

Sacramento County Health Authority Commission Consumer Protection Committee Meeting

Meeting Minutes

May 27, 2021, 11:00 AM – 1:00 PM

Meeting Location

In compliance with County, State, and Centers for Disease Control and Prevention directives related to the COVID-19 public health emergency, this meeting was held remotely via webinar and conference call.

Attendance

Name	Attendance	Name	Attendance
SCHA Consumer Protection Committee Voting Members			
Kyle Stefano, <i>Chair</i>	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Kim Williams	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
John Landefeld, MD, <i>Vice-Chair</i>	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Lisa Packard	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Edwin Kirby	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Patricia Sherrod	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
County Staff to SCHA			
Jenine Spotnitz	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent		

Agenda Item	Time
<p>1. Welcome, Agenda Review, and Introductions – Kyle Stefano, Committee Chair</p> <p>Chair Kyle Stefano convened the meeting at 11:10 a.m. and reviewed the agenda.</p>	11:00 – 11:15 am
<p>2. Overview of Consumer Protection Committee Charge and Workplan – Jenine Spotnitz, Sacramento County Department of Health Services</p> <p>Jenine Spotnitz described the charge of the Consumer Protection Committee, which broadly includes hearing testimony from Medi-Cal beneficiaries, analyzing consumer experiences with Medi-Cal managed care plans and the healthcare system to identify areas to improve, and developing ideas for improvement. Areas of focus for the Committee include reducing complexity and confusion for Medi-Cal beneficiaries in accessing care and support for social determinants of health; strengthening care coordination; improving access to Medi-Cal services for marginalized communities; and ensuring Medi-Cal beneficiaries are aware of opportunities to provide feedback and participate in improving health systems in Sacramento County. A key task of the Committee this year is to make</p>	11:15 – 11:25 am

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<p>recommendations about the vetting questions for Medi-Cal Managed Care Plans (MCPs) and about the ongoing quality oversight and monitoring plan.</p> <p>Jenine Spotnitz discussed the Committee workplan, which includes the following tasks and dates: develop recommendations for CalAIM phase 1 vetting questions by June 7 for review at the June 14 Commission meeting. The intent is to allow the MCPs to respond to these vetting questions prior to their submission of the CalAIM Model of Care Part 1 (which includes ILOS selections and “go early” decisions on ECM populations of focus) to the Department of Healthcare Services by July 1, 2021.</p> <p>The Committee will then develop and provide recommendations for comprehensive MCP vetting metrics and questions to the Commission by June 21, in advance of a special Commission meeting that will likely be held on June 29.</p>	
<p>3. Overview of Meeting Process and Robert’s Rules – Jenine Spotnitz, Sacramento County Department of Health Services</p> <p>Jenine Spotnitz provided an overview of parliamentary procedures as outlined in the Health Authority Commission Bylaws and Robert’s Rules.</p>	11:25 – 11:35 am
<p>4. Discussion and Action: CalAIM Managed Care Plan Vetting Questions and Priorities – Kyle Stefano, Committee Chair</p> <p>Chair Kyle Stefano provided an overview of Whole Person Care (WPC) and Health Homes Program (HHP), the precursors to CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS). She stated that WPC and HHP will both operate until December 31, 2021, at which point clients will transfer into CalAIM ECM and ILOS. New enrollments into WPC will end on June 1, 2021 because it takes an average of six to nine months to house individuals. She noted that preliminary outcomes of the pilots show decreasing hospitalizations and health improvements.</p> <p>In regards to HHP, Chair Kyle Stefano noted that each MCP has different eligibility criteria. In addition to the list of eligible individuals that providers receive from the MCPs, providers can make “bottom-up” referrals for individuals that meet the eligibility criteria by submitting a two to three page referral to all 5 MCPs. Community based organizations and providers have noted there is a lack of</p>	11:35 – 12:25 pm

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clarity about the eligibility criteria and how it differs across MCPs. The referral process for some MCPs is easy, whereas others request additional medical records to verify eligibility and deny individuals for reasons that are unclear to providers. Vice-Chair John Landefeld, MD, noted that in HHP, MCPs are an intermediary as providers refer patients to health plans, which would then communicate authorization decisions to community-based organizations, rather than allowing providers to coordinate directly with community-based organizations.

Committee members reviewed the following list of fourteen ILOS that DHCS has pre-approved and that MCPs may opt to provide:

- i. Housing Transition Navigation Services
- ii. Housing Deposits
- iii. Housing Tenancy and Sustaining Services
- iv. Short-Term Post-Hospitalization Housing
- v. Recuperative Care (Medical Respite)
- vi. Respite Services
- vii. Day Habilitation Programs
- viii. Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF)
- ix. Community Transition Services/Nursing Facility Transition to a Home
- x. Personal Care (beyond In-Home Services and Supports) and Homemaker Services
- xi. Environmental Accessibility Adaptations (Home Modifications)
- xii. Meals/Medically Tailored Meals
- xiii. Sobering Centers
- xiv. Asthma Remediation

Committee members discussed how all ILOS are important and should all be provided in Sacramento County. Some Committee members indicated that there are related services that should also be included, in order to maximize the effectiveness of the ILOS and improve health outcomes. Vice-Chair John Landefeld, MD, noted that sobering centers may have limited effectiveness if clients lack access to inpatient residential substance use treatment (also known as “drug rehab”), and stated that this is important to provide access to. He noted the time period for inpatient treatment differs by substance, and may range from two weeks to 30 days to 6 months or so. Several other Committee members agreed and stated that addiction afflicts a broad swath of the community, not just people experiencing homelessness or serious mental illness (SMI), and many community members lack access to needed services.

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Vice-Chair John Landefeld, MD, discussed contingency management services for methamphetamine use disorder, which is an evidence-based treatment, not medication management. He noted that while opioid use disorder has effective life-saving medications, methamphetamine use disorder does not, though there is some emerging evidence for some medications that can assist people. Contingency management involves giving people with methamphetamine use disorder something that has value (e.g., gift cards for food) in exchange for not using methamphetamine. There is considerable stigma that has impeded funding of contingency management, and legislation to expand substance use disorder services to include contingency management services (SB-888) has not passed. Yet available evidence indicates that contingency management has had more of an impact in decreasing methamphetamine usage than any medications to date. If this were something that MCPs could fund through Medi-Cal, it could certainly make difference many Sacramento County residents.

Committee members posed several questions, including:

- How does the carve out for SMI care relate to CalAIM ECM and ILOS and the benefits provided by MCPs for people with SMI?
- What services do sobering centers encompass?
- How can the crisis intervention system and housing navigators for people experiencing homelessness make referrals to ILOS/ECM?

Committee members discussed the following draft MCP vetting questions related to CalAIM:

- **Relevant experience from WPC and HHP:** How have you evaluated your WPC and HHP work? How are you getting and utilizing feedback from the clients? Please describe the services you provide under WPC and HHP, the utilization numbers, how many referrals you had and the rate at which referrals were granted. Who was able to refer into WPC and HHP (please provide policy documents and available data on the percentage of referrals received from each referring entity, including the breakdown for bottom-up/provider referral and authorizations). Please provide a description and data (utilization, demographics served, length of time enrolled, outcomes, etc.) on all WPC and HHP services you have provided, and note which you are currently still providing. How will you ensure continuity of

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care (including services and providers) for individuals enrolled in WPC and HHP?

If you have experience implementing WPC and HHP, what successes and challenges have you experienced that are relevant to ECM and ILOS planning? How will you apply what have you learned to ensure successful implementation of ECM and ILOS, including ensuring adequate access, quality, and outcomes?

Please provide documentation of the grievance processes that exist, the grievances that have been submitted related to WPC and HHP, and how they have been addressed.

- **ECM:** What's your proposed timeline for implementation for each population? Do you plan to provide ECM for any additional populations? Please list eligibility criteria for each ECM population. What are the referring entities, referral and authorization processes for ECM?
- **ILOS:** Which ILOS are you planning to provide, for what eligible populations, and what's your timeline for implementation? Please list eligibility criteria for each ILOS. What are the referral entities, and referral and authorization processes for ILOS? What, if any, new ILOS are you proposing to add (given DHCS approval)?
- **Coordination:** Describe how you are coordinating with existing Medi-Cal managed care plans. How, if at all, are you working with other MCPs to ensure consistency of eligibility requirements, referral and authorizations processes, and services offered? It is important that providers have the ability to make referrals, and for consistency in eligibility criteria and referral processes across MCPs.
- **Implementation planning**
 - i. **Capacity building:** How will you support the contracting entity and provider network in expanding capacity to serve all eligible populations, and in building IT infrastructure to track and manage services, billing, and data sharing?
 - ii. **Contracting:** What is your approach to contracting for ECM and ILOS? What would you expect from an

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<p>entity you contract with - what infrastructure, experience, and other requirements are you expecting an entity to have?</p> <p>iii. Data: How will you share client-level data (e.g., demographic, treatment team, contacts, and health history) with providers and the contracting entity?</p>	
<p>5. Discussion: Community Engagement Plan – Jenine Spotnitz, Sacramento County Department of Health Services</p> <p>Jenine Spotnitz facilitated discussion among Committee members about the community partners who could be invited to engage in the Committee’s efforts. Committee members compiled the following list of potential community partners: Building Healthy Communities; Legal Services of Northern California (LSNC); ICP (medical respite); SURE; Loaves and Fishes; Independent Living Services; Ethnic group organizations; Sacramento Regional Coalition to End Homelessness (SRCEH); Sacramento Services not Sweeps Coalition; La Familia Counseling Center; Medi-Cal providers, and primary care physicians. They also suggested using city and county listservs to communicate with the general public.</p> <p>Committee members discussed methods to engage community members and partners, which include inviting people to submit written comments; distributing a survey of Medi-Cal patients and providers about their experiences utilizing Medi-Cal, including challenges and ideas for improvement; and inviting people to join a meeting and speak during public comment or present to the Committee.</p> <p>Committee members will email Jenine Spotnitz with other ideas regarding community partners and engagement methods.</p>	<p>12:25 – 12:45 pm</p>
<p>6. Public Comment – One comment per person, limited to two minutes.</p> <p>None.</p>	<p>12:45 – 12:55 pm</p>
<p>7. Next Steps and Adjournment – Kyle Stefano, Committee Chair</p> <p>Kyle Stefano adjourned the meeting at 1:00pm.</p>	<p>12:55 – 1:00 pm</p>

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Members of the public are encouraged to attend. Public comments are accepted during designated time. Electronic or hard copies of documents are available upon request. To request documents, or if you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Jenine Spotnitz at SpotnitzJ@saccounty.net or (916) 216-1782. Electronic copies of documents will be emailed upon request and hard copies of documents may be picked up at 7001-A East Parkway, Sacramento, CA 95823. For more information regarding the Sacramento County Health Authority Commission, please visit our website at [Sacramento County Health Authority](#).