

Summary, Regional Coalition Conference Call
Thursday, January 8, 2015 – 9:30 to 10:30 AM

9: 30 AM Health Homes

Note: background papers are available: DHCS concept paper; DHCS PowerPoint; and, The SCAN Foundation comments on the concept paper. All were circulated the agenda for the conference call

Brian Hansen, DHCS; Richard Figueroa, The California Endowment

- What are health homes?
- How is state government promoting them?
- Do foundations have an interest?
- What are ways coalitions or their member organizations can be involved?

Richard Figueroa, TCE:

- See section 2703 of ACA – through Medicaid, states can invest in a health home option; this includes focus on whole person (payments allowed for things like clinical social workers and linking those with chronic conditions to supportive services).
- California is looking at health homes as an optional Medi-Cal benefit: the administration, responding to AB 361 (Mitchell), is putting together a plan to implement starting in January 2016.
- Federal government is providing a 9 to 1 match for at least first two years of the health home optional benefit.

Brian Hansen, DHCS

- Health homes are a new benefit to be paid for as a Medi-Cal service, with focus on “whole person.” See the DHCS health home concept paper for details.
- Slated to begin January 2016.
- Concept was originally developed with the California State Innovations Model (Cal SIM). However, California did not get a grant for Cal SIM.)
- This year: DHCS is identifying what each health plan provides in the area of care coordination and what needs to be added to achieve the healthy home concept.
- The focus is on those with chronic conditions: to improve their health and to save money.
- Health home services are to be overlaid on an individual’s current services; the idea is for them to receive new care coordination services and other non-clinical services within the network they are part of.

- At end of DHCS PowerPoint on health homes, is information for further contact: to be on the health home listserve, send a note to HHP@dhcs.ca.gov. That is also the email address to use to send comments on the concept paper or to ask questions or provide other comment. Brian advises that each coalition leaders and others be on the list: further opportunities for stakeholder involvement will occur all year

Richard Figueroa, TCE:

- TCE sees this funding as additional “glue” for providing those with chronic conditions (see list of conditions in the concept paper) with additional care coordination services.
- TCE will provide \$25 million for each of two years to provide the state’s match for first two years of activities.
- TCE hopes it will cover as broad a set of services as possible. Recognize links to supportive services to get at some of the community causes of ill health (Note: see TCE’s earlier project, *UnNatural Causes*, <http://www.unnaturalcauses.org/>)

Discussion:

- How are different elements weighed to determine eligibility? Answer: first would have to have one of the conditions identified; second, have acuity level in a “top level of risk.” Not determined yet how to measure that acuity. Goal is to identify those with potential for better outcomes.
- What kind of entity can be a health home: e.g., CBAS centers? Answer: Still developing this set of criteria for both providers and services to be delivered. The broad concept is that health plans would be the leads and they would identify a network of health homes
- How does the health home initiative align with 1115 waiver activities; they sound similar. Answer: health homes are being designed with an eye toward some of the 1115 waiver initiatives. E.g., housing. DHCS sees them as aligned.
- How can regional coalitions be involved? Answer: within your counties, look at the current concept paper and convey any strongly-felt comments. While DHCS believes in a standard for goals and services, the delivery system can be specific to a region.
- Is there be a rollout timeline? Yes, some counties will begin in Jan of 2016 and the rest of the state in July 2016. But this timeline is flexible.
- In the housing arena: could people form their own housing collective? Answer: there are interactions in this program with housing, but no answer yet to this question.

- How does the health home concept interact with ADRCs? Answer: this is not yet clear. Look at the delivery model as stated in the concept paper and send in comments if you believe there are links to ADRCs that should be built in.

Send all comments and questions to the health homes email: hhp@dhcs.ca.gov

Health Plan Advisory Boards

Brenda Premo, Harris Family Center for Disability and Health Policy

- There are 21 plans active in California; Brenda has worked with California Health Care Foundation, The SCAN Foundation, and the Department of Managed Health Care as well as advocates, area agencies on aging (AAAs), and independent living centers (ILCs).
- Each health plan has a policy committee to advise plans on the unique needs of those with a disability under the ADA (including seniors).
- Some plans have separate disability and policy committees while some have a unified disability and a policy committee
- What regional coalitions can do: identify consumers who would be good committee members; determine which plan they are a member of; and, assist them to volunteer to be on a disability/policy committees.
- Plans need to get input – regional coalitions can talk about ways to identify and assist people who can serve on one of these committees.

Discussion:

- Do we have a list of contact people in health plans in non CCI county? Answer, there may be information on the DHCS website, or call the office of a plan's CEO and talk to the secretary or assistant there: these folks will know who, within a plan, are the contact person responsible for staffing the advisory group.
- Lisa Hayes (Molina): nominees do not have to be a dually-eligible consumers, but they would need to be someone who uses LTSS.

SCAN Foundation Update

- Kali Peterson reports that TSF is now using a new process for submitting quarterly reports. Project leads should participate in an orientation on January 13 at 10 a.m.
- The content of reports will be the same as in the past. Q4 reports are due on January 15.

Collaborative Update

- Budget overview and discussion Monday, January 12, 1 p.m.

- County by county look at the CCI, Friday, January 16, 9 a.m.
- Regional coalition members are welcome to dial in to these discussions; use the same call-in number and PIN as the monthly regional coalition calls
- By the February call, we will have a list of chairs and vice chairs of relevant legislative committees – with their county identified.

Notes:

The next calls, first Thursdays of the month, from 9:30 to 10:30:

- *February 5*
- *March 5*
- *April 2: no call, it's the day of the Community of Constituents conference*
- *May 7*

Agendas go out two days before each call. *Regional coalitions are welcome to include additional members on the calls, whenever topics are of interest.*

Call Participants:

Brian Hansen, DHCS

Richard Figueroa, The California Endowment

Brenda Premo, Harris Family Center for Disability and Health Policy

Alameda County: Wendy Peterson, Sheri Burns, and Tracy Murray

Orange County: Christine Chow

San Francisco: Melissa McGee

San Diego: Brenda Schmitthenner and Lisa Hayes

Bay Area Senior Health Policy: Katherine Kelly

Riverside: Renee Dar-Khan and Lisa Hayes

L.A.: Sherry Revord, Jason _____, Anwar Zoueihid, and Amber Cutler

Santa Clara: Marilou Cristina, Cara Sansonia, and Sonali Parnami

Yolo: Sheila Allen, Fran Smith, and Seth Brunner

Chico: Forest Harlan and Sarah May

Central Valley: Marlene Hubble, Donald Fischer and Terri Deits

Stanislaus: Dianna Olsen, Linda Lowe, and Erlinda Bourcier

Nevada County:

Monterey Bay: Olivia Quezada

Ventura County: Sue Tatangelo, Monique Nowlin, and Blair Craddock

San Mateo: Marilyn Baker-Venturini

Service and Advocacy:

Co. Co. Co.: Shirley Krohn and Ella James

TSF: Rene Seidel and Kali Peterson

GACI: Jack Hailey