



**L.A. COUNTY COORDINATED CARE INITIATIVE (CCI)
Hosted by Molina Healthcare
Final Meeting Minutes**

October 19, 2016; 1-3p.m.
The Braille Institute
Weingart Conference Center
741 North Vermont Avenue
Los Angeles, CA 90029

Web Conference:

Go to: <https://www.webex.com>

Telephone Dial-In: (855) 665-4629 Access Code: 806 605 122

TIME	TOPIC	PRESENTER
<p>1:00 – 1:10 PM</p>	<p>Welcome & Introductions</p> <ul style="list-style-type: none"> • Approval of July 20, 2016 meeting minutes • Minutes approved by, 1st Mohit Ghose and 2nd by Selina Escobar. 	<p>Mohit Ghose <i>Vice President, Government Contracts & Policy</i> Molina Healthcare</p> <p>Danica Lusser Communication Specialist Molina Healthcare</p>
<p>1:10 – 1:20 PM</p>	<p>DHCS Updates</p> <ul style="list-style-type: none"> • DHCS will be refreshing the Cal Duals website that will be rolling out early next spring 2017. • DHCS will be improving beneficiary materials and will be creating a toolkit that contains facts sheets that will be translated into all threshold languages by the end of the year. Hard copies are available upon request. • A provider toolkit with various fact sheets has been created and is located on the CalDuals website. • The outreach team is working with all the plans to get the material out. • The MLTSS resource guide and choice book will be going out to beneficiaries the 2nd week of November. • State has been convening with all plans a best practices work group. • State received a list of providers who have opted out and will be looking at a deeper level to figure out why and how to work better with our providers. • The outreach team has been working on town halls and health fairs through fall to get questions answered. 	<p>Bethany Snyder Director of Outreach and Communications <i>Harbage Consulting</i></p>



	<ul style="list-style-type: none"> All materials will be available in braille and large print. 	
<p>1:20 – 1:30 PM</p>	<p>CMC Ombudsman Program Updates</p> <ul style="list-style-type: none"> Total Calls 12,885 in LA County Average hours 3.92 per case Call volume has decreased since 2015 <p>Top Issues/Call Reasons</p> <ul style="list-style-type: none"> Voluntary enrollment barriers <ul style="list-style-type: none"> *Aid codes are switched that enables eligibility *There have been a few zip codes barriers such as Catalina which enables individuals living in LA County to enroll. Medi-Cal eligibility <ul style="list-style-type: none"> *Issues with processing renewals because of back logs which causes disenrollment. Medicare Savings Program eligibility Transportation benefit Balance Billing <p>Hotline hours M-F 9:00am – 5pm / 800-896-3202</p>	<p>David Kane CMC Ombudsman L.A. County</p>
<p>1:30– 2:25 p.m.</p>	<p>Behavioral Health All Plan Panel</p> <ul style="list-style-type: none"> Describe your Health Plan’s Behavioral Health program including the basics, philosophy and approach. <ul style="list-style-type: none"> -The integration approach is utilized to follow individual members. - Integration is a multi-determined process and we must work with all the departments to get everyone at the table including care management and have interdisciplinary meetings to develop treatment plans. -The goal is to provide behavioral health services to all members who need these services and have interdisciplinary team to look at the patient as a whole. -Integration should evolve into a whole person model in which we engage and educate ourselves to provide better care for the members we serve. How do the plans coordinate with the PCP’s to coordinate with the behavioral health component? 	<p>All L.A. CCI Health Plans</p> <p>Michael Brodsky, MD Behavioral Health Medical Director Molina Healthcare of California</p> <p>Dr. Mark Schnose, Director Mental Health CareMore</p> <p>Rose Vardui Kosyan, Licensed Behavioral Health Specialist L.A. Care</p> <p>Alan Lert, Behavioral Health Director Care1st an affiliate of Blue Shield of California</p> <p>Jorge Zamora, MHN Program Manager Health Net</p>



	<p>-The health plan has to bring the provider and case manager together to have an integrated plan where the member is able to provide input and feedback as well.</p> <p>-Treatment plans and diagnoses are shared with PCP's.</p> <p>-Confidentially and sensitivity concerns must be taken into account when information is shared.</p> <p>-Recommendations from the Interdisciplinary Care Team are shared with the PCP to integrate behavioral health services within the Primary care setting</p> <p>-Building an advocacy component to provide better health outcomes for our members.</p> <p>-Care navigators assist in navigating them through the entire system including behavioral health.</p> <p>What are examples of innovations that have been developed within the health plans?</p> <p>-Building a robust CMC team that integrates advocacy to provide better health outcomes.</p> <p>-Outreach teams which interact with PCP's and provides resources and information to share with members.</p> <p>-Case Management working closely to ensure good follow-up care.</p> <p>-Innovations with non-behavioral health such as LTSS and partnering with community resources to get involved in housing initiative.</p> <ul style="list-style-type: none"> • Audience Suggested Innovations <p>-Alzheimer's offered assistance to all health plans. They have developed health modules around plain language, hallucinations, paranoia and more. Alzheimer's in addition provides caregiver education courses on caregiver support.</p>	
<p>2:25 – 2:55 PM</p>	<p>Mental Health Advocate</p> <p>Mental Health Services discussion from an advocates perspective</p> <ul style="list-style-type: none"> • Patients should have some say in their treatment plan as they are the ones dealing with it first hand and taking medications. • Improve communication between with patients and their doctors. There should be a middle ground to figure out what is best for patient and their loved ones. 	<p>Rudy Caseres, Mental Health Advocate</p>



	<ul style="list-style-type: none"> • Better integrated mental and physical health. • Patients have to be their own advocates to be able to navigate mental health services. • Disparity of mental health system with-in cultures is not a topic that is addressed freely and treated as necessary. • Audience comment shared that the voice of the member speaks so strongly and we need more strong folks to help perpetuate the idea that the member's voice is the strongest voice. 	
<p>2:55 - 3:00 p.m.</p>	<p>Questions & Closing Remarks</p> <ul style="list-style-type: none"> • A topic for future discussion is the crucial issues around model care. • The next meeting will be the middle of January with the next MLTSS we all want it to be smoother. <p>Next Meeting: Thursday January 19, 2017 Location/Host: California Endowment/L.A. Care</p> <p>For any questions about the January meeting contact Rina Cruz at rcruz@lacare.org</p>	<p>Mohit Ghose <i>Vice President, Government Contracts & Policy</i> Molina Healthcare</p>