

IN-HOME SUPPORTIVE SERVICES/PUBLIC AUTHORITY ADVISORY COMMITTEE
January 13, 2023, 12:45 PM

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 Meeting ID: 859 707 8275
 Passcode: 172598
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I. CALL TO ORDER: The meeting was called to order at 12:45 PM.			
A. Attendance			
Members		Excused Members	Guests
Nadine Branch Yolanda Ivy Marissa Chavez Erica McClure	Angela Vittucci Antonio Wilson Rusty Krumm	Ethel Larkins	Nicanora Montenegro Don Howard Justine Mann Mary Stephenson Shannon Mulhall Sarah Harris
Alternates	AIS/IHSS Staff	IHSS Public Authority	
	Julie Lara Charity Lerma Jill Dockler Erica Gonzalez	Thomas H. Johnson Diana Montellano Ana Molina Brittany Jungman Manny Martinez	
Item	Outcome/Discussion		Action Items
II. ESTABLISHMENT OF QUORUM: Done.			
III. PLEDGE OF ALLEGIANCE: Done.			
IV. INTRODUCTIONS: Everyone in attendance introduced themselves.			
V. TELECONFERENCE RULE: Nadine read the teleconferencing rule.			
VI. MEETING CODE OF CONDUCT REVIEW: Nadine reviewed the IHSS/PA Advisory Committee Meeting Code of Conduct.			
IX. APPROVAL OF AGENDA: Nadine asked for approval of the agenda, with a change requesting to allow Public Authority to give their report before the chair report. Angela motioned to approve. Antonio seconded it. Motion carried.			
VII. APPROVAL OF MINUTES: Nadine asked for approval of the minutes. Angela motioned to approve. Erica seconded it. Motion carried.			

VII. REPORT

A. **Public Authority:** Thomas reported that as of January 1st, provider wages have increased to \$16.00 an hour. Labor negotiations are in process. County Representatives, Public Authority and UDW leadership have been meeting to negotiate a new contract. Any agreements between Public Authority and UDW, with feedback and input from the county, must be ratified by UDW members. **Career Pathways:** In December, there were 189 participants in the training. Homebridge has been conducting training with additional online classes. **Back-Up Provider System (BUPS)** established by WIC, section 21300.6, an IHSS Recipient will be eligible to receive temporary IHSS or WPCS from a back-up provider if they have an urgent need for back-up supportive services related to personal care services that cannot be met by an existing provider. Back-up supportive services are also available if the urgent need cannot be met because the recipient is transitioning to home-based care and does not yet have an identified provider. The program is up and running now. How that works in San Diego County is that the PA will receive a referral from an IHSS social worker identifying that a particular consumer or client needs the back-up provider system, and then the staff at the Public Authority will go through the process of matching that individual to a provider. The incentive for the provider to take those assignments is an additional two dollars an hour, offered by the State. Thomas reported that the Public Authority will be participating in an event with the IHSS/Public Authority Advisory Committee on January 18th. The event is a Fraud Prevention Conference and Resource Fair, and it will be held at the George Stevens Center. Thomas thanked the committee for their suggestions on community engagement. He expressed the importance of connecting with the public and bringing awareness to the IHSS Program. Thomas informed the committee that we'll begin working on the draft of the annual report is due soon. He informed the committee that Ana will be reaching out to collect information as needed for the report. **Financial Report:** Thomas reviewed the committee budget. The committee is at \$1,900 year-to-date spent, with a budget balance of \$4,076. Thomas reminded the committee that he has provided a list of items eligible for the use of committee funds. Rusty inquired about how funds have been used in the past and whether they have been used in training. Thomas explained that when there was a larger budget, things such as travel to Sacramento for Capital Action Day were possible for committee members. Thomas confirmed that it is possible to use the funds for training, he noted that members have inquired about advocacy training in the past, whether it be with local or state-wide, which can be looked into.

IX. BOARD LETTERS (discussion and possible action): None.

X. CHAIR REPORT: Nadine reported that the committee will be participating in The Awareness Prevents Fraud: Fraud Prevention Conference and Resource Fair on January 18th. She thanked Rusty for informing the committee about the event. She urged committee members to continue to share any information they may have on free events.

XI. REPORTS	
A. AIS Council	Nadine reported on Ethel's behalf. She reported that as of March, the AIS Council will be meeting in person. At the last meeting, they had two speakers. Katherine Hart, Senior Deputy County Council, spoke about the old and new changes surrounding the Brown Act. The second speaker was Paul Downey, President and Chief Executive Officer of Serving Seniors. He spoke regarding, homelessness, seniors, and families. Serving Seniors has new housing located in City Heights, on Fairmont and El Cajon Blvd. There is also housing being built in Clairemont, with a completion date of 2025. Serving Seniors provided 1.4 Million in meal deliveries, throughout the greater San Diego area, from San Ysidro to Oceanside and east through Lakeside and Santee. Serving Seniors also provides social workers, mental health nurses, case management, and employment assistance. Jackie Simon was appointed to a second full-term seat on the AIS Council.
B. Membership Committee	Julie Lara reported that there are currently two vacancies on the committee, a community member, and a consumer vacancy. Antonio is currently covering the consumer vacancy on a month-to-month basis. Two individuals are in the process of potentially filling both positions. If both of those individuals join, committee membership will reach 100%. For ethics training, Julie reports that one person is pending their ethics update.
C. IHSS	Charity Lerma reported that IHSS is undergoing a lot of staffing changes. She reported that there will be a hiring haul next week and they hope to bring in new social work supervisors. Charity introduced Jill Dockler, who works at the Southern Region National City office as a social work supervisor. She also introduced Erica Gonzalez, who also works in National City as a social work supervisor.
D. UDW	Justine Mann reported that UDW went to the Board of Supervisors on Tuesday the 10 th , and they will be visiting the Board of Supervisors again on the 4 th . UDW is only distributing PPE from their local office. Justine reports that they are still working on securing a new supplier. Distributions for PPE, are occurring on Tuesdays and Thursdays from 10 AM -5 PM, no appointments are required. Orientations are back on a regular schedule. The next District Membership meeting will be held on January 23 rd in Escondido.
E. CICA	Nadine reported that CICA is still working on reinstating additional funding for the IHSS/PA Advisory committee. Nadine also requested that someone from the committee fill in for her at the next Statewide CICA meeting, since she will be attending an outreach event during that time.
XII. OLD BUSINESS (discussion and possible action): <ul style="list-style-type: none"> A. Goals Review: Nadine informed the committee the pending items are the Open Table Talks and the posting of online materials. B. Committee Bylaws: Nadine asked the committee if they would like to make any changes to the bylaws. No one responded and this item was removed from the ongoing agenda. C. Teleconferencing for Board & Commission Meetings: Item tabled. 	

XIII. NEW BUSINESS (discussion and possible action):

- A. **Membership Vote for Charles Kirtney:** Erica shared information regarding her interview with Charles Kirtley. She shared that Charles Kirtley is interested in joining the committee to learn more about the program, and to share that information with others. He also would like to advocate for higher provider wages as well as better benefits. Nadine asked for a vote. Yolanda motioned for a vote. Erica seconded it. **Motion Passed** with 6 votes, in favor of granting membership to Charles Kirtley.
- B. **Electronic Meeting Materials:** Rusty expressed that he is in favor of electronic meeting materials. Ana explained that if the committee wants to default to digital materials, some members can still opt-in to receiving paper packets by sending her an email. Nadine asked for a vote to default to digital materials. Rusty motioned for a vote. Yolanda seconded it. **Motion Passed** with 6 votes in favor of defaulting to digital meeting materials for members.
- C. **Job Board for IHSS Public Authority Providers:** Rusty stated that he would like to advocate for an electronic format to search for providers. He expressed that he understands that there is a need for confidentiality, however, he feels that providers should sign off on their information being posted during the orientation. He feels that County and IHSS nuances require change. Rather than calling and having to request a list, he believes that a list should be posted online to simplify the process. He thinks that this would allow for profiles to be posted. The profiles could give consumers a better idea of the skill sets of each provider, and how they could fit their needs. He also expressed that the lists of providers share no background information regarding a provider's experience and skill set. They are also often outdated. Charity Lerma told Rusty she would share his feedback with Thomas. Nadine told Rusty she understands how difficult it can be to hire a provider when there's a waiting period and a limited list.
- D. **Art Design for Advisory Committee Tablecloth:** item tabled.

XIV. PUBLIC COMMENT: no public comment.

XV. MEMBER COMMENT: Rusty asked Nadine what the role of the committee is in terms of advocating for higher pay for providers. He asked if the committee could express the need for higher provider wages during the meetings. Nadine answered that "yes" the committee can recommend that since their role is to advise. Nadine let Rusty know that the discussion topic can be added to the next agenda. Antonio also added that vaccinations and other expenses are also expected to be paid for by the provider and he does not think that is fair. Erica shared a spreadsheet with provider wages throughout different counties. Antonio asked about the signing-in and signing-out process. Nadine asked if he is talking about the EVV. Antonio responded yes. Julie responded that it is a state-mandated process for providers working outside their homes. Antonio expresses that some consumers are not computer savvy and cannot sign-in their provider, or they have multiple providers which make it difficult. Rissa informed Antonio that it is a test run. She also stated that it is the provider's responsibility to check in and out, not the consumer's. Marissa also clarified that it was a test run, to see if the system will work.

XVI. PRESENTATIONS (discussion and possible action): **Nothing About Us Without Us: Disability Awareness & Etiquette.** Presentation by Sarah Harris, Program Manager at Resources for Independence Central Valley, and Shannon Mulhall, NIC,ADAC,CASp SR HR Analyst, former ADA Coordinator City of Fresno. Sarah and Shannon gave a presentation where they covered the following titled topics: Disability Discrimination-Attitudinal Barriers, how we interact with people with disabilities, how we talk about disability, how we write about disability, and ow to recover when we mess up. They discussed what disability discrimination looks like and the Independent Living Movement. They also discussed topics such as ableism

and explained the differences between viewing disabilities through a deficient lens vs a capacity lens. They explained the importance of considering intersectionality as well as the importance of visual/graphic representation. A video demonstrating microaggressions was shared, as well as online resources.

XVII. NEXT MEETING AGENDA: To be determined.

XVIII. ADJOURNMENT: Nadine adjourned the meeting at 3:13 PM.

Minutes respectfully submitted by Ana Molina.



Medicare Medi-Cal Plans and the Cal MediConnect Transition

Agenda

- » CalAIM & Dual Eligible Beneficiaries
- » The Cal MediConnect (CMC) Transition
- » Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans)
- » Information for Beneficiaries
- » Questions & Comments
- » Appendix: Continuous Coverage Unwinding

CalAIM and Dual Eligible Beneficiaries



California Advancing and Innovating Medi-Cal (CalAIM)

- » CalAIM is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Californians by implementing broad delivery system, program, and payment reform across Medi-Cal (California's Medicaid program for low-income and other qualified individuals).
- » CalAIM has three primary goals:
 1. Identify and manage comprehensive needs through whole person care approaches and social drivers of health;
 2. Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform; and
 3. Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

If you would like to learn more about CalAIM, visit the [DHCS CalAIM website](#).

Dual Eligible Beneficiaries

- » Dual eligible beneficiaries are individuals eligible for both Medicare and Medi-Cal, often referred to as Medi-Medis.
- » Nationally, dual-eligible beneficiaries were more likely than non-dual Medicare beneficiaries to report being in poor health (13% vs. 4%). They were also more likely to live in an institution (13% vs. 3%).
- » In California, almost a quarter (22.4%) of Medicare beneficiaries were dually eligible for Medicare and Medi-Cal, or 1.4 million Californians. Of the 1.4 million dual eligible beneficiaries, 43% had Medicare Advantage (MA) and 57% had Original (Fee-For-Service) Medicare.

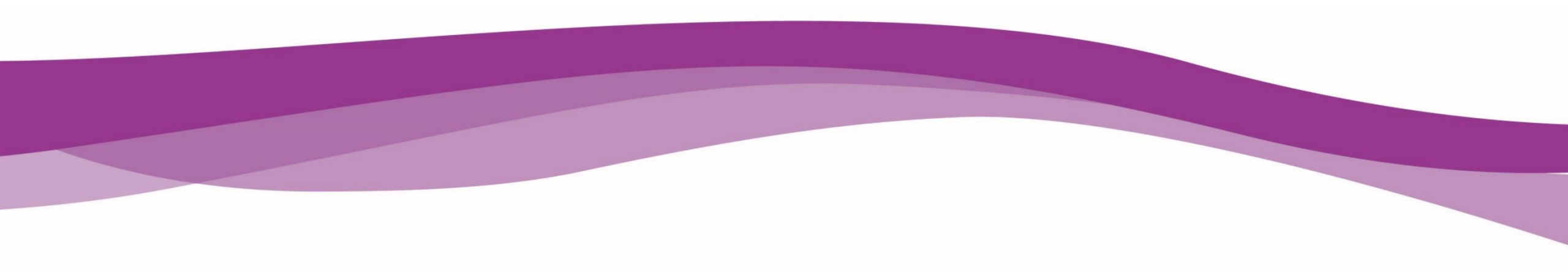
More information about the California Medicare population and the duals Medicare population is available in the [OMII Profile of the California Medicare Population](#).

Medicare, Medi-Cal, and the Need for Coordinated Care

- » For most dual eligible beneficiaries, Medicare and Medi-Cal operate separately and with different funding streams.
- » This fragmented system lacks incentives to provide these often high-need individuals with person-centered services.
- » For dual eligible beneficiaries with high rates of chronic conditions and functional impairments, streamlined access to services across health and long-term services and supports (LTSS) systems is critical.



The Cal MediConnect Transition



Overview: The Cal MediConnect Transition

- » On **January 1, 2023**, beneficiaries in Cal MediConnect plans were automatically transitioned into a **Medicare Medi-Cal Plan (MMP or Medi-Medi Plan)** operated by the same parent company as the Cal MediConnect plan.
 - » There will be no gap in coverage.
 - » Provider networks should be substantially similar.
 - » Continuity of Care provisions.
- » Medi-Medi Plans combine Medicare and Medi-Cal benefits into one plan.
- » Currently available in seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

Cal MediConnect Transition Updates

» DHCS Cal MediConnect lift and shift to Medi-Medi Plan

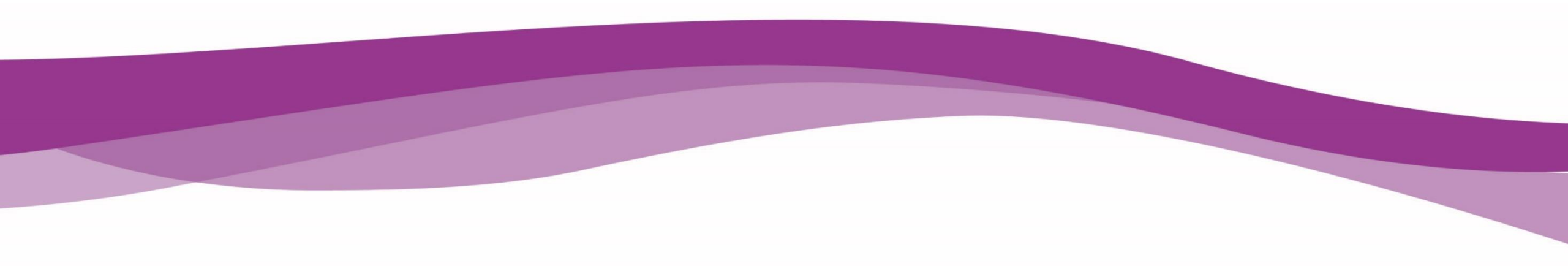
Update:

- » 112,232 out of 112,661 (99.62%) of Cal MediConnect beneficiaries were shifted to a Medi-Medi Plan or Medi-Cal managed care plan aligned to their current Medicare Advantage plan
- » 429 (0.38%) Cal MediConnect beneficiaries were not shifted for valid plan exclusion reasons.

» As of January 2023, plans have not reported any major access to care issues.

- » Medi-Medi Plans have flagged minor technical issues and complaints/grievances.

Medicare Medi-Cal Plans



Medicare Medi-Cal Plans in California

- » Medi-Medi Plans are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries.
- » The program name “Medicare Medi-Cal Plans” will be used by DHCS, Health Care Options (HCO), and in beneficiary notices.
- » Health plans may use their own marketing name, such as in plan-specific member materials.
- » Medi-Medi Plans are described as **a single plan** in beneficiary-facing materials, as beneficiaries will receive one card, one welcome packet, and have one phone number to call for member services.

Medicare Medi-Cal Plans

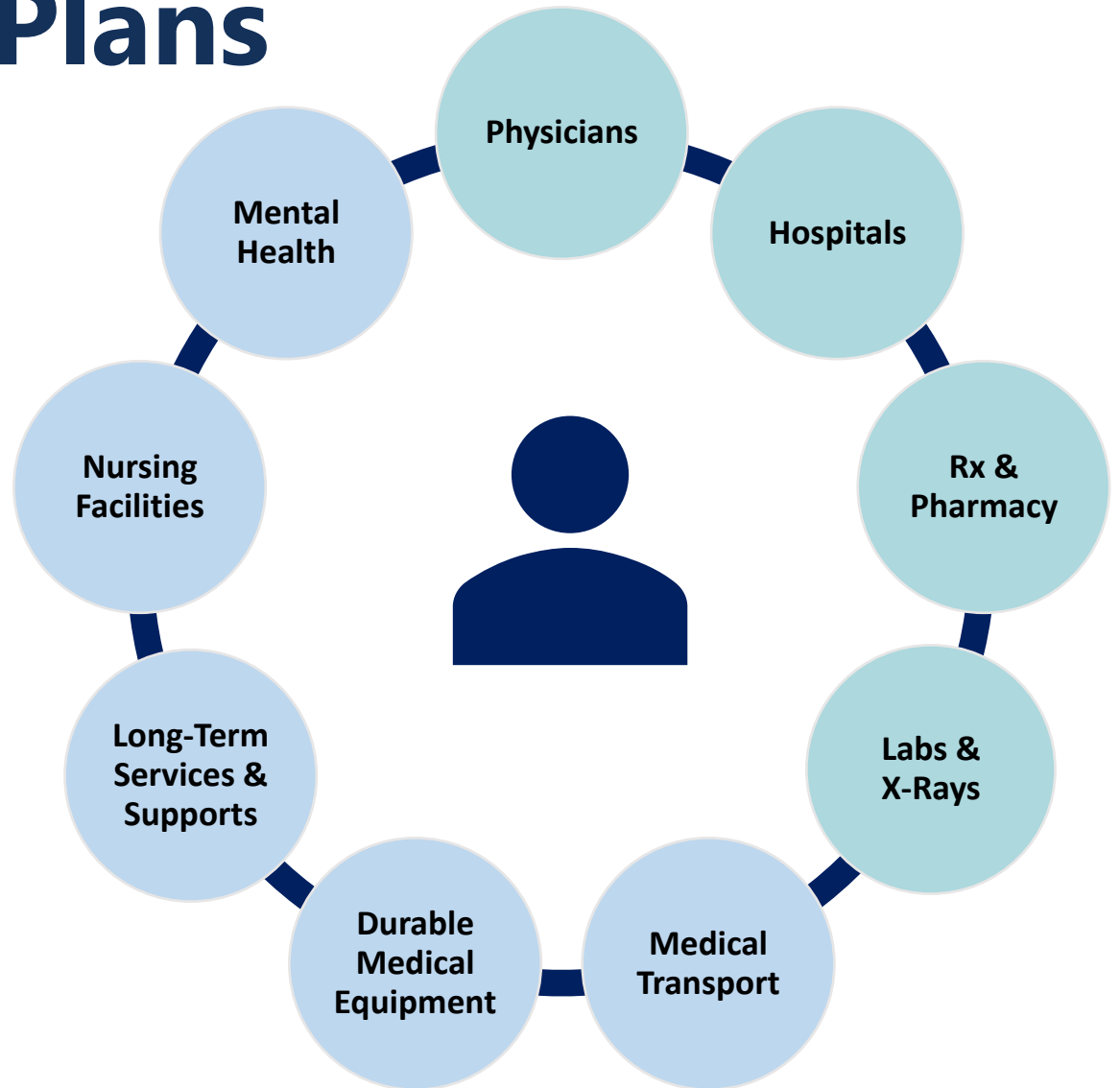
- » Beneficiaries enrolled in a Medi-Medi Plan receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal managed care plan.
 - » D-SNPs (a type of Medicare Advantage plan) provide Medicare Part A, B, and D services (hospitals, providers, and prescription drugs) in addition to specialized care for dual eligible beneficiaries also enrolled in the matching Medi-Cal plan.
 - » Medi-Cal plans provide wrap-around services, including Medicare cost-sharing, Long-Term Services and Supports (LTSS), and durable medical equipment (DME).
- » Both are operated by the same parent organization for better care coordination and integration.

Services Provided by Medicare Medi-Cal Plans

- » Medi-Medi Plans provide the following services to beneficiaries:
 - » All Medicare covered services, including medical providers, hospitals, prescription drugs, labs, and x-rays
 - » All Medi-Cal covered services, including Long-Term Services and Supports, durable medical equipment, medical transportation, and Medicare cost-sharing
 - » Additional supplemental benefits over and above original Medicare and Medi-Cal
 - » Coordination with carved-out benefits, such as In-Home Supportive Services (IHSS) and Medi-Cal Specialty Mental Health Services (SMHS) provided by the county
 - » Similar care coordination and providers as Cal MediConnect plans
 - » One care management team to coordinate care and help a beneficiary manage their services

Care Coordination in Medicare Medi-Cal Plans

» Medi-Medi Plans will help beneficiaries with all their health care needs and will coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.



Medicare Medi-Cal Plan Provider Networks

- » Beneficiaries will continue to have access to a provider network through their Medi-Medi Plan, which will include similar providers they see today, or the Medi-Medi Plan will help them find a new doctor they like.
- » If a beneficiary's provider is not currently in their Medi-Medi Plan network, there will be a **continuity of care** period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

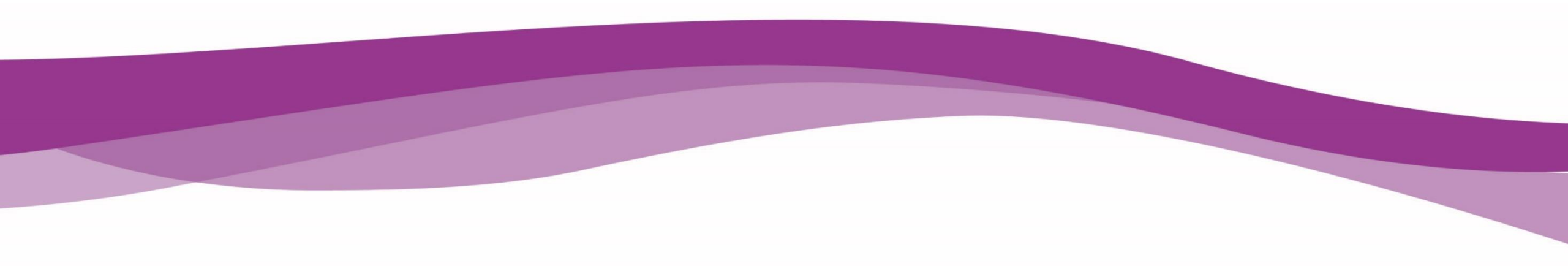
Balance Billing

- » Dual eligible beneficiaries should **never** receive a bill for their medical services. This is called improper billing (or balance billing) and is illegal under state and federal law.
- » Beneficiaries will not pay a plan premium or pay for doctor's visits and other medical care when they receive services from a provider in their Medi-Medi Plan's provider network. They may still have a copay for prescription drugs.

In Comparison: Medicare Medi-Cal Plans & Cal MediConnect

Element	2023 MMP Requirement	CMC Requirement
Medicare covered services - providers, hospitals, prescription drugs, etc.	✓	✓
Coordination of covered Medi-Cal benefits/services - LTSS, DME, medical transportation	✓	✓
Care Coordination - Health Risk Assessments, Individualized Care Plans, Interdisciplinary Care Teams, and Care Coordinators	✓	✓
Quality Measurement and Performance Improvement	✓	✓
Continuity of Care - Up to 12 months (in most cases)	✓	✓
Integrated Materials - One health insurance card and one member services number to call	✓	✓

Information for Beneficiaries



Enrollment in Medicare Medi-Cal Plans is Voluntary

- » Enrollment in Medi-Medi Plans is voluntary, and beneficiaries retain the choice of any other Medicare options, such as:
 - » Original Medicare
 - » Medicare Advantage plans
 - » Program of All-Inclusive Care for the Elderly (PACE).
- » There will not be any changes for beneficiaries currently enrolled in Original Medicare.

Dual Eligible Beneficiary Options in Medi-Medi Plan Counties

- » A dual eligible beneficiary could have the following choices in 2023:
 - » Original Medicare and any Medi-Cal plan
 - » A Medicare Medi-Cal Plan (Medi-Medi Plan)
 - » A Medicare Advantage plan (non-D-SNP), with automatic enrollment in their affiliated Medi-Cal plan, if one is available
 - » If available, a Medicare Advantage plan with a non-affiliated Medi-Cal plan, if the Medicare Advantage plan does not have an affiliated Medi-Cal plan
 - » In certain counties and locations, the Program of All-Inclusive Care for the Elderly (PACE) or a FIDE-SNP (SCAN Health Plan)

How Beneficiaries Can Change Medicare Plans

- » Dual eligible beneficiaries who were not Cal MediConnect members can enroll in a Medi-Medi Plan in the seven Medi-Medi Plan counties.
- » Dual eligible beneficiaries may change their Medicare plan once per quarter (January – September) and following the annual coordinated election period (October – December).
- » Medicare choice will drive Medi-Cal plan enrollment. If a beneficiary wishes to join a new Medicare plan that has an aligned Medi-Cal plan, they will also need to change to the aligned Medi-Cal plan.
 - » If a beneficiary disenrolls from their Medi-Medi Plan, their Medicare Part D may be provided by a different Medicare prescription drug plan.
 - » If a beneficiary joins Original (Fee-for-Service) Medicare, they can keep their existing Medi-Cal plan.

How Beneficiaries Can Change Medi-Cal Plans

- » Medi-Cal managed care is mandatory for dual eligible beneficiaries.
- » Medi-Cal plan choice does not impact Medicare provider or plan choice.
- » A beneficiary's Medicare plan choice is the lead, and the Medi-Cal plan follows. If a beneficiary changes their Medicare plan, their Medi-Cal plan might change.
- » Medi-Cal plan choices are based on county, model, prime plan(s), and delegates, if any. In CCI counties, one of the following three models will apply:
 - » County Organized Health System (COHS)
 - » Two-Plan
 - » Geographic Managed Care (GMC)

Who Beneficiaries Can Contact to Change Plans

- » If a beneficiary wants to join or change their Medicare plan, they can contact the health plan of their choice directly.
- » If a beneficiary is unable to reach the health plan, they can:
 - » Contact Medicare to change their Medicare plan: **1-800-633-4227**.
 - » Contact Health Care Options to change their Medi-Cal plan: **1-800-430-4263**.
- » If beneficiaries want more information about PACE, they can go to CalPACE.org. Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077).

Who Beneficiaries Can Contact for Help

- » Beneficiaries can access free counseling on their health coverage by contacting the Health Insurance Counseling and Advocacy Program (HICAP): **1-800-434-0222**
- » If beneficiaries cannot resolve issues with their provider or health plan, they can contact the ombudsman:
 - » Medicare Medi-Cal Ombudsman Program: **1-855-501-3077**
 - » Medi-Cal Managed Care Ombudsman: **1-888-452-8609**

Additional Resources

- » For more information about coordinated care for dual eligibles, visit the [DHCS Integrated Care for Dual Eligible Beneficiaries Website](#).
- » Fact sheets and other materials are available on the [DHCS Outreach Information about Medicare Medi-Cal Plans Website](#).
- » To learn more about Medicare Advantage plans, including Medi-Medi Plans, visit the [DHCS Medicare Advantage Information for Dual Eligible Beneficiaries Website](#).

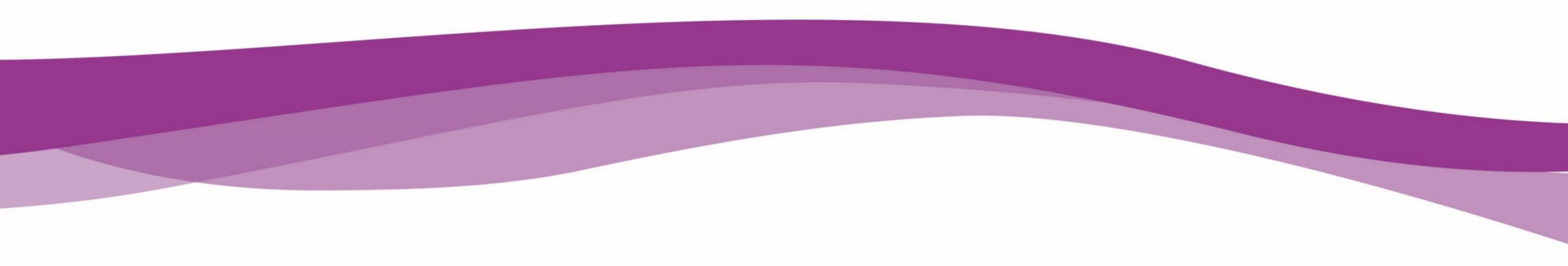
Questions and Comments

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Thank you!



Appendix: Continuous Coverage Unwinding



Continuous Coverage Unwinding

- » **The continuous coverage requirement will end on March 31, 2023 and Medi-Cal beneficiaries may lose their coverage.**
- » **Medi-Cal redeterminations will begin on April 1, 2023 for individuals with a June 2023 renewal month.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - » Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated January 13, 2023)!

Continuous Coverage Unwinding Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Already launched**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch approximately 60 days prior to termination of the Continuous Coverage requirement.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.