



**L.A. COUNTY COORDINATED CARE INITIATIVE (CCI)  
Stakeholder Workgroup  
MEETING MINUTES**

**November 12, 2014; 1-3p.m.**  
Cathedral of Our Lady of the Angels  
555 West Temple Street, Los Angeles, CA 90012  
Conference Rooms 6, 7 & 8

**Web Conference:** <https://www.webmeeting.att.com>  
**Meeting Number:** 51146-86455  
**Participant Code:** 383120  
**Telephone Dial-In:** (877) 531-2986

<p><b>1:00-1:05pm</b></p>	<p>Welcome</p> <ul style="list-style-type: none"> <li>• Introductions           <ul style="list-style-type: none"> <li>○ In an effort to be efficient with time, introductions were deferred and the attendee list is included as an appendix to these minutes.</li> </ul> </li> <li>• Minutes from October 15, 2014 L.A. CCI Stakeholder Workgroup approved           <ul style="list-style-type: none"> <li>○ Motion to approve: John Wallace</li> <li>○ Seconded by Clayton Chau</li> </ul> </li> </ul>	<p><b>Gretchen Brown</b> <i>Sr. Director, Medicare Operations</i> L.A. Care Health Plan</p>
<p><b>1:05-1:15pm</b></p>	<p>Follow-up on Recommendations from the 10/15/14 Stakeholder Workgroup</p> <ul style="list-style-type: none"> <li>• A summary of questions raised at the previous meeting were distributed as part of the meeting packet, including discussion points from the breakout sessions.</li> <li>• Plans are currently working to provide answers to questions submitted by the next Stakeholder Workgroup</li> </ul>	<p><b>Maria Lackner</b> <i>Manager, Medicare Product Management</i> L.A. Care Health Plan</p>
<p><b>1:15-1:45pm</b></p>	<p>Institute for Mental Disease (IMD)</p> <ul style="list-style-type: none"> <li>• Overview           <ul style="list-style-type: none"> <li>○ Dr. Chau introduced the panel speakers and stated that he wanted to invite them to the meeting to better inform health plans and advocates about the IMD benefit.               <ul style="list-style-type: none"> <li>▪ Health plans are now responsible for IMD as a part of the CCI and it is a complex system to coordinate.</li> <li>▪ IMDs are long term care psychiatric facilities licensed by DHCS and contracted with DMH to provide care for persons who no longer meet criteria for acute care but are not clinically ready to live independently or in a board and care facility.</li> </ul> </li> </ul> </li> <li>• Countywide Resource Management           <ul style="list-style-type: none"> <li>○ Serves as central point of access for IMD and IMD step-down level of care resources.</li> <li>○ Responsible for nearly 16,000 clients annually and a budget of \$180 million.</li> </ul> </li> <li>• IMD Administration and Admission Criteria</li> </ul>	<p><b>Dr. Clayton Chau</b> <i>Medical Director, Behavioral Health</i> L.A. Care Health Plan</p> <p><b>Dr. Richard Miller and Jacqueline Yu, LCSW</b> Los Angeles County Department of Mental Health</p>

- Admission to IMDs come from acute hospitals, including County and State operated hospitals, and jails.
- Patients have to be conserved in order to be treated in a locked facility.
- Referrals to a locked psychiatric facility must come from an acute treatment facility.
- Most are insured through Medi-Cal and some indigent beds are available.
- With the exception of La Paz, IMDs cannot provide 24-hour nursing care, including bowel incontinence and pregnancy.
- Patients must carry primary DSM V psychiatric diagnosis and AXIS I of any major psychotic disorders that are treatable.
- May also have AXIS I diagnosis of substance abuse.
- There are two levels of care: IMD Level and Sub-Acute Level.
  - Nursing staff to patient ratio is higher at the sub-acute level.
  - Sub-acute level must be within 18-54 years old.
- Sub-Acute Level cannot admit patients with recent suicide attempts, physical assaults, AWOL attempts, deliberate fire setting, or dementia.
- Forensic Sub-Acute Level Admission Criteria:
  - Same criteria as sub-acute level with forensic history.
  - Charges must be resolved.
  - Cannot be sentenced to serve time in an IMD.
- IMD Step-Down Facilities
  - Provide supportive on-site mental health services; open settings for care with wraparound services on a 24/7 basis.
  - Can be admitted directly from the acute hospital, from jail, or other facilities.
  - Admission Criteria:
    - 18-54 years old
    - Primary DSM IV psychiatric diagnosis and AXIS I of any major psychotic disorders, or substance abuse.
    - No registered sex offenders or fire setting history.
  - Stakeholder Question: Is this a short term placement program for people who would respond to treatment but couldn't live at home?
    - Answer: These are all rehabilitation programs, not custodial programs, and the patients may be in the IMD for 6-12 months.
  - Stakeholder Question: Would a locked SNF require different licensing to offer these services?
    - Answer: If a currently locked SNF is not a current IMD and wants to provide the services, they would need to work with DMH.
  - Stakeholder Question from Windsor Healthcare: Is there additional Medi-Cal funding for these types of services?
    - Answer: Medi-Cal will not pay for beds for patients between 22-55 years old. They will cover ancillary services but there is a Federal IMD exclusion that prohibits Federal funds from being used for locked residential treatment. Additional information can be found in the financial responsibility matrix (attached).





	<p>timely and accept Medi-Cal and Medicare rates.</p> <ul style="list-style-type: none"> <li>▪ Be flexible and try to accommodate CMC members that need to reschedule appointments while requests are being processed.</li> </ul> <ul style="list-style-type: none"> <li>○ For health plans:           <ul style="list-style-type: none"> <li>▪ Reach out proactively to members, as close to effective date as possible to initiate the process.</li> <li>▪ Establish a direct liaison for the Ombudsman to work with when issues arise.</li> <li>▪ Process urgent requests as quickly as possible to avoid interruptions in care.</li> <li>▪ Train call center staff to be aware of and sensitive to Continuity of Care criteria.</li> </ul> </li> <li>○ For DHCS:           <ul style="list-style-type: none"> <li>▪ Regarding the revised Continuity of Care DPL 14-004, it was requested that DHCS elaborate on the reference to “Risk of Harm” so plans can better operationalize.</li> <li>▪ Pre-enrollment care planning               <ul style="list-style-type: none"> <li>• Ensure plans have accurate and sufficient data to review prior to effective date.</li> </ul> </li> <li>▪ Help facilitate and direct outreach to non-contracted providers and encourage them to participate in CMC.</li> </ul> </li> <li>○ <u>Stakeholder Question:</u> Aileen Harper, Center for Health Care Rights           <ul style="list-style-type: none"> <li>▪ How many Fee-for-Service providers have been encountered that are receptive CMC?</li> <li>▪ <u>Answer from NLS:</u> The majority have been willing to work with CMC plans and accept Continuity of Care. There have been a small number of providers that have refused to participate.</li> </ul> </li> </ul>	
<p><b>2:10-2:35pm</b></p>	<p>National Senior Citizen’s Law Center: Understanding the Notices for January Enrollees</p> <ul style="list-style-type: none"> <li>• Overview of Pre-Enrollment Notices           <ul style="list-style-type: none"> <li>○ A fact sheet that includes detailed information about impacted population was included in the meeting packet.</li> </ul> </li> <li>• <u>Stakeholder Question:</u> Terrence Henson, Molina Health Plan           <ul style="list-style-type: none"> <li>○ What is the process around notices for those D-SNP members that are excluded from CMC?               <ul style="list-style-type: none"> <li>▪ <u>Answer:</u> They will have to select a Managed Medi-Cal plan or will be passively enrolled.</li> </ul> </li> </ul> </li> </ul>	<p><b>Denny Chan</b> <i>Staff Attorney</i> National Senior Citizen’s Law Center</p>
<p><b>2:35-2:55pm</b></p>	<p>Center for Health Care Rights Update</p> <ul style="list-style-type: none"> <li>• Overview           <ul style="list-style-type: none"> <li>○ An overview document was shared during the meeting and is an appendix to these minutes.</li> <li>○ Aileen shared updates and perspective from the HICAP contractor for Los Angeles County.</li> </ul> </li> <li>• October Call Volume           <ul style="list-style-type: none"> <li>○ Increase in call volume, mostly due to Part D annual election period and LIS eligibility confusion.</li> <li>○ The high volume of inquiries is making it more competitive to schedule</li> </ul> </li> </ul>	<p><b>Aileen Harper</b> <i>Executive Director</i>, Center for Health Care Rights</p>



	<p>counseling appointments.</p> <ul style="list-style-type: none"> <li>▪ Part D counseling will conclude in November which will provide more availability for Cal MediConnect counseling.</li> <li>○ <u>Stakeholder Question</u>: Denny Chen, National Senior Citizen Law Center,             <ul style="list-style-type: none"> <li>▪ How are you counseling around the provider directory and selecting a provider?                 <ul style="list-style-type: none"> <li>• <u>Answer</u>: The Center for Health Care Rights encourages the member to contact the plan directly to confirm their provider is in the network.</li> </ul> </li> </ul> </li> <li>○ Differences between referring members to NLS vs. HICAP             <ul style="list-style-type: none"> <li>▪ Aileen advised that most calls to HICAP are related to enrollment issues.</li> <li>▪ Calls to the Ombudsman are related to issues that need to be elevated or problems that a member needs support to resolve.</li> <li>▪ HICAP can refer to NLS depending on the type of issue.</li> </ul> </li> </ul> <p>DHCS Update</p> <ul style="list-style-type: none"> <li>• Ryan provided an overview of the DHCS CMC Monthly Enrollment Dashboard             <ul style="list-style-type: none"> <li>○ As of 11/17/14, the <u>November</u> version of the dashboard has been released.</li> </ul> </li> <li>• The nursing facility APL was discussed and attendees were reminded that comments are due to DHCS on 11/17/14.</li> </ul>	<p><b>Ryan MacDonald</b>  <i>Deputy Director of Strategic Communications and Outreach, Harbage Consulting</i></p>
<p><b>2:55-3:00pm</b></p>	<p>Closing Remarks</p> <ul style="list-style-type: none"> <li>• The next meeting will be hosted by Care1st on 1/28/15.</li> <li>• The DHCS Provider Summit will be on 1/21/15.</li> <li>• Stakeholder workgroup meetings will continue on a quarterly basis in 2015.</li> </ul>	<p><b>Gretchen Brown, Senior Director, Medicare Operations</b>  <i>L.A. Care Health Plan</i></p>