUING THE DUAL PLAN LETTER.

MARGARET, CAN YOU CLARIFY FOR CERTAIN THAT THE DELEGATED ENTITIES MUST HAVE CAL MEDICONNECT COMPLIANT CONTRACTS, OR AT LEAST CONTRACT AMENDMENTS THAT TALK ABOUT CAL MEDICONNECT WITH THE SKILLED NURSING FACILITIES? AND WE ARE STILL GETTING SOME PUSH BACK FROM IPA'S ON THAT.

>> YEAH. THANK YOU, NANCY. SO I THINK AS BRIAN ALLUDED TO IN THE DPL, THE DUAL PLAN LETTER, WE EXPECT THAT OUR PRIME PLANS WILL ENSURE THAT THE CCI REQUIREMENTS ARE REFLECTED IN THEIR NETWORKS. SO AS YOU KNOW, WE ARE, YOU KNOW – AND I THINK THE SPECIFIC LANGUAGE IN THE DPL IS THAT CONTRACTS WITH PROVIDERS HAVE TO COMPLY WITH ALL OF THE CAL MEDICONNECT REQUIREMENTS. SO AS YOU KNOW – I MEAN, CERTAINLY WITH THE ISSUANCE OF THIS LETTER AND IN COLLABORATION OF COURSE WITH YOU, WE ARE WORKING VERY VERY DILIGENTLY TO ENSURE A FULL

UNDERSTANDING OF THESE REQUIREMENTS AND WORKING, YOU KNOW, OBVIOUSLY WITH YOU ON THAT AND WITH THE PLANS.

AND I ANTICIPATE WE WILL HAVE LOTS MORE CONVERSATIONS ABOUT HOW THE PLANS CAN DEMONSTRATE AND WILL BE ABLE TO DEMONSTRATE THAT THE CONTRACTS WITH PROVIDERS ARE COMPLIANT WITH ALL CAL MEDICONECT REQUIREMENTS. CERTAINLY, YOU KNOW, WE WILL CONTINUE TO WORK WITH YOU AND WITH ALL OF THE OPERATORS AND WITH THE PLANS SO THAT WE CAN, YOU KNOW, ALLAY ANY ISSUES THAT HAVE COME UP.

>> THANKS, MARGARET.

>> SURE. THANK YOU.

AND I THINK THE NEXT ONE WAS DEBORAH?

>> YES. NEXT UP WE HAVE DEBORAH DOCTOR, FOLLOWED BY ZARA MOVIGAR. DEBORAH, YOUR MIC IS OPEN.

>> THANKS VERY MUCH. CAN YOU HEAR ME OKAY?

>> YES.

>> OKAY. THANKS, EVERYONE. I HAVE A COUPLE OF QUESTIONS, AND I DON'T KNOW WHETHER – I WASN'T ABLE TO BE ON MOST OF THE CALL THIS MORNING, SO I DON'T KNOW WHETHER YOU HAVE ALREADY COVERED THE SUBJECT OF HOW PEOPLE WHO ARE RESIDENTS OF NURSING HOMES ARE BEING ASSISTED TO MAKE CHOICES. WAS THAT ALREADY – WAS THAT PART OF THIS MORNING OR PART OF THE SUBJECT'S OF TODAY'S, OR THIS AFTERNOON'S CALL?

>> WE DIDN'T COVER IT THIS MORNING, AND IT'S NOT ON THE AGENDA FOR EXACTLY WHAT WE WERE TALKING ABOUT TODAY. CERTAINLY IN TERMS OF, YOU KNOW, OUTREACH TO NURSING FACILITIES, WE HAVE, YOU KNOW – AND I'LL TURN IT OVER TO RYAN TO TALK A LITTLE BIT ABOUT THE OUTREACH THAT WE HAVE DONE WITH SPECIFIC FACILITIES AND WHAT WE HAVE DONE WITH THE FACILITIES TO HELP EDUCATE THEM ABOUT THE PROGRAM, AND HOPEFULLY THAT WILL ADDRESS SOME OF YOUR QUESTION.

>> THANK YOU.

>> WELL, AS YOU KNOW, I HAVE BEEN BRINGING THIS UP FOR ABOUT A YEAR. AND I THINK THE ISSUE IS HOW THE RESIDENTS ARE BEING ASSISTED. BECAUSE AS WE TALKED ABOUT SO MANY TIMES BEFORE, THERE IS POSSIBLY CONFLICT OF INTEREST, THERE IS PRIVACY CONCERNS. AND SO FROM THE BEGINNING, YOU KNOW, WE HAVE BEEN ASSURED THERE WERE SPECIAL EFFORTS THAT WERE GOING TO HAPPEN – NURSING HOME RESIDENTS ACCESS TO HELP. AND I WOULD LIKE TO HEAR ABOUT THAT.

BUT FIRST I WANT TO ASK ANOTHER QUESTION, WHICH HAS TO DO WITH THE UPKEEP OF HOMES AND IF THE STATE HAS DONE ANYTHING TO EDUCATE THE FACILITIES ABOUT THE AVAILABILITY OF THE HOME UPKEEP ALLOWANCE, BY WHICH PEOPLE WHO ARE GOING INTO FACILITIES CAN – ABYSMAL AND LOW AMOUNTS, BUT AT LEAST A SMALL AMOUNT TO, RATHER THAN HANDING OVER INCOME TO SHARE OF COSTS, THEY ARE ALLOWED TO KEEP SOME OUT TO MAINTAIN THEIR HOMES. AND IF THIS HASN'T BEEN TOLD TO PEOPLE, I'M ASKING THAT IT WOULD BE. AND I'M ASKING ALSO THAT THERE BE SOME FORUM FOR DISCUSSION, PRESENTATION TO FACILITIES AND THEIR ASSOCIATIONS ABOUT THE POSSIBLE BENEFITS TO THEM OF HAVING PEOPLE MAINTAIN THEIR HOMES IN THE COMMUNITY GOING BEYOND THE HOME UPKEEP ALLOWANCE AND NOT HAVING PEOPLE BE STUCK IN FACILITIES BECAUSE THEY LEAVE THEIR HOME. I'M TALKING ABOUT PEOPLE WHO HAVE INCOME OTHER THAN SSI.

SO AS YOU KNOW, THIS IS ONE OF MY FAVORITE TOPICS. AND EVERY TIME WE TALK ABOUT WHY PEOPLE ARE STUCK IN NURSING HOMES AND WE CAN'T GET THEM OUT – IT'S A NUMBER ONE AND NUMBER TWO ISSUE. AND YET THE OTHER SIDE OF IT, PEOPLE ARE LOSING HOUSING WHEN THEY GO IN, IS ALMOST NEVER TALKED ABOUT. AND SO I WOULD LIKE TO KNOW IF ANY EFFORTS HAVE BEEN MADE TO EDUCATE OR EVEN, YOU KNOW, INFORM OR HAVE A DISCUSSION WITH FACILITIES ABOUT THIS ISSUE OF MAINTAINING CONSUMERS' HOMES IN THE COMMUNITY.

>> SO, THANK YOU DEBORAH. AND THE NUMBER OF SPECIFIC AND IMPORTANT ISSUES AMONG THE THINGS YOU WERE TALKING ABOUT, BUT IN THE INTEREST OF KIND OF JUST TALKING ABOUT WHAT WE HAVE DONE AND THEN TALKING ABOUT WHAT WE CAN ALSO DO IN THE FUTURE, I JUST WANTED TO TURN IT OVER TO RYAN TO TALK A LITTLE BIT ABOUT SOME OF THE SPECIFIC EFFORTS VIS-À-VIS EDUCATION AND OUTREACH IN THE FACILITIES, IS ONE OF THE THINGS THAT WE HAVE, AS YOU CORRECTLY POINT OUT, TALKED ABOUT BEFORE. AND THEN WE CAN KIND OF OPEN IT UP FOR OTHER THINGS THAT WILL BE HELPFUL AND CONSTRUCTIVE.

WE COMPLETELY UNDERSTAND THE IMPERATIVE OF THIS KIND OF OUTREACH, EDUCATION, COMMUNICATION. SO THANK YOU, AND I'LL TURN IT OVER TO RYAN TO TALK ABOUT SOME OF THE SPECIFICS THAT WE HAVE DONE IN THE LAST FEW MONTHS. THANKS, BRIAN.

>> THANK YOU, MARGARET. AND SO DEBORAH, YES. OUR OUTREACH TEAM, THROUGH – AND ONE PART OF OUR DISCUSSION THIS AFTERNOON, EARLIER THIS AFTERNOON WAS OUR OUTREACH EFFORT. AND SO WE HAVE TECHNICAL ADVISORS AND OUTREACH COORDINATORS IN THE COUNTIES, AND THEY HAVE BEEN PROVIDING OUTREACH TO NURSING FACILITIES THROUGHOUT OUR ENTIRE OUTREACH EFFORT. AND WE HAVE DONE THAT A COUPLE DAYS. AND SO WE HAVE WORKED WITH ASSOCIATIONS TO PROVIDE MORE OF A STATEWIDE APPROACH AND DO WEBINARS AND THINGS LIKE THAT FOR MEMBERS OF THEIR ASSOCIATIONS, AND WE HAVE ALSO OPENED THAT UP TO ANY OTHER NURSING FACILITIES THAT WERE, YOU KNOW, AVAILABLE. AND WE BLASTED THAT THROUGH E-MAILS AND THROUGH OUR CONTACTS AND COLLABORATIONS IN THE COUNTIES.

AND WE HAVE DONE A LOT OF COLD CALLING TO DIFFERENT NURSING FACILITIES, TO TALK TO THEIR LEADERSHIP AND GET IN TO DO BOTH EDUCATION AND OUTREACH TO NOT ONLY THE BENEFICIARIES THAT ARE LIVING IN THE FACILITIES THAT WILL BE IMPACTED, BUT ALSO TO THE STAFF SO THEY UNDERSTAND WHAT IS HAPPENING AND THEY CAN PASS THAT ALONG TO – BECAUSE WE ALSO KNOW THAT ONE KEY FACTOR IN HELPING FOLKS IN NURSING FACILITIES MAKE THIS DECISION IS INFORMING THEIR FAMILIES AND CAREGIVERS THAT ARE OUTSIDE OF THE NURSING FACILITY WHEN WE CAN.

SO THAT IS KIND OF AN OVERVIEW OF THE OUTREACH WE HAVE BEEN DOING, AND WE ARE DEFINITELY ALWAYS HAPPY TO WORK WITH ANY KIND OF NURSING FACILITY OR ANY OTHER FACILITY THAT NEEDS EDUCATION. AND WE CAN PROVIDE MATERIALS, IN PERSON, CONFERENCE CALLS, WEBINARS, AND WE CAN REALLY FIT IT TO WHAT THEY NEED.

>> CAN YOU TELL ME HOW MANY OF THE PEOPLE IN THE COUNTIES THAT ARE GOING FORWARD NOW, HOW MANY OF AFFECTED INDIVIDUALS ARE IN NURSING HOMES, AND HOW MANY OF THEM HAVE BEEN REACHED DIRECTLY BY YOUR OUTREACH EFFORTS?

>> I DON'T HAVE SPECIFIC NUMBERS OFF THE TOP OF MY HEAD HERE, DEBORAH, SO I APOLOGIZE. BUT WE CAN FOLLOW UP WITH YOU ON THAT.

>> I THINK A GOOD STARTING POINT WOULD BE TO KNOW HOW MANY PEOPLE WHO ARE ELIGIBLE TO BE IN THE CCI, IN CAL MEDICCONNECT, ARE LIVING IN NURSING HOMES.

>> WE WILL DEFINITELY FOLLOW UP. AND, YOU KNOW, WE ARE VERY GRATEFUL FOR THE WORK OF OUR OUTREACH COORDINATORS AT THE LOCAL LEVEL, AND THEY DO A FABULOUS JOB OF TRACKING AND REPORTING ON ALL THE EVENTS, WHICH IS IN THE NEWSLETTER THAT IS PUBLISHED NOW EVERY MONDAY MORNING. SO THAT REPRESENTS OUR EFFORT FOR DEBORAH'S SAKE AND BENEFIT, AND EVERYBODY. AND SO THAT REPRESENTS OUR EFFORT TO REALLY QUANTIFY ALL OF THIS GOOD WORK AND QUANTIFY ALL THE WORK WE ARE DOING. SO IT'S ALWAYS GOOD TO GET SUGGESTIONS ABOUT ADDITIONAL METRICS THAT WE CAN PROVIDE, QUANTIFYING ALL OF THIS OUTREACH AND EDUCATION WE ARE UNDERTAKING SO DILIGENTLY.

SO THANK YOU, AND WE WILL DEFINITELY FOLLOW UP.

>> THANKS.

>> THANK YOU.

>> NEXT UP WE HAVE ZARA MOVIGAR. ZARA, YOUR MIC IS OPEN.

>> THANK YOU. I JUST HAD A QUICK QUESTION. DO YOU HAVE AN ESTIMATE OF HOW MANY OF THE – FOR EXAMPLE IN LOS ANGELES COUNTY, THE 19,000 THAT HAVE BEEN ENROLLED HAVE ACTUALLY MADE A CHOICE AND HOW MANY HAVE BEEN PASSIVELY ENROLLED?

>> SO THE ACTUAL ENROLLMENT DASHBOARD FOR JULY WILL SHOW OPT OUT RATES FOR JULY. AND I THINK, I RECALL CORRECTLY, AS I REPORTED THIS MORNING WHEN I WENT THROUGH THOSE NUMBERS THIS MORNING, I WAS USING A DRAFT OF THE JULY ENROLLMENT REPORT. IT HASN'T BEEN QC'D. IT'S GOING TO BE POSTED PROBABLY MONDAY, I WOULD GUESS. MAYBE TOMORROW, BUT LIKELY MONDAY.

I DON'T RECALL THE L.A.-SPECIFIC ENROLLMENT OPT OUT RATES, BUT THE OVERALL OPT OUT RATE I BELIEVE WAS 29%. SO AGAIN, WHEN THAT ENROLLMENT DASHBOARD IS QC'D POSTED, YOU'LL SEE IT BY COUNTY. BUT I BELIEVE THAT THE OVERALL WAS 29%. AND HONESTLY, IF I SPECULATED ON L.A. – WHICH ISN'T IN FRONT OF ME NOW, BECAUSE LIKE I SAID IT'S NOT FINAL – I WOULD BE GUESSING.

>> AND THAT'S GOING TO SHOW YOU THE OPT OUT RATE ON THAT DASHBOARD. IT'S NOT GOING TO SHOW YOU PART OF WHAT YOU ASKED ABOUT, WHICH IS THE DIFFERENCE BETWEEN PEOPLE MAKING AN AFFIRMATIVE DECISION AND PEOPLE BEING PASSIVELY ENROLLED. THAT'S NOT SOMETHING ON THE DASHBOARD, AND I'M NOT SURE THAT THAT'S DATA THAT WE HAVE READILY AVAILABLE.

>> THE REASON I WAS ASKING, THAT THERE'S A LOT OF CONTINUATION OF CARE ISSUES FOR MEMBERS. AND DEPENDING WHEN THEY OPT OUT, THERE'S A LOT OF WORK THAT NEEDS TO BE DONE. AND IT MAY NOT BE RELEVANT BY THE TIME THEY OPT OUT OF THE PLAN. SO I WAS JUST TRYING TO GAUGE THAT.

>> UNDERSTOOD.

>> THANK YOU.

>> THANK YOU. I THINK WE HAVE TIME FOR TWO MORE QUESTIONS DURING THIS Q AND A SESSION. SO NEXT UP IS GOING TO BE JESSICA, FOLLOWED BY BETH GARVER.

JESSICA, YOUR MIC IS OPEN. THERE'S NO LAST NAME. JESSICA.

OKAY. MOVING ON TO BETH GARVER. BETH, YOUR MIC IS OPEN.

>> YEAH, I'M GOING TO PASS. THANK YOU.

>> AND THEN THERE IS ONE FROM – THERE'S A QUESTION FROM ALEJANDRA CLYDE. YOUR MIC IS OPEN.

>> YES. THANK YOU. GOOD AFTERNOON. I HAVE A QUESTION AS IT RELATES TO THE PROMPT PAYMENT THAT BRIAN HIGHLIGHTED ON. AS HE INDICATED, MMP, PROVIDERS, INCLUDING INSTITUTIONAL PROVIDERS, ACCORDANCE WITH THE PROVISIONS CONTAINED IN EACH OF OUR MMP'S CONTRACT WITH DHCS. SO HE ALSO CODED THAT IF THE KNOX-KEENE REQUIREMENT HAS A FACTOR OR MORE RIGOROUS REQUIREMENTS, THAT THAT WOULD APPLY.

SO I JUST WANT TO CONFIRM THAT THE HEALTH AND SAFETY CODE, WHICH IS QUOTED HERE, ALSO SPEAKS TO THE INTEREST RATE, WHICH IS 15%, THAT THAT WOULD APPLY BOTH TO MEDICARE SERVICES AS WELL AS MEDI-CAL SERVICES. CAN YOU CONFIRM THAT FOR ME?

>> I THANK YOU FOR THE QUESTION. I DON'T HAVE AN ANSWER RIGHT NOW, AND I WILL TAKE THAT BACK AND MAKE SURE WE GET ONE FOR YOU.

>> THANK YOU.

>> OKAY.

>> ALL RIGHT. THANK YOU, EVERYONE, FOR THE QUESTIONS. AND JUST FOR TIME PURPOSES, WE ARE GOING TO MOVE ON. AND WE WILL GET TO ANOTHER Q AND A SESSION AT THE END OF OUR NEXT PRESENTATION.

SO WITH THAT, I'M VERY EXCITED TO HAVE A GROUP OF FOLKS FROM SAN DIEGO THAT HAVE BEEN – SAN DIEGO HAS A VERY COLLABORATIVE GROUP DOWN THERE WORKING ON THE CCI, AND THEY HAVE ACTUALLY WORKED TOGETHER TO PRODUCE AN IN-HOME SUPPORTIVE SERVICES COORDINATION GUIDE FOR MANAGED CARE. AND IT'S A FANTASTIC DOCUMENT, AND WE WANTED TO INVITE THEM TO OUR

QUARTERLY CALL TO DISCUSS THE DOCUMENT AS WELL AS HIGHLIGHT SOME PIECES OF THE DOCUMENT AND TALK ABOUT KIND OF THEIR COLLABORATION AND MAYBE SOME LESSONS LEARNED AS THEY WORKED THROUGH THE DOCUMENT AND CREATED IT.

AND SO WE HAVE, TODAY, WE HAVE MARK SELLERS, ASSISTANT DEPUTY DIRECTOR OF AGING AND INDEPENDENT SERVICES. WE HAVE VICKI MESETO FROM AGING INDEPENDENT SERVICES. SHE IS A PROGRAM SPECIALIST. AND WE ALSO HAVE PAM MOCHLER, VICE PRESIDENT OF LONG-TERM SERVICES AND SUPPORTS FROM CARE FIRST HEALTH PLAN.

AND SO WITH THAT, I WILL TURN IT OVER TO MARK AND LET YOU GUYS GO AHEAD WITH YOUR PRESENTATION. THANK YOU VERY MUCH FOR JOINING US TODAY.

>> GREAT. THANK YOU VERY MUCH. AM I BEING RECEIVED LOUD AND CLEAR FOR EVERYONE?

>> YES YOU ARE, MARK.

>> GREAT. WONDERFUL.

WELL, WE ARE EXCITE FOR THE INVITATION TO JOIN IN ON THIS CALL AND TO PARTICIPATE. AND HOPEFULLY AT THE END, SOME GREAT QUESTIONS REGARDING IMPLEMENTATION. DELIGHTED TO BE JOINED BY VICKI MACETO, OUR PROGRAM SPECIALIST HERE AT HEALTH AND HUMAN SERVICES AGENCY, THE AGING AND INDEPENDENT SERVICES PROGRAM. VICKI WAS OUR CENTRAL STAFF PERSON WHO DEVELOPED THE ACTUAL GUIDE, WROTE THE GUIDE AS WE MET OVER LONG HOURS TO PULL THIS TOGETHER.

AND THE PURPOSE OF HER INVOLVEMENT IN OUR PRESENTATION TODAY WILL BE TO GET INTO SOME OF THOSE ELEMENTS OF THAT DOCUMENT. THAT DOCUMENT HAS BEEN POSTED, AND SO HOPEFULLY SOME OF THE CALLERS HAVE BEEN ABLE TO ACTUALLY GET A HOLD OF THAT COPY AND LOOK AT IT. AS WELL I'M EQUALLY EXCITED TO BE JOINED BY PAMELA MOCHLER, VICE PRESIDENT FOR LONG-TERM SERVICES AND SUPPORTS AT CARE FIRST. AND SHE WILL OF COURSE BE ADDING IN AN IMPORTANT HEALTH PLAN PERSPECTIVE AS WE BEGAN TO NEGOTIATE AROUND HOW TO ACTUALLY COORDINATED AND IMPLEMENT IHSS HERE IN SAN DIEGO COUNTY.

WE HERE IN SAN DIEGO HAVE RECOGNIZED THAT OUT OF ALL THE ORIGINAL EIGHT COUNTIES, WE EACH HAVE OUR OWN UNIQUE STRUCTURES. AND THAT DOES OF COURSE IMPACT HOW THINGS PROCEED. AND SO WE OFFER – I WOULD LIKE TO OFFER, AS WE START, SOME OF THE BACKGROUND EXPLAINING SAN DIEGO'S STRUCTURES, SO IT'S JUST CLEAR FROM WHAT PERSPECTIVE AND PLATFORMS WE CAME FROM AS WE ENTERED INTO OUR WORKFORCE CCI. AND I DO SO NOT TO SAY THAT THIS IS WHAT WE HAVE TO HAVE, BUT HOPEFULLY IT WILL HIGHLIGHT AND PUNCTUATE CORE ELEMENTS THAT LEAD TO GREAT SUCCESS MOVING FORWARD AND THAT WILL BE OF USE TO EVERYONE ON THE CALL.

SO, WITH THAT IN MIND, I'LL PROCEED AHEAD AND PROVIDE A LITTLE BIT OF BACKGROUND ABOUT THE COUNTY OF SAN DIEGO. WE ORGANIZE ALL OF OUR COUNTY GOVERNMENT PROGRAMS WITHIN FIVE LARGE AGENCIES, ONE OF WHICH IS THE HEALTH AND HUMAN SERVICES AGENCY. OUR DIRECTOR IS NICK MARSHIONE. WITHIN HEALTH AND HUMAN SERVICES AGENCY, THERE ARE FIVE SPECIFIC DIVISIONS. AND YOU'LL NOTE THAT THIS IS ONE OF THE ADVANTAGES THAT WE HAD AS WE MOVED INTO OUR WORK WITH CCI. AND IT'S AN IMPORTANT ONE TO RECOGNIZE AS WE START.

SO THOSE FIVE AGENCIES ARE OF COURSE THE ONE THAT I AM THE ASSISTANT DEPUTY DIRECTOR FOR, AND THAT'S OUR AGING AND INDEPENDENT SERVICES. AND IN A MOMENT I'LL DETAIL FOR YOU ALL OF THE SPECIFIC PROGRAMS THAT ARE ACCOMPANIED WITHIN THAT PARTICULAR DIVISION. AND WE WILL PROBABLY PROVIDE ADDITIONAL CLARIFICATION AS TO OTHER ADVANTAGES THAT WE HAD MOVING IN.

BUT THE OTHER AGENCIES WITHIN HHSA, CERTAINLY VERY HELPFUL FOR US AS WE MOVE INTO THIS COORDINATED CARE. ONE IS THE BEHAVIORAL HEALTH SERVICES DIVISION. SO ALL OF OUR MENTAL HEALTH, COUNTY MENTAL HEALTH SERVICES, IS UNDER THAT UMBRELLA. CHILDREN'S SERVICES, OUR PUBLIC HEALTH SERVICES, AND ALL OF OUR SELF SUFFICIENCY PROGRAMS. AND SO BEING UNDER ONE



AGENCY AND LED BY OUR DIRECTOR, NICK MARSHIONE, THERE'S A STRONG EXPECTATION FOR CROSS THREADING ACROSS EACH OF THOSE DIVISIONS.

AND SO AUTOMATICALLY IT HELPED US WITH THIS COMMUNICATION AND INVOLVEMENT AND AN EXPECTATION THAT WE WOULD MAINTAIN AND DEVELOP THOSE KEY RELATIONSHIPS ON INITIATIVES THAT MOVED US FORWARD FOR THE GOOD OF HEALTH AND HUMAN SERVICES AGENCY, BUT ALSO CERTAINLY FOR PARTICULAR POPULATIONS IN WHICH WE WERE PROVIDING THOSE SERVICES.

LOOKING AT MY NOTES TO MAKE SURE I SAID EVERYTHING I WANTED TO SAY ABOUT THAT. SO THAT IS BRIEFLY HHSA. LET ME TALK A LITTLE BIT ABOUT WHAT PROGRAMS ARE WITHIN AIS ITSELF, AGING AND INDEPENDENT SERVICES. WE ARE IN FACT FOR SAN DIEGO COUNTY, THE TRIPLE A FOR OUR A. AND SO OF COURSE WHAT COMES WITH THAT ARE ALL OF THE OLDER AMERICAN ACT PROGRAMS. CERTAINLY OUR OMBUDS PLAN, LONG-TERM SERVICES OMBUDSMAN, NUTRITION, COMMUNITY SERVICES PROGRAMS OF VARIOUS SORTS, AS WELL AS OUR CALL CENTER.

WE ALSO HAVE ADULT PROTECTIVE SERVICES, IN HOME SUPPORTIVE SERVICES, AND MSSP. AND OF COURSE THAT IN AND OF ITSELF WAS ALREADY OF A GREAT ADVANTAGE, THAT WITHIN OUR OWN DIVISION WE HAD A GOOD PORTION OF THE LONG-TERM SERVICES AND SUPPORTS. SO THAT DEFINITELY HELPED.

BUT WHAT I KNOW IS YOU CAN BE IN THE SAME HOUSE AND STILL NOT HAVE GREAT COMMUNICATION. AND SO IT STILL IS THAT WORK THAT I THINK WE EXPERIENCE AS BEING A CORE FUNCTION OF BEING ABLE TO MOVE AHEAD IN SUCH A LARGE VISION AS TO LOOK FORWARD FOR THE IMPROVEMENT AND COORDINATION OF SERVICES. AS WELL WITHIN AIA WE ALSO HAVE COMBINED OUR PUBLIC ADMINISTRATOR, PUBLIC GUARDIAN, PUBLIC CONSERVATOR, AND OUR VETERAN'S SERVICES OFFICES. SO WITH THAT, WE REALLY WERE ABLE TO PULL TOGETHER A TEAM OF FOLKS WHO ARE ABLE TO ADDRESS ALL OF THE NEEDS OF COORDINATION FOR US.

I WILL MENTION THAT FOR MSSP, WE RECENTLY WERE SUCCESSFUL IN WORKING WITH CARE FIRST IN DEVELOPING WHAT WE ARE CURRENTLY CALLING OUR MSSP LIGHT PROGRAM. AND SO FOR THE FIRST TIME, AGING AND INDEPENDENT SERVICES HAS BEEN CONTRACTED BY A HEALTH PLAN TO PROVIDE SERVICES THAT LOOK A LOT LIKE THE OTHER PROGRAM OF MSSP. SO THIS CHANGE IN ENVIRONMENT CONCERNING HEALTH CARE AND BEHAVIOR HEALTH CARE AND SOCIAL SERVICE COMBINING HAS PUT FORWARD THIS NEW PARTNERSHIP AND A NEW BUSINESS MODEL. AND FOR SOCIAL SERVICES, AND PARTICULARLY FROM A GOVERNMENT PERSPECTIVE, THAT IS A GREAT CHALLENGE TO US AND AN EXCITING ONE AT THAT, AND ONE WHICH WE ARE TAKING ON WHOLEHEARTEDLY AND WELCOMING.

AND SO I THINK THAT APPROACH TO UNDERSTANDING THIS CHANGING ENVIRONMENT HAS ALSO BEEN OF PARTICULAR HELP IN BEING SUCCESSFUL IN MOVING AHEAD. SO THAT'S ABOUT AGING AND INDEPENDENT SERVICES AND ALL THAT'S A PART OF OUR AGENCY.

HERE IN SAN DIEGO, WE ARE A FIVE HEALTH PLAN GEOGRAPHIC MANAGED CARE COUNTY. OUR MEDICAL MANAGED CARE PLANS, IN TOTAL, OUR CARE FIRST HEALTH PLAN, COMMUNITY HEALTH GROUP, HEALTH NET, KAISER PERMANENTE AND MOLINA HEALTH CARE. OF THOSE FIVE, OF COURSE KAISER PERMANENTE IS NOT PARTICIPATING IN CAL MEDICCONNECT.

SO A UNIQUE COMPONENT FOR US HERE IN SAN DIEGO, AND ONE THAT WAS SUCCESSFUL, AND I THINK IT WAS A GOOD APPROACH FOR US, WAS LOOKING AT INSTEAD OF DEVELOPING FIVE DIFFERENT MOU'S OR CONTRACTS RELATIVE TO MSSP AND IHSS, WE REALLY DID TAKE AN APPROACH, AND A UNIFIED ONE AT THAT, AT NEGOTIATING A SINGLE MOU FOR THE IHSS PROGRAM, AND AS WELL FOR MSSP. OF COURSE, INDIVIDUAL CONTRACTS AND MOU'S WOULD BE SIGNED AND INDIVIDUALLY PREPARED. BUT WE CAME TOGETHER AND AGREED UPON THOSE CORE ELEMENTS THAT MADE SENSE FOR THE COORDINATION ACROSS OUR COUNTY, REGARDLESS OF WHATEVER MEDICAL MANAGED CARE PLAN A MEMBER WOULD ACTUALLY CHOOSE.

SO WITH THAT WE ENTERED INTO THIS GREAT PARTNERSHIP. BUT I WANT TO TAKE A LITTLE STEP BACK AND HELP EVERYONE UNDERSTAND ANOTHER PIECE THAT GAVE US AN ADVANTAGE, AND ONE THAT I

THINK IF I WERE STARTING IN A BRAND-NEW COUNTY AND LOOKING AHEAD AT CCI AND HOW DO WE DO THIS WELL, I THINK THIS PIECE OF DEVELOPING CLOSE PARTNERSHIPS ACROSS ALL OF THE KEY PARTNERS REALLY IS CENTRAL TO BEING ABLE TO MOVE AHEAD.

BACK IN THE MID 90'S OR SO, WITH AB-1040, THE CALIFORNIA LONG-TERM CARE INTEGRATION PILOT PROJECT, SAN DIEGO COUNTY AT THE TIME WAS QUITE EXCITED AT SOME OF THOSE OPPORTUNITIES THAT CAME BACK IN THOSE TIME FRAMES, AND SECURED A NUMBER OF GRANTS TO MOVE AHEAD WITH SPECIFIC PROGRAMS TO ACCOMPLISH THOSE AIMS. AND I'LL SHARE WITH YOU THAT THE CENTRAL FOCUS BACK AT THAT TIME OF AB-1040, AND THERE WERE PROBABLY PLENTY OF FOLKS ON THIS CALL WHO COULD GIVE US GREAT DETAIL ABOUT THIS, BUT IT CAME DOWN TO THIS CENTRAL IDEA, THAT THEY WANTED TO DEVELOPED A COMPREHENSIVE, INTEGRATED CONTINUUM OF ACUTE AND LONG-TERM CARE, BEING HEALTH SOCIAL, AND SOCIAL SUPPORTIVE SERVICES, FOR THE AGING, BLIND, AND DISABLED. SO WE SEE IMMEDIATELY HOW MUCH THAT IS AT THE HEART AND CORE OF CCI AS WE GO.

THE PIECE THAT, EVEN THOUGH THE AB-1040 PROGRAMMING KIND OF WITHERED OVER THE YEARS, WHAT THAT SPURRED HERE IN SAN DIEGO COUNTY – AND THIS IS THE IMPORTANT PART THAT I WOULD WANT TO REALLY HIGHLIGHT – WAS THAT IT BROUGHT US TO THIS PLACE OF PUTTING TOGETHER A PLANNING COMMITTEE TO BEGIN TO PREPARE. AND WE STARTED THAT PLANNING COMMITTEE AND HAD AT THE START OF IT 50 DIFFERENT AGENCIES AND GROUPS AND PARTICIPANTS THAT CAME FROM MULTIPLE MEDI-CAL GROUPS, BEHAVIORAL HEALTH, ALL THE SOCIAL SERVICE PROVIDERS, CONSUMERS, ADVOCATES, CAREGIVERS, ET CETERA. IT WAS QUITE A WEALTH OF, AND DIVERSE GROUP OF INDIVIDUALS.

EVEN THOUGH THE AB-1040 ISSUE HAS KIND OF WANED, WE DECIDED HERE IN AGING AND INDEPENDENT SERVICES THAT THAT PLANNING COMMITTEE AND THE WORK AND THE CONVERSATION THAT HAD BEGUN, AND THE KIND OF PARTNERSHIPS AND KNOWLEDGE THAT WERE GAINED WAS SOMETHING THAT WE SIMPLY NEEDED TO COMMIT TO IN KIND TO MAINTAIN, REGARDLESS OF WHETHER OR NOT AB-1040 WAS GOING TO PUSH FORWARD AND OTHER PROGRAMS BE PUT IN PLACE.

AND IT WAS TO OUR GOOD FORTUNE THAT THAT DECISION WAS MADE BACK THEN. BECAUSE NOW THERE ARE OVER 800 MEMBERS THAT ARE SIGNED ON TO THAT SPECIFIC LONG TERM CARE INTEGRATION PROJECT PLANNING COMMITTEE. AND TO THIS DAY, AGING AND INDEPENDENT SERVICES LEADS QUARTERLY MEETINGS WITH THAT GROUP. NOW FORTUNATELY, WE DON'T HAVE TO RENT OUT A STADIUM OR ANYTHING LIKE THAT. WE DON'T HAVE ALL 800 PEOPLE NECESSARILY COMING TO THE MEETING.

BUT WE HAVE, IMPORTANTLY, SET UP A WEBSITE FOR THE LONG-TERM CARE INTEGRATION PROJECT. AND I WILL SHARE THAT WEBSITE WITH YOU HERE IN JUST A LITTLE BIT. BECAUSE WHAT WE HAVE PUT THERE ARE ALL OF OUR AGENDAS AND RECORDINGS OF VARIOUS MEETINGS AND PRESENTATIONS. AND IMPORTANTLY, ADDED A LOT OF THE – ALL OF THE DOCUMENTS AND MATERIALS THAT HAVE BEEN DEVELOPED OVER TIME RELATIVE TO COORDINATED CARE AND MOVING AHEAD. AND SO IT WILL BE A GREAT WEALTH, AND WE CERTAINLY INVITE ANYBODY TO ACCESS THAT SITE, AND TAKE AND USE AND MODIFY BASED UPON YOUR INDIVIDUAL COUNTY CIRCUMSTANCE, TO YOUR BENEFIT IN MOVING AHEAD.

OVER THE LAST 15 YEARS, THAT LONG-TERM CARE INTEGRATION PROJECT PLANNING COMMITTEE HAS REALLY BEEN THE FOUNDATION FOR A NUMBER OF DIFFERENT VENTURES THAT HAVE SET US UP WELL OVER THE YEARS TO BE READY FOR CCI WHEN IT FINALLY DID COME, AND WE WERE QUITE EXCITED ABOUT THAT.

ONE IMMEDIATE THING THAT CAME OUT OF IT FOR US WAS THE DEVELOPMENT OF OUR APPLICATION TO BECOME SAN DIEGO'S AGING AND DISABILITY RESOURCE CENTER . AND SO THAT BROUGHT ON – THAT CAME DIRECTLY OUT OF THAT PARTNERSHIP AS A RECOMMENDATION, WE MOVED FORWARD AND SET THAT UP IN EARLY, I BELIEVE IT WAS 2003, IF I HAVE MY HISTORY RIGHT. AND YOU HAVE TO EXCUSE ME, IF I GET SOME OF THE HISTORY WRONG, IT'S THAT I HAVE BEEN IN SANDY DIEGO FOR ABOUT 11 MONTHS NOW, AND I STILL HAVE MY CARD THAT SAYS I AM STILL NEW. SO I MAY NOT KNOW EVERYTHING, BUT THAT IS MY

RECOLLECTION. SO WE HAVE AT LEAST BEEN UP AND RUNNING FOR ABOUT 11 YEARS, IF I'M NOT MISTAKEN.

AND AS WELL, FROM THAT OTHER PROGRAM, OF COURSE SAN DIEGO NETWORK OF CARE AND THE DEVELOPMENT OF THAT RELATIVE TO SAN DIEGO, AND OUR PARTNERSHIP WITH TWO ON ONE TO MEET THE NEEDS HERE IN SAN DIEGO. AND I WILL BACK UP ON OUR ADRC, ABLE TO FULLY PARTNERSHIP WITH OUR ACCESS TO INDEPENDENCE, AND GETTING A GREAT PARTNER SHIP THERE TO REACH ACROSS ALL ADULTS AND AGED.

WE ALSO HAD THAT COME OUT OF THE LONG-TERM CARE INTEGRATION PROJECT WAS OUR COMMUNITY-BASED CARE TRANSITIONS PROGRAM AND OUR RECOMMENDATION TO MOVE IN THAT DIRECTION, BECAUSE OF UNDERSTANDING HOW WE NEED TO PARTNER AND MOVE TOGETHER TO CREATE GOOD HEALTH AND SAFETY OUTCOMES FOR INDIVIDUALS THAT ARE LIVING OUT OF HOSPITAL SETTINGS AND GETTING HOME. SO SPECIFICALLY THAT COMMUNITY-BASED CARE TRANSITIONS PROGRAM HERE IN SAN DIEGO, ACROSS FOUR HEALTH SYSTEMS AND 13 DIFFERENT HOSPITALS, HAS BROUGHT ABOUT AND DEEPEMED AND SOLIDIFIED EVEN FURTHER OUR RELATIONSHIPS WITH THE HEALTH COMMUNITY, AND BRINGING IN SOCIAL SERVICES INTO THE MIX OF THAT AND LOOKING HARD AT REDUCING REHOSPITALIZATIONS FOR FOLKS.

AND SO WE SEE THAT ALL OF THAT BEGINNING FOR THAT GREAT WORK AND THE PARTNERSHIPS AND THE RELATIONSHIPS, AND THIS ABILITY TO CONCEIVE UNIFIED VISION CAME ABOUT BECAUSE OF THE LONG-TERM CARE INTEGRATION PROJECT.

AND THEN FINALLY, AS WE HAVE LOOKED AT CCI AND AT COMING FORWARD, WE RECOGNIZE IN THE HEALTH PLANS, ALL FIVE OF THE MEDI-CAL MANAGED CARE HEALTH PLANS, RECOGNIZED THAT WE NEEDED TO, FROM WITHIN THAT LONG TERM CARE INTEGRATION PROJECT PLANNING COMMITTEE, PULL OUT A SUBGROUP OF THOSE FOLKS TO BE INVOLVED AND TO FORM A CCI ADVISORY COMMITTEE. AND SO THAT REALLY SET US UP, AND THE HEALTH PLANS REALLY RECOGNIZE TOGETHER, ALL FIVE OF THEM, THAT WE TRULY DID NEED TO MOVE AHEAD IN A COORDINATED WAY WITH A LOT OF FOLKS AT THE TABLE.

SO AT THIS POINT, I'D LIKE TO TURN THE PRESENTATION OVER, AND I INVITE PAM MOCHLER TO JUMP IN AND GIVE US A LITTLE ABOUT THE SAN DIEGO CCI ADVISORY COMMITTEE, ITS EARLY FORMATIONS, AND SOME OF THE KEY ELEMENTS TO IT. PAM, GO RIGHT AHEAD.

>> OKAY. HI. CAN EVERYONE HEAR ME?

>> I CAN HEAR YOU.

>> OKAY, GOOD. OKAY.

SO AS MARK SAID, THAT THE LONG-TERM CARE INTEGRATION PROJECT THAT AIS WORKED ON REALLY KIND OF JUMP STARTED THE DEVELOPMENT OF THE SAN DIEGO CCI ADVISORY COMMITTEE, AND ALL FIVE PLANS ARE REPRESENTED ON THE COMMITTEE, FROM CARE FIRST, KIM FRITZ AND MYSELF SERVE. AND IT IS A GREAT GROUP OF FOLKS. SO THE CAL MEDICCONNECT HEALTH PLANS ESTABLISHED – IT WAS ESTABLISHED TO PROVIDE THE PLANS WITH RECOMMENDATIONS ABOUT OUR OPERATIONS, ACCESS TO SERVICES, OUTREACH AND EDUCATION.

SO A LOT OF WORK GOES ON IN THE COMMITTEE AND IN THE SUBCOMMITTEE PROCESS. SO THERE IS THE REPORT OUTS ABOUT THE CALLS TO AIS AND THE AGING AND DISABILITY RESOURCE CENTER, CALL CENTER. VERY FEW CALLS ARE COMING IN. THEY ARE NOT BEING FLOODED WITH IHS APPLICATIONS YET. THE MARKETING OF WHO TO CALL IN SAN DIEGO WITH QUESTIONS ABOUT THE CCI AND ADVOCACY HAS WORKED VERY WELL WITH HICAP AND THE CONSUMER CENTER FOR HEALTH EDUCATION ADVOCACY.

SO A KEY EARLY SUBCOMMITTEE WITH BROAD MEMBERSHIP WAS THE FORMATION OF THE COMMUNICATION WORKS GROUP, AND THEY LAID OUT A STRATEGIC PLAN OF ACTION AND OUTREACH FOR SPECIFIC AUDIENCES. SO THERE'S A LOT OF OUTREACH GOING ON IN SAN DIEGO COUNTY.

SO THE FIRST TIER ARE THE BENEFICIARIES, THE CAREGIVERS, PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS. THE SECOND TIER ARE THE POLICY MAKERS AND NEWS AND SOCIAL MEDIA. SO THE

SUBCOMMITTEE IDENTIFIED OUTREACH ACTIVITIES FOR EACH GROUP THAT IS PART OF THE COMMITTEE, WITH EVERYONE CONTRIBUTING TO THE PRESENTATIONS, THE DEVELOPMENT OF THE MATERIALS, AND IDEAS FOR REACHING FURTHER INTO THE COMMUNITY AND THE TRAINING OF STAFF.

THERE IS ALSO THE COORDINATION GUIDE SUBGROUP, WHICH MARK IS GOING TO BE TALKING ABOUT MOMENTARILY, WAS FORMED INITIALLY TO CREATE AN IHSS POLICY AND PROCEDURE, AND I'M GOING TO LET MARK TAKE IT OVER TO KIND OF TALK ABOUT HOW THAT HAS EVOLVED.

>> GREAT. GREAT. THANK YOU VERY MUCH, PAM.

A LITTLE BIT ABOUT THAT BROAD MEMBERSHIP WITHIN THE CCI ADVISORY COMMITTEE ITSELF. FOR THOSE WHO MIGHT HAVE ACCESS ALREADY TO THE POWERPOINT DEVELOPED FOR THIS PRESENTATION, YOU HAVE GOT THAT LIST IN FRONT OF YOU. BUT FOR THOSE WHO DON'T HAVE IT, I'LL JUST IDENTIFY SOME OF WHOSE AT THE TABLE WITH THIS. AND THIS IS THE PIECE I THINK THAT IS REALLY JUST THAT CORE ELEMENT OF SUCCESS IN MOVING AHEAD IN THIS VERY CHALLENGING ENVIRONMENT, BUT YET STILL MOVES US FORWARD WITH THIS GREAT, POSITIVE MOMENTUM TO ACCOMPLISH THIS GOAL.

WE SEE THAT VISION OF INTEGRATED SERVICES AS JUST MUST HAPPEN. AND SO WE HAVE THAT ATTITUDE AS A GROUP. BUT HERE IS WHO IS AT THE TABLE. BEYOND SIMPLY ALL OF THE MEDICAL MANAGED CARE HEALTH PLANS AND OF COURSE HHSA AND AGING AND SERVICES, PUBLIC AUTHORITY, DUAL ELIGIBLE CONSUMERS, OUR HOSPITAL ASSOCIATION AND SAN DIEGO MEDICAL SOCIETY.

I THINK WE HAVE SEEN QUICKLY ABOUT HOW IMPORTANT IT WAS WITHIN THE COMMUNICATIONS SUBGROUP OF THIS COMMITTEE TO PUT A FOCUS UPON HEALTH CARE PROVIDERS AND OUR PHYSICIANS AND TO DO A LOT OF OUTREACH TO CLINICS AND TO GET EVERYBODY AND ANYBODY EDUCATED ABOUT WHAT IS CCI? WHAT ARE THE CHOICES THAT CONSUMERS HAVE, AND WHERE ARE WE TRYING TO GO WITH THIS?

WE HAD OF COURSE HICAP AND OUR COMMUNITY, OUR CBEST PROVIDERS, PACE, VARIOUS ADVOCATES WITHIN THE COMMUNITY FOR THINGS THAT ARE GOING ON, OUR SKILLED NURSING FACILITY, AND OF COURSE HARBAGE CONSULTING FIRM. BEHAVIOR HEALTH, DISABILITY RIGHTS. SO WE GET THAT FLAVOR. THIS IS – AND WE CERTAINLY HAD MORE THAN THAT AT THE TABLE, BUT WE COME TOGETHER MONTHLY AS A WHOLE GROUP TO KEEP EACH OTHER WELL INFORMED AS TO WHAT IS GOING ON. AND WHATEVER DIFFICULTIES WE ARE HAVING, WE TRIAGE THOSE, WE LOOK AT THEM, WE ARGUE ABOUT THEM. WE DECIDE WHAT RESOURCES ARE AVAILABLE.

BUT IT'S MAINTAINED AND PUSHED AHEAD WITH THIS WILL TO SUCCEED. AND MAINTAINING THAT KIND OF MOMENTUM OVER TIME REALLY DOES WIN OUT AND BRINGS ABOUT GOOD THINGS.

SPECIFICALLY PAM ALSO MENTIONED THE OTHER SUBGROUP OF COURSE WAS THE DEVELOPMENT OF AN IHSS POLICY AND PROCEDURES GUIDE OR DOCUMENT THAT WE LATER DECIDED WAS NOT THE RIGHT TERM FOR IT. AND SO WE ENDED UP SETTLING IN ON – AND THIS WAS AFTER A LOT OF INPUT FROM OUR DISABILITY RIGHTS AND CONSUMERS ON THE COMMITTEE – THAT THE MPP MANUAL AND QUITE LARGE AND FULL OF LOTS OF CORRECT POLICY AND PROCEDURE, AND WE DID NOT NEED TO DUPLICATE THAT, BUT SIMPLY RELY UPON IT.

AND IT'S HARD TO PUT TOGETHER, AS WE SAW, A READER'S DIGEST VERSION OF THE MPP. AND SO BECAUSE OF THAT, WE THOUGHT IN THE END WHAT WE REALLY WANTED TO ACCOMPLISH WAS HOW DO WE BEST COORDINATE WITH THE HEALTH PLANS, WITH FIVE DIFFERENT HEALTH PLANS AND AGING AND INDEPENDENT SERVICES THAT IS OPERATING THE IN HOME SUPPORTIVE SERVICES PROGRAM, HOW DO WE GET THOSE SMOOTH TRANSITIONS AND RECEIPT OF CONSUMERS THAT REALLY DO NEED THIS PROGRAM?

AND SO OUR COMMITMENT ON THIS COORDINATION GUIDE DEVELOPMENT IN THIS WORK GROUP OR SUB GROUP WAS REALLY FOR ALL FIVE HEALTH PLANS, AGING AND INDEPENDENT SERVICES, AND PUBLIC AUTHORITY TO WORK OVER TIME. WE MET FOR OVER A COURSE OF SIX MONTHS, MEETING TWICE PER MONTH, AND THEN COMING BACK EVEN TO THE CCI ADVISORY COMMITTEE ITSELF AND KEEPING THEM UPDATED AS TO WHERE WERE WE AT IN THIS DEVELOPMENT AND WHAT WERE THE KEY ELEMENTS.

BUT OUR COMMITMENT WAS A SINGLE PROTOCOL AGAIN, JUST LIKE THE MOU'S AND CONTRACTS THAT WERE SET UP EARLY ON FOR CCI. AND OF COURSE AN ADVISORY COMMITTEE DOING JUST THAT, ADVISING. AND SO WE – AFTER SIX MONTHS WE WERE ABLE TO BRING THIS DOCUMENT BACK. WITH A LOT OF REVIEW OF EVERYTHING THERE AND RECEIVING COMMENTS AND MAKING FINAL EDITS, WE DID COME UP WITH A FINALIZED DOCUMENT THAT IS NOW AVAILABLE TO YOU.

AND I WOULD JUST PUT A PIECE, A CAVEAT OUT THERE ABOUT THAT, THAT IT CAME TO A CERTAIN DAY AND TIME, AND WE NEEDED TO IMPLEMENT, AND PASSIVE ENROLLMENT OR VOLUNTARY ENROLLMENT WAS STARTED IN APRIL, AND SO WE NEEDED TO BE READY. SO WE PUSHED AHEAD, KNOW THAT WE STILL DO NEED – AND THIS A CORE PIECE I THINK OF SUCCESS AS WELL – WE DID STILL NEED TO BE ABLE TO COME BACK AS A COMMITTEE AND CONTINUE TO MEET AS WE LOOKED AT IMPLEMENTATION AND INTEGRATION AND FURTHER REFINEMENT, EVEN, OF THAT DOCUMENT.

OF COURSE WE ARE NOT TOO FAR DOWN THE ROAD, AND SO IT'S JUST NOW GETTING SOME OF ITS EARLY DUST OFF OF IT, SO TO SPEAK. BUT WE ARE COMMITTED TO DOING THAT PART.

SO WHAT I WOULD LIKE TO DO AT THIS POINT IS TURN THE PRESENTATION OVER TO PAM MOCHLER AGAIN, JUST TO TOUCH UPON, AS WE GOT STARTED WITH THE DEVELOPMENT OF THIS COORDINATION GUIDE, WHAT WAS IT THAT THE HEALTH PLANS WERE EXPECTING? FROM THEIR PERSPECTIVE, COMING INTO THIS PROCESS, WHAT WERE THOSE NEEDS?

SO PAM, COULD YOU PICK THAT UP FROM THERE, PLEASE.

>> SURE. INITIALLY, I CAN'T SAY ENOUGH ABOUT HOW RESPONSIVE AND FLEXIBLE AND WILLING AIS AND MARK AND VICKI WERE TO WORK WITH THE PLAN. SO THIS IS NEW TO ALL OF US, AND SO WE RECOGNIZED THAT IHSS IS A CORE SERVICE THAT IS NEEDED TO KEEP MEMBERS WITH ADL AND AIDL DEFICIENCIES LIVING IN THE COMMUNITY AND THAT, YOU KNOW, WE REALLY NEEDED TO WORK TOWARD MAKING THIS THE BEST POSSIBLE PROGRAM EVER FOR OUR MEMBERS, REALIZING THAT THERE'S NOT MUCH THAT WE CAN DO TO REALLY IMPACT IT IN TERMS OF THE – OUR MEMBERS CHOOSE THE PERSON THAT IS GOING TO BE PROVIDING THE CARE, THE MEMBERS – YOU KNOW, WE REALLY DON'T HAVE VERY MUCH OVERSIGHT OVER THAT. AND SO WE WANTED TO SEE, YOU KNOW, WHERE THERE COULD BE SOME FLEXIBILITY.

WE ALSO RECOGNIZE THAT WE NEED TO MAKE IT EASIER FOR OUR MEMBERS TO TRANSITION FROM THE HOSPITAL TO THE HOME WITH IN-HOME SUPPORTIVE SERVICES THAN IT IS TO TRANSITION FROM A HOSPITAL TO A SKILLED NURSING FACILITY, ESPECIALLY ON A FRIDAY EVENING. SO WE NEEDED, WE REALLY NEEDED THE EXPEDITED IHSS ASSESSMENTS AND THE EXTENDED HOURS. SO THIS IS SOMETHING THAT WE ARE WORKING TOWARD.

ALSO, ALL IHSS RECIPIENTS ARE NOT THE SAME. THIS IS A VERY FORMAL PROGRAM THAT'S GOT VERY STRICT GUIDELINES. BUT WHERE POSSIBLE, THERE NEEDS TO BE SOME FLEXIBILITY TO HELP MEETING THE CHANGING NEEDS OF OUR MEMBERS AND CLIENTS. SO THESE WERE SOME OF THE THINGS THAT WE WERE LOOKING – THE PLANS COLLECTIVELY WERE LOOKING WHEN WE WERE STARTING TO LOOK AT HOW THE PROGRAM IS STRUCTURED AND HOW WE WOULD WORK TOGETHER AND BEGIN TO COMMUNICATE TOGETHER. SO THESE WERE SOME OF OUR REQUESTS, THEN ALSO THE NEED TO HAVE ACCURATE INFORMATION ABOUT EXACTLY HOW MANY HOURS IS THE MEMBER RECEIVING, AND, YOU KNOW, TRYING TO TAP INTO THAT WORKER AND HAVE THAT WORKER BE A PART OF OUR INTERDISCIPLINARY CARE TEAM MEETINGS IF IT WAS APPROVED BY THE MEMBER.

>> GREAT. THANK YOU SO MUCH, PAM. AND IT WAS – IT WAS GREAT WORKING WITH ALL THE PLANS TO ADDRESS THOSE NEEDS. AND DEFINITELY STAY TRUE AND CLEAR ABOUT THE VERY – ALL OF THE FOUNDATIONAL ELEMENTS TO THE IHSS PROGRAM.

SO AT THIS POINT, I'D LIKE TO TURN THINGS OVER TO VICKI MACEDO, WHO IS GOING TO TALK TO US A LITTLE BIT ABOUT WHAT ARE THE KEY ELEMENTS TO THE COORDINATION GUIDE DOCUMENT ITSELF? WHAT WERE THOSE IMPORTANT ELEMENTS? AND TALK A LITTLE BIT MORE SPECIFICALLY ABOUT THE EXPEDITED PROCESS IN PARTICULAR THAT WAS SO IMPORTANT TO THE HEALTH PLANS AS WE GOT

STARTED. AND I WOULD SAY, WHICH WE HAVE ALWAYS – I THINK ANYBODY IN THE IHSS PROGRAM KNOWS THAT CIRCUMSTANCES WARRANT MORE IMMEDIATE ACTION SOMETIMES. AND RECOGNIZING THOSE HAS ALWAYS BEEN PART AND PARCEL I THINK OF GOOD WORK AND PRACTICE ACROSS ALL OF THE COUNTIES IN THIS PROGRAM.

BUT WE HAD AN OPPORTUNITY, HERE, TO MAKE THAT MORE FORMAL. SO I'M GOING TO TURN THAT OVER TO VICKI, AND SHE CAN WALK US THROUGH SOME OF THOSE KEY ELEMENTS. VICKI?

>> THANK YOU, MARK.

WELL, THE FIRST KEY ELEMENT I WANT TO TALK ABOUT IS OUR APPLICATION PROCESS FLOWCHART. AT THE BEGINNING OF OUR WORK GROUP MEETING, IT WAS SOMETHING THAT WE JUST WANTED THE HEALTH PLANS TO KIND OF UNDERSTAND OUR PROCESS. BECAUSE THEY ARE NEW TO THIS. WE ARE THE EXPERTS, WE WANTED TO EXPLAIN TO THEM BASICALLY HOW THE SYSTEM WORKS WHEN AN APPLICATION COMES IN.

SO WE CREATED A FLOWCHART THAT BASICALLY TOUCHES ON THE PROCESS OF AN APPLICATION, WHERE IT GOES. AND WE INCLUDED TOUCH POINTS OF WHERE WE WOULD COMMUNICATE WITH THE CLIENTS OR EVEN THE HEALTH PLANS. AND THE APPLICATION PROCESS FLOWCHART IS PART OF THE GUIDE THAT HAS BEEN POSTED. IT'S ONE OF THE ATTACHMENTS, ATTACHMENT B. SO IF YOU GET A CHANCE TO LOOK AT THAT, FEEL FREE. I THINK IT'S PRETTY CLEAR. I THINK IT WAS REALLY BENEFICIAL FOR OUR HEALTH PLANS TO WRAP THEIR HEADS AROUND HOW OUR APPLICATION PROCESS WORKED.

THE NEXT KEY ELEMENT WAS OUR CALL CENTER AND WEB REFERRAL PROCESSES. WE – YOU KNOW, WE HAVE TWO ABILITIES TO MAKE AN APPLICATION, BASICALLY. YOU COULD CALL THE CALL CENTER. IT HAS TO BE DURING BUSINESS HOURS. MOSTLY, YOU KNOW, WE WILL TAKE AN URGENT REFERRAL AFTER HOURS. BUT TO TAKE A STANDARD APPLICATION, YOU WOULD NEED TO SPEAK TO SOMEONE DURING REGULAR BUSINESS HOURS.

AND WE THOUGHT THAT THE HEALTH PLANS WOULD BENEFIT FROM USING OUR WEB REFERRAL PROCESS. IT'S JUST A LITTLE DIFFERENT, BECAUSE YOU HAVE TO CREATE AN ACCOUNT, SET UP THINGS AHEAD OF TIME BEFORE YOU CAN ACTUALLY START USING IT. SO WE MADE SURE THAT WE CLEARLY IDENTIFIED THAT IN OUR DOCUMENT. WE GAVE THEM THE PHONE NUMBER, WE GAVE THEM THE WEB REFERRAL INFORMATION, AND ALSO A HANDOUT ON WHAT IS NEEDED TO SET UP AN ACCOUNT IN ORDER TO DO A WEB REFERRAL, WHICH I THINK IS – IT'S A HANDOUT THAT WE HAVE THAT WAS EASILY ABLE TO BE GIVEN TO THEM.

AND IN THE DOCUMENT ITSELF, WE ALSO OUTLINED THE TYPE OF INFORMATION THAT WOULD BE NEEDED WHEN CALLING IN OR FILLING OUT WEB REFERRAL APPLICATION. AND I THINK THAT WAS REALLY IMPORTANT TO THE HEALTH PLANS. THEY NEED TO KNOW WHAT TO EXPECT WHEN THEY ARE CALLING IN THAT APPLICATION.

NEXT IS THE EXPEDITED REFERRAL CRITERIA. SO AS MARK WAS SAYING, WE ESTABLISHED AN EXPEDITED PROCESS FOR HEALTH PLAN APPLICATIONS. AND A LOT OF CONVERSATION WENT INTO THAT. WHAT THE CRITERIA WOULD BE, WHAT – YOU KNOW, WHAT WOULD BE A TIME FRAME EXPECTED FOR SOMEONE TO – A SOCIAL WORKER TO TAKE ACTION ON THAT. AND WE WILL GO INTO THAT IN A COUPLE MORE SLIDES. I'M NOT GOING TO TALK ABOUT THAT TOO IN DEPTH, BUT THAT WAS A KEY ELEMENT FOR OUR WORK GROUP.

ALSO IT WAS IMPORTANT TO DIFFERENTIATE BETWEEN EXPEDITED REFERRALS AND THE CRITERIA THAT THEY WOULD NEED, OR, YOU KNOW, THE CRITERIA FOR THAT AND THEN OUR URGENT SERVICES. BECAUSE IN SAN DIEGO HERE, WE DO HAVE A CONTRACTOR WHO WILL PROVIDE URGENT SERVICES AFTER HOURS ON THE WEEKENDS IF THERE'S AN URGENT NEED. SO IT WAS IMPORTANT FOR US TO GET THE HEALTH PLANS TO UNDERSTAND WHAT IS WHAT. AND IT TOOK SOME TIME, BUT THAT WAS – THEY GOT IT.

AGAIN, ANOTHER KEY ELEMENT WAS EXPLAINING FORM REQUIREMENTS. BECAUSE FOR IHSS, FORMS ARE A REALLY BIG DEAL. WE HAVE A LOT OF FORMS DOCTORS TO HAVE SIGN, CLIENTS ARE TO SIGN. WE

NEED THEM BY A CERTAIN TIME FRAME. SO WE TRIED TO GIVE THEM THE MAIN FORMS THAT WE WOULD NEED THAT THEY COULD ASSIST US WITH, SO THAT COULD BE – YOU KNOW, 873, WHICH IS OUR CERTIFICATION FORM, THAT'S SOMETHING THAT WE ARE HOPING WE COULD GET TO US QUICKLY, BECAUSE WE DO HAVE A DELAY WITH THOSE.

AND SO I THINK IT WAS JUST IMPORTANT TO GIVE THEM THE INFORMATION THEY NEED TO HELP US WHERE WE NEED HELP. AND FORMS ARE A BIG DEAL FOR IHSS AND, YOU KNOW, AND WE EXPLAINED HOW IT NEGATIVELY IMPACTS THE CLIENT IF WE ARE UNABLE TO GET WHAT WE NEED IN A TIMELY MANNER.

AND THEN THE LAST KEY ELEMENT BEFORE I GET INTO THE EXPEDITED REFERRALS IS JUST PROVIDING THE HEALTH PLANS WITH PHONE NUMBERS FOR OUR DIFFERENT DISTRICT OFFICES. WE HAVE FIVE DIFFERENT DISTRICT OFFICES SAN DIEGO COUNTY, AND BASED ON ZIP CODE. SO WE GAVE THEM THAT DOCUMENT THAT HAS THE ZIP CODES AND WHICH OFFICES THEY CORRELATE TO, AND THEN PHONE NUMBERS FOR THOSE OFFICES.

SO IF THEY ARE LOOKING FOR A NORTH COUNTY APPLICANT, THEY WANT TO FOLLOW UP ON SOMETHING OR THEY WANT TO SPEAK TO THE SOCIAL WORKER THAT'S ASSIGNED TO THIS CLASS, AND IT'S SOMEONE WHO IS IN OCEANSIDE, THEY CAN LOOK UP THE NORTH COUNTY OFFICE, CALL THAT MAIN LINE AT THAT OFFICE, AND GET HELP THAT WAY. AND THAT WOULD ALSO PREVENT OUR CALL CENTER BEING IMPACTED WITH PHONE CALLS.

NEXT I'LL GO OVER THE EXPEDITED CRITERIA FOR OUR APPLICATIONS. SO AS A GROUP, THERE WAS A LOT OF DISCUSSION ON THIS. AND WE CAME TO THE AGREEMENT OUR EXPEDITED APPLICATIONS WOULD BE PROCESSED WITHIN 10 DAYS BUSINESS OF RHETT BY THE IHSS SOCIAL WORKER. AND WITH IHSS AND THE HEALTH CERTIFICATION FORMS, YOU KNOW, THE CLIENT HAS 45 DAYS TO SEND THAT IN. AND GETTING AN APPLICATION APPROVED IN 10 BUSINESS DAYS IS QUITE A GOOD THING. WITH THE HEALTH PLANS THERE, THEY CAN HELP GET US THAT FORM AND WE CAN DO IT IN 10 DAYS, IT IS ONLY BENEFITING THE CLIENT EVEN MORE. SO THAT WAS A BIG DECISION THAT WE MADE.

WE AGREED THAT WE WOULD CONTACT THE HEALTH PLANS IF THEY ARE HAVING ANY PROBLEMS GETTING FORMS, OR THE CLIENT FOR SOME REASON MAY NOT BE CALLING US BACK. IF THEY KNOW OF ANYTHING, MAY BE THEY WANT BACK – OR, YOU KNOW, MAYBE THEY ARE IN THE HOSPITAL, MAYBE THEY WENT BACK IN THE HOSPITAL, WE ARE NOT SURE. SO THEY CAN HELP US WITH THAT. OR IF WE ARE UNABLE TO COMPLETE THE APPLICATION FOR SOME REASON WITHIN THAT TIME FRAME, WE COULD BE IN TOUCH WITH THE HEALTH PLAN, LETTING THEM KNOW WHAT THOSE REASONS MIGHT BE.

FOR THOSE OF YOU WHO DON'T HAVE A DOCUMENT FRONT OF YOU, I'M JUST GOING TO GO OVER WHAT THE CRITERIA IS FOR AN EXPEDITED APPLICATION. AND WE DECIDED THAT IT WOULD BE SOMEONE WHO HAS CRITICAL CARE NEEDS AND HAS NO ONE AVAILABLE TO PROVIDE IN-HOME CARE, IS UNSAFE IN HIS OR HER HOME, OR AT RISK OF HOSPITALIZATION. AND IT COULD ALSO BE SOMEONE WHO HAS CRITICAL CARE NEEDS THAT CANNOT FULLY BE MET WITHOUT ASSISTANCE FROM IHSS, IS UNSAFE IN HIS OR HER HOME, AND IS AT RISK OF REHOSPITALIZATION.

AND, YOU KNOW, IT'S THE HEALTH PLAN WHO IS GOING TO BE DETERMINING THAT. WE WANTED TO MAKE IT AS CLEAR AS POSSIBLE, SO WHEN THEY MADE THAT APPLICATION THEY COULD INDICATE ON THAT APPLICATION THAT THIS IS AN EXPEDITED REFERRAL.

WE ALSO DISCUSSED OTHER FACTORS THAT COULD WARRANT AN EXPEDITED APPLICATION, WHICH COULD BE SOMEONE WHO HAS A TERMINAL ILLNESS OR IS RAPIDLY DECLINING IN THEIR HEALTH OR COULD BE TRANSITIONING OUT OF THE HOSPITAL. AND WE ALSO DISCUSSED THAT THE SOCIAL WORKER DOES HAVE THE ABILITY TO DO AN ASSESSMENT IN THE HOSPITAL, BUT THAT ONCE THE MEMBER WERE TO GO HOME, THE SOCIAL WORKER WOULD NEED TO GO BACK AND DO A SECOND – A FOLLOW UP ASSESSMENT OF THAT MEMBER.

AND THEN LASTLY, ON THE EXPEDITED APPLICATIONS, OUR APPROVAL OR DENIAL WOULD BE THE SAME AS IT WOULD FOR ANY OTHER APPLICATION. A NOTICE OF ACTION WOULD BE ISSUED TO THE CLIENT

INDICATING, YOU KNOW – IF SERVICES ARE APPROVED, IT WOULD PROVIDE THEM WITH THE SERVICES THAT ARE AUTHORIZED, THE NUMBER OF HOURS. AND THEN IF DENIED, IT WOULD GIVE THEM THE REASON. BUT LIKE I SAID BEFORE, WE WOULD WORK CLOSELY WITH THE HEALTH PLAN. SO WE DON'T WANT TO HAVE TO DENY, BUT IF THERE'S SOME REASON WE ARE JUST NOT ABLE TO DO IT, THEN WE WOULD BE ABLE TO WORK WITH THE HEALTH PLAN AND LET THEM KNOW THAT.

AND THEN JUST LIKE ANY OTHER APPLICATION, A CLIENT DOES HAVE 90 DAYS FROM THE DATE OF NOTICE OF ACTION TO FILE AN APPEAL IF THEY ARE UNHAPPY WITH THE – EITHER IF THEY ARE GRANTED OR IF THEY ARE DENIED SERVICES. SO, I HOPE I DIDN'T TALK TOO FAST.

>> GREAT.

>> THANK YOU.

>> THANK YOU SO MUCH, VICKI. JUST A COUPLE OF CLOSING REMARKS. I'D LIKE TO ASK PAM TO JUMP IN A LITTLE BIT AND TALK A LITTLE BIT ABOUT IN THE END, AFTER GOING THROUGH THIS PROCESSES AND LOOKING BACK, WHAT WERE SOME OF THOSE KEY IMPORTANT ACCOMPLISHES FROM A HEALTH PLAN PERSPECTIVE?

PAM, GO AHEAD.

>> MARK, I THINK – I'M GETTING A LITTLE BIT OF AN ECHO.

>> SORRY.

>> CAN YOU HEAR ME? OKAY.

SO FIRST OF ALL, I THINK IT WAS A VERY POSITIVE EXPERIENCE FOR ALL THE PLANS. AIS WAS WILLING TO BE VERY FLEXIBLE, WHICH WAS HUGE. THEY WERE WILLING TO EXPEDITE REFERRALS FOR OUR MEMBERS TRANSITIONING FROM THE HOSPITAL TO HOME. AND IT'S A MAJOR FEAT WHEN YOU CAN GET A LOT OF DIFFERENT PEOPLE IN THE SAME ROOM TO AGREE ON SOMETHING.

SO THE PLANS, WE ARE ALL COMPETITORS, BUT WE HAVE BECOME VERY STRONG PARTNERS AMONGST OURSELVES AS WELL AS WITH AIS. AND WE ALL AGREED ON A SINGLE CORE PROTOCOL. SO THAT'S HUGE.

AND THEN THE SHARED VALUE FOR THE CONSUMER DRIVEN FOUNDATION, THE IHSS PROGRAM, IS SOMETHING THAT WE EMBRACED, AND WE ARE VERY EXCITED TO BE PART OF IT. SO OVERALL, IT IS DEFINITELY A WONDERFUL EXPERIENCE TO BE ABLE TO WORK ON A DOCUMENT AND HAVE AGREEMENT. SO NOW WE ARE IN THE MIDDLE OF THE IMPLEMENTATION AND THE COMMUNICATION FLOW, WHICH IS GOING VERY VERY WELL, I THINK BECAUSE OF THE STRONG FOUNDATION AND PLANNING WITH AIS.

>> OKAY. THANK YOU, PAM. YES, THOSE RELATIONSHIPS TRULY HAVE BEEN EVERYTHING. AND BUILDING UPON THE PARTNERSHIPS, AS WELL AS KEEPING THAT BROAD INVOLVEMENT OF EVERYBODY THAT'S A PART OF PIECING TOGETHER THE FUTURE IN THIS.

SO WITH THAT, I'LL BRING A FORMAL END TO THE PRESENTATION PART AND WOULD BE VERY OPEN TO ANY QUESTIONS THAT PEOPLE HAVE.

>> OKAY. THANK YOU SO MUCH, PAM, MARK, AND VICKI. THAT WAS A FANTASTIC REPRESENT ACTION OF ALL THE COLLABORATION YOU GUYS HAVE DONE IN SAN DIEGO THAT TURNED OUT THAT GREAT DOCUMENT, THAT COORDINATION GUIDE. SO WE THANK YOU AGAIN VERY MUCH FOR BEING ON OUR CALL TODAY.

AND AGAIN, FOR EVERYONE, THE DOCUMENT THAT MARK REFERENCED AND THE SLIDE DECK THAT THEY REFERENCED ARE BOTH POSTED ON CALDUALS.ORG FOR YOU TO FIND. THERE'S A LINK TO THIS QUARTERLY CALL IN THE RIGHT HAND – ON THE HOME PAGE ON THE RIGHT-HAND SIDE BAR THAT YOU CAN FIND THAT MATERIAL POSTED IF YOU CLICK ON THE LINK.

AND WITH THAT, WE HAVE A LITTLE BIT OF TIME LEFT. SO WE ARE GOING TO OPEN IT UP FOR QUESTION AND ANSWER SESSION. SO I'LL TURN THAT OVER TO COURTNEY.

>> HI, EVERYONE. SO FOR THOSE OF YOU WHO HAVE QUESTIONS, PLEASE PRESS THE NUMBER THREE ON YOUR PIN PAD. FIRST UP WE HAVE MARY LOU CHRISTINA, FOLLOWED BY DEBBIE LONBECK. MARY LOU, YOUR MIC IS OPEN.



>> NO.

>> OKAY. THANK YOU.

NEXT UP WE HAVE DEBBIE LONBECK.

DEBBIE, YOUR MIC IS OPEN.

>> I'LL PASS. THANK YOU.

>> OKAY. NEXT UP WE HAVE ROBERT SESSLER, FOLLOWED BY SUSAN LAPADULA.

ROBERT, YOUR MIC IS OPEN.

>> YES. I HAVE A QUESTION FOR THE SAN DIEGO PEOPLE. WHAT TYPE OF PLANNING HAVE THEY DONE OR WILL THEY BE DOING IN TERMS OF COORDINATION BETWEEN IHSS AND THE HEALTH PLANS POST APPLICATION IN TERMS OF ON GOING RELATIONSHIPS, DEALING WITH CHANGES IN THE CLIENT'S – CONSUMER'S CONDITION AND ON GOING WORKING RELATIONSHIPS BETWEEN THE SOCIAL WORK STAFF AT THE AGING INDEPENDENT SERVICES AND THE CARE MANAGEMENT STAFF AT THE HEALTH PLANS?

>> GREAT. THANK YOU, ROBERT. AND PAM, I'LL INVITE YOU IN ON THIS AS WELL. I THINK IT IS THAT UNDERSTANDING THROUGH A PARTICULAR USE OF THE COORDINATION TEAM, OR THE INTERDISCIPLINARY CARE TEAM MEETING PROCESS THAT BECOMES REALLY IMPORTANT, PARTICULARLY IN BETWEEN REASSESSMENTS EACH YEAR, AS FUNCTIONAL CHANGES ARE IMPORTANT EVENTS THAT HAVE CHANGED FUNCTIONALITY FOR SOMEONE, AND NEEDS CHANGE, BEING ABLE TO BRING ABOUT THAT KIND OF IMMEDIATE WORK AND GETTING OUR INDIVIDUAL SOCIAL WORKERS ON A FIRST-NAME BASIS VARIOUS HEALTH PLAN COORDINATORS WAS IMPORTANT.

WE DID ROLL IN OUR ACTUAL DOCUMENT, THE COORDINATION GUIDE ITSELF, SPECIFIC INFORMATION ABOUT THE EXPECTATION OF WHEN THE HEALTH PLANS IN PARTICULAR IN OUR WORK BECOME AWARE OF CHANGES, WHEN THAT WOULD WARRANT A PHONE CALL AND AN IMMEDIATE CONTACT WITH THE SOCIAL WORKER TO LOOK AT THOSE THINGS.

SO THE EXPECTATION WAS THOSE ON GOING RELATIONS SHIPS. WE ARE ALSO WORKING REAL HARD TO GET OUR SOCIAL WORKERS ABLE TO HAVE ENCRYPTED E-MAIL, SO THAT WE ARE ABLE TO FREELY COMMUNICATE AMONG THE FIVE DIFFERENT HEALTH PLANS AND BE ABLE TO QUICKLY TALK ABOUT WHAT IS GOING ON.

>> I WOULD JUST ADD, SINCE ROBERT, WHO IS ASKING THE QUESTION, AND I ARE FORMER DIRECTORS OF AREA AGENCIES ON AGING, I'D LIKE TO SAY THAT THE WORK BETWEEN CARE FIRST AND AIS IS MUCH MORE THAN JUST IHSS SO WE ARE – THEY ARE LIKE AN EXTENSION OF OUR CASE MANAGEMENT. SO WE ARE WORKING WITH AIS ON IN HOME SUPPORTIVE SERVICES, MSSP, MSSP LIGHT. AND, YOU KNOW, THE REFERRAL OF HOME AND COMMUNITY-BASED SERVICES.

SO WE THINK THAT THE COMMUNICATION IS EXCELLENT. THE OFFICES ARE ACTUALLY NOT PHYSICALLY LOCATED THAT FAR FROM EACH OTHER. AND, YOU KNOW, THERE SEEMS TO BE A LOT OF RESPONSIVENESS FOR WHATEVER QUESTIONS THAT WE ASK. AND IT'S JUST A VERY UNIQUE, VERY SPECIAL RELATIONSHIP THAT I THINK WE HAVE GOT TO GO BACK TO THE VERY BEGINNING OF THIS DISCUSSION, THAT MARK SAID, YOU KNOW, SAN DIEGO AIS HAS BEEN WORKING ON LONG TERM INTEGRATION SINCE THE ORIGINAL PLANNING GRANTS, I THINK IN 1999 OR 2000. SO THIS IS JUST A CONTINUATION OF THE WORK THAT THEY HAVE BEEN DOING A LONG TIME, AND WE WERE JUST THRILLED TO BE ABLE TO TAP INTO THAT AND NOT HAVE TO REINVENT THE WHEEL.

SO I THINK THAT THE EARLY PLANNING DEFINITELY LAID THE GROUNDWORK FOR THE GREAT PARTNERSHIP AND RELATIONSHIP AND COMMUNICATION THAT IS TAKING PLACE NOW.

>> GREAT. THANK YOU.

NEXT UP WE HAVE SUSAN LAPADULA, FOLLOWED BY DEBORAH DOCTOR.

SUSAN, YOUR MIC IS OPEN.

>> YES. GOOD AFTERNOON, THANK YOU MARK, VICKI, AND PAM FOR A WONDERFUL PRESENTATION. I WOULD JUST LIKE TO FOLLOW UP ON MARK'S POINT ABOUT A WEBSITE THAT WE COULD TAKE A LOOK AT REGARDING COORDINATED CARE. THANK YOU.

>> YES. THANK YOU SO MUCH, SUSAN. THAT WEBSITE IS [WWW.SDLTCIP.ORG](http://WWW.SDLTCIP.ORG). THOSE INITIALS STAND FOR "SAN DIEGO LONG-TERM CARE INTEGRATION PROJECT," DOT ORG.

>> THANK YOU SO MUCH.

>> THANK YOU.

>> THANK YOU, SUSAN. NEXT UP WE HAVE DEBORAH DOCTOR. AND JUST A REMINDER. FOR ANYONE WHO HAS QUESTIONS, PLEASE PRESS THE NUMBER THREE.

DEBORAH, YOUR MIC IS OPEN.

>> THANK YOU, AND THANKS FOR THE PRESENTATION. I HAVE A COUPLE OF KIND OF OPERATIONAL QUESTIONS. AND MAYBE YOU TALKED ABOUT THIS AND I DIDN'T HEAR IT. BUT THIS WAS ABOUT, YOU KNOW, ONE OF THE BIG SELLING POINTS OF THE CCI WAS THAT PEOPLE WOULD GET SERVICES, EXTRA SERVICES – ACTUALLY, ONLY THE CAL MEDICONNECT PEOPLE, AND ONE OF THOSE WAS EXTRA IHSS

AND SO MY QUESTION IS, WHAT METHODOLOGY HAVE YOU PUT INTO PLACE SO THAT YOU COULD PAY FOR IHSS HOURS BEYOND THOSE WHICH IS THE COUNTY IS WILLING TO AUTHORIZE. THAT'S THE FIRST QUESTION. AND THE SECOND QUESTION IS, ON THE ISSUE ACTUALLY I BROUGHT UP BEFORE, WHICH IS PEOPLE LOSING THEIR HOUSING WHEN THEY GO INTO NURSING HOMES AND WHETHER THAT HAS BEEN A TOPIC OF DISCUSSION ABOUT HOW – THIS NEW WAY OF DOING BUSINESS, THAT THAT COULD BE DECREASED OR PREVENTED. THANK YOU.

>> GREAT. THANK YOU. GREAT QUESTIONS, DEBORAH. THANK YOU.

SPECIFICALLY FOR SAN DIEGO, WE HAVE NOT PUT ANYTHING IN PLACE TO EXTEND ACTUAL IHSS HOURS THAT WE ARE RUNNING THE PROGRAM AS IT'S CURRENTLY DESIGNED. BUT HERE IS THE PIECE THAT REALLY DOES COME FULL CIRCLE FOR US. WHEN SOMEONE'S NEEDS GO BEYOND WHAT THE IN-HOME SUPPORTIVE SERVICES PROGRAM CAN OFFER, WHETHER IT'S OUR RECOGNITION FROM AN AIS PERSPECTIVE OR IT'S THE HEALTH PLAN THAT HAS BECOME AWARE WITH THE MEMBER THAT THOSE NEEDS ARE THERE, IT'S SIMPLY OUR COLLABORATION AND CONNECTION THROUGH OUR AGING AND DISABILITY RESOURCE CENTER, AND SPECIFICALLY A PHONE CALL TO 1-800-510-2020 – AND THAT JUST KIND OF ROLLS OFF THE TONGUE FOR A LOT OF PEOPLE HERE IN SAN DIEGO – TO IMMEDIATELY START LOOKING AT BEING UNABLE TO ADD ADDITIONAL HOURS TO IHSS.

HOW DO WE MEET THE NEED AND ORGANIZE THAT? SO THAT IS OUR PRESENT APPROACH TO THAT. AND I DON'T KNOW IF YOU WOULD LIKE TO ADD A COMMENT ON THAT OR NOT.

>> OTHER THAN IT'S, YOU KNOW, CONSIDERED A CARE PLAN OPTION AT THE PLAN'S DISCRETION, AND WE HAVE CONTRACTS IN PLACE WITH PERSONAL CARE PROVIDERS THAT CAN PROVIDE THE ADDITIONAL CARE IF THERE'S A NEED.

WITH REGARD TO PAYING EXISTING IHSS WORKERS, WE HAVE NOT BEEN TOLD THERE'S A MECHANISM IN PLACE TO DO THAT YET.

>> SO YOU ARE SAYING THAT YOU WOULD BE PAYING AN AGENCY RATHER THAN THE CARE PROVIDER THAT THE INDIVIDUAL CONSUMER HAS CHOSEN. IS THAT WHAT YOU –

>> YEAH. UNTIL SUCH TIME THAT WE ARE TOLD THAT THERE'S A MECHANISM IN PLACE TO DO OTHERWISE.

>> GREAT. AND THEN THERE WAS A SECOND – A QUESTION, AND IF I UNDERSTAND THAT CORRECTLY, TALKING ABOUT THOSE SITUATIONS WHERE HOUSING OR SIGNIFICANT RESOURCES ARE LOST WHEN SOMEONE GOES INTO EITHER THE HOSPITAL OR SKILLED NURSING. HOPEFULLY – HAVE I CHARACTERIZED YOUR QUESTION WELL ENOUGH THERE?

>> YES. WHAT HAPPENS WHEN SOMEBODY GOES IN, IF THEY ARE FOR INSTANCE NOT IN THE HOUSE AND THE PERSON HAS INCOME OTHER THAN SSI, THEY ARE REQUIRED TO TURN OVER INCOME AS A SHARE

OF COSTS TO THE NURSING FACILITY. AND THAT IN SOME CASES THEN LEADS TO THEM LOSING THE HOUSING IN THE COMMUNITY, BECAUSE THEIR INCOME HAS TO BE USED FOR THE NURSING HOME.

SO I THINK THAT THIS PROVIDES AN OPPORTUNITY TO DO THINGS DIFFERENTLY IN THE LONG-TERM INTERESTS OF THE PERSON AND THE MANAGED CARE PLANS. AND SO I'M WONDERING, HAS THERE BEEN ANY DISCUSSION ABOUT PRESERVING HOMES IN THE COMMUNITY SO THAT PEOPLE DON'T GET STUCK IN FACILITIES WHERE THEY DON'T NEED TO BE BECAUSE OF LACK OF HOUSING?

>> WELL, HERE IN SAN DIEGO, YES, THERE ARE A NUMBER OF HOUSING – OR HOUSING AND COMMUNITY DEVELOPMENT DIVISIONS IN PARTICULAR WORKING ON THOSE KINDS OF OPTIONS. BUT, YOU KNOW, AS YOU WERE SPEAKING, DEBORAH, WHERE I WENT WITH SOME OF YOUR QUESTION WAS THAT, THAT NEED FOR LONG-TERM PLACEMENT OF SOMEONE WITHIN A NURSING HOME FACILITY AND BEGINNING TO TAKE A LOOK AT WHAT RESOURCES REALLY WOULD NEED TO BE PUT IN PLACE TO GET THAT PERSON BACK IN THE COMMUNITY AT NOT SUCH A HIGH LEVEL OF CARE?

AND CAN WE WORK WITH ALL OF OUR AGENCIES TO PUT THAT TOGETHER? AND I THINK THAT REALLY IS THE HEART OF OUR INTERDISCIPLINARY CARE TEAM USE. AND ALTHOUGH WE ARE JUST GETTING STARTED, I THINK THAT'S OUR OPPORTUNITY. I JOIN YOU IN SAYING IT'S TRULY AN OPPORTUNITY FOR US TO REEVALUATE WHAT IS NEEDED. AND IF THERE'S A LONG-TERM – IF IT WILL TAKE A LONG-TERM APPROACH TO RE-ESTABLISH HOUSING, GET THE CONNECTIONS AND THE SERVICES THAT ARE NEEDED TRULY TO SUPPORT THAT PERSON IN THE COMMUNITY, THAT'S WHERE OUR ABILITY TO BE AT THE TABLE QUICKLY WITH ONE ANOTHER ON A CONFERENCE CALL AT THE DIRECTION OF THAT CONSUMER, TO PUT THIS TOGETHER AND PUT THE PLAN TOGETHER AND MAKE AN ACTUAL INTENTIONAL PLAN OF TRANSITION.

>> WELL, I UNDERSTAND WHAT YOU ARE SAYING. BUT I THINK WE ARE TALKING ABOUT TWO DIFFERENT THINGS. I'M TALKING ABOUT WHEN THERE IS EXISTING HOUSING. IT'S A MEDI-CAL QUESTION. IT DOESN'T REALLY HAVE ANYTHING TO DO WITH HOUSING AND COMMUNITY DEVELOPMENT. IT'S WHETHER THE PERSON TURNS OVER THEIR INCOME TOWARDS THEIR SHARE OF COSTS IN THE NURSING HOME OR GETS TO MAINTAINED THEIR HOME IN THE COMMUNITY SO THEY CAN GO BACK.

>> DEBORAH, FOR ME YOU ARE SPEAKING ON THINGS I PROBABLY DON'T HAVE AS MUCH KNOWLEDGE ABOUT IN TERMS OF THAT. I WONDER, PAM, DO YOU HAVE A SENSE OR COMMENT THAT SITUATION?

>> NO. I WAS THINKING THAT, YOU KNOW, YOU WERE ASKING ABOUT, YOU KNOW, TRYING TO FIND AFFORDABLE, APPROPRIATE HOUSING IN THE COMMUNITY, WHICH IT WOULD TAKE PROBABLY THREE HOURS TO TALK ABOUT THAT NEED. HA HA.

>> NO, I'M TALKING ABOUT SOMETHING THAT IS MUCH EASIER, IS TO KEEP THE HOUSING THAT SOMEBODY ALREADY HAS.

>> AND YOU ARE ASKING SPECIFICALLY IF THEY CAN KEEP SOME OF THEIR OWN PERSONAL FUNDING TO HELP MAINTAIN THAT. SO I THINK THAT'S A MEDI-CAL QUESTION.

>> DEFINITELY.

>> YEAH, I UNDERSTAND THAT. YEAH – IT SOUNDS LIKE MAYBE EFFECTS DON'T KNOW ABOUT WHAT IS ALREADY AVAILABLE, WHICH IS THE HOME UPKEEP ALLOWANCE. AND MAYBE YOU HAVEN'T TALKED ABOUT WHAT IT WOULD MEAN FOR – IT WOULD MEAN THE MEDI-CAL PLANS, THE HEALTH PLANS, MAKING THE NURSING HOME WHOLE, PAYING THE FULL FREIGHT, AND LETTING SOMEBODY – OR SOME OF THE FREIGHT AND LETTING THEM, THE PERSON, KEEP THEIR HOUSING SO THEY CAN RETURN TO IT.

AND I CAN SEND YOU MATERIALS OR WHATEVER, BUT THIS IS – DISCUSSION, WE SPEND A LOT OF TIME TALKING ABOUT HOW TO GET PEOPLE OUT AND ALL THE BARRIERS, BUT MEANWHILE, WE ARE LETTING PEOPLE'S HOUSING GO AWAY. WE ARE LOSING HOUSING, BECAUSE THEY ARE HAVING TO SPEND THEIR MONEY TO PAY FOR THEIR NURSING HOME STAY.

>> DEBORAH, THIS IS RYAN. AND I THINK THAT IT WOULD BE REALLY HELPFUL, SINCE THIS IS – WE HAVE DISCUSSED THIS, IT SOUNDS LIKE MORE OF A MEDI-CAL QUESTION. SO IF YOU COULD SEND US THAT

DOCUMENTATION THROUGH INFO@, AND WE COULD WORK ON THAT AND GET BACK TO YOU, THAT WOULD BE REALLY HELPFUL.

>> SURE.

>> THANK YOU, DEBORAH.

>> YEAH.

>> OKAY. WELL THANK YOU, EVERYBODY.

IN THE INTEREST OF TIME, WE ARE GOING TO BE ENDING THIS CALL TODAY. SO WE THANK YOU ALL FOR PARTICIPATING, AND THANK YOU AGAIN TO OUR GUEST SPEAKERS.

IF ANYONE HAS ANY FOLLOW UP QUESTIONS, COMMENTS THAT YOU THOUGHT OF LATER ON, PLEASE FEEL FREE TO SEND THEM IN TO [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG).

THANKS, EVERYONE.

>> THANK YOU, EVERYONE.