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BOARD OF SUPERVISORS

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BY *Arlene Evans*
CLERK OF THE BOARD

COUNTY OF SACRAMENTO
CALIFORNIA

For the Agenda of:
November 10, 2015
"Communication Received and Filed"

To: Board of Supervisors
From: Department of Health and Human Services
Subject: Report Back - Status Of Development Of Healthcare Services For Undocumented Residents
Supervisorial Districts: All
Contact: Sherri Z. Heller, Director, Health and Human Services, 875-2002
Sandy Damiano, Deputy Director, Primary Health Services, 876-7179

Overview
This is the Department of Health and Human Services' (DHHS) report back to the Board regarding the status of the healthcare program for undocumented County residents authorized during the Fiscal Year 2014-15 June Budget Hearings.

Recommendation
Receive and file.

Measures/Evaluation
Not applicable.

Fiscal Impact
None

BACKGROUND

On March 18, 2015, the Board held a workshop on healthcare services for undocumented immigrants. During the course of the hearing, the Department presented overview materials related to this topic, including a staff report and a briefing paper authored by Stan Rosenstein that had an associated matrix with potential options and cost estimates. On June 9th, the Board received a Communication Received and Filed Board Memo dated May 28, 2015 noting the status of the development of a healthcare service for undocumented residents. Specifically, the memorandum described additional work the Board requested, stakeholder feedback, and recommendations. The

Board approved a program proposed by the County Executive at the June Budget Hearing. Much of the program utilizes the existing County Health Center’s budget.

PLANNING UPDATE

Design

The program is called, “Healthy Partners,” which illustrates partnership at multiple levels. This includes the patient and the primary care provider treatment team, and it includes the County’s numerous partners, such as the University of California, Department of Internal Medicine, the local Sierra Sacramento Valley Medical Society (SSVMS), Hospital Systems, and advocates.

The Healthy Partners program consists of enrollment into comprehensive primary care. The only patient cost is for low-cost retail pharmaceuticals.

Healthy Partners <i>Comprehensive primary care services</i>	
Eligibility & Enrollment	Healthy Partners services are only for enrolled patients of the Sacramento County Health Center. Enrollment is limited.
Primary care	Comprehensive preventative and primary care <ul style="list-style-type: none"> ▪ <i>Psychiatric consultation and collaborative care</i> ▪ <i>Women’s Health</i> ▪ <i>Outpatient “Minor” Surgical Services – joint aspiration, lumps/bumps, skin biopsy, abscess drainage</i>
Focus	Preventative care (including immunizations) and treatment of chronic conditions, such as Diabetes, Hypertension, Cardiovascular, Asthma and Depression.
Care Management	<i>Clinical Pharmacist managed services:</i> Diabetes, Hypertension, Depression & Coumadin
Prescriptions	Low Cost Retail (\$4/\$10 per prescription for either a 30 day/90 day supply) Limited County formulary
Radiology	Plain Film

Specialty care is called “Healthy Partners Plus”:

- This is only available for members who are actively enrolled in Healthy Partners; **AND**
- Who meet medical necessity criteria, **AND IF**;
- The particular specialty service needed is available.
- Enrollment must be authorized separately **AND** be case and episode-based.

Healthy Partners Plus excludes services covered by other programs and any emergency or inpatient hospitalization. Emergency services will be covered through restricted scope Medi-Cal. Specialty services will be provided through three means:

- County Health Center – The Department will amend or establish a new contract with UCD Department of Internal Medicine for four specialties onsite.

- SPIRIT Volunteer Program – SPIRIT is undergoing an expansion to serve the target population as discussed in the June Board item receive and file communication. Services will be provided through private physician offices, outpatient surgeries and through an onsite specialty clinic located at the Primary Care Center.
- Contracted Vendor – A contracted vendor will provide diagnostic testing; physician-administered pharmaceuticals, and identified specialties.

Staff will use a protocol to refer to the specialties utilizing volunteer services, Health Center services and use the contracted vendor last. Due to limited funding, not all specialties will be covered. Staff and navigators will work to refer patients to any available services for specialties that are not covered.

Planning Timeline

Primary Care services will begin in the first quarter of 2016. Some components of the program may not be operational at go-live since processes are in development simultaneously. A rough timeline is noted below:

- Administrative Work (July – through December 2015)
Various administrative tasks are in process: competitive procurement; contract development; enrollment path, including process and materials; review of data systems; development of initial metrics; etc. Employees need to be selected and trained for member services, and administrative or direct care functions. Enrollment path and process will be completed by early December.
- County Formulary and Specialty Inclusions (July – October 2015)
Staff worked with key physician and pharmacy managers to develop a limited formulary and specialty inclusions and exclusions list for contracting. These were also reviewed by the healthcare consultant, UCD TEACH faculty leadership, and the stakeholders group. While not exhaustive, these meet essential needs.
- Comprehensive Primary Care (Target January 2016)
Primary Care services will begin in January for enrolled members.
- Navigation (January 2016)
Customer assistance and navigation is essential for this population. Three non-profit community partners have also offered in-kind navigation support (Sacramento Covered, La Familia Counseling Center, Inc., and the Health Education Council). The estimated value of these in-kind services is approximately \$122,000. Additionally, identified authorized community navigators will assist with initial identification and assistance of potential members. This will also be a tremendous contribution. Details regarding this collaboration have not yet been worked out. More information will be provided at a later date.

Healthy Partners will have a County member services team that provides enrollment, education on the services and problem solves issues. The Health Center also has a Care Coordination Team that assists with specialty appointments.

- **SPIRIT Recruitment (Target January 2016)**
Sierra Sacramento Valley Medical Society (SSVMS) and the Hospital Systems have just begun physician recruitment. The SSVMS emailed nearly 6,000 physicians the week of October 12th in their electronic bulletin. The SSVMS Executive Director wrote a recruitment article for the November/December issue of their journal. Lastly, they have also requested information from hospital systems on potential specialties.
- **Contracted Vendor for Specialty Services (January / February 2016)**
The procurement began 06/29/15 with a Letter of Interest, followed by a Request for Proposals 09/04/15. Proposals were due 10/05/15, with a vendor to be selected later this month. A recommendation will be sent to the Board in December. There is an aggressive timeline for contract negotiations and implementation. A draft contract has been developed for the negotiation process.
- **Specialty Services through the Health Center (January / February 2016)**
The Department will request to amend the existing University of California Department of Internal Medicine contract to include a few specialties at the County Health Center. These specialties will be for Medi-Cal and Healthy Partners enrollees.

STAKEHOLDER PROCESS

Stakeholder meetings have continued to occur on a monthly basis, although the number of participants has substantially reduced. Stakeholders who have continued to participate include Advocates, Hospital Systems, Medical Society and UCD Internal Medicine. This meeting will become more formalized in 2016 and transition into an advisory body.

OTHER UPDATES

Federal Executive Order – The Federal Executive Order remains at a standstill, due to the legal process. Implementation of the Federal executive order and application for full scope Medi-Cal benefits under PRUCOL may assist approximately half of the undocumented immigrant population Statewide.

SB 75 Full Scope Medi-Cal for All Children – Implementation efforts are in process by the State Department of Healthcare Services. This program will begin May 2016. Statewide, 120,000 children are currently on restricted scope Medi-Cal. The initial process will be to transition those children currently in restricted scope to full scope Medi-Cal coverage.

Coverage in Other Counties – The Board workshop staff report noted that eleven counties provided healthcare services to undocumented immigrants. Nine of the eleven counties are public hospital counties that own and operate their public hospitals, and generally have related clinics. Those include San Francisco, San Mateo, Contra Costa (children), Alameda, Santa Clara, Kern, Ventura, Los Angeles and Riverside. Two of the eleven, Fresno and Santa Cruz, were non-public hospital counties with unique circumstances that could not be duplicated by Sacramento County. Fresno

County approved a gap coverage program for specialty services in April 2015. The Board approved a program for Sacramento County in June 2015. The following week, the County Medical Services Program (CMSP) Consortium of 35 counties approved a program for individuals aged 21–64 years at 139–300% of the Federal Poverty Level (FPL). Monterey County had a pilot program approved to support the undocumented and uninsured residents with laboratory and pharmaceutical costs. In September 2015, Contra Costa approved a one year pilot for primary care services for 3,000 undocumented residents at county clinics.

SUMMARY COMMENTS

The Department greatly appreciates the interest of the County Executive, the Board, and stakeholders in this program initiative. While not a comprehensive benefits program, a limited, high quality healthcare program that provides a positive consumer experience has received the support of many partners who have stepped up to demonstrate their commitment to such a plan.

There will be some action items in the November and December Board calendar to obtain authority for contracts, budget authority, and positions for program implementation. Another status update will be submitted post implementation.

Respectfully submitted,

APPROVED:
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By: _____
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