

CCS FAMILY SUB-COMMITTEE MEETING
Thursday, June 16, 2016 – 6:00 p.m.
2000 Alameda de las Pulgas
San Mateo, CA 94403

Meeting Summary

Members Present: (hidden for privacy)
Members Excused: (hidden for privacy)
San Mateo County Members present: Srija Srinivasan, Anand Chabra, M.D., Glenn Ibarrientos, Martha Alexander, Mitch Eckstein, and Teresa Jurado.
San Mateo County Members Excused: Marsha Guevara
HPSM Members Present: Maya Altman, Margaret Beed, M.D.
HPSM Members Excused: Hanh Pham

- 1. Call to Order:** The meeting was called to order at 6:00 p.m. by Teresa Jurado.
- 2. Public Comment:** There was no public comment at this time.
- 3. Approval of Minutes:** The minutes from March 17, 2016 were approved as presented.
- 4. Youth/Young Adult Advisory Committee & Transitions Work**

Mr. Eckstein gave a report on the Youth Advisory Meetings which were taken from the notes prepared by Ms. Chen. At the last two meetings, the group reviewed and discussed the Youth Brochure; Parent & Youth Contact Forms; Age Specific Booklets; Consent Letters; and Care Coordination Assessment. The group felt the CCS brochure was well put together and the Parent and Youth Contract forms were easier to understand.

The group gave a lot of feedback on the booklets as follows:

- The information would be better if it were condensed.
- Clarify the age range for each booklet on the front cover.
- Include a table of contents
- Include a section for the member to write down their physician name and contact information, and other important information (i.e. medications, conditions, etc.).
- Include a cover letter to the parents or guardians to explain what is sent to the youth by CCS and what is contained in the booklets.
- Adding a check list to all brochures and who to contact with any questions or problems; if you go to college or move out of state.
- For Age 20 booklet to include instructions for the member to know what to do to continue getting medications.

Regarding the consent letters, the group felt that not all the parents understood and were signing the letter when it is intended for the child turn 18 to sign. The group is still working on

making the form clearer. These letters will be revised and resent.

The Youth also asked for prior notification by letter and/or email that they will be contacted by the Care Coordination assessment people to give them advance warning about the type of questions they will be asked. The concern is that the assessment asks very personal questions without advance notice, they may be reluctant to answer these type of questions.

5. Legal Aid Conservatorship Project

Dr. Beed gave an update on this project. She reported that the funding has been approved by the San Mateo Health Commission, the resources are in place, and the first session is scheduled for June 22nd. Mr. Eckstein added that Legal Aid Society will be training pro-bono attorneys on the program and already have made referrals to 10 families in need of conservatorship but cannot afford to pay for it. Dr. Beed and Mr. Eckstein explained how the program will work and why this project was developed.

6. Private Duty Nursing

Dr. Beed reported that a group of HPSM staff met with Maxim who provides most of the private duty nursing in the County to get a sense of the ability to provide more hours and review what is currently being provided. Staff is working on a ways to resolve the issues by either adding more resources to the contract to meet the needs of the population or some other action.

Dr. Chabra stated that for the CCS population only 70% of the requested hours were met where the private insurance it is met at 95%. These are hours that have been authorized, but are not actually provided. Dr. Beed said she will bring more information to the next meeting on this subject.

7. Incontinence Supplies

Dr. Beed reported that the providers have been notified about the changes to implement the rate reimbursement changes for incontinence supplies. Staff has developed a formulary based on input from members in an effort to standardize these products. Another meeting with this group and staff will be scheduled to walk through this formulary and how we can work with families in order to ensure they get what they need. Discussion ensued about the process, quality standards for the vendors, and service standards. Dr. Beed stated she is working with the health plan's Provider Services department to develop a system for quality and accountability. She added that they have not yet established all the rules and are working on the details including how they will roll this out to the vendors. Dr. Beed also stated that there will be exceptions made where appropriate. One person expressed concern about losing the products they know are working. Dr. Beed stated this is the type of area where the health plan could make an exception and will work with members on this.

Mr. Ibarrientos stated that if a member currently has an authorization in place and has gone through a process to get the products they are currently using that this information will be gathered in order to determine those situations. Dr. Beed added that nothing is going to happen immediately and there will be a transition period to review the information we already have for patients.

Mr. Eckstein stated that one problem may be the way the providers communicate to the members what is going on and why. Dr. Beed agreed that there is work to be done around

communications between the health plan, providers and members. She asked for feedback from the group if they hear of or experience any problems with these changes. A suggestion made was to grandfather those authorizations where member has a system/product that is working so they do not have to go through another series of products to get something that would now fit the new formulary. Mr. Ibarrientos stated that if members have issues or have something they want to continue because it is already working, to please communicate this with the case manager.

8. Medical Home & Care Coordination Model

Dr. Beed talked about the Medical Home model and the obligation of the health plan by virtue of its contract with the State. She explained the Medical Home model idea is to have a PCP or specialist with wrap around services such as Care Coordination, and to put that coordination at the level of the physician. As the health plan, we have Care Coordination resources or Case Management resources and want to get that as close as possible to the provider care.

Someone was confused by the information thinking this was an actual home. Dr. Beed explained this medical homes model really means having a doctor manage all the health care needs of the patient so the doctor would be the hub of the care for that patient and would have case management support and with resource. The health plan is looking at ways to do this, either financially or with resources like case managers. One idea discussed was to have virtual care coordination or have care coordinators at the PCP or specialist's office. This may help individual providers who do not have that wrap around support like Stanford or FQHC clinics. The goal is to help support the providers in a more direct way. This work has just begun and more information on this subject will be presented to this group in the future.

Ms. Jurado explained how the experience with CORE (Coordinating and Optimizing Resources Effectively), a Packard program at Stanford Children's Health that helps families with the most complicated children to coordinate their care and reduce duplication of services. It has worked well and has been very helpful. Now when issues arise, it can be handled in one or two phone calls or an email. Dr. Beed reported that she and Hanh Pham will be going to Packard for a day to observe how this works. Another program mentioned in comparison is CARE.

9. Health Plan of San Mateo CEO Remarks

Ms. Altman touched on the increase in reimbursement to specialists including CCS providers who are considered specialists. She explained CCS providers currently get paid at the State Medi-Cal fee schedule and they get 137% of that schedule. HPSM will now pay them at 175% of the fee schedule which brings them up to Medicare reimbursement rates. The hope is this will encourage specialists to increase the number of patients they see and stay contracted with the health plan. This increase has been approved for a 2 year period and will be reviewed thereafter for the impact. Dr. Chabra added that they also hope it will increase the number of adult specialist which can sometimes be hard to find. There are already positive results from this action with providers hearing about it and contacting the health plan with interest.

Ms. Altman reported that they are very close to having a final agreement signed with UCSF. It has been a long time coming and Mr. Ortiz has been working hard to bring this to completion.

This will be a very important resource for members in the North County. Unfortunately it will not transfer to adult care at this point. They are taking adults as part of the Medicare program but not straight Medi-Cal at this point. Some of these children will be dually eligible and able to be served there and there is also the issue of continuity of care. This agreement is a start.

On June 23rd, HPSM will kick off MedHOK, a new case management system that will help CCS staff coordinate more efficiently and help improve care coordination efforts. Dr. Beed stated all the information about what is happening with the patient will be recorded in this system so all the information will be available in one resource. Mr. Ibarrientos added that it will also generate communications regarding the patients care plan to the parents so they will be informed on what is happening as well. It is all about care coordination and nothing to do with authorizations.

10. Adjournment/Closing Remarks with no further business at 6:50 p.m.