

JUNE CCI STAKEHOLDER CALL

JUNE 18, 2015

0.5 HOURS

>> GOOD MORNING, EVERYONE. THIS IS RYAN MCDONALD WITH HARBAGE CONSULTING. THANK YOU FOR JOINING OUR JUNE STAKEHOLDER UPDATE CALL FOR THE CCI. JUST A FEW HOUSECLEANING THINGS BEFORE I GET STARTED. IF EVERYONE CAN HEAR ME, PLEASE PRESS ONE ON YOUR KEY PAD. IT LOOKS LIKE EVERYONE CAN HEAR US.

IF YOU GET DISCONNECTED FROM THE CALL FOR ANY REASON TODAY DUE TO TECHNICAL ISSUES, JUST DIAL BACK IN AND USE THE SAME PASSWORD THAT YOU USED TO JOIN THE CALL THIS MORNING, AND YOU'LL BE CONNECTED JUST AS SOON AS EVERYTHING IS BACK UP AND RUNNING ON OUR END, IF SOMETHING WAS TO FAIL.

IF YOU HAVE QUESTIONS, WE WILL BE TAKING QUESTIONS AFTER OUR PRESENTATION HERE. YOU WOULD PRESS ONE ON YOUR KEY PAD TO ASK A QUESTION. THAT WILL ALERT US THAT YOU HAVE A QUESTION, AND WE WILL TAKE QUESTIONS AS THEY COME IN. OF COURSE YOU CAN PRESS ONE DURING THE PRESENTATION IF YOU WANT TO RAISE YOUR HAND AND LET US KNOW YOU HAVE A QUESTION.

WITH THAT I WILL INTRODUCE THE GUEST WE HAVE TODAY FROM THE DEPARTMENT OF HEALTHCARE SERVICES. TODAY WE HAVE CLAUDIA CRIST, DEPUTY DIRECTOR FOR HEALTHCARE DELIVERY SYSTEMS. WE HAVE HANNAH KATCH, ASSISTANT DEPUTY DIRECTOR FOR HEALTHCARE DELIVERY SYSTEMS. WE HAVE SARA BROOKS, CHIEF OF THE MANAGED CARE OPERATIONS DIVISION. AND WE ALSO HAVE JAVIER PORTELLA, ACTING CHIEF OF THE MANAGED CARE OPERATIONS DIVISION.

AND WITH THAT I WILL TURN IT OVER TO CLAUDIA CRIST.

>> THANK YOU, RYAN. AND GOOD MORNING. THANKS ALL OF YOU FOR JOINING US TODAY. AND WE WILL BE COVERING SEVERAL TOPICS ON THIS CALL TODAY. WE WILL START WITH DHCS LEADERSHIP UPDATES. THEN WE WILL COVER OUR REGULAR ENROLLMENT UPDATES. AND WE WILL SHARE INFORMATION ABOUT CAL MEDICCONNECT PROVIDER SUMMIT NEXT WEEK THAT IS COMING UP IN RIVERSIDE. AND FINALLY, OF COURSE, WE WILL HAVE A CHANCE TO ANSWER YOUR QUESTIONS.

SO STARTING WITH THE DHCS LEADERSHIP UPDATE, I WANTED TO LET YOU ALL KNOW THAT THIS WILL BE MY LAST TIME LEADING THIS CALL. AS SOME OF YOU HAVE HEARD, I HAVE BEEN APPOINTED TO SERVE AS CHIEF DEPUTY OF PROGRAMS AT THE DEPARTMENT OF PUBLIC HEALTH AND WILL BE TRANSITIONING THERE IN THE NEXT WEEK. IT HAS TRULY BEEN AN HONOR TO WORK WITH YOU MANY OF YOU IN MY ROLE HERE AT DHCS, AND I VERY MUCH APPRECIATE THE ON-THE-GROUND FEEDBACK YOU HAVE PROVIDED TO US AND TO ME PERSONALLY DURING THIS TIME.

I LOOK FORWARD TO CONTINUING THESE CONVERSATIONS WITH MANY OF YOU IN MY NEW ROLE AS WELL. THE GREAT NEWS IS THAT SARA BROOKS, WHO IS THE CHIEF OF THE QUALITY AND MONITORING DIVISION CURRENTLY, WILL SERVE AS THE NEW DEPUTY DIRECTOR FOR HEALTH CARE DELIVERY SYSTEMS. AND HANNAH KATCH WILL CONTINUE SERVING AS ASSISTANT DEPUTY DIRECTOR. SO YOU HAVE GREAT LEADERSHIP, CONTINUITY, SO GAPS WHATSOEVER, AND YOU HAVE WORKED WITH BOTH OF THOSE INDIVIDUALS IN THE PAST, AND OUR TEAM.

HANNAH HAS BEEN AT DHCS SINCE 2012. SHE, IN HER ROLE AS DEPUTY DIRECTOR, WILL BE RESPONSIBLE FOR DIRECTING THE WORK OF THE FOUR HEALTHCARE DELIVERY SYSTEMS DIVISIONS: LONG-TERM CARE, SYSTEMS OF CARE, MANAGED OPERATIONS, AND MANAGED CARE QUALITY AND MONITORING. MOST RECENTLY, SARA WAS, AS I MENTIONED, THE CHIEF OF THE MANAGED CARE QUALITY MONITORING DIVISION. AND PRIOR TO JOINING DHCS, SHE WAS ALSO ASSISTANT POLICY DIRECTOR AT THE CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS.

AT DHCS, SARA HAS BEEN INSTRUMENTAL IN MEETING QUALITY AND MONITORING EFFORTS AND IMPROVEMENTS THAT SERVE AS A NATIONAL EXAMPLE. AND I KNOW THAT IN HER NEW ROLE, SHE WILL CONTINUE TO WORK WITH ALL OF YOU TO ENSURE THAT MILLIONS OF LOW INCOME CALIFORNIANS SERVED THROUGH OUR STATE PROGRAMS RECEIVE HIGH-QUALITY AND COORDINATED CARE.

NOW I'M GOING TO GO TO THE ENROLLMENT UPDATE. LATEST, WE ACTUALLY JUST POSTED THE LATEST ENROLLMENT DASHBOARD TODAY. YOU CAN ACCESS IT ON CALDUALS.ORG. BUT I'D LIKE TO GO OVER SOME OF THE HIGH LIGHTS WITH YOU NOW. OVERALL, AS OF JUNE 1<sup>ST</sup>, WE HAVE 122,846 ENROLLEES IN THE SIX ACTIVE CCI COUNTIES. THAT IS JUST A PICK UP FROM MAY'S DASHBOARD. FOR LOS ANGELES, WE ARE UP BY ALMOST ABOUT A THOUSAND, AT 55,661. SAN DIEGO, WE ARE AT 18,260. AND RIVERSIDE, WE ARE AT 14,373. IN SAN BERNARDINO, WE ARE AT 14,301. IN SAN MATEO, WE ARE AT 10,030. AND IN SANTA CLARA, WE ARE UP JUST ABOUT ROUGHLY 500, AT 10,221. THIS DASHBOARD ALSO INCLUDES SOME DETAILED ENROLLMENT, OPT OUT, AND DISENROLLMENT PERCENTAGES. AND YOU CAN FIND THIS CHART AT THE END OF PAGE TWO.

THE OVERALL ENROLLMENT STATE IS 33%, WHICH IS 1% LOWER THAN LAST MONTH. AS YOU CAN SEE, WE HAVE INCLUDED A FURTHER BREAK DOWN IN DISENROLLMENT NUMBERS, AS WE HAD ANNOUNCED LAST TIME, TRYING TO DIFFERENTIATE BETWEEN TRULY VOLUNTARY DISENROLLMENT. THOSE WOULD BE MEMBERS THAT ARE REQUESTING A DISENROLLMENT AFTER THE ENROLLMENT EFFECTIVE DATE HAS STARTED, AND OTHER TYPES OF DISENROLLMENT.

SO IN LOOKING AT JUST THE VOLUNTARY DISENROLLMENT NUMBER, WHICH WOULD BE PEOPLE THAT CALL AFTER THEY HAVE BEEN ENROLLED, ARE ACTIVELY DISENROLLED THROUGH A BROKER IS AT 9%. WE ALSO LOOK TO SHARE A MORE DETAILED BREAK DOWN OF ENROLLMENT DATA BY THINGS LIKE AGE, ETHNICITY, AND LANGUAGE SPOKEN. SO LOOKING AT OPT OUTS BY ETHNICITY, WE SEE CURRENTLY THAT KOREANS HAVE THE HIGHEST OPT OUT RATE IN SAN DIEGO, RIVERSIDE, AND SANTA CLARA COUNTY. AND THEY HAVE THE SECOND HIGHEST RATE IN SAN BERNARDINO AND SAN DIEGO. WE ALSO SEE THAT THE SECOND HIGHEST OPT OUT RATE BY ETHNICITY IS CHINESE IN LOS ANGELES, RIVERSIDE, AND SANTA CLARA COUNTY. IT IS THE HIGHEST RATE IN SAN BERNARDINO AND THE 4<sup>TH</sup> HIGHEST IN SAN DIEGO.

IN LOS ANGELES THE HIGHEST OPT OUT BY LANGUAGE SPOKEN ARE RUSSIAN, KOREAN, AND ARMENIAN, WITH OPT OUT RATES OF ABOVE 70% FOR EACH OF THOSE AND 91% FOR THE RUSSIAN-SPEAKING POPULATION. WE SEE THAT THE KOREAN SPEAKERS HAVE ONE OF THE THREE HIGHEST OPT OUT RATES IN LOS ANGELES, RIVERSIDE, SAN BERNARDINO, SAN DIEGO, AND SANTA CLARA. AND RUSSIAN SPEAKERS HAVE THE THIRD HIGHEST RATES OF OPT OUTS IN LOS ANGELES, SAN DIEGO, AND SANTA CLARA.

FINALLY, THEN, WE TAKE A LOOK AT A BREAKDOWN OF OPT OUTS BY AGE. WE DON'T NOTE A SIGNIFICANT DIFFERENCE IN THE DIFFERENT AGE CATEGORY. HOWEVER, AS YOU LOOK AT THOSE CHARTS, YOU WILL BE ABLE TO SEE THAT THE LOWEST OPT OUTS TEND TO BE BETWEEN 21 AND 64 YEARS OF AGE. AND THEN THERE'S A SLIGHT AND STEADY INCREASE AS PEOPLE INCREASE IN AGE, OVER 65, OVER 75, AND OVER 90 YEARS OF AGE.

THIS INFORMATION CAN ALSO BE FOUND AT CALDUALS.ORG. AND THE PURPOSE OF LOOKING AT THE THIS INFORMATION AND GETTING FURTHER DRAW DOWN IS LEADING TO HELP US WITH INFORMING THE DEPARTMENT AND INFORMING OUR NEW AND UP COMING OUTREACH EFFORTS, EDUCATION EFFORTS, AND LOOKING AT ANY ISSUES THAT THOSE POPULATIONS MAY HAVE.

PASSIVE ENROLLMENT IS NOW OVER IN SAN MATEO, RIVERSIDE, SAN BERNARDINO, SAN DIEGO, AND LOS ANGELES. WE ARE EXCITED THAT VOLUNTARY ENROLLMENT IN ORANGE COUNTY WILL BEGIN IN JULY. AS A REMINDER, THEN, 90, 60, AND 30-DAY NOTICES ARE BEING SENT OUT DIRECTLY BY CAL OPTIMA IN ORANGE COUNTY. IN LATE MAY, 2,719 60-DAY NOTICES WERE SENT OUT ALONG WITH 3,034 90-DAY NOTICES. BUILDING ON LESSONS LEARNED THROUGH OUR OUTREACH AND OTHER CTI ECONOMIES AND IN COLLABORATION WITH STAKEHOLDER AND CAL OPTIMA, WE ARE PLANNING A ROBUST OUTREACH IN ORANGE.

TWO STATE SUPPORTED OUTREACH COORDINATORS FROM OUR HARBAGE TEAM HAVE BEEN ASSIGNED TO ORANGE COUNTY SPECIFICALLY, AND CAL OPTIMA AND STATE OUTREACH STAFF ARE MEETING REGULARLY WITH KEY STAKEHOLDERS IN ORANGE TO ENSURE THEY HAVE THE INFORMATION AND RESOURCES THEY NEED TO ENGAGE ELIGIBLE BENEFICIARIES.

WE ARE WORKING TO ENSURE THAT THERE'S A STRONG LINE OF COMMUNICATION BETWEEN CAL OPTIMA, OUR OUTREACH COORDINATORS, THE LOCAL HIGH CAP, AND OMBUDS. THE OUTREACH WILL BEGIN HOSTING TWICE-MONTHLY WEBINARS FOR PROVIDERS. ALSO, CAL OPTIMA IS WORKING TO ENSURE ENROLLMENT OF BENEFICIARIES IN LONG-TERM CARE FACILITIES IS AS SMOOTH AS POSSIBLE VIA STRATEGIC FACILITY-BY-FACILITY ENROLLMENT PROCESS. WE ARE HOPEFUL THAT WE WILL BE ABLE TO SHARE A FINAL PLAN IN THE COMING WEEKS WHICH WILL INCLUDE A SCHEDULE FOR ENROLLMENT AND OUTREACH ACTIVITIES.

SOME OF THE HIGHLIGHTS OF OUR WORK ON THE GROUND IN ORANGE, AND WE WILL CONTINUE TO KEEP THIS GROUP UP TO DATE ON OUR OUTREACH AND EDUCATION EFFORTS THERE. AND OF COURSE YOU CAN ALSO SEE THOSE IN OUR WEEKLY OUTREACH UPDATES ON CALDUALS.ORG.

I'M GOING TO TURN IT OVER TO MY COLLEAGUE, HANNAH KATCH, WHO IS GOING TO PROVIDE YOU WITH SOME DETAILED INFORMATION ON THE CAL MEDICONNECT PROVIDER SUMMIT.

>> GREAT. THANK YOU, CLAUDIA. I WANTED TO JUST LET YOU KNOW BEFORE WE OPEN THE CALL UP FOR QUESTIONS, THAT TOGETHER WITH THE CENTER FOR HEALTHCARE STRATEGIES AND THE SCAN FOUNDATION AND HARBAGE CONSULTING, WE AT DHCS WILL BE POSTING AN INLAND EMPIRE CAL MEDICONNECT PROVIDER SUMMIT. THIS SUMMIT IS ON TUESDAY, JUNE 23<sup>RD</sup> AND WILL BE RUNNING FROM 8-3:30 IN THE RIVERSIDE CONVENTION CENTER. AND THIS EVENT IS GEARED AT PROVIDERS WHO ARE ALREADY PARTICIPATING IN THE CAL MEDICONNECT PROGRAM, BOTH CULL PROVIDERS AND ALSO THOSE WHO HANDLE CARE MANAGEMENT AND OPERATION FOR CAL MEDICONNECT BENEFICIARIES.

THE GOAL OF THIS SUMMIT, SIMILAR TO A PREVIOUS SUMMIT THAT WE DID EARLIER IN YEAR IN LOS ANGELES, IS TO GIVE PROVIDERS ON THE FRONT LINES OF IMPLEMENTING CAL MEDICONNECT SOME CONCRETE TOOLS AND INFORMATION THAT THEY NEED IN ORDER TO FULFILL THE PROGRAM'S PROMISE. AND WE LOOK FORWARD TO HEARING FROM PROVIDERS, INCLUDING PHYSICIANS, MEDICAL GROUPS, IPA'S, LTSS AND BEHAVIORAL HEALTH PROVIDERS, MANAGERS, AND OTHER STAFF DURING THIS SUMMIT.

WE WILL BE FEATURING DISCUSSIONS THAT BRING TOGETHER HEALTH PLANS AND OTHER PROVIDERS AS WELL FOR PRACTICAL CONVERSATIONS, AND WE HOPE TO SHARE SOME BEST PRACTICES IN CARE COORDINATION, HOME AND COMMUNITY-BASED SERVICES INTEGRATION, COMMUNICATION TECHNIQUES FOR COMMUNICATING EFFECTIVELY WITH CONSUMERS TO EXPLAIN MANAGED CARE PROCESS, AND ENGAGING CONSUMERS IN THEIR OWN CARE AND LEVERAGING COMMUNITY RESOURCES AND COMMUNITY-BASED ASSISTANCE FOR BENEFICIARIES.

AND IN ADDITION, PLAN PROVIDER REPRESENTATIVES FROM THE INLAND EMPIRE HEALTH PLAN AND MOLINA WILL BE AVAILABLE DURING LUNCH TO ANSWER QUESTIONS FROM PROVIDERS NEEDING PLANS WITH INSURANCE. SO WE LOOK FORWARD TO MEETING WITH FOLKS AND HEARING FROM PROVIDERS ON JUNE 23<sup>RD</sup>. IF YOU ARE INTERESTED AS A PROVIDER AND WOULD LIKE TO REGISTER FOR THE SUMMIT, YOU CAN FIND THAT INFORMATION AT CALDUALS.ORG/SUMMIT.

SO THANK YOU, AS ALWAYS, FOR JOINING TODAY'S CALL. WE HOPE THAT THE INFORMATION THAT WE SHARE ON THESE CALLS IS VALUABLE TO YOU. AS ALWAYS, WE ENCOURAGE ANYONE WHO HAS QUESTIONS AND ESPECIALLY IF YOU HAVE ANY IDEAS OR TOPIC SUGGESTIONS FOR FUTURE CALLS, TO E-MAIL [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG). AS ALWAYS, YOUR COMMENTS AND FEEDBACK ARE VERY IMPORTANT TO US, AND WE REALLY RELY ON THEM AS WE CONTINUE TO IMPLEMENT THE CCI. NOW WE OPEN IT UP FOR QUESTIONS.

>> THANK YOU, EVERYONE. AND AGAIN, EVERYONE ON THE CALL, IF YOU HAVE A QUESTION, PLEASE PRESS ONE ON YOUR KEY PAD. AND THAT WILL ALERT US THAT YOU HAVE A QUESTION, AND WE WILL GET TO QUESTIONS IN THE ORDER THEY COME IN.

OUR FIRST QUESTION WILL COME FROM GARY PASSMORE. GARY, YOUR MIC IS OPEN.

>> HI, GUYS. I JUST WANTED TO VERY QUICKLY SAY THANK YOU TO CLAUDIA. AND I FEEL LIKE WE HAVE KEPT THE CCI ON A PATH. AND SHORT THOUGH YOUR TENURE HAS BEEN, I FELT LIKE YOU HAVE DONE A REAL GREAT JOB HELPING US MAKE THIS HAPPEN. SO THANK YOU, AND GOOD LUCK. AND I'M GOING TO FIND OUT YOUR PHONE NUMBER IN THE DEPARTMENT OF PUBLIC HEALTH REAL SOON.

>> I'LL SEND IT TO YOU. THANK YOU SO, SO MUCH, GARY. I REALLY APPRECIATE IT.

>> THANK YOU, GARY.

OUR NEXT QUESTION COMES FROM CAROL HOOD. CAROL, YOUR MIC IS OPEN. CAROL? OKAY. IT LOOKS LIKE WE HAVE LOST CAROL. SO CAROL, IF YOU HAVE A QUESTION AND GET BACK ON THE CALL, PLEASE RAISE YOUR HAND AGAIN AND WE WILL GET TO YOU.

OUR NEXT QUESTION COMES FROM NORMA JEAN VESCOVO. NORMA, YOUR MIC IS OPEN.

>> THANK YOU VERY MUCH. I JUST WANTED TO MAKE SURE THAT WHEN YOU ARE HAVING A TRAINING WITH YOUR STAFF, THAT YOU ARE INCLUDING SOME OF THE COMMUNITY AGENCIES THAT PROVIDE THE SERVICES THAT THEM IN THE COMMUNITY. I'M THE DIRECTOR OF THE INDEPENDENT LIVING CENTER OF SOUTHERN CALIFORNIA, AND WE SO MUCH OF THE TIME HAVE TO EDUCATE OR HELP THE PEOPLE KNOW SOMETHING ABOUT THE PLANS THAT WE ARE SERVING AND HOW THEY WILL HELP THEIR NEEDS.

SO I THINK IT WOULD BE A GOOD THING TO COMBINE THE TWO. WE HAVE DONE SOME TRAINING FOR SOME OF THE MEDICAL STAFF, AND I THINK – ESPECIALLY THE NURSES AND THE PEOPLE AT THE FRONT LINE. SO IT'S REALLY IMPORTANT THAT WE KNOW HOW TO TALK WITH PEOPLE AND WORK WITH THEM AND HAVE AN UNDERSTANDING OF WHAT THE PEOPLE ARE GOING THROUGH ON THE OUTSIDE.

>> THANK YOU SO MUCH, NORMA JEAN. WE ARE ACTUALLY LOOKING FORWARD TO HEARING FROM LONG-TERM CARE PROVIDERS AS WELL AT THE RIVERSIDE SUMMIT. SO REALLY APPRECIATE THAT COMMENT, AND WE WILL CERTAINLY CONTINUE TO TAKE THAT INTO CONSIDERATION.

>> ALL RIGHT. THANK YOU, NORMA.

THAT IS ALL THE QUESTIONS WE HAVE IN THE QUEUE AS OF NOW. SO PLEASE, AGAIN, IF YOU HAVE QUESTIONS, PRESS ONE ON YOUR KEY PAD AND WE WILL GET TO QUESTIONS AS THEY COME IN.

OUR NEXT QUESTION COMES FROM DENNY CHEN. DENNY, YOUR MIC IS OPEN.

>> HI, GUYS. CAN YOU HEAR ME?

>> YES.

>> GREAT. THANK YOU SO MUCH FOR TAKING MY QUESTION. I HAVE A COUPLE OF QUESTIONS. I'M HOPING THEY ARE RELATIVELY SHORT. THE FIRST IS WITH RESPECT TO THE BREAKDOWN OF ETHNICITY. I'M WONDERING IF YOU CAN CLARIFY WHEN THE IDENTITY CATEGORY IS LISTED AS ASIAN OR PACIFIC ISLANDER, WHO EXACTLY THAT INCLUDES? BECAUSE OTHER ASIAN ETHNICITIES ARE SEPARATELY LISTED. SO THAT IS MY FIRST QUESTION.

MY SECOND QUESTION IS, IF DHCS PLANS ON RELEASING A MORE COMPLETE BREAK DOWN PAST THE TOP FIVE CATEGORIES, AND AT WHAT POINT WE ARE EXPECT THAT.

AND THEN MY THIRD QUESTION IS REALLY MORE OF A COMMENT, THAT I THINK FOR A FUTURE CALL IT WOULD BE GREAT TO HEAR FROM DHCS AND THE PLANS HOW THE IMPLEMENTATION OF CPO SERVICES IS GOING.

>> HI. THANK YOU SO MUCH FOR THE EXCELLENT QUESTIONS.

SO FIRST OF ALL, I THINK YOU HAVE NOTED CORRECTLY THAT THERE ARE A COUPLE OF ASIAN COMMUNITIES THAT ARE BROKEN DOWN SPECIFICALLY AND THEN OTHERS WITH – AND THESE ARE PEOPLE WHO SELF IDENTIFY, SO SELF IDENTIFYING AS ASIAN AND PACIFIC ISLANDER. SO WE WERE LOOKING TO SEE WHETHER THERE IS A SPECIFIC DEFINITION THAT IS OUTLINED AS PEOPLE SELF IDENTIFYING, AND WE WILL MAKE SURE TO POST THAT IF THAT IS IN FACT THE CASE. BUT OTHERWISE IT IS DEFINITELY JUST WHAT PEOPLE SELF IDENTIFY AS. SO WE WILL DO FURTHER RESEARCH ON THE ACTUAL BREAK DOWN OF THAT.

AND TO YOUR SECOND QUESTION, YES, THIS IS DEFINITELY A FIRST PASS AT LOOKING AT A BREAKDOWN OF THIS. THERE ARE MANY MORE LANGUAGES THAT PEOPLE HAVE IDENTIFIED WITH, MANY MORE ETHNICITIES. AND WE DEFINITELY WANTED TO TAKE THIS AS A FIRST PASS. AND WE ARE AT THE SAME TIME LOOKING AT PROVIDING FURTHER BREAK DOWN INFORMATION AND ALSO BALANCING DOING THAT WHILE ALSO KIND OF KEEPING IT IN A CONCISE AND EASY-TO-READ FORMAT FOR ALL OF YOU.

SO THIS WAS A FIRST PASS, AND THANK YOU FOR THE COMMENT. WE ARE ACTIVELY LOOKING AT DOING FURTHER BREAKDOWNS IN THE FUTURE.

>> ALL RIGHT. THANK YOU FOR THOSE QUESTIONS.

THOSE ARE ALL THE QUESTIONS WE HAVE IN OUR QUEUE AGAIN. SO PLEASE, IF YOU HAVE QUESTIONS, PRESS ONE ON YOUR KEY PAD, AND WE WILL GET TO THOSE AS THOSE COME IN.

>> SO. GOOD MORNING, THIS IS SARA BROOKS, AND I JUST WANTED TO FOLLOW UP ON THE KIND OF TAIL END OF THAT QUESTION RELATED TO CPO OR CARE POINT OPTION SERVICES. AND I THINK THE QUESTION WAS JUST, YOU KNOW, WHEN THE DEPARTMENT WOULD BE PROVIDING SOME INFORMATION OR IF WE WILL BE PROVIDING INFORMATION ON KIND OF HOW THE SERVICES ARE BEING AUTHORIZED BY THE HEALTH PLAN.

SO YES, IN RESPONSE TO THAT QUESTION, THE DEPARTMENT DOES HAVE INTENTIONS TO RELEASE THAT DATA. WE CURRENTLY ARE STILL WORKING WITH CMS IN TERMS OF OBTAINING THE FULL ENCOUNTER DATA SET FOR CAL MEDICCONNECT. AND SO ONCE WE RECEIVE THAT, THEN WE WILL DO SOME ANALYSES AND WE WILL RELEASE SOME DATA RELATED TO CPO'S.

>> THIS IS CLAUDIA CRIST. AND I FAILED TO INCLUDE SOMETHING I MEANT TO MENTION TO YOU ON THE ENROLLMENT DATA. REMEMBER THAT WE HAVE BEEN TALKING ABOUT THE EFFORT THAT WE ARE PUTTING IN TO REALLY MAKE THIS PROGRAM WORK WELL FOR PEOPLE AND MAKE ESPECIALLY THOSE ASPECTS THAT ARE PARTICULARLY CRUCIAL, SUCH AS THE CARE COORDINATION AND INDIVIDUALIZED APPROACH FOR FOLKS AND RESOURCES IS DONE RIGHT.

AND WE HAVE DEFINITELY BEEN WORKING HARD ON THAT AND WITH A LOT OF INPUT FROM STAKEHOLDERS. WE DID WANT TO POINT OUT THAT WHEN YOU LOOK AT THE DASHBOARD, ENROLLMENT DASHBOARD, IN THE TOP RIGHT-HAND CORNER UNDER JULY PENDING ENROLLMENTS, UP AT 2100 OR SO, IF YOU TAKE OUT SANTA CLARA, ALL THE REST OF THOSE ARE ACTUALLY OPT IN'S. SO WE HAVE ABOUT 700 OPT IN'S. THOSE ARE PEOPLE THAT HAVE ACTIVELY CALLED AND MADE THE ELECTION TO OPT INTO CAL MEDICCONNECT. SO THAT BECOMES – IF YOU KNOW, THOSE ARE THE COUNTIES WHERE WE HAVE NO LONGER HAVE PASSIVE ENROLLMENT.

SO I JUST WANTED TO POINT OUT THAT TO YOU AS YOU READ THAT DASHBOARD. THAT'S A NUMBER TO CONTINUE TO LOOK FOR, TO SEE HOW PEOPLE ARE DOING ON THE ACTIVELY OPTING IN, AS WE ARE, AS WE MENTIONED BEFORE, TRANSITIONING FROM A PASSIVE ENROLLMENT TO VERY MUCH OF AN ACTIVE ENROLLMENT PERIOD. AND THAT'S CERTAINLY SOMETHING THAT WE KEEP OUR EYE ON, BECAUSE THAT IS

IN PART A GAUGE FOR US ON HOW THINGS ARE GOING. AND WE WANT PEOPLE TO HAVE VERY GOOD SERVICE.

>> THANK YOU, CLAUDIA AND SARA.

WE HAVE A FEW MORE QUESTIONS THAT HAVE COME IN. SO OUR NEXT QUESTION COMES FROM JANET HYAMS-CANTERBURY. JANET, YOUR MIC IS OPEN.

>> HI, GUYS. IT'S GOOD TO BE ON THE CALL. I'M JUST CURIOUS ABOUT THE IHSS NUMBERS. RIGHT NOW I'M NOT ACTUALLY LOOKING AT THE WEBSITE. BUT I'M CURIOUS ABOUT WHETHER OR NOT YOU'VE SEEN ANY UPTICK IN THE ENROLLMENT OR CONTINUED OPTING OUT. AND IF YOU GUYS AT THE SACRAMENTO LEVEL HAVE ANY SPECIFIC PLANS ON WHAT TO DO ABOUT THAT AND HOW TO DEAL WITH THE IHSS OPT OUT RATE.

I THINK – YOU KNOW, I DON'T – I DON'T KNOW. I JUST – YOU KNOW, I HAVE A FEELING THAT FOR SOME PEOPLE WHO HAVE OPTED OUT, IT MAY NOT BE BECAUSE THEY DON'T NEED THE PROGRAM. IT MIGHT BE BECAUSE THEY ARE SCARED OR THEY DON'T WANT TO LOSE THEIR DOCTOR OR WHATEVER. SO I'M JUST CURIOUS IF THERE'S TALK ABOUT HOW TO DEAL WITH THAT.

>> THANK YOU SO MUCH FOR THAT QUESTION. AND BEFORE WE TALK ABOUT – A LITTLE BIT ABOUT SOME OF THE THINGS THAT WE ARE DOING AND WHAT WE HAVE OBSERVED, I WANTED TO KEEP THE MIC ON FOR YOU FOR JUST A SECOND, SEE IF YOU HAVE – IF YOU HAVE ANY SUGGESTIONS OR ANY THOUGHTS OR IDEAS.

>> WELL, WE HAVE BEEN TALKING A LOT ABOUT IT WITH THE PANC PEERS. I WORK A LOT WITH THE CONSUMERS. AND, YOU KNOW, THERE SEEMS TO BE KIND OF A KNEE-JERK, OKAY, I DON'T WANT TO LOSE MY DOCTOR. BUT WHEN YOU GET BEYOND THAT, I THINK THERE ARE – THERE ARE THINGS THAT – THAT ARE FACTORS, THAT ARE IMPORTANT FACTORS.

I DON'T KNOW HOW TO DEAL WITH THE "I'M AFRAID OF LOSING MY DOCTOR," BECAUSE THAT ONE IS VERY – I MEAN, IT IS WHAT IT IS. I DON'T KNOW HOW YOU CHANGE THAT. BUT JUST RECENTLY WE HAVE HAD SOME CONVERSATIONS WITH A COUPLE OF THE PLANS. AND, YOU KNOW, IT TURNS OUT THAT THE PLANS ARE DOING SOME FAIRLY INTENSIVE WORK WITH THE IHSS PROGRAM PEOPLE. YOU KNOW, WITH THE SOCIAL WORKERS AND WHATNOT IN TRYING TO DEVELOP SERVICES FOR THEIR MEMBERS WHO ARE ALSO IHSS CONSUMERS.

AND I GUESS THE FEELING THAT WE – I HAD AND SOME OF THE PEERS HAD IS THAT THAT'S A VERY – THAT'S NEWS TO US, THAT THAT'S SOMETHING THAT WE DON'T REALLY REALIZE WAS HAPPENING. AND IT'S FAIRLY IMPORTANT TO GET THAT INFORMATION OUT. ANYWAY, SO THAT'S ONE THOUGHT, IS THAT THERE IS AN IHSS-SPECIFIC STRATEGY IN THE PLANS, IT SOUNDS LIKE. AND THAT'S SORT OF WHAT I'M ASKING, IS THERE AN IHSS-SPECIFIC STRATEGY COMING FROM SACRAMENTO THAT WE CAN, YOU KNOW, HAVE INPUT INTO AND ALSO BE AWARE OF AS IT COMES DOWN. I GUESS THAT WOULD BE MY RESPONSE, CLAUDIA.

>> GREAT. THANK YOU. THREE OF US ARE GOING TO TACKLE YOUR QUESTION. IT'S EXCELLENT, AND THANK YOU FOR YOUR THOUGHTS AS WELL.

>> YES. THIS IS HANNAH KATCH. THANK YOU SO MUCH FOR YOUR REALLY THOUGHTFUL COMMENTS AND QUESTIONS. I THINK FIRST AND FOREMOST, WE WOULD LOVE TO WORK WITH YOU. SO WE WOULD BE VERY HAPPY TO SET UP A TIME TO DISCUSS YOUR THOUGHTS FURTHER AND COLLABORATE MOVING FORWARD.

ONE COMPONENT THAT I WANTED TO JUST BRIEFLY MENTION BEFORE MY COLLEAGUES TALK MORE SPECIFICALLY ABOUT IHSS IS THAT ACROSS THE BOARD, WE ARE VERY INTERESTED IN GETTING MORE FEEDBACK FROM BENEFICIARIES, PROVIDERS, EVERYONE WHO IS PARTICIPATING IN CAL MEDICONNECT WHO CAN GIVE US MORE INFORMATION ABOUT HOW WE CAN STRENGTHEN THE PROGRAM. AND SO A COUPLE OF PROJECTS THAT WE ARE EMBARKING ON WITH SUPPORT FROM THE SCAN FOUNDATION IS A COUPLE OF DIFFERENT EVALUATIONS OF THE PROGRAM, BOTH A RAPID CYCLE POLLING, TO TRY TO GET

QUICK INFORMATION FROM BENEFICIARIES ABOUT WHAT'S WORKING, WHAT'S NOT WORKING, WHY THEY SIGNED UP, WHY THEY CHOSE TO OPT OUT OR DISENROLL.

WE WANT AS MUCH INFORMATION AS QUICKLY AS POSSIBLE FROM OUR BENEFICIARIES, INCLUDING IHSS CONSUMERS, TO MAKE SURE THAT WE HAVE THE INFORMATION WE NEED TO STRENGTHEN THE PROGRAM OR DO BETTER OUTREACH AND COMMUNICATION IF THAT IS NEEDED. AND THEN WE HAVE A LONGER-TERM EVALUATION, ALSO SUPPORTED BY THE SCAN FOUNDATION, TO LOOK AT THE PROGRAM AS A WHOLE IN A MORE ROBUST WAY AND DO FOCUS GROUPS AND OTHER SORT OF IN-DEPTH COMMUNICATIONS AND INFORMATION GATHERING FROM EVERY PERSPECTIVE OF THE PROGRAM.

SO THAT IS ONE THING THAT WE ARE DOING, NOT SPECIFIC TO IHSS BUT INCLUDING IHSS AND I THINK CLAUDIA HAD A COUPLE OF OTHER COMMENTS MORE SPECIFIC TO IHSS

>> CORRECT. THANK YOU SO MUCH, HANNAH. YES. SO BEFORE I TALK ABOUT A COUPLE MORE IHSS-SPECIFIC STRATEGIES AND INFORMATION, I ALSO WANTED TO ANSWER THE FIRST PART OF YOUR QUESTION, WHICH, HAVE WE SEEN A CHANGE? AND SO FAR WE HAVEN'T SEEN ANY SIGNIFICANT CHANGES UP OR DOWN, ONE WAY OR THE OTHER. IT'S STAYING PRETTY STABLE FROM THAT PERSPECTIVE. SO THAT OF COURSE IS STABLE NOT IN A WAY THAT WE WANT. WE WOULD LOVE FOR PEOPLE TO OPT IN. AND REALLY, TO ANSWER ANOTHER PART OF YOUR QUESTION, WHAT WE HAVE HEARD FROM CONSUMERS, WE HAVE DEFINITELY LISTENED. WE HAVE GONE OUT AND LISTENED.

A COUPLE OF THINGS. ONE, THEY OPT OUT BECAUSE THEY MAY BE SCARED. THEY ARE SCARED THAT – WHAT THIS MEANS TO THEM. THEY ARE SCARED OF CHANGE. WE HAVE HEARD FROM OUR OWN SUBCOMMITTEE MEMBERS THAT WERE ABLE TO SHARE WITH US THAT, YOU KNOW, FOR MANY OF THEM THAT NEED MULTIPLE SPECIALISTS, THEY HAVE TAKEN A LONG TIME TO CODDLE TOGETHER KIND OF A NETWORK OF MULTIPLE PROVIDERS AND SPECIALISTS THAT THEY, YOU KNOW, HAVE FINALLY KIND OF DIALED IN THE WAY THAT THEY FEEL IS GIVING THEM WHAT THEY NEED. AND EVEN THOUGH IT'S COMPLEX FOR THEM TO NAVIGATE AND IT'S TOUGH, AND CAL MEDICONNECT IN THEORY THEY FEEL WOULD HELP THEM, THEY ARE AFRAID THAT IF YOU TAKE ONE OF THOSE LITTLE PIECES OUT OF THAT MOSAIC, THAT IT WOULD CRUMBLE.

SO A LOT OF IT IS AROUND EDUCATION, LOOKING AT REALLY THE PROVIDER PIECE FOR THEM. AND SO FOR THAT – YOU KNOW, WE DID HEAR LAST TIME WHEN WE HEAR SOME OF THE STORIES. THERE WERE SEVERAL FOLKS INCLUDED IN THAT THAT WERE IHSS CONSUMERS THAT EXPERIENCED VERY POSITIVE – HAD A VERY POSITIVE EXPERIENCE THROUGH CAL MEDICONNECT. SO IT'S A MATTER OF ALSO HELPING TO SPREAD THE WORD THAT MAKING SURE THAT IF THERE ARE AREAS THAT ARE OF CONCERN THAT THOSE ARE ADDRESSED.

YOU HAVE NOTICED THAT THE PLANS HAVE MADE AN EFFORT TO REACH OUT AND REALLY FOCUS ON IHSS THAT IS AS PART OF OUR FOLLOW UP AS WELL, AND OUR DISCUSSIONS TOGETHER BETWEEN THE PLANS AND US. AND THEY HAVE REALLY TAKEN THIS SERIOUSLY AS WELL. THEY REALLY HAVE FOCUS ON ENSURING THAT THE IHSS SOCIAL WORKER IS PART OF THE INTERDISCIPLINARY CARE TEAM. THE PART THAT WE ARE NEEDING TO WORK ON IS, YOU KNOW, ANECDOTALLY WE KNOW THAT MORE HOURS ARE APPROVED. ANECDOTALLY WE KNOW, AND WE HAVE SOME DATA, BUT WE NEED TO REALLY SOLIDIFY THE DATA SO WE CAN DEMONSTRATE THAT.

AND THEN NEXT – ALSO WE ARE WORKING WITH OUR COLLEAGUES FROM HARBAGE ON CREATING A BENEFICIARY TOOLKIT, WHICH IS NOT SPECIFIC JUST FOR IHSS PROVIDERS, BUT IT'S REALLY MEANT TO PROVIDE HELPFUL INFORMATION IN A WAY THAT PEOPLE CAN UNDERSTAND AND THAT IT MEANS SOMETHING TO THEM. AND THAT IHSS PROVIDERS, AS TO WHAT CAL MEDICONNECT COULD OR WOULD MEAN FOR THEM AND SPECIFIC TO THEIR NEEDS.

AND THEN I'M GOING TO TURN IT TO RYAN FROM HARBAGE, WHO IS GOING TO TALK A LITTLE BIT ABOUT THE IHSS-PROVIDED SPECIFIC OUTREACH EFFORT.

>> ALL RIGHT. THANK YOU CLAUDIA, AND THANK YOU HANNAH FOR THAT.

AND JANET, FIRST I WANT TO SAY THAT, YOU KNOW, WE HAVE WORKED TOGETHER WITH YOU AND GREG IN THE PAST ON OUTREACH. AND WE DEFINITELY WANT TO CONTINUE THAT RELATIONSHIP AND COLLABORATION BETWEEN HARBAGE AND PASC. AND I KNOW YOU GUYS DO A LOT OF GREAT THINGS. I THINK I JUST GOT A CALL FROM A PHONE TOWN HALL A NIGHT OR TWO AGO FROM YOU GUYS. SO YOU KNOW YOU ALL CONTINUE TO DO A LOT OF WORK, A LOT OF GREAT WORK, AND WE WANT TO CONTINUE TO WORK WITH YOU.

BECAUSE OF THE OPT OUT RATES WITH IHSS, WE HAVE OBVIOUSLY LOOKED AT OUR OUTREACH. AND WE ARE BUILDING STRATEGIES TO KIND OF REFOCUS OUR ATTENTION TO, YOU KNOW, WHAT WE CAN DO, WHAT WAS MISSED THE PAST, AND SOME NEW STRATEGIES THAT MIGHT WORK WELL IN THE FUTURE, AND KIND OF BUILDING ON WHAT CLAUDIA WAS MENTIONING OF, YOU KNOW, ALL THOSE THOUGHTS AND WHAT WE ARE HEARING ANECDOTALLY, WHY IHSS BENEFICIARIES ARE OPERATING OUT AT A HIGHER RATE.

WE WANT TO START TO TRY TO INCORPORATE SOME OF THAT INFORMATION INTO OUR OUTREACH MATERIALS AND INTO OUR OUTREACH, FIRST OF ALL TO – DIRECTLY TO IHSS BENEFICIARIES AND THEIR PROVIDERS, JUST TO TRY TO ALLAY SOME OF THOSE FEARS AND TO TRY TO HELP PEOPLE UNDERSTAND THAT THE PROGRAMS CAN GIVE THEM SOME VERY GREAT BENEFITS AND NOT TAKE AWAY FROM THEIR IHSS SERVICES.

SO THAT'S KIND OF OUR STRATEGIC APPROACH. WE HAVE BEEN WITH THE MATERIALS, AND WE HAVE BEEN WORKING WITH – WE HAVE BEEN REACHING OUT TO THE UNIONS TO WORK WITH THEM ON THE GROUND, TO SEE IF WE CAN AMPLIFY THEIR EFFORTS IN OUTREACH AND SEE WHERE THEY CAN HELP US. AND THEY CAN CARRY THIS TO A LOT OF CAREGIVERS, AND THAT'S ONE OF THE WAYS WE THINK THAT WE CAN BE VERY IMPACTFUL, IS IF WE CAN EDUCATE THE CAREGIVERS FOR THE IHSS BENEFICIARIES, KNOWING THAT THEY ARE TRUSTED SOURCES AND, YOU KNOW, WE CAN GET A LOT OF INFORMATION TO THEM HOPEFULLY THAT WILL BE HELPFUL FOR THE PEOPLE THEY PROVIDE THEIR CARE FOR.

SO THAT'S SOME OF THE THINGS WE ARE DOING. WE HAVE OUR DEDICATED TEAM CONTINUING OUR WORK ON THE GROUND. AND YOU KNOW OUR COORDINATORS, SO WE WILL HAVE OUR COORDINATORS REFOCUSING IN LOS ANGELES. WE ARE ALSO STARTING OUT A RELATIONSHIP EARLY ON WITH THE PUBLIC AUTHORITY IN ORANGE COUNTY, AS WELL AS THE UNIONS IN ORANGE COUNTY TO MAKE SURE THAT WE ARE WORKING WITH IHSS BENEFICIARIES AND CAREGIVERS VERY EARLY ON AND GIVING THEM THE RIGHT MESSAGE IN ORANGE AS THE ENROLLMENT STARTS THERE.

SO THOSE ARE SOME OF THE THINGS THAT WE ARE DOING AND THINKING ABOUT. I WOULD LOVE TO OFF LINE WITH YOU. I'LL SHOOT YOU AN E-MAIL IN THE DAY – YOU KNOW, BEFORE THE DAY IS OVER. AND WE CAN SET UP A TIME TO TALK SOME MORE ABOUT YOUR THOUGHTS AND PUBLIC AUTHORITY'S THOUGHTS ON OUTREACH TO IHSS CAREGIVERS AND BENEFICIARIES.

THANK YOU FOR THAT, JANET. OUR NEXT QUESTION WILL COME FROM PAULINE. PAULINE, YOUR MIC IS OPEN.

>> HI. HI. SO MY QUESTION MAY BE A LITTLE BIT OFF TOPIC. BUT IT'S IN REGARDS TO THE CMS LETTER THAT WAS ISSUED, I BELIEVE MAY 7<sup>TH</sup>, EXTENDING IMPOVERISHMENT. AND PART OF IT WAS THAT IT DESCRIBED IT WOULD APPLY TO THE 11-15 WAIVER. AND MY UNDERSTANDING IS THAT PART OF THAT IS SENIORS AND PERSONS WITH DISABILITIES WERE MANDATORY ENROLLED IN MANAGED CARE. SO I WAS WONDERING IF YOU COULD GIVE ME A DEFINITION OR A LIST OF WHAT HOME AND COMMUNITY-BASED SERVICES ARE OFFERED UNDER THE CCI THAT THIS WOULD APPLY TO.

>> THANKS SO MUCH FOR THAT QUESTION. MY UNDERSTANDING OF THE IMPOVERISHMENT GUIDANCE IS AS IT RELATES TO OUR ELIGIBILITY. SO WE DO NOT HAVE THE RIGHT PEOPLE IN THE ROOM TO ANSWER YOUR QUESTION SPECIFICALLY. BUT IF YOU WOULD LIKE TO SEND IT TO [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG), WE WOULD BE HAPPY TO GET YOU THE RIGHT INFORMATION.

>> THANK YOU FOR THAT, PAULINE. AND PLEASE E-MAIL US, AND WE WILL GET THAT E-MAIL TO THE DEPARTMENT, TO THE RIGHT FOLKS.



WITH THAT WE ARE THROUGH OUR QUESTIONS IN THE QUEUE. IF ANYONE THAT WE MISSED OR WAS NOT WHEN WE CALLED YOUR NAME, PLEASE RAISE YOUR HAND, PRESS ONE, AND WE WILL GET TO YOUR QUESTION.

ALL RIGHT, EVERYONE. THAT IS ALL THE QUESTIONS WE HAVE IN THE QUEUE TODAY. IF YOU HAVE QUESTIONS IN THE FUTURE, PLEASE E-MAIL US AT [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG), AND WE WILL MAKE SURE TO GET YOU AN ANSWER TO YOUR QUESTION.

THANK YOU FOR JOINING US TODAY, TO HEAR A VERY IMPORTANT UPDATE ON THE COORDINATED CARE INITIATIVE, AND WE WILL TALK TO YOU NEXT MONTH. THANK YOU VERY MUCH.