Meeting Agenda/Notes

Anthem & Santa Clara County Behavioral Health Department

Meeting Title: Q1 2024 Behavioral Health MOU Meeting
Date/Time of Meeting: 2/21/2024 – 2:00 p.m. – 3:00 p.m.
Location: MS Teams
Frequency: Quarterly
Dial in:

Meeting Leader:	**Kalil Macklin, Anthem**

Anthem	**Yes/No**	**Santa Clara County Behavioral Health Department**	**Yes/No**
Kalil Macklin, Program Manager	Y	Natalie Mckelvey, BH Youth & Children System of Care Under Linked Services	Y
Patrica Lacanfora, BH Case Manager	Y	Hung Nguyen, Quality Improvement	
Carissa Avalos, Special Programs		Bruce Copley	
Fargol Riahi, Behavioral Health CM Manager		Joe Tansek, Call Center Manager	
Sarah Paulsen,		Judy DeLeon, Central Wellness Clinic Program Manager	Y
		Duy Le, CWS Contract Monitor	Y
		Margaret Obilor	
		Michelle Ho	
		Sandra Hernandez	
		Dr. Sherri Terao	
		Veronica Marquez, BHSD QI	
		Amanda Vierra, Quality Improvement	
		Sarah Kim, Clinic Supervisor	Y
		LouMeshia Brown,	
		Rachel Potens, NHSD QI	
		Juan Troy, Program Manager	Y

I.	**Introductions**	All 5MIN
II.	**BH Program Updates:** Judy DeLeon: We needed to have a meeting to talk about the MOU for CWC & BC. That's with CWC central Wellness and benefits center. I don't think it's been renewed. There are hardly any clients in that program. Le Duy: We've been in communications about this and there's ideas that we're trying to balance out.	BH Team 20MIN
III.	**Anthem Health Plan Updates:** **Adult Expansion:** APL 23-031 Adult Expansion Final_Clean.pdf	Kalil Macklin & Anthem Team 20MIN

Anthem: Adult Expansion A26-49 is to ensure individuals transitioning from restricted scope Medi-Cal or are otherwise uninsured to full-scope Medi-Cal maintain their existing Primary Care Provider (PCP) assignments to the maximum extent possible to minimize disruptions in services. As these individuals transition to full scope Medi-Cal, California has prioritized two goals: 1) Maintain PCP assignment to the maximum extent possible; and 2) Support and strengthen traditional county health providers who treat a high volume of uninsured and Medi-Cal patients. Working on establishing a BAA with SFDPH SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once BAA is established.

Enhanced Care Management (ECM):

Enhanced Care Management.

- ECM is comprised of seven core services. So based off DHCS population of focus for enhanced care management, we focus on specific populations that would be eligible for enhanced care management.
- The last two populations to launch were on January 1st.
- Those included are individuals transitioning from incarceration, both adults and children, youth. As well as the birth equity population of focus.
- For those that are wondering about the birth equity population of focus...previously pregnant postpartum individuals were covered under other populations of focus and now DHCS has specific policies that specifically call out for the birth EQUITY.
- The definition of who's eligible under pregnant, postpartum, and then subsequently for equity. Those are individuals, children, youth who are pregnant or postpartum through a 12-month period.
- The birth equity, which again launched on January 1st.
- Those are characterized by individuals who are subject to racial and ethnic disparities as defined by the California Department of Public Health on maternal morbidity and mortality outcomes.
- What does that mean though? The specific individuals that are eligible under this population of focus are individuals in the following groups, Black, American Indian, Alaska Native, and Pacific Islander individuals. These are based off individuals who have a pregnancy related mortality or morbidity outcomes.
- It's a specific focus on those individuals with justice involved, which also launched January 1st.
- Those are defined by individuals who are transitioning from a Correctional Facility within the past 12 months.
- For adults, these are individuals who have a concurring condition. This is only for the adult population where the requirement is for this concurring condition for the children youth population, they just need to have been transitioned within the past 12 months. That's that area distinction.
- With the populations of focus heretofore to date, we're launched with all the populations.
- The focus is looking at our network, ensuring that we have a good provider makeup.
- Focusing in on local providers so that we can increase utilization of services.
- Community Supports: Anthem is currently launched with all Community supports except short term post hospitalization housing, which we are aiming to launch on 7/1/24.

CalAIM:

- CalAIM Overview
- Community Health Workers (ca.gov)
- ECM Overview
- CS Overview

Community Supports:

ENGLISH CalAIM CS One-Pager FINAL.pdf

CABC-CD-046785-23 CalAIM Com Supports-Mbr Refrl Frm FINALv2.pdf

Enhanced Care Management:

ENGLISH CalAIM ECM One-Pager FINAL.pdf

CalAIM-ECM Rfral form chklsts_V2_CABC-CD-035582-23.pdf

CA_CAID_ECMProviderDirectory.pdf

Community Health Worker:

- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- A CHW is a trusted member of the community they serve and is a link between health, social services, and the community to facilitate access to services and improve the quality and cultural competence of service delivered.
- CHWs are also known as promotors, community health representatives, or community health advisors.

Primary roles:
• Health navigator
• Health educator

2541329 1000712CAMENABC Community Health Worker Member Flier UPD CM 04 21.pdf

2541329 1000712CAMSPABC Community Health Worker Member Flier UPD CM 04 21.pdf

CABC-CD-022089-23 CHW Flyer FINAL.pdf

ACAPEC-2783-21 CA Community Health Referral Form FINAL FILLABLE.pdf

DEI: I am looking to start a workgroup to discuss how we will collaborate to fulfill the DEI APL requirements below. San Francisco Health Plan and Santa Clara Family Health Plan

Sharing and Exchange of Educational Resources
MCPs located in the same county must coordinate DEI trainings that are reflective and encompassing of the criteria outlined in this APL so that if an MCP, Subcontractor, Downstream Subcontractor, or Network Provider completes the training for one MCP within the same county, then they will have met the obligation to complete the training for all other MCPs within the same county and can provide an attestation of training completion. All MCP HEOs within a similar geographical region or county must collaborate on DEI training criteria to ensure alignment and accurate training records.

APL23-025 diersity equity inclusion.pdf

CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Population Health Management/Population Needs Assessment
Met with Priscilla Chu (SFDPH), Bernadette Gates (SFDPH), Hilary Gillette-Walch (SFHP), Suzanne Samuel (SFHP), and Gretchen Shanofsky (Kaiser Permanente) to initiate conversations on meaningful participation in CHA/CHIP processes and co-developing SMART Goals that align with DHCS overall BOLD GOALS. We met the DHCS requirement and can attest to having engaged in conversation and started to develop our first SMART Goal.

GOAL 1: Lead: By the end of 2025, all health plans will achieve DHCS's Bold Goal of exceeding the 50th percentile for children's preventative care measures in partnership with Santa Clara County Public Health Department (SCC PHD) by supporting the Childhood Lead Poisoning Prevention Program (CLPPP), through the expansion of the number of lead awareness and outreach events by xx%, through the contribution of resources, data sharing, and by assisting with the planning of targeted provider education campaigns and follow up services.
GOAL 2: Oral Health: By the end of 2025, all health plans will achieve DHCS's Bold Goal of exceeding the 50th percentile for children's preventive care measures, in Partnership with the County of Santa Clara Public Health Department (SCC PHD) to move forward the Oral Health Strategic Plan, through training, data sharing, promotion and outreach, and referrals to improve the oral-systemic health among members ages 1-20.
Confirmed 1/30/24

MOU:

- DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx (Homepage for all MOUs, released Oct 27th, 2023)

  https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf (APL)

  https://www.dhcs.ca.gov/Documents/BHIN-23-056-MOU-Requirements-for-MHP-MCP.pdf (BHIN)

  https://www.dhcs.ca.gov/Documents/BHIN-23-057-MOU-Requirements-for-MCP-DMC-ODS-Counties.pdf (BHIN)

DHCS released final MOUs:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Local-Health-Department-MOU.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/IHSS-MOU-Template.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/Specialty-Mental-Health-Services-Memorandum-of-Understanding-Templates.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/Substance-Use-Disorder-Treatment-Services-Memorandum-of-Understanding-Templates.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Regional-Center-MOU-Template.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/County-Child-Welfare-MOU.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Base-MOU-Template.pdf

***Planning For the End of the Continuous Coverage Requirement when the Medi-Cal* COVID-19 Public Health Emergency (PHE) Ends:**

Anthem**:**

- States **began** the redetermination process by **April 30, 2023**; and,
- States will have up to 14 months to complete all redeterminations (i.e., no later than May 31, 2024).

Medicaid Renewal & Disenrollment Coverage Options | Anthem

Check Your Health Benefits Eligibility | Anthem (myhealthbenefitfinder.com)

https://www.readyrenew.com/835/index.html?m=ca&c=4&e=e

https://players.brightcove.net/3639471564001/QBcqf6zgr_default/index.html?videoId=6325324769112

6155712 1033874CAMENABS Ready Set Renew Buckslip UPD 08 22.pdf

6155712 1033874CAMSPABS Ready Set Renew Buckslip UPD 08 22.pdf

Keep Your Medi-Cal (socialpresskit.com)

ModivCare/Transportation:

Transportation BR FINAL 12 21 (2).pdf

Transportation BR Flier Spanish HR 12 21.pdf

LiveHealth OnLine:

Live Health Online Flyer.pdf

LHO SP.pdf

Live Health Online Flyer FINALv6.pdf

E-Consult Program:

- Anthem implemented an E-Consult program in the bay area counties whereby a PCP can refer a member for

an E-Consult. We will be working with health centers and PCP to roll out the program.

E-Consult Patient Flyer FINAL.pdf

Case Management
Case Management referral forms and our Preservice Review form (which was recently revised). Attaching both here, and both can be downloaded from our provider website:

1) Case Management referral form
2) Pre-Service Review form

Updated Case Management Form

ACAPEC-2687-21 CA Medi-Cal Care Mgm

Updated Preservice Review Form

ACAPEC-3456-22 CA GBD PA Request For

IV.

Transition of Care Tool and Screening Tool Metrics

Kalil

Transition of Care Tools				
	2023Q4			2023 Q4 Total
TOC Referral Type	Oct	Nov	Dec	
Anthem to County (SMHS)	0	0	0	0
County to Anthem (NSMHS)	12	10	11	33
Grand Total	12	10	11	33

Screening Tools Completed by Anthem				
	2023Q4			2023Q4 Total
Screening Tool Type	Oct	Nov	Dec	
Adult	6	8	11	25
MCP (NSMHS)	5	7	11	23
MHP (SMHS)	1	1	0	2
MHP (SUD ONLY)	0	0	0	0
Youth	0	3	1	4
MCP (NSMHS)	0	3	0	3
MHP (SMHS)	0	0	1	1
MHP (SUD ONLY)	0	0	0	0
Grand Total	6	11	12	29

Utilization Report:

	• Anthem membership • Live Health Online Utilization • Modivcare Transportation Utilization • Behavioral health Utilization Q1 2024 Anthem Blue Cross _ Santa Clara BH MOU _Reports_2.21.2024.pdf	
V.	**Follow-Up Items:** Natalie is interested in Anthem's work regarding the school-based fee schedule with contracting with schools. I know there's only two school districts that are currently in the first cohort that can start billing, but just if you have any thoughts, observations, updates for me on this side. Natalie is interested in Marketing Material for Commercial side. **Link to meeting recording:** https://mysite.wellpoint.com/:v:/g/personal/ah01131_ad_wellpoint_com/EXK57fQ-I5VErwmhPpi5_3EBKHOA8rA7oMGdgOBC9OEhYg?referrer=Teams.TEAMS-ELECTRON&referrerScenario=MeetingChicletGetLink.view.view	All 5MIN

Next Meeting: