

**INLAND EMPIRE CCI STAKEHOLDER ADVISORY
COMMITTEE MEETING
(UNAPPROVED MINUTES FOR-September 24, 2013)**

Location: IRC 1425 S. Waterman Ave, San Bernardino, CA 92408

Date: Tuesday, September 24, 2013- 1:30 pm -4:30pm

Appointed Committee Members Present:

<u>Person</u>	<u>Title</u>	<u>Affiliation</u>
Chris Stottlemyer (Vice-Chair)	Administrator	California Association of Health Facilities
Felice Connolly	Provider	Riverside County In- Home Support Services Public Authority
Fran Bates	Executive Director	Rolling Start
G.G Crawley	Deputy Director	San Bernardino County In- Home Supportive Services
Gilbert Saucedo for Lisbeth Roberts	Director	Health Insurance Counseling and Advocacy Program
Kristine Loomis	Consumer	Riverside County In- Home Support Services
Leti Fierro (Attended by phone)	Senior Administrative Analyst	Riverside County In- Home Support Services Public Authority
Mary Rios	Multicultural Affairs Advocate	Disability Rights California
Megan Juring	Deputy Director	Department of Rehabilitation
Mia Attruia for Eric Hernandez	Program Specialist	Riverside County In- Home Support Services
Michael Stanish for Dimitrios Alexiou (Attended by phone)	Vice President	Hospital Association of Southern California
Miguel Benitez for Wendy Duchon		SEIU- ULTCW
Myette Christian	Registry Manager	San Bernardino County In- Home Supportive Services Public Authority
Ricardo Cisneros (Attended by phone)	Regional Coordinator	United Domestic Workers
Sarah Eberhardt-Rios	Deputy Director	San Bernardino County Department of Behavioral Health
Sergio Calderon (Attended by phone)	Director	Alzheimer's Association
Steve Steinberg	Program Chief	Riverside County Department of Behavioral Health
Wasima Alvi	Clinical Services Manager	Inland Regional Center

Committee Members Absent

<u>Person</u>	<u>Title</u>	<u>Affiliation</u>
Barbara Porter	Program Director	Inland Empire Adult Day Healthcare Center
Deborah Miller	Vice President of Health Services	Molina Healthcare
Dr. Brad Gilbert	Chief Executive Officer	Inland Empire Health Plan
Dr. Scott Allen	Physician	Provider
Michele Wilham	Director	Riverside County Office on Aging,
Paul Van Doren	Executive Director	Community Access Center
Randy Schlecht	Consumer	San Bernardino County In- Home Supportive Services
Ron Buttram (Chair)	Director	San Bernardino Department of Aging and Adult Services
Ron Stewart	Deputy Director	Riverside County Office on Aging
Sharon Swayzer	Provider	San Bernardino County IHSS Public Authority

IEHP Committee Members Present:

<u>Person</u>	<u>Title</u>
Ben Jauregui	Disability Program Manager
Roger Uminski	Director of Health Administration

Molina Healthcare of California Committee Members Present:

<u>Person</u>	<u>Title</u>
Dr. Richard Bock	Chief Medical Officer
Lisa Hayes	Director, Disability & Senior Access Services

**INLAND EMPIRE CCI Stakeholder Advisory Committee Meeting
Meeting Minutes for September 24, 2013 @ 1:30-4:30 pm**

Agenda Item	Discussion of Agenda Items	Action
<p>I. Welcome and Introductions <i>Chris Stottlemeyer (Vice-Chair)</i></p>	<p>A. Chris Stottlemeyer chaired as Ron Buttram was absent B. Introductions were made.</p>	<p><i>No Action Required</i></p>
<p>II. Acceptance of minutes from July 23, 2013 <i>Chris Stottlemeyer (Vice-Chair)</i></p>	<p>A. Minutes approved as presented</p>	<p><i>No Action Required</i></p>
<p>III. Review of Action Log from July 23, 2013 <i>Chris Stottlemeyer (Vice-Chair)</i></p>	<p>A. To share presentations with the Stakeholders that will be utilized.</p> <ul style="list-style-type: none"> • It was reported that HICAP is currently working with the CDA and Harbor Consulting to create a standard PowerPoint that can be adapted by the Counties. CDA wants to ensure that all of the materials are fact checked and are readable. <p>B. Provide the HICAP link to Lisa Hayes to add to the CCI Stakeholder Website.</p> <ul style="list-style-type: none"> • The HICAP links have been provided. www.hicapsbc.org and www.hicaprc.org both links lead to the same site. <p>C. Look into materials and trainings to support HICAP with counseling persons with a disability.</p> <p>D. Look into the State Health Insurance Assistance Program (SHIP) HICAP is assigned by CMS a unique ID number to be able to contact Health Plans and Medicare Advantage Plans on behalf of the member without the member being present in order to advocate for them</p> <ul style="list-style-type: none"> • This action has been postponed due to the delay in the start date of Cal MediConnect. The guides from CMS are already available, they were sent to all Health Plans including D-SNP's. <p>E. The Plans to verify how often the Websites are updated when a Provider is added or removed.</p> <ul style="list-style-type: none"> • Both Plans informed the group that the Providers are updated every evening. <p>F. Lisa to look into a possible cutoff period where the member could not go back. They would have to choose a Cal MediConnect Plan if they are Dual eligible.</p> <ul style="list-style-type: none"> • The Duals have a yearlong special enrollment period; there is currently no cutoff. <p>G. Group to provide feedback on Website.</p> <ul style="list-style-type: none"> • There is some basic information available; it is solid foundation for the Coordinated 	<p><i>In Progress</i></p> <p><i>Completed</i></p> <p><i>In Progress</i></p> <p><i>In Progress</i></p> <p><i>Completed</i></p> <p><i>Completed</i></p> <p><i>In Progress</i></p>

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	Care Initiative (CCI) Stakeholder Advisory Committee.	
IV. Risks	<p>A. The group was asked to brainstorm and come up with risks that could hamper the CCI Implementation. (<i>See Below</i>):</p> <ol style="list-style-type: none"> 1. Miscommunication 2. Complexity of Stakeholder Groups 3. Beneficiaries with complex medical needs 4. Beneficiaries in treatment during transition, continuity of care. 5. Use clear and simple language. Proper/ adequate interpretation and alternate formats. 6. Durable Medical Equipment; custom, long-term, transition period (authorization process) 7. Exclusion impact on Developmentally Disabled population and Regional Center Population 8. Public trust if/when something goes wrong. 9. Not reaching everyone; assuming someone else has that population covered. 10. Bureaucracy in some organizations, information slips through cracks. 11. Not Preparing consumers and providers to best navigate/ use the Managed Care Organization system, as well as the lack of education and participation by non- contracted providers 12. Difficulty in changing behaviors 13. Lack of accessibility to providers by consumers 14. Transient Members 15. Interoperability of data systems, and data sharing process. 16. Identified all stakeholders, advocates, providers 17. Serving rural areas 18. Care coordination may not be connected. 19. Process on how to get the right info to the right people at the right time. <ul style="list-style-type: none"> • Central/ primary care manager 20. Confidentiality/ HIPPA. PPI release of information universal? (HIE) 21. Target conserved population 22. Compatibility between counties. 23. HRA Tool <p>B. The top 4 risks have been identified. Stakeholders were asked if they would like to volunteer to create subgroups for each of the top four risks to assist in coming up with ways to mitigate the identified risk. The top four risks identified from 1-4 with the subgroup volunteers are as follows:</p> <ol style="list-style-type: none"> 1. Not Preparing consumers and providers to best navigate/ use the Managed Care Organization system, as well as the lack of education and participation by non- 	

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	<p>contracted providers. G.G. Crawley, Sarah Eberhardt-Rios, Ben Jauregui, Mary Rios</p> <p>2. Use clear and simple language. Proper/adequate interpretation, alternate formats. Lisa Hayes, Megan Juring, Fran Bates, Felice Connolly.</p> <p>3. Beneficiaries in treatment during transition, continuity of care. Dr. Bock, Wasima Alvi, Kristine Loomis (via phone, email)</p> <p>4. Interoperability of data systems, and data sharing process. Roger Uminski, Steve Steinberg, Sarah Eberhardt-Rios, Leti Fierro, Wasima Alvi.</p>	
<p>V. CCI/ Cal MediConnect Updates <i>Dr. Richard Bock, Molina Roger Uminski, IEHP</i></p>	<p>A. CMS/State have not yet provided rates to the Plans.</p> <ul style="list-style-type: none"> • The CCI/ Cal MediConnect implementation has been delayed to no earlier than April 1, 2014. <p>B. The Plan Benefit Designs have not yet been finalized.</p> <ul style="list-style-type: none"> • The Plans are unable to determine benefit plans without knowing the rates. <p>C. MOU Updates:</p> <ul style="list-style-type: none"> • Riverside County- the Riverside County MOU's have been approved by both the Plans and the County Board of Supervisors. • San Bernardino County- the San Bernardino County MOU's will be on the Board Agenda for approval on October 22, 2013. • The three-way contracts from the State and CMS are still pending. <p>D. The Plans have not yet received the Readiness Review audit result reports from the site visits.</p> <p>E. The Plans and the Counties In-home Supportive Services (IHSS) and Multipurpose Senior Service Program (MSSP) have been meeting on a regular basis to discuss:</p> <ul style="list-style-type: none"> • How information is going to be shared? • What data elements will be shared? • What formats will be used? • The frequencies? • How the process is going to happen? <p>No decisions have been made as of this point.</p> <p>F. The State has declared that they will provide Data Sharing Agreement Direction. The Counties and the Plans will continue to be proactive and not wait for the State.</p> <p>G. The Expansion of the carved out Mental Health benefits will now be a part of the Health Plans effective January 2014. It was stated that, "All but the severely disabled Mental Health recipients will be moved for their Outpatient treatment to the Health Plans." It is unknown how it will be defined. Some services that were traditionally done at the County level will now be moved to the Health Plans.</p> <ul style="list-style-type: none"> • The Counties have started working with the Plans to gain understanding, to collaborate, provide continuity of care, and define care level responsibilities. 	

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	<ul style="list-style-type: none"> • There is a working committee hosted by DHCS. A call will take place September 25, 2013. 	
<p>VI. Communication Updates</p>	<p>A. There are multiple websites available for information:</p> <ul style="list-style-type: none"> • www.inlandempirecci.org • www.calduals.org • www.hicapsbc.org and www.hicaprc.org • www.nslc.org <p>B. The Stakeholders were asked, “What has been heard by those in organizations that work in the field and that work with those that will be transitioned? Are people aware of this? Do they have any questions? Are your organizations talking to your constituents and what kind of reaction are you getting?”</p> <ul style="list-style-type: none"> • Gilbert Saucedo- HICAP has gained many calls from people that are concerned about the implementation of CCI and the Affordable Care Act. People are confusing the Affordable Care Act with CCI. HICAP is still conducting presentations and more communications about their options. • Fran Bates- More is better. There was a very good presentation at the IEDC “Aging Well with a Disability” Conference on September 17, 2013 given by Amber Cutler of the National Senior Citizen Law Center. “As a 72 year old, looking at myself as a senior citizen, taking in all of this information and looking at it from both aspects, it still seems very cumbersome to figure it all out. It is going to take several presentations for my staff to get it, as it is with me getting it all. I might be a little bit dense because of my age but there is a lot to learn and a lot to remember. Not just one presentation to anyone organization is going to get someone that is able to spew this information out in a credible manner.” <ul style="list-style-type: none"> ○ Lisa Hayes- It is difficult for the Plans to understand. Everyone is undergoing the same challenges. It is the complicated nature of CCI. ○ Ben Jauregui- Amber Cutler of the National Senior Citizen Law Center was the presenter; we can share the information with all of you if you would like to have her come out and do a presentation. Or possibly this committee can invite her to present. • Sarah Eberhardt-Rios- When I think about this query, it is out about communication. I think about my own understanding with my own Health Plan, which even with all of my experience as a Health Care Administrator can be hard. Or, trying to navigate something for my mom. So, I always want to remind myself of that to help myself on how to communicate this to providers, staff and how consumers are going to help me understand the best communication. The process is so overwhelming. What are some ways that we can communications about this that changes the feeling of heaviness or avoidance of the 	

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	<p>complexity?</p> <ul style="list-style-type: none"> • Lisa Hayes- Gilbert do you know the percentage of people that have called that are 65 and not 65? Are they only calling about the ACA or do they have questions about CCI? The concern is disability sensitivity awareness, we want to make sure that the 30% that are going to be participating in CCI that are under 65 that have a disability, that their needs are going to be met as far as understanding the culture of disability and understanding that it is a little bit different than the senior citizens. <ul style="list-style-type: none"> ○ Gilbert Saucedo- for Medicare it is either over 65 or older or they are receiving SSDI or some type of disability, sometimes children fall under that as well. HICAP is in the gear of training their volunteers and staff to really before the implementation. • Sarah Eberhardt- Rios- Can we figure out a way to find out “what is the bottom line?” What is it that the consumers want to know? Providers are asking, “How do I get paid”, so if we can work that out than we can get that communication. Does anyone have any insight on what do people really want to know? <ul style="list-style-type: none"> ○ Gilbert Saucedo- It depends on the audience. It’s the higher at risk populations. Understanding how the changes are affecting them. What their options really are, something that has multiple languages so that they can understand. <ul style="list-style-type: none"> ▪ Lisa Hayes- Do you have the capacity to go back to get things transcribed in another language? ▪ Gilbert Saucedo- Lisbeth is working on a translation service. • Kristine Loomis- The question I hear the most is “Will my doctor or specialist change?” 	
VII. Public Comment	<ol style="list-style-type: none"> 1. Chris Long (Care Provider) – When I get to a point of contention or of disagreement relative to the client that I am caring for, I want the information available to me about the determinations, the manual of process and procedures, the things that determine what’s available and what isn’t. Looking forward in this committee, there has to be some openness of resources on which this service is built so that I can go and read about it. We have a population that is capable of many things if they get a little help to express their intelligence and own what is available to them. Also, if each agency could possibly create a list of whom they think might be falling through the cracks (like homeless) and focus on getting those the information as well as the others. 	
VIII. Closing Comments	A. There were no closing comments to report.	
IX. Next Meeting	A. Due to the Holiday, It has been requested that the November 2013 meeting be moved to the week before. Communication on the date change will be sent to the group shortly.	

Action Log

ACTION ITEM	RESPONSIBLE STAKEHOLDER	OPEN DATE	DUE DATE	STATUS	NOTES	COMPLETION DATE
To share presentations with the Stakeholders that will be utilized.	Lisbeth Roberts	7/23/13	9/24/13	Pending	HICAP's plan for outreach is to maintain the focus on Medicare. It depends on the additional funding that will be provided by the State of California to assist in the Duals Demonstration work. HICAP will be happy to partner with any organization to do presentations that will be tailored to each client.	
Look into materials and trainings to support HICAP with counseling persons with a disability.	Lisa Hayes/ Ben Jauregui	7/23/13	9/24/13	Pending		
Look into the State Health Insurance Assistance Program (SHIP) HICAP is assigned by CMS a unique ID number to be able to contact Health Plans and Medicare Advantage Plans on behalf of the member without the member being present in order to advocate for them	Lisbeth Roberts, IEHP, Molina	7/23/13	9/24/13		It would be helpful for the HICAP counselors and helping the clients if IEHP and Molina would utilize the same process that the Plans may already have the guidance for under the Medicare D-SNP, The Plans can then utilize this process for the Cal MediConnect Program so if HICAP needs to advocate and ask more questions there will be a direct SHIP aligned to the Plans that the councilors can utilize.	
Group to provide feedback on Website	Group	7/23/13	9/24/13	On Going		
To come up with ways to mitigate the top four identified risks.	Risk Subgroups	9/24/13	11/13			

Action Log - Resolved

ACTION ITEM	RESPONSIBLE STAKEHOLDER	OPEN DATE	DUE DATE	STATUS	NOTES	COMPLETION DATE
Create Website for Committee/ Public-Status Update: A draft picture of what the website will look like was presented.	Lisa Hayes	1/29/13	7/23/13	Complete	www.inlandempirecci.org	7/23/13
Create 2 list serves. One for Committee and One for Public- Both Committee and Public list servers will be available on the website.	Heidi Pringle	1/29/13	7/23/13	Complete		3/21/13
Send Acronyms to Stakeholders	Heidi Pringle	7/23/13	9/24/13	Completed		9/24/13

Provide the HICAP link to Lisa Hayes to add to the CCI Stakeholder Website.	Lisbeth Roberts	7/23/13	9/24/13	Completed	www.hicapsbc.org and www.hicaprc.org both links lead to the same site.	9/24/13
The Plans to verify how often the Websites are updated when a Provider is added or removed.	Ben Jauregui/ Lisa Hayes	7/23/13	9/24/13	Completed		9/24/13
Lisa to look into a possible cutoff period where the member could not go back. They would have to choose a Cal MediConnect Plan if they are Dual eligible.	Lisa Hayes	7/23/13	9/24/13	Completed		9/24/13