

**INLAND EMPIRE CCI STAKEHOLDER ADVISORY
COMMITTEE MEETING**

(APPROVED MINUTES FOR-March 21, 2013)

Location: IEHP, 303 E. Vanderbilt Way, San Bernardino, CA 92408

Date: Thursday, March 21, 2013- 1:30 pm -4:30pm

Appointed Committee Members Present:

<u>Person</u>	<u>Title</u>	<u>Affiliation</u>
Randy Schlecht	Consumer	San Bernardino County In- Home Supportive Services
Sarah Eberhardt-Rios	Deputy Director	San Bernardino Department of Behavioral Health
Kristine Loomis	Consumer	Riverside County In- Home Support Services
Felice Connolly	Provider	Riverside County In- Home Support Services Public Authority
Steve Steinberg	Program Chief	Riverside County Department of Behavioral Health
Barbara Porter	Program Director	Inland Empire Adult Day Healthcare Center
Paul Van Doren	Executive Director	Community Access Center
Fran Bates	Executive Director	Rolling Start
Ricardo Cisneros	Regional Coordinator	United Domestic Workers
Amanda Volker	Field Director	SEIU-ULTCW
Lisbeth Roberts	Director	Health Insurance Counseling and Advocacy Program
Mary Rios	Multicultural Affairs Advocate	Disability Rights California
Dimitrios Alexiou	Vice President	Hospital Association of Southern California
Dr. Scott Allen	Physician	Provider
Vikki Neugebauer	Manager	Riverside County Office on Aging,
Sergio Calderon	Director	Alzheimer's Association
Megan Juring	Deputy Director	Department of Rehabilitation

Committee Members Absent

<u>Person</u>	<u>Title</u>	<u>Affiliation</u>
Johnny Andrade	Supervising Program Specialist	Riverside County In- Home Support Services
G.G Crawley	Deputy Director	San Bernardino County In- Home Supportive Services
Myette Christian	Registry Manager	San Bernardino County In- Home Supportive Services Public Authority
Ron Buttram (Chair)	Director	San Bernardino Department of Aging and Adult Services
Felix Minjarez		Riverside County In- Home Support Services Public Authority
Michele Wilham	Director	Riverside County Office on Aging,
Wasima Alvi	Clinical Services Manager	Inland Regional Center
Chris Stottlemeyer (Vice-Chair)	Administrator	California Association of Health Facilities

IEHP Committee Members Present:

<u>Person</u>	<u>Title</u>
Dr. Bradley P. Gilbert	Chief Executive Officer
Roger Uminski	Director of Health Administration
Ben Jauregui	Disability Program Manager

Molina Healthcare of California Committee Members Present:

<u>Person</u>	<u>Title</u>
Dr. Richard Bock	Chief Medical Officer
Deborah Miller	Vice President of Health Services
Lisa Hayes	Director of Senior and Disability Access Manager

**INLAND EMPIRE CCI Stakeholder Advisory Committee Meeting
Meeting Minutes for March 21, 2013 @ 1:30-4:30 pm**

Agenda Item	Discussion of Agenda Items	Action
<p>I. Welcome and Introductions <i>Dr. Gilbert, IEHP and Dr. Bock, Molina Healthcare</i></p>	<p>A. Welcome from both Dr. Gilbert and Dr. Bock.</p> <p>B. Stakeholder Introductions.</p>	<p><i>No Action Required</i></p>
<p>II. Announcements <i>Bobbie Wunsch, Moderator</i></p> <p>a) New members</p> <p>b) Chair/ Vice -Chair</p>	<p>A. It has been decided to add both the Department of Rehabilitation and the Alzheimer’s Association to the committee. There is a San Bernardino County Public Authority Provider position that is pending.</p> <p>B. It was announced that there are two self nominations. The Chair position will go to Ron Buttram of San Bernardino County Department of Aging and Adult Services, , and Vice –Chair will go to Chris Stottlemeyer of California Association of Health Facilities.</p>	<p><i>No Action Required</i></p>
<p>III. Acceptance of minutes from January 29, 2013 <i>Bobbie Wunsch, Moderator</i></p>	<p>A. Minutes were accepted as presented.</p>	<p><i>No Action Required</i></p>
<p>IV. Review of Action Log from January 29, 2013 <i>Bobbie Wunsch, Moderator</i></p>	<p>A. Committee Chair and Vice Chair- Completed. Only two self nominations received for Chair and Vice- Chair. We are pleased to announce both members: Ron Buttram of San Bernardino County Department of Aging and Adult Services, , and Chris Stottlemeyer of California Association of Health Facilities.</p> <p>B. Create Website for Committee/ Public- Status Update: A draft picture of what the website will look like was presented. Feedback from Stakeholders is as follows:</p> <ol style="list-style-type: none"> 1. Add a “What is CCI” tab to the website 2. Is the website section 508 compliant? Section 508 requires that Federal agencies' electronic and information technology is accessible to people with disabilities. <ul style="list-style-type: none"> • It was requested to Molina’s IT department that the website be 508 compliant. 3. Will there be a list serve added into the website? <ul style="list-style-type: none"> • Under the Committee Members Tab there will be a secure list of each committee member and their contact information. 4. What information will be listed in the Contact Us tab? <ul style="list-style-type: none"> • There will be telephone numbers for both IEHP and Molina provided in the “Contact Us” tab. 	<p><i>Completed</i></p> <p><i>In Progress</i></p>

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	<p>5. Will there be a place for public comment?</p> <ul style="list-style-type: none"> • This will be taken back to Molina's IT department to be added. <p>C. Create 2 list serves. One for Committee and One for Public- Both Committee and Public list servers will be available on the website.</p> <p>D. Creating a call in number- There is an available call number upon request.</p>	<p><i>In Progress</i></p> <p><i>Completed</i></p>
<p>V. Suggested Changes to CCI Stakeholder Charter Presented at January 29 meeting <i>Ben Jauregui, IEHP</i></p>	<p>A. There has been one minor change on page one. Coordination of Care has been added to number 1 under Roman numeral IV.</p> <p>B. Alzheimer's Association and Department of Rehabilitation have been added to the list of members on page 3.</p> <p>C. Under VIII. Stipend for Committee Members now reads Members of the IE CCI Advisory Committee who are consumers occupying Committee seats designated for consumers shall be entitled to a maximum stipend of \$75 per meeting. Twenty-five of the seventy five dollars is intended to cover caregiver expenses. Should consumer attend telephonically, the total stipend shall be fifty dollars (\$50.00).</p> <ol style="list-style-type: none"> 1. Felice Connolly- Requested for IHSS Providers to receive mileage reimbursement due to coverage needs while participating in committee meetings. <ul style="list-style-type: none"> • It has been agreed by both plans for both Riverside County and San Bernardino County IHSS Providers to receive mileage reimbursement. <p>D. Change to Exhibit A- Riverside County Office on Aging Michele Wilham, change Deputy Director to Director.</p> <p>E. Change to Exhibit A- Representative for Hospitals- Name misspelled. Change to Dimitrios Alexiou</p> <p>F. Charter approved with changes.</p>	<p><i>No Action Required</i></p> <p><i>Changes to be made to Charter.</i></p>
<p>VI. CCI Updates <i>Roger Uminski, IEHP</i></p>	<p>A. The plans are waiting for the State to finalize the Memorandum of Understanding (MOU). It is reported that it will be signed at the end of March. Once the MOU is finalized it is expected by the State that both plans be ready for a desk audit and a second audit on-site shortly after to ensure both plans are prepared to begin this transition.</p> <p>B. The pending MOU between the State Department of Healthcare Services (DHCS) and Federal Center for Medicare and Medicaid Services (CMS) is very complex; it is what drives the Readiness Review.</p> <p>C. Questions in regards to CCI:</p> <ol style="list-style-type: none"> 1. Paul Van Doren- Stated he has heard there is more than one MOU that needs to 	

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	<p>be put in place for CMS. One for doing the Medical Services and one for Long Term Support Services.</p> <ul style="list-style-type: none"> • Dr. Gilbert- There is two parts of this MOU. First is the MOU between the Federal Government and the State which is related specifically to the Duals Demonstration. There will then be a three way contract that will consist of the LTSS components and requirements between the Plan, State, and Federal Government. <p>2. Barbara Porter- Stated there has been rumor that if the signing of the MOU gets pushed back until 2014 some of the Plans in the State are going to no longer participate. It was asked if IEHP and Molina are going to continue their participation if this project.</p> <ul style="list-style-type: none"> • Dr. Bock- Qualified yes, Molina would like to see what the funding is going to look like for CCI. The funding needs to be appropriate. If they push it back any further it is not logistically possible to get the information out to the Plans for them to prepare documentation for the Readiness Review Process. Molina is committed to making it work. • Dr. Gilbert- Qualified yes, IEHP wants to participate. We think it is very important, and it will benefit our members. But, we have to have the funding to provide the level of service that this population deserves. <p>3. Kristine Loomis-Asked who was at the negotiation table for the MOU. Is there a representative from the consumers, and do the Plans feel well represented at the negotiation table?</p> <ul style="list-style-type: none"> • Dr. Gilbert- No, there isn't any representation from consumers, providers, nor the Plans are represented. It is just the State and Federal Government. 	
<p>VII. DHCS Readiness Tool and Stakeholder Preparation for Duals Demonstration Project <i>Deborah Miller, Molina Healthcare</i></p> <p><i>DHCS Readiness Tool and Stakeholder Preparation for</i></p>	<p>A. The plans have been informed that a company called NORC at the University of Chicago has been selected by CMS to conduct the Readiness Review. NORC has recently completed the same review In Massachusetts. Both Plans have teamed up with the Massachusetts Health Plan for feedback from their review to help our Plans be fully aware of the expectations of the Readiness Review.</p> <p>B. There are three phases in the Readiness Review.</p> <ol style="list-style-type: none"> 1. Phase 1- Uploading information to the CMS website, where they will be looking at the everyday Plan processes that each Plan has in place in order to be a "Health Plan". 2. Phase 2- The second upload will contain Coordination of Care specific elements. 3. Phase 3- Where NORC will come into each Plan for a site visit to interview both Plans with all documentation to ask questions on each Plan's processes. 	

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<p><i>Duals Demonstration Project Cont.</i></p>	<p>then the following month in Medicare they go back to Fee-for- service (FFS), how long will they have to stay with the Plans?</p> <ul style="list-style-type: none"> • Dr. Gilbert- It is month to month on the Medicare side. There will not be a lock-in or extended initial period of enrollment. • Dr. Bock- Opt-out will be a reality in this program. The Plans need to educate people and the provider community that this is an advantage. <p>4. Ricardo Cisneros- How is it that we can get the care providers to see if the medication is working. One of the solutions might be is to make the provider apart of the Care Team. Care providers know the situations of their clients, adding these providers on the front line it will be helpful in everyone in general especially for the member receiving the care.</p> <ul style="list-style-type: none"> • Dr. Bock- With the Interdisciplinary Care Team the member is essential to that to decide who is going to be on the team for them. We are in hopes that the provider is one on that team. <p>5. Dr. Scott Allen- Care Coordination is very important both the infrastructure and the practice, if we cannot get that part to work better this will not work.</p> <ul style="list-style-type: none"> • Dr. Bock- With the new contracts and new relationships with the plans one of the things that should be included in the agreements should be about Data information sharing. Including what is allowed and how to do it. 	
<p>VIII. Lessons Learned from CBAS and SPD Transition</p>	<p>A. Barbara Porter-</p> <ul style="list-style-type: none"> • Communication is the biggest pitfall, members do not understand. Members throw away mail from Medi-Cal, Medicare, and DHCS. • Physicians have the control on opt-out, need communication with the doctors so there are no misconceptions that they will be losing money and losing patients • Billing and electronic communications • Educating people about Managed Care, more Outreach and education. <p>B. Randy Schlecht- There is a myth about Managed Care. People are worried that they would not have the same benefits with Managed Care.</p> <p>C. Dr. Scott Allen-Fear of the unknown in Managed Care, fear of losing options and solutions. It would be a good idea to add the Case Manager number on Member cards sent by the State.</p> <p>D. Barbara Porter- Case Manager contact on Medi-Cal Cards is a great idea to help care givers that are at the apex of being burned out that may not want to make several phone calls to multiple places and still have to wait for a phone call back; this would be the best thing to reduce this</p>	

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	<p>quandary.</p> <p>E. Steve Steinberg- SPD transition for Mental Health had already existing procedures with the Health Plans so there was already knowledge on how to managing the cases. You will have to know how it is going to impact the consumers, know how to manage the anxiety about change. Educating each person about why there is a benefit with having a central point of contact, and having the Plans managing care. Employed over 100 peers that have gone through and have experienced this transition to help others that are experiencing this transition to manage the change better.</p> <p>F. Sergio Calderon- Fear of losing benefits and options as well as anxiety of limited choice. Providers need to inform Case Managers on what is occurring and how it is going to affect the members.</p> <p>G. Dimitrios Alexiou- Communication is the key.</p> <p>H. Felice Connolly- Questioned since her daughter is Medi/Medi with Other Health Coverage what would happen if she enrolls with IEHP will she have to change her doctor?</p> <ul style="list-style-type: none"> • Ben Jauregui- People that have Other Health Coverage are exempt from CCI unless they have IHSS. You do not want to pick a Plan and then find out your doctor is not in that Plan. <p>I. Mary Rios- Communication is key. It is important to get the word out from the beginning by having round table discussions in various communities would be very helpful.</p> <p>J. Kristine Loomis- Working disabled person that has health coverage with her employer but also qualifies for Medi-Cal. The cost to Medi-Cal that is incurred is through IHSS but also in durable medical equipment where Medi-Cal covers the co-pay. The documents that were received were very confusing even for someone that has great reading comprehension.</p> <p>K. Lisbeth Roberts- HICAP is a neutral source of information for people that have Medicare and also those who have both Medicare and Medi-Cal. Keep everyone informed of when notifications are going to go out and provide training; HICAP would like to know materials that are sent out to members. Consistency between IEHP, Molina and County. Possibly add links to different websites that show who is carved out from CCI by showing different scenarios based on the information that is entered by each person.</p> <p>L. Barbara Porter- Suggested to add most frequently asked questions to the website.</p> <p>M. Fran Bates- Finding out the difference in the level of oversight, there is a great level of oversight</p>	

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	<p>in Managed Care that may be a good marketing strategy.</p> <p>N. Megan Juring- Make sure it is known how to post accessible documents on website on an ongoing basis to provide enough time to work with the providers and encourage them to be a part of the network .</p> <p>O. Paul Van Doren- Suggested that someone from the Department of Health Care Services come out and educate the group on what waiver programs are/are not included.</p> <ul style="list-style-type: none"> • Lisa Hayes- MSSP is a part of CCI which is a waiver program. • Bobbie Wunsch- We will look into possibly having a Webinar or a call based on this suggestion. 	
IX. Public Comment	A. Chris Long (Care Provider) – What is the difference between Policy and Practice? How do we get providers involved?	
X. Next Steps	A. Next meeting will be on communication. We will be getting in touch with many members in advance to help us plan.	
XI. Closing Comments	A. Lisa Hayes- There is a data sharing follow-up meeting Tuesday April 2, 2013. It is based on the challenges on what information should be shared and how it should be shared.	
XII. Next Meeting	A. May 21, 2013 1:30- 4:30	

Action Log

Responsibility	Action Item	Discussion	Completion
Committee	Chair and Vice Chair		<i>Completed</i>
Lisa Hayes	Create Website for Committee/ Public	Molina IT should have the website up and running by the next meeting.	<i>In Progress</i>
Heidi Pringle	Create 2 list serves. One for Committee and One for Public		<i>In Progress</i>
Ben Jauregui	Creating a call in number		<i>Completed</i>