

Santa Cruz – Monterey – Merced Managed Medical Care Commission



Meeting Agenda

Wednesday, October 26, 2022

3:00 p.m. – 5:00 p.m.

Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting will be conducted via teleconference. Alliance offices will be closed for this meeting. The following alternatives are available to members of the public to view this meeting and to provide comment to the Board.

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows:
 - a. Computer, tablet or smartphone via Microsoft Teams:
[Click here to join the meeting](#)
 - b. Or by telephone at:
United States: +1 (323) 705-3950
Phone Conference ID: 350 524 63#
2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Tuesday, October 25, 2022 to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to five minutes.
 - b. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.
3. Mute your phone during presentations to eliminate background noise.
 - a. State your name prior to speaking during comment periods.
 - b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.).

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1. **Call to Order by Chairperson Jimenez. 3:00 p.m.**
 - A. Roll call; establish quorum.
 - B. Supplements and deletions to the agenda.
2. **Oral Communications. 3:05 p.m.**
 - A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed five minutes in length, and any individuals may speak only once during Oral Communications.
 - B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.
3. **Comments and announcements by Commission members.**
 - A. Board members may provide comments and announcements.
4. **Comments and announcements by Chief Executive Officer.**
 - A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Items: (5. – 9C.): 3:10 p.m.

5. **Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing.**
 - Reference materials: Staff report and recommendation on above topic.
Pages 5-01 to 5-02
6. **Accept Executive Summary from the Chief Executive Officer (CEO).**
 - Reference materials: Executive Summary from the CEO.
Pages 6-01 to 6-09
7. **Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the eighth month ending August 31, 2022.**
 - Reference materials: Financial Statements as above.
Pages 7-01 to 7-09

Minutes: (8A. – 8C.)

- 8A. **Approve Commission meeting minutes of September 28, 2022.**
 - Reference materials: Minutes as above.
Pages 8A-01 to 8A-08
- 8B. **Accept Compliance Committee meeting minutes of August 17, 2022.**
 - Reference materials: Minutes as above.
Pages 8B-01 to 8B-04
- 8C. **Accept Whole Child Model Family Advisory Committee meeting minutes of July 11, 2022.**
 - Reference materials: Minutes as above.
Pages 8C-01 to 8C-06

Reports: (9A. – 9C.)

- 9A. Approve revisions to the Alliance's Compliance Plan and Alliance Code of Conduct.**
- Reference materials: Staff report and recommendation on above topic; Alliance Compliance Plan; and Alliance Code of Conduct.
Pages 9A-01 to 9A-23
- 9B. Accept Medi-Cal Capacity Grant Program (MCGP) Performance Dashboard – October 2015 through September 2022.**
- Reference materials: MCGP Performance Dashboard.
Pages 9B-01 to 9B-07
- 9C. Approve Medi-Cal Capacity Grants: Funding Recommendations.**
A. Action on grants inclusive of applications with Board member affiliation.
B. Action on funding allocation from the Santa Cruz County MCGP unallocated budget to the Partners for Healthy Food Access Program.
- Reference materials: Staff report and recommendation on above topic; Grant Recommendations by Program; and Recommendation Summaries by Organization.
Pages 9C-01 to 9C-26

Regular Agenda Items: (10. – 13.): 3:15 p.m.

- 10. Consider approving Specialty Care Incentive (SCI) Provider Payment Program for 2023. (3:15 – 3:35 p.m.)**
A. Ms. Jessie Dybdahl, Provider Services Director, will review and Board will consider approving an SCI Provider Payment Program for specialty services for 2023.
- Reference materials; Staff report and recommendation on above topic.
Pages 10-01 to 10-02
- 11. Consider approving proposed 2023 Hospital Quality Incentive Program. (3:35 – 4:00 p.m.)**
A. Ms. Kay Lor, Financial Planning and Analysis Director, will review and Board will consider approving proposed hospital quality incentive program for in-area contracted hospitals.
- Reference materials: Staff report and recommendation on above topic.
Pages 11-01 to 11-02
- 12. Consider approving funding recommendation for Children's Savings Account Pilot. (4:00 – 4:25 p.m.)**
A. Ms. Jessica Finney, Grant Program Manager, will review and Board will consider approving Medi-Cal Capacity Grant Program funding recommendation for Children's Saving Account Pilot project.
- Reference materials: Staff report and recommendation on above topic.
Pages 12-01 to 12-03
- 13. Consider approving Medi-Cal Capacity Grant Program (MCGP) Evolution: Foundation Recommendation. (4:25 – 5:00 p.m.)**
A. Ms. Stephanie Sonnenshine, CEO, will review and Board will consider approving the formation of a MCGP 501(c)3 non-profit Foundation and proposed operating model.
- Reference materials: Staff report and recommendation on above topic; and Medi-Cal Capacity Grant Program Framework.
Pages 13-01 to 13-09

Information Items: (14A. – 14C.)

- A. Alliance in the News
- B. Letters of Support
- C. Membership Enrollment Report

Page 14A-01
 Page 14B-01
 Page 14C-01

Announcements:

Meetings of Advisory Groups and Committees of the Commission

The next meetings of the Advisory Groups and Committees of the Commission are:

- Finance Committee
Wednesday, October 26, 2022; 1:30 – 2:45 p.m.
- Member Services Advisory Group
Thursday, November 10, 2022; 10:00 – 11:30 a.m.
- Physicians Advisory Group
Thursday, December 1, 2022; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee
Thursday, December 15, 2022; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee
Monday, November 14, 2022; 1:30 – 3:00 p.m. [teleconference]

The above meetings will be held via teleconference unless otherwise noticed.

The next regular meeting of the Commission, after this October 26, 2022 meeting will be held via teleconference unless otherwise noticed:

- Santa Cruz – Monterey – Merced Managed Medical Care Commission
Friday, November 18, 2022, 7:30 – 8:00 a.m.

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings.



The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. The Commission complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Board at least 72 hours prior to the meeting at (831) 430-5523. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: AB 361 – Brown Act: Teleconferencing Meeting Procedures

Recommendation. Staff recommend the Board consider making the following findings by majority vote, pursuant to Government Code § 54953 (e) (3), to allow the Board the option to meet remotely through teleconferencing, due to the present state of emergency, under the permissions provided via AB 361:

- (A) The Board has considered the circumstances of the current COVID-19 state of emergency; and,
- (B) Any of the following exists:
 - (i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - (ii) State or local officials continue to impose or recommend measures to promote social distancing.

Staff further recommend that the Board consider making these findings on behalf of its Committees and the Advisory Groups of the Board to allow for the conduct of business via teleconferencing compliant with Government Code § 54953.

Summary. AB 361 (Statutes 2021) amended Government Code § 54953 to modify rules related to the remote participation of members of a public agency for the purposes of conducting a public meeting during declared states of emergency and/or when state or local officials have imposed or recommended measures to promote social distancing. To meet while in compliance with the permissions provided by AB 361, the Board must make the above referenced findings by majority vote and must reconsider the circumstances every 30 days.

Background. On September 16, 2021 Governor Newsom signed AB 361 (Rivas) which allows a local agency to use teleconferencing without complying with certain Brown Act requirements as long as notice and accessibility requirements are met, public members are allowed to observe and address the local agency body during the meeting, and the local agency body has a procedure for receiving and swiftly resolving requests for reasonable accommodations.

Under the provisions of AB 361, during a proclaimed state of emergency and/or when state or local officials have imposed or recommended measures to promote social distancing, a public body may meet via the specified teleconferencing procedures when the public body has determined by majority vote that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

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Discussion. The federal public health emergency and the Governor's declared State of Emergency related to the COVID-19 pandemic remain in place.

In order to continue utilizing teleconferencing under the procedures outlined by AB 361, following this meeting of the Board, and if the state of emergency remains active or state or local officials continue to impose or recommend measures to promote social distancing, the Board must, no later than 30 days after this meeting and every 30 days thereafter, reconsider the circumstances of the state of emergency. To that end, the Board approved a meeting schedule for the remainder of 2022 to meet in compliance with AB 361 to consider the present state of emergency and determine if the above circumstances continue to exist in order to enable continued meeting via teleconferencing and will next consider this at the Board's November 18, 2022 meeting.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: Executive Summary from the Chief Executive Officer

Executive

County Expansion Efforts. Planning for the January 1, 2024 expansion of health plan operations into San Benito and Mariposa counties continues. Key activities include development of work plans encompassing all aspects of the expansion, establishment of internal workgroups to monitor progress, development of provider recruitment strategy, and determination of staffing presence in the expansion counties. Staff have met with Department of Health Care Services (DHCS) staff along with representatives of each county to discuss timelines, deliverables and milestones. Staff continue to press on issues such as a decision by DHCS on the inclusion of the Whole Child Model program and the timing of rate development which will have significant impacts on the provider participation and the overall financial feasibility of the expansion.

2022 Legislative Session. The Legislative session officially ended at midnight on September 30, 2022 with the deadline for the Governor to sign or veto bills passed by the Legislature before the final recess. Staff continue to review chaptered bills for impacts to the Alliance's operations, members and providers and will provide a final report on the legislative session in the December Board packet. Legislators are now back in their Districts and preparing for the November 8, 2022 General Election where the Alliance will see new legislative representatives elected in our service area.

Bureau of State Audits (BSA) – Follow up to 2019 Children's Preventive Services Audit. Earlier this month, the BSA released a follow up report to its 2019 audit of DHCS' oversight of the provision of preventive services for children. The original 2019 report was critical of DHCS' oversight of the delivery of preventive services to children in Medi-Cal and included 14 recommendations. The follow up report finds that DHCS has not implemented eight of the original recommendations. Upon release of the 2019 findings, the Alliance developed a workplan that assessed the current state to identify any gaps and develop an action plan to mitigate identified risks. Staff have reviewed the follow up report and DHCS' response to identify potential areas of focus for the Alliance.

Housing and Homelessness Incentive Program (HHIP). On September 30, 2022, Alliance staff submitted to DHCS one HHIP Investment Plan for each county in the Alliance service area. Investment Plans were co-created with staff from local Continuums of Care, or groups of organizations responsible for the implementation of a housing and service system within the respective geographic area. Each HHIP Investment Plan identifies specific investments the Alliance intends to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. Included in the Investment Plans are narratives detailing anticipated funding activities, investment amounts, recipients and timelines. In the coming months, Alliance staff will execute related Letters of Agreement with recipient organizations.

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Community Involvement. On October 13, 2022 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting and the virtual Local Health Plans of California (LHPC) October Board meeting on October 17, 2022. I attended the virtual Housing for Health Partnership Policy Board meeting on October 19, 2022. On October 20, 2022 I attended the virtual Department of Health Care Services Stakeholder Advisory Committee meeting and HIPSCC Executive Committee meeting. I plan to attend the virtual MoReHEALTH Full Board meeting on October 26, 2022. On October 27, 2022 I plan to attend the LHPC Institute Health Equity Seminar in Sacramento.

Health Services

The Health Services Division continues to focus on 2023 budget planning and developing measurable 2023 performance goals that are tied directly to the strategic plan outcomes of Health Equity and Person-Centered Delivery System Transformation. An effort is currently underway to work directly with providers to improve Managed Care Accountability Set (MCAS) metrics to the highest level possible during the remainder of the 2022 measurement year. Efforts are focused on working with providers with MCAS metrics below the 50th and 25th percentile. This effort is part of the Health Services process of driving significant year-over-year improvements that would align with the 2026 vision for Health Equity.

COVID Report

COVID Disease Activity (Collected on October 6, 2022)

County	Cases per 100K (7-day average)	14-Day Average of Hospitalized Patients	Rate of Positive Tests (7-day rate)	Confirmed Deaths (total)
Merced	5.8	9.8	4.4%	865
Monterey	3.3	15.8	3.4%	766
Santa Cruz	11.4	11.6	2.3%	273
California	8.3	1,985.1	4.7%	95,414

Source: <https://covid19.ca.gov/state-dashboard/#location-california>

Current COVID Vaccination Status:

COVID-19 Vaccination Rates for Eligible Alliance Members as of 10/11/2022 – All Ages (6 months+)	
	% Alliance members with at least one dose
Merced	44.7%
Monterey	57.8%
Santa Cruz	65.3%
IHSS (18 yrs. +)	81.2%
CCAH	54.6%

Note: We are currently validating our data and recoding doses to ensure that we are accurately representing fully vaccinated members and identifying booster doses correctly.

Quality Improvement and Population Health (QIPH)

Population Health Management. The Alliance is working on the DHCS Population Health Management (PHM) readiness template for submission on October 21, 2022. The Alliance is expected to describe specific components of the PHM programs and attesting to implementation readiness prior to program launch of January 1, 2023. DHCS provided a PHM Program Guide, and certain requirements will be phased in between January 1, 2023, and the effective date of the new MCP contract on January 1, 2024. As part of the PHM tactic, the Alliance is continuing to draft a comprehensive PHM program description. A pilot is underway with the care management teams to study the process from risk score to intervention in preparation for the DHCS PHM service platform. In addition, discussions are underway on a data strategy for data procurement and exchange to meet PHM requirements.

Healthcare Effectiveness Data and Information Set/MCAS Children's Domain. As part of the Alliance strategic goal of Health Equity and "Getting to green" for all quality measures for the pediatric population, a plan was developed and presented to the Continuous Quality Improvement Workgroup – Interdisciplinary that encompassed several cross-cutting themes for providers (workforce shortage, provider enablement), members (member and family activation, member outreach), community (support for communities), and health plan (meaningful incentives, data procurement). The Alliance is working on refining these objectives and will be reported through the Quality and Performance Improvement Program report.

Utilization Management/Complex Case Management

Inpatient and Emergency Department (ED). Overall, avoidable ED visits continue with trends seen in Q2, with increases mirroring pre-pandemic rates and September closing out with avoidable ED visit rates at 14.5% in Santa Cruz, Monterey at 20% and Merced at 14%. The ACA expansion, SPD and Child/Family populations accounted for 23% of the high utilizing ED visit counts, with the child/family population increasing three percentage points to 21% of avoidable ED visits in September. Current work is underway with Population Health Management in proactive outreach to engage members in preventive and wellness care.

As seen with ED utilization, and again as a result of members returning to care and caring for conditions that were not consistently addressed during the pandemic, inpatient admissions are approaching pre-pandemic levels in all Alliance contracted hospitals. Inpatient authorizations trended upwards in Q3, with readmission rates consistent as in prior quarters, currently averaging at 11%. The average length of stay across all three counties continues to slightly decline, and is currently lower than pre-pandemic activity, with current Q3 average length of stay at 4.4, a reflection of improved long-term care access following the resolution of COVID-19 surge activity. Continued work is underway aimed at readmission reduction and ED overutilization, with internal risk stratification, Population Health Management (PHM) initiatives and proactive outreach to support care transitions and members with high and rising risk indicators.

Prior Authorization. Authorization activity increased 17% from August to September, with larger distributions seen in both diagnostics and PCP specialty referrals. Early October is showing a 42% increase in prior authorizations when compared to the last month's reporting period (n=3348 vs 2355). Distribution patterns remain consistent with those seen in prior quarters, with slightly fewer surgery requests and an approximate 7% increase in Non-Emergency Medical Transportation authorizations. Authorization activity is likely a reflection of both increases in

membership during the pandemic as well as normalizing post pandemic access patterns, member engagement in care, rebound from care that was delayed, and improvements in provider access. Continued efforts are underway to reduce prior authorization requirements and improve overall authorization processes.

Member Benefits: September was also notable for updates to the fetal aneuploidy testing benefit, newly covered under the California Prenatal Screening Program, effective September 19, 2022. Moving into October, work continues in operationalizing the Community Health Worker preventive health services benefits, of which the first 12 visits will not require prior authorization. This benefit will help support initiatives in providing equitable health care through culturally competent services and further promote Population Health Management standards, all part of CalAIM and the DHCS quality strategy.

Whole Child. Early October reflects a California Children's Services (CCS) total member count of 8,164 members, a 20% increase over 2021 (n=6791). Overall, CCS member and referral volumes continue to steadily increase across the three counties: Q3 closed at 435 total new CCS referrals, an increase from the previous quarter. Newly eligible Whole Child Model CCS member totals increased to a total of 376 for Q3, also an increase from the previous quarter.

The Pediatric Complex Case Management (CCM) team continues engagement in Alliance proactive outreach initiatives, having just completed COVID-Evusheld outreach for over 90% of eligible pediatric members. Current Population Health Management initiatives are aimed at effectively addressing preventive care, member education, disease management, and in identifying additional case management needs. The current PHM campaign is well underway and is specific to diabetic high-risk pediatric members.

The Pediatric CCM team is additionally working to support Alliance vaccine and well child visit rates, with targeted efforts in Merced County. A portion of this work includes direct member contact, with the goal of supporting providers needing assistance securing appointments for children who are due for vaccines or well child visits. The Pediatric CCM team is also providing routine in office support for member walk-ins and will be assisting with any member walk-in needs that are complex in nature.

Pharmacy

Concurrent Opioid and Benzodiazepine Drug Utilization Review. In 2018, the United States Congress passed "The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act" or the "SUPPORT for Patients and Communities Act" requiring states to have a review process in place to monitor patients concurrently prescribed opioids and benzodiazepines. Concurrent use of these drug classes can result in excessive drowsiness, respiratory depression, overdose, and death. Retrospective analysis was conducted by Alliance Pharmacy Department using pharmacy claims for the period of January 1, 2022 through August 30, 2022.

Method: Alliance members with greater than a 30-day supply of opiates and benzodiazepines were identified as chronic users. Members were considered taking both medications at the same time if their days of coverage for benzodiazepines and opioids overlapped. Members with a primary diagnosis of cancer, transplant, ESRD or HIV in rolling 12 months were excluded.

Results:

- 301 members filled prescriptions for opioids and benzodiazepines concurrently
 - 284 members were ages 18 through 64
 - 17 members were 65 and older
- 131 prescribers had Alliance members on opioids and benzodiazepines concurrently. Opioid and benzodiazepine prescriptions were not always written by the same prescriber.

Provider Interventions: In September 2022, safety communication about the dangers of opioid and benzodiazepine concurrent use, benzodiazepine tapering tool and information about naloxone co-prescribing for high-risk patients was delivered via several platforms and was published in Provider Digest. All Alliance providers received a Fax Blast communication. Additionally, targeted fax outreach was delivered to 44 prescribers with three or more concurrent users during May 1, 2022, through August 30, 2022.

Additional planned interventions include:

- Educational article in December Provider Bulletin.
- Targeted fax outreach to providers with members on opioids and benzodiazepines, who were not co-prescribed Naloxone in the past 12 months.

Planned Member Interventions: Educational article to be published in member newsletter and on the Alliance website.

Community Care Coordination (CCC)

In collaboration with other Health Services departments, CCC staff are restructuring work flows and policies to align with the implementation of DHCS' Population Health Management Program that will begin January 2023. Key components of the PHMP include risk stratifying all members to identify those who have medium/rising health and social needs and providing Complex Care Management that aligns with the NCQA standards of care delivery for this population. Staff continue to pilot these components of Complex Care Management with members who have high needs regarding their diabetes, as well as psychosocial factors.

Another component of PHMP is providing transitional care to all members during transitions even if the Alliance is not the primary payer for the triggering service (i.e., psychiatric hospitalization, or inpatient admission). The Alliance will assign a care manager for the duration of a member's transitional care needs for those members where we have received a notification from the facility and/or provider of the transition. Concurrent review nurses identify members transitioning from hospital admissions, skilled nursing facility discharges, etc. Staff will be responsible to work with the facility where the patient is admitted (referred to as the discharging facility) in a timely manner and assure that they are part of the discharge planning.

An action plan is in development and will be completed by the end of the month to strategically work towards staff achieving Person-Centered Delivery System Transformation, with the ultimate goal being improvements in members' clinical outcomes and reduction in preventable utilization among our highest risk members.

Enhanced Case Management and Community Support Services (ECM/CS). Operational efforts are underway in preparation for implementing the two new Populations of Focus and a new Community Support service, beginning January 2023. The Alliance will also be expanding the

CS service, Medically Tailored Meals, to incorporate additional members that meet DHCS' eligibility criteria, including those members with gestational diabetes, members being discharged from skilled nursing facilities, and other chronic health and/or behavioral health conditions. Alliance staff have implemented monthly office hours with contracted providers to have a regular forum for ongoing operational support. The Alliance has also developed an ECM Capitation Monitoring Policy to promote robust reporting from the providers for DHCS submission. Lastly, staff are awaiting information from DHCS regarding ECM rate revisions to determine if any ECM contract amendments will be necessary.

Behavioral Health. The Behavioral Health (BH) Director met with key leadership from each service county to initiate a collaborative data collection effort in order to inform the landscape assessment, as well as lay plans for on-site tours and qualitative discussion about mental health and substance use disorder needs in the community. In partnership with Data Analytics Services, BH has been working to establish a new data report set to look more deeply at utilization disparities and develop baseline metrics against which to measure improvements in equitable access through 2023 and beyond.

Beacon relationships and system improvements have been at the forefront of BH focus, with regularly scheduled meetings to examine provider connection issues, discuss complex cases and identify gaps in service which need to be addressed. Specific areas of focus are connection to care for eating disorders as well as the need for a potentially expanded care management scope to effectively support No Wrong Door and other CalAIM initiatives.

BH has supported organizational wellness by leading presentations on self-care, and wellness in the healthcare space for staff who work in member-facing roles, as well as working to draft an article on managing challenging member relationships which could lead to provider transfer.

Employee Services and Communications

Alliance Workforce. As of September 12, 2022, the Alliance has 534.3 budgeted positions of which our active workforce number is 516.6 (active FTE and temporary workers). There are 31 positions in active recruitment, and 49.5 positions are vacant. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources continues to partner with Finance to ensure alignment in this area.

2022 Employee Engagement Survey. Human Resources completed the 2022 Employee Engagement Survey on August 29, 2022. The Human Resources Director presented the high-level organization result at the Q3 All Staff Assembly on September 8, 2022. Next, Human Resources, in collaboration with our third-party vendor Culture Amp, will provide training to Directors on how to access department level data for review of results and input of action plans for areas of focus in 2023. Trainings will occur in mid-October.

Competencies and Career Development. In response to feedback from the 2021 Employee Engagement Survey results, Human Resources is commencing work on a competency and career development/pathway system designed to focus on position competency and career navigation and growth. Human Resources is currently surveying the leadership team to determine core competencies across all positions at the Alliance. Next step will include assessing current leadership competencies and evaluating what changes, if any, are required.

2023 FTE Request Process. Human Resources, with the support of Operational Excellence and Compliance, has completed the first phase of the 2023 FTE process in alignment with the 2023 budget cycle. Next steps will include working with Finance as necessary to ensure budget alignment. The FTE request process is based on priority factors and budget allowance and will result in proposed 2023 FTE added positions. This process commenced in mid-September and will end in December with the Board-approved budget for 2023.

2023 Open Enrollment. Staff elections for the 2023 benefits options will be held in November. Human Resources is working with our insurance broker to identify 2023 options, including medical, dental, vision and wellness options. We will hold two open enrollment meetings to ensure staff education and communication about the 2023 options.

Communications. The annual flu media launched September 6, 2022 and will run through mid-November. This year's theme, "You don't have time for the flu" aims to persuade busy members to get their annual flu vaccine to avoid becoming seriously ill or spreading illness to others. Bi-lingual paid tactics include mobile display ads, digital news publication ads, ads in buses in all counties (with a QR code), and Facebook paid posts. Owned tactics include a [website landing page](#), home page website banner ad, articles in our Member Bulletin, Provider Bulletin and our community e-newsletter (The Beat), a member flyer (with a QR code) and a press release to local media. The website messaging, flyer and member newsletter article are in all three languages. For the first month of the campaign, the website landing page has been the fourth most visited page on the Alliance website, with most of the traffic coming from the QR code (direct) and the mobile ads.

Staff is working on a media campaign to support eligibility redetermination for members to coincide with the unwinding of the public health emergency (PHE). The campaign will consist of owned and paid media tactics. A definitive launch date will be dependent on when the PHE is scheduled to end, and messaging must be approved by DHCS and once approved, a media campaign will be developed.

Staff is finalizing the redesign of the Member Bulletin, effective for the March 2023 issue. The redesign incorporates feedback from members seeking more digestible, visually engaging content. In addition, the content approach will provide greater alignment with strategic priorities and messaging across other communications platforms.

Facilities and Administrative Services.

- The Facilities Department is working with Mid-Pen Housing and legal to finalize the sale agreement for the property at 1098 38th Avenue.
- The Facilities Department is working to replace several large heating and air conditioning units at 1600 and 1800 Green Hills Road and 950 E Blanco Road as part of the capital project plan.
- The Facilities Department is working to create a list of options for future use of Alliance owned facilities related to workplace design.

Operations

Member Services

Member Calls. Over the last few months, the Member Services Call Center implemented several process changes to increase Alliance representative availability, including bringing on temporary staff and providing additional staff training. These actions have helped decrease member wait time to speak to a representative, and we have seen an increase in our established Call Center service levels. While these metrics are still below the established threshold, we anticipate continued improvement over the next few weeks.

COVID-19 Public Health Emergency (PHE). The Alliance continues to prepare for the potential end of the COVID-19 PHE, which would require California counties to resume the full Medi-Cal redetermination process. We are in discussions with a vendor to obtain consent for text messaging and conduct live outreach to members at risk of disenrollment in Medi-Cal once the PHE ends. Further, the Alliance is actively working with our partner counties to develop a process to freely share member information to ensure we collectively engage with members to limit the amount of members falling off Medi-Cal.

County Expansion. The Member Services Department is partnering with several Alliance departments to plan for member and community engagement related to the county expansion into San Benito and Mariposa Counties. This expansive planning includes developing member and community engagement plans; meeting with Community Based Organizations and county partners to understand the specific needs and challenges within these new communities; and developing a recommendation for in-office support.

Claims

Claims Inventory and Aging. We are now at target. We achieved both our Days on Hand inventory target and our 26+ aging target during the third week of September. In addition, we have achieved our claims processed within 30 days metric of 90% for the month of September, with a cycle time of 94.65% against the minimum target of 90%. We fully expect October's results to be even better.

HSP Quality Audit Program. We are on target to deliver the first set of Monthly Quality results by the third week of January 2023. These results will be for claims processed and finalized in December 2022. The reported results will include Financial Accuracy, Payment Accuracy, Processing Accuracy, and Overall Accuracy.

Provider Services

County Expansion. The Provider Services team has focused efforts on strategic planning for going into San Benito and Mariposa counties. Staff will begin going out into the field to meet with community providers in both counties in late October as part of our "listening" tour.

Community Health Worker Benefit. The Provider Services team is meeting with providers to understand who may be interested in providing the Community Health Worker benefit to our members. Credentialing packets for those PCP groups that have current contracts will be going out to provider groups at the end of October.

Enhanced Case Management and Community Support Services Recruitment. Recruitment continues for our existing populations of focus as well as planning for January 1, 2023 new populations of focus for ECM/CS providers. Staff have begun to partner with local CBOs in all three counties to ensure ongoing support for our new ECM/CS network.

Regional Operations Santa Cruz/Monterey/Merced

The Alliance participated in the Santa Cruz County Health Workforce Council Quarterly Meeting. Several Organizations were able to provide opportunities for community members to advance their education and the healthcare changes and challenges in Santa Cruz County. UCSC shared the new Global and Community Health degrees now available to students so they are prepared to work in positions where they can improve the health and well-being of people while reducing inequalities locally. Discussions around opportunities for local youth and young adults to enter the workforce were shared to assist in increasing the shrinking workforce of the county. The Alliance will continue to participate in these meetings to support efforts for collaboration and partnerships in increasing the health workforce of our service area.

Collaboration with the Merced County Workforce Board kicked off with an initial meeting between key stakeholders. The Merced County Workforce Development Board is comprised of many private business owners who collaborate with leaders from various education, labor, public service, and community-based organizations. The focus of this Board is to ensure that the residents of Merced County have the skills, training, and education to achieve their career goals, and Merced County employers can hire, develop, and retain outstanding employees. The Alliance engaged in discussion around impacts to the healthcare workforce and how we can partner together to support the medical community.



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Financial Highlights for the Eighth Month Ending August 31, 2022

For the month ending August 31, 2022, the Alliance reported an Operating Income of \$12.5M. The Year-to-Date (YTD) Operating Income is at \$81.8M, with a Medical Loss Ratio (MLR) of 86.7% and an Administrative Loss Ratio (ALR) of 5.2%.

The budget expected \$38.8M Operating Income for YTD August. The actual result is favorable to budget by \$43.0M or 100.0%, driven primarily by the boosted enrollment from the Public Health Emergency.

<u>Key Indicators</u>	Aug-22 MTD (In \$000s)			% Variance to Budget
	Current Actual	Current Budget	Current Variance	
<i>Membership</i>	407,983	358,808	49,175	13.7%
Revenue	130,057	111,763	18,293	16.4%
Medical Expenses	110,402	106,103	(4,299)	-4.1%
Administrative Expenses	7,181	7,526	346	4.6%
Operating Income/(Loss)	12,474	(1,866)	14,340	100.0%
Net Income/(Loss)	4,392	(3,115)	7,507	100.0%
<i>MLR %</i>	84.9%	94.9%	10.0%	
<i>ALR %</i>	5.5%	6.7%	1.2%	
<i>Operating Income %</i>	9.6%	-1.7%	11.3%	
<i>Net Income %</i>	3.4%	-2.8%	6.2%	

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

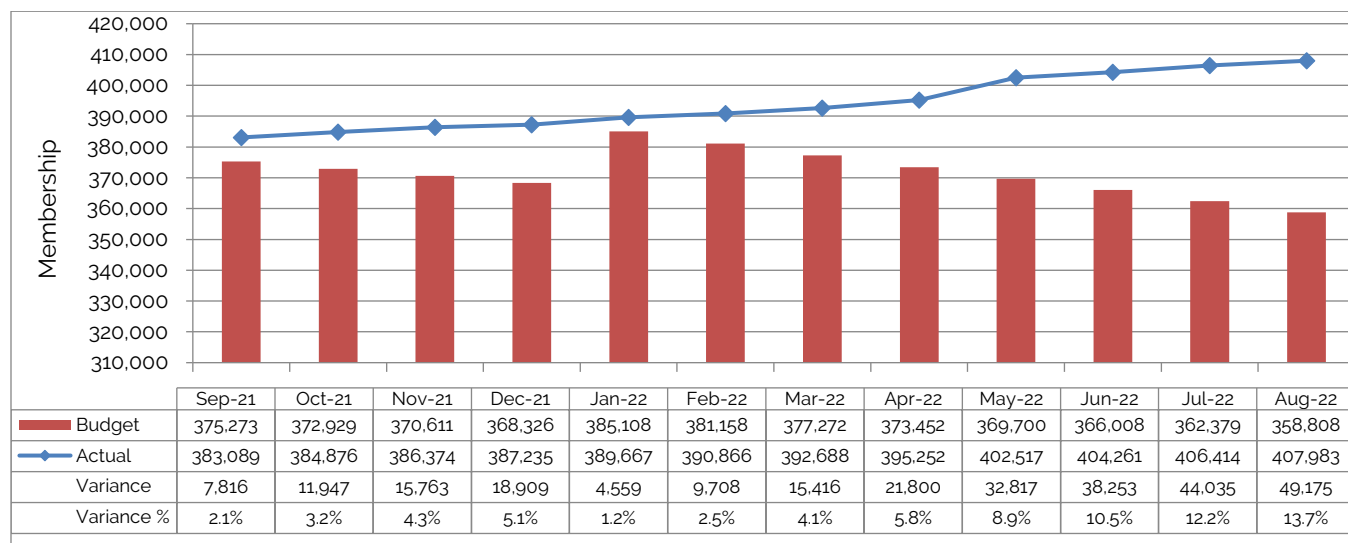
Aug-22 YTD (In \$000s)				
<u>Key Indicators</u>	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
<i>Member Months</i>	3,189,648	2,973,885	215,763	7.3%
Revenue	1,011,691	926,292	85,400	9.2%
Medical Expenses	877,110	830,235	(46,876)	-5.6%
Administrative Expenses	52,736	57,208	4,472	7.8%
Operating Income/(Loss)	81,845	38,849	42,996	100.0%
Net Income/(Loss)	60,086	28,948	31,139	100.0%
PMPM				
Revenue	317.18	311.48	5.70	1.8%
Medical Expenses	274.99	279.18	4.19	1.5%
Administrative Expenses	16.53	19.24	2.70	14.1%
Operating Income/(Loss)	25.66	13.06	12.60	96.4%
<i>MLR %</i>	86.7%	89.6%	2.9%	
<i>ALR %</i>	5.2%	6.2%	1.0%	
<i>Operating Income %</i>	8.1%	4.2%	3.9%	
<i>Net Income %</i>	5.9%	3.1%	2.8%	

Per Member Per Month. Capitation revenue and medical expenses are variables based on enrollment fluctuations; therefore, the PMPM view offers more clarity than the total dollar amount. Conversely, administrative expenses do not usually correspond with enrollment and should be evaluated at the dollar amount.

At a PMPM level, YTD revenue is \$317.18, which is favorable to budget by \$5.70 or 1.8%. Medical cost PMPM is \$274.99, which is favorable by \$4.19 or 1.5%. The resulting operating income PMPM is \$25.66, which is favorable by \$12.60 compared to the budget.

Membership. August 2022 membership is favorable to budget by 13.7%. Please note that the 2022 budget assumed the public health emergency (PHE) would end in January 2022, and enrollment would decrease gradually to the pre-pandemic level by December 2022. The State anticipates the PHE will expire no sooner than January 2023. Additionally, effective May 1, 2022, the State extended eligibility to adults aged 50, regardless of immigration status. The Alliance has approximately 5,000 members in this category. Overall, the membership will remain favorable in 2022.

Membership. Actual vs. Budget (based on actual enrollment trend for Aug-22 rolling 12 months)



Revenue. August 2022 capitation revenue of \$129.7M is favorable to budget by \$18.2M or 16.3%, mainly attributed to higher enrollment of \$15.3M and favorable rate variances of \$2.9M. August 2022 YTD capitation revenue of \$1,009.0M is favorable to budget by \$84.8M or 9.2%. Of this amount, \$64.7M is from boosted enrollment, and \$20.1M is due to rate variance. The favorable rate variance includes funding for various programs not yet finalized when preparing the 2022 budget, including CalAIM Incentive Payment Programs, rapid genome sequencing, and the expansion of Medi-Cal benefits to undocumented Californians aged 50 and older. Please note that the Department of Health Care Services plans to finalize the 2022 rates in March 2023.

County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	218,514	208,743	10,772	13,691	(2,919)
Monterey	431,892	394,478	37,414	26,965	10,449
Merced	357,547	320,930	36,618	24,082	12,535
Total	1,008,953	924,150	84,803	64,738	20,065

Note: Excludes Aug-22 YTD In-Home Supportive Services (IHSS) premiums revenue of \$2.7M.

Medical Expenses. August 2022 Medical Expenses of \$110.4M are \$4.3M or 4.1% unfavorable to budget. August 2022 YTD Medical Expenses of \$877.1M are above budget by \$46.9M or 5.6%. Of this amount, \$60.2M is due to higher enrollment, which offsets \$13.4M from increased PMPM cost variance. Other Medical expense is unfavorable to budget by \$34.7M or 28.8% due to higher utilization in lab, behavioral health services, and increases in unit cost driven by a mix of services from the lab, DME, non-medical transportation, and behavioral health. This category also includes CalAIM Incentive Payment Program expenses as the Alliance aims for budget-neutral and to

distribute the payment to providers or cover its own cost of expanding capacity and building infrastructure.

Aug-22 YTD Medical Expense Summary (In \$000s)					
Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services (Hospital)	338,628	315,058	(23,571)	(22,858)	(712)
Inpatient Services (LTC)	106,675	105,755	(920)	(7,673)	6,753
Physician Services	170,054	174,914	4,860	(12,690)	17,551
Outpatient Facility	106,435	113,396	6,962	(8,227)	15,189
Pharmacy	23	549	526	(40)	566
Other Medical	155,295	120,563	(34,732)	(8,747)	(25,985)
Total	877,110	830,235	(46,876)	(60,236)	13,360

Note: Other Medical includes Allied Health, Non-Claims HC Cost, transportation, ECM, ILOS, BHT, Lab, and other medical costs.

At a PMPM level, YTD Medical Expenses are \$274.99, which is favorable by \$4.19 or 1.5% compared to the budget. Please note that the rate (PMPM) is the unit cost for a service multiplied by the utilization.

The 2022 budget assumed utilization would return to the 2019 level during Q1 2022 and increase 5% over 2019 by year-end. Actual YTD utilization has not achieved the 2019 level but indicates upward movement. Authorizations suggest that Inpatient, Outpatient and Long-term Care (LTC) utilization continued to be below the 2019 level through early 2022, representing approximately 50% of medical expenses. However, there have been \$8.9M inpatient payments for prior years that resulted in higher Inpatient PMPM cost and higher Incurred but Not Reported (IBNR) estimate.

Aug-22 YTD Medical Expense by Category of Service (In PMPM)				
Category	Actual	Budget	Variance	Variance %
Inpatient Services (Hospital)	106.16	105.94	(0.22)	-0.2%
Inpatient Services (LTC)	33.44	35.56	2.12	6.0%
Physician Services	53.31	58.82	5.50	9.4%
Outpatient Facility	33.37	38.13	4.76	12.5%
Pharmacy	0.01	0.18	0.18	100.0%
Other Medical	48.69	40.54	(8.15)	-20.1%
Total	274.99	279.18	4.19	1.5%

Administrative Expenses. August YTD Administrative Expenses are favorable to budget by \$4.5M or 7.8% with a 5.2% ALR. Salaries, Wages, & Benefits (SWB) are favorable by \$2.8M or 7.0% due to employee benefits running lower than budget and savings from vacant positions. Non-Salary Administrative Expenses are favorable by \$1.7M or 9.6% due to the actual spend versus budget timing.

Non-Operating Revenue/Expenses. August YTD Total Non-Operating Revenue is unfavorable to budget by \$13.9M. There is a \$17.3M unrealized loss on investments, reduced by \$5.5M favorability in grants and interests.

Summary of Results. Overall, the Alliance generated a YTD Net Income of \$60.1M, with a MLR of 86.7% and an ALR of 5.2%.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Eighth Month Ending August 31, 2022
(In \$000s)

Assets	
Cash	\$144,207
Restricted Cash	300
Short Term Investments	604,225
Receivables	164,141
Prepaid Expenses	4,962
Other Current Assets	16,957
Total Current Assets	\$934,792
Building, Land, Furniture & Equipment	
Capital Assets	\$83,392
Accumulated Depreciation	(43,476)
CIP	453
Total Non-Current Assets	40,370
Total Assets	\$975,162
Liabilities	
Accounts Payable	\$50,548
IBNR/Claims Payable	266,729
Accrued Expenses	-
Estimated Risk Share Payable	6,667
Other Current Liabilities	8,339
Due to State	-
Total Current Liabilities	\$332,282
Fund Balance	
Fund Balance - Prior	\$582,793
Retained Earnings - CY	60,086
Total Fund Balance	642,879
Total Liabilities & Fund Balance	\$975,162
Fund Balance Reserves	
Total Fund Balance	\$642,879
Board Designated Reserves Target	378,771
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)	132,636
Additional Contribution to MCGP	43,578
Total Reserves	611,685
Total Operating Reserve	\$31,194



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Eighth Month Ending August 31, 2022
(In \$000s)

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>%</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>	<u>%</u>
Member Months	407,983	358,808	49,175	13.7%	3,189,648	2,973,885	215,763	7.3%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$129,684	\$111,496	\$18,188	16.3%	\$1,008,953	\$924,150	\$84,803	9.2%
Premiums Commercial	373	268	105	39.4%	2,738	2,142	596	27.8%
Total Operating Revenue	\$130,057	\$111,763	\$18,293	16.4%	\$1,011,691	\$926,292	\$85,400	9.2%
Medical Expenses								
Inpatient Services (Hospital)	\$40,963	\$40,118	(\$845)	-2.1%	\$338,628	\$315,058	(\$23,571)	-7.5%
Inpatient Services (LTC)	13,130	14,153	1,023	7.2%	106,675	105,755	(920)	-0.9%
Physician Services	22,128	22,441	313	1.4%	170,054	174,914	4,860	2.8%
Outpatient Facility	14,630	14,953	323	2.2%	106,435	113,396	6,962	6.1%
Pharmacy	564	68	(496)	100.0%	23	549	526	100.0%
Other Medical	18,988	14,371	(4,617)	-32.1%	155,295	120,563	(34,732)	-28.8%
Total Medical Expenses	\$110,402	\$106,103	(\$4,299)	-4.1%	\$877,110	\$830,235	(\$46,876)	-5.6%
Gross Margin	\$19,655	\$5,660	\$13,995	100.0%	\$134,581	\$96,057	\$38,524	40.1%
Administrative Expenses								
Salaries	\$5,093	\$5,299	\$206	3.9%	\$37,109	\$39,922	\$2,813	7.0%
Professional Fees	245	159	(85)	-53.4%	1,169	1,378	209	15.2%
Purchased Services	822	801	(22)	-2.7%	5,727	5,654	(73)	-1.3%
Supplies & Other	663	860	196	22.8%	5,787	7,103	1,316	18.5%
Occupancy	81	112	31	28.0%	717	840	122	14.6%
Depreciation/Amortization	276	294	19	6.3%	2,227	2,312	84	3.6%
Total Administrative Expenses	\$7,181	\$7,526	\$346	4.6%	\$52,736	\$57,208	\$4,472	7.8%
Operating Income	\$12,474	(\$1,866)	\$14,340	100.0%	\$81,845	\$38,849	\$42,996	100.0%
Non-Op Income/(Expense)								
Interest	\$1,232	\$318	\$914	100.0%	\$5,630	\$2,534	\$3,097	100.0%
Gain/(Loss) on Investments	(4,914)	(240)	(4,673)	-100.0%	(19,248)	(1,913)	(17,335)	-100.0%
Other Revenues	171	69	101	100.0%	1,037	653	384	58.9%
Grants	(4,572)	(1,397)	(3,175)	-100.0%	(9,179)	(11,175)	1,996	17.9%
Total Non-Op Income/(Expense)	(\$8,083)	(\$1,250)	(\$6,833)	-100.0%	(\$21,759)	(\$9,901)	(\$11,858)	-100.0%
Net Income/(Loss)	\$4,392	(\$3,115)	\$7,507	100.0%	\$60,086	\$28,948	\$31,139	100.0%
<i>MLR</i>	84.9%	94.9%			86.7%	89.6%		
<i>ALR</i>	5.5%	6.7%			5.2%	6.2%		
<i>Operating Income</i>	9.6%	-1.7%			8.1%	4.2%		
<i>Net Income %</i>	3.4%	-2.8%			5.9%	3.1%		



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Eighth Month Ending August 31, 2022
(In PMPM)

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>%</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>	<u>%</u>
<i>Member Months</i>	407,983	358,808	49,175	13.7%	3,189,648	2,973,885	215,763	7.3%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$317.86	\$310.74	\$7.13	2.3%	\$316.32	\$310.76	\$5.57	1.8%
Premiums Commercial	0.91	0.75	0.17	22.6%	0.86	0.72	0.14	19.2%
Total Operating Revenue	\$318.78	\$311.48	\$7.29	2.3%	\$317.18	\$311.48	\$5.70	1.8%
Medical Expenses								
Inpatient Services (Hospital)	\$100.40	\$111.81	\$11.41	10.2%	\$106.16	\$105.94	(\$0.22)	-0.2%
Inpatient Services (LTC)	32.18	39.44	7.26	18.4%	33.44	35.56	2.12	6.0%
Physician Services	54.24	62.54	8.31	13.3%	53.31	58.82	5.50	9.4%
Outpatient Facility	35.86	41.67	5.81	14.0%	33.37	38.13	4.76	12.5%
Pharmacy	1.38	0.19	(1.19)	100.0%	0.01	0.18	0.18	100.0%
Other Medical	46.54	40.05	(6.49)	-16.2%	48.69	40.54	(8.15)	-20.1%
Total Medical Expenses	\$270.60	\$295.71	\$25.11	8.5%	\$274.99	\$279.18	\$4.19	1.5%
Gross Margin	\$48.18	\$15.78	\$32.40	100.0%	\$42.19	\$32.30	\$9.89	30.6%
Administrative Expenses								
Salaries	\$12.48	\$14.77	\$2.28	15.5%	\$11.63	\$13.42	\$1.79	13.3%
Professional Fees	0.60	0.44	(0.15)	-34.9%	0.37	0.46	0.10	20.9%
Purchased Services	2.02	2.23	0.22	9.7%	1.80	1.90	0.11	5.6%
Supplies & Other	1.63	2.40	0.77	32.1%	1.81	2.39	0.57	24.0%
Occupancy	0.20	0.31	0.11	36.7%	0.22	0.28	0.06	20.3%
Depreciation/Amortization	0.68	0.82	0.14	17.6%	0.70	0.78	0.08	10.2%
Total Administrative Expenses	\$17.60	\$20.98	\$3.38	16.1%	\$16.53	\$19.24	\$2.70	14.1%
Operating Income	\$30.58	(\$5.20)	\$35.78	100.0%	\$25.66	\$13.06	\$12.60	96.4%



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Eighth Month Ending August 31, 2022
(In \$000s)

	MTD	YTD
Net Income	\$4,392	\$60,086
Items not requiring the use of cash: Depreciation	276	2,227
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Receivables	2,161	81,408
Prepaid Expenses	(670)	(2,765)
Current Assets	(235)	(852)
Net Changes to Assets	\$1,255	\$77,792
Changes to Payables:		
Accounts Payable	15,455	(6,393)
Accrued Expenses	-	(1)
Other Current Liabilities	962	1,024
Incurred But Not Reported Claims/Claims Payable	5,654	(58,020)
Estimated Risk Share Payable	833	(3,333)
Due to State	-	-
Net Changes to Payables	\$22,904	(\$66,724)
Net Cash Provided by (Used in) Operating Activities	\$28,827	\$73,381
Change in Investments	4,005	(66,341)
Other Equipment Acquisitions	(134)	(361)
Net Cash Provided by (Used in) Investing Activities	\$3,871	(\$66,702)
Net Increase (Decrease) in Cash & Cash Equivalents	\$32,698	\$6,679
Cash & Cash Equivalents at Beginning of Period	\$111,509	\$137,528
Cash & Cash Equivalents at August 31, 2022	\$144,207	\$144,207

SANTA CRUZ – MONTEREY – MERCED MANAGED MEDICAL CARE COMMISSION



Meeting Minutes

Wednesday, September 28, 2022

9:00 a.m. – 4:00 p.m.

Central California Alliance for Health

1700 Green Hills Road

Scotts Valley, CA 95066

Commissioners Present:

Supervisor Wendy Root Askew

Ms. Leslie Conner

Dr. Larry deGhetaldi

Ms. Julie Edgcomb

Dr. Charles Harris

Ms. Dori Rose Inda

Ms. Elsa Jimenez

Ms. Shebreh Kalantari-Johnson

Mr. Michael Molesky

Ms. Mónica Morales

Ms. Rebecca Nanyonjo

Supervisor Josh Pedrozo

Dr. James Rabago

Dr. Allen Radner

Mr. Tony Weber

County Board of Supervisors

Provider Representative

Provider Representative

Public Representative

Hospital Representative

Hospital Representative

County Health Director

Public Representative

Public Representative

County Health Services Agency Director

Director of Public Health

County Board of Supervisors

Provider Representative

Provider Representative

Provider Representative

Commissioners Absent:

Ms. Dorothy Bizzini

Dr. Maximiliano Cuevas

Supervisor Zach Friend

Dr. Joerg Schuller

Mr. Rob Smith

Public Representative

Provider Representative

County Board of Supervisors

Hospital Representative

Public Representative

Staff Present:

Ms. Stephanie Sonnenshine

Ms. Lisa Ba

Mr. Scott Fortner

Dr. Maurice Herbelin

Chief Executive Officer

Chief Financial Officer

Chief Administrative Officer

Chief Medical Officer

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Ms. Jenifer Mandella	Chief Compliance Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer
Dr. Dale Bishop	Medical Director
Ms. Danita Carlson	Government Relations Director
Ms. Lilia Chagolla	Community Engagement Director
Mr. Adam Sharma	Operational Excellence Director
Mr. Bryan Smith	Claims Director
Ms. Michelle Stott	Quality Improvement and Population Health Director
Ms. Kathy Stagnaro	Clerk of the Board

1. Call to Order by Chair Conner.

Commission Chairperson Jimenez called the meeting to order at 9:08 a.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Chair Jimenez opened the floor for any members of the public to address the Commission on items not listed on the agenda.

No members of the public addressed the Commission.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

Commissioner Nanyonjo announced that Dr. Salvador Sandoval was appointed to serve as the Merced County Health Officer by the Merced County Board of Supervisors.

4. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Ms. Stephanie Sonnenshine, Chief Executive Officer (CEO).

Ms. Sonnenshine, CEO, welcomed Commissioners to the retreat. She introduced Ms. Bobbie Wunsch from Pacific Health Consulting Group who facilitated the retreat. She thanked the directors in attendance who will be leading some of the work around the retreat content and thanked staff for their meeting preparation. The agenda was intended to create space for the Board to consider the current environment, engage with the executive team around their assessment of current threats and opportunities, and to further discuss key initiatives which will be highly influential to the Alliance's future.

Ms. Sonnenshine acknowledged Dr. Dale Bishop in his new role as Medical Director and thanked him for his exceptional support in his years as Chief Medical Officer.

Consent Agenda Items: (5. – 9C.): 9:14 a.m.

Chair Jimenez opened the floor for approval of the Consent Agenda.

MOTION: Commissioner Nanyonjo moved to approve the Consent Agenda seconded by Commissioner Molesky.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Conner, deGhetaldi, Edgcomb, Harris, Inda, Jimenez, Kalantari-Johnson, Molesky, Nanyonjo, Rabago and Radner.

Noes: None.

Absent: Commissioners Bizzini, Cuevas, Friend, Morales, Pedrozo, Schuller, Smith and Weber.

Abstain: None.

Regular Agenda Item: (10. - 17.): 9:15 a.m.**10. Introductions. (9:15 – 9:22 a.m.)**

Ms. Bobbie Wunsch, Pacific Consulting Group, facilitated introductions and reviewed the goals and outline of the retreat day.

11. Board Discussion: California Administration's Vision and Priorities for Healthcare. (9:22 – 9:58 a.m.)

Dr. Mark Ghaly, Secretary of the California Health & Human Services Agency, informed the Board on the administration's priorities and vision for health care in California and discussed the role that the administration sees for County Organized Health System (COHS) plans going forward.

[Vice Chair Pedrozo arrived at this time: 9:24 a.m.]

[Commissioner Weber arrived at this time: 9:28 a.m.]

Dr. Ghaly identified two key aspects of the State's response to the COVID-19 Pandemic including an increased recognition of the value of the public health care systems and the need to build trust in and connection to those systems; and, the immediate changes that California was able to make to address the pandemic, such as Project Roomkey and other housing related initiatives, food security, and telehealth interventions.

Dr. Ghaly offered the perspective that while Medi-Cal is a critical program, it is only one piece of a larger system, or one dot to connect when it comes to State health in California. He noted the opportunity to make even incremental gains in quality in Medi-Cal would have significant impact and noted his approach to ensuring collaboration across agency departments.

Commissioners discussed and provided their viewpoint on the future of COHS plans.

Commissioner DeGhetaldi raised the need for adequate provider rates for publicly assisted programs that enable the capacity building necessary to meet the needs of Medi-Cal beneficiaries and to implement the programs initiated by the State. He further noted that the Medi-Cal fee schedule could be viewed as a form of structural racism to the extent it constrains capacity for those experiencing the deepest disparities in the State.

Secretary Ghaly noted the opportunity to make provider payments more transparent, as much of the funding for providers and facilities comes from supplemental payments, rather than from the provider fee schedule rates and expressed interest in pushing the Medi-Cal payment system towards a more just and fairer model whilst still moving forward on broader Medi-Cal goals. He noted that providers are a key role, but not the only role doing important work in this development of the Medi-Cal program.

Commissioner Askew raised the State's pending direct contract with Kaiser Permanente, noting that the contract will have an impact on delicate provider delivery systems such as those in Monterey County, and asked how a COHS such as the Alliance can ensure that its healthcare system does not have the rug pulled out from underneath it as a result of the Kaiser Direct Deal. Dr. Ghaly responded that the State's decision to move forward with Kaiser was due to a variety of factors, including the State's wish to increase Kaiser's presence in Medi-Cal. Dr. Ghaly offered support for the delicate balance Commissioner Askew mentioned. Dr. Ghaly stated that if the contract with Kaiser impacted local plans such as COHS, then the door would remain open with the State for further conversation and discussion.

Information and discussion item only; no action was taken by the Board.

12. Board Discussion: Federal Healthcare Policy Environment. (9:58 a.m. – 10:27 p.m.)

Rodney Whitlock, Ph.D., McDermott + Consulting, engaged the Board in conversation around the events in Washington, DC and the emerging areas of emphasis for the federal health care policy landscape. Mr. Whitlock further discussed the implications surrounding upcoming and future elections.

He highlighted the upcoming federal midterm elections as being consequential for health care policy, noting that mid-term elections do not typically result in Congressional control being aligned with that of the sitting president. Mr. Whitlock noted that the Republican platform would more likely focus on immigration and abortion, whereas the Democratic platform may focus on healthcare delivery system reform, including a focus on behavioral health, health equity and substance use. He noted the importance of federal waivers for administration of the Medicaid program, noting the Oregon and Massachusetts move towards continuous eligibility for children through age six.

Mr. Whitlock advised the Board to remain committed to its roots as a community health plan, stay grounded in the community and focused on member outcomes. He emphasized the value of building relationships with federal representatives and to provide information that would assist legislators in identifying issues of high impact to their constituents.

Information and discussion item only; no action was taken by the Board.

13. Board Discussion: Federal and State Healthcare Policy Landscape. (10:27 – 11:01 a.m.)

Ms. Wunsch facilitated discussion with the Board about the federal and state healthcare policy landscape responsive to the presentations from Secretary Ghaly and Mr. Whitlock. Commissioner Kalantari-Johnson noted the disconnect between the state and federal health care policy and the financial policy. Further, she noted the gap in available local resources to implement the healthcare policy where it is not adequately funded at the State and federal level.

Ms. Sonnenshine noted the opportunity for the Alliance to strengthen engagement with federal representatives and increased dialog at the federal, state and local level.

Commissioners identified opportunities to ensure that members are engaged in policy conversations as well as the plan, providers and delivery system partners. In addition, Commissioners identified opportunities to be provided with documented Alliance policy priorities that Commissioners could share with their respective organizations and associations.

Information and discussion item only; no action was taken by the Board.

14. Board Discussion: Alliance Strengths, Weaknesses, Opportunities, and Threats (SWOT). (11:12 a.m. – 12:40 p.m.)

The Alliance Executive Team oriented the Board to a refreshed Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and discussed key opportunities and threats the executives see as influencing the Alliance's future.

The Executive Team, Commissioners and Directors broke into small groups to discuss what Board members see as the top key or most strategic issues (or threats/opportunities) for the future and specific issues to each County that staff should be aware of as the Alliance moves forward in its planning. Each group reported out on their findings.

[Commissioner Morales arrived at this time: 11:57 a.m.]

Key takeaways from the Board's discussion included the following. The delivery system is feeling the pressure of expanding regulatory and programmatic requirements contrasted with contracting revenues and workforce shortages. This must include a focus on ensuring timely access to care and consider the non-clinical delivery system workforce and pathways to secure the workforce needed for the future. Exploration of value based payment structures, workforce initiatives and aligned incentives across the delivery system to yield high performance in quality outcomes is needed. Community and member engagement are opportunities to ensure patients are mobilized and engaged to influence their own health outcomes, and community stakeholders are engaged to take part in upstream initiatives that will influence health outcomes. The Alliance should explore support for patient advisory groups across the FQHC and provider partners. As noted in prior discussions, the Alliance can align with partners on policy advocacy to align programmatic policy with financial policy for the publicly assisted programs. Finally, the Board noted the need to ensure a data strategy that enables the Alliance to receive and provide data necessary to advance the CalAIM delivery system transformation. This should include a focus on cross-sector data exchange and the availability of population health management tools for delivery system partners.

Information and discussion item only; no action was taken by the Board.

15. Board Discussion: Dual Special Needs Plan (D-SNP): Considerations Informed by Financial Feasibility Assumptions and Policy Proposal Details. (1:14 – 2:01 p.m.)

Ms. Van Wong, Chief Operating Officer and Ms. Lisa Ba, Chief Financial Officer, respectively, led the discussion on D-SNP. The discussion focused on ensuring the Board understanding the Department of Health Care Services (DHCS) CalAIM D-SNP requirement, awareness of financial feasibility assumptions for D-SNP and awareness of the approach to assess operational readiness to inform implementation planning.

Key takeaways included DHCS assumes feasibility for health plans based largely on the availability of health plan reserves to fund early losses; the Alliance's feasibility assessment indicating that financial losses can be expected for the first seven years of D-SNP operations, conservatively estimated to total \$55.8M; that administrative expenses for the D-SNP are not built in revenue and thus must be covered through cost savings; and that quality and complete and accurate data are key to success in this effort. The operational readiness assessment is underway and will include a provider readiness survey. Staff anticipate reporting assessment outcomes to the Board early in 2023.

Commissioners highlighted how critical the plan's Star Rating is to financial feasibility and the difficulties involved in achieving a high rating. Further they noted the significant impact to providers, particularly the FQHCs and smaller practices of shifting to the administrative responsibilities associated with D-SNP and the need to plan for technical assistance and training. Finally, Commissioners noted that the Alliance is in a good position financially to embark on this implementation.

[Commissioner Radner departed at this time: 1:53 p.m.]

[Commissioner Weber departed at this time: 1:55 p.m.]

Information and discussion item only; no action was taken by the Board.

16. Board Discussion: Quality and Equity: Alliance's Approach to Equity Benchmarks and Implications. (2:01 – 2:32 p.m.)

Dr. Palav Babaria, Chief Quality Officer and Deputy Director of Quality and Population Health Management, Department of Health Care Services, discussed CalAIM Medi-Cal transformation and advancing health equity through CalAIM. CalAIM transformation involves meeting the needs of the whole person, engaging health providers who are trusted and relatable, expanding Community Supports and proactive upstream services, promoting community engagement and making the best use of partners and resources.

Commissioners expressed support for the CalAIM policies and noted the insufficiency of financial resources that are available to implement the program. They noted that it is hard to reconcile the vision of CalAIM with the reality and results on the ground. Commissioners urged the State to consider how to influence poverty which is a key influence on quality outcomes across the State.

[Commissioner Kalantari-Johnson departed at this time: 2:34 p.m.]

[Commissioner Nanyonjo departed at this time: 2:37 p.m.]

Information and discussion item only; no action was taken by the Board.

15. Board Discussion: Dual Special Needs Plan (D-SNP): Considerations Informed by Financial Feasibility Assumptions and Policy Proposal Details. (2:32 – 3:02 p.m.)

Ms. Van Wong, Chief Operating Officer, presented on operational readiness to operate a compliant and effective D-SNP. D-SNP implementation is a significant undertaking which will require multi-year effort. The Alliance needs to use its reserve to cover up to \$57M losses until its breakeven. The path to breakeven includes implementing rigorous utilization management, improving provider diagnosis coding, excelling in quality metrics, and partnering with providers in value-based payment.

Information and discussion item only; no action was taken by the Board.

16. Board Discussion: Quality and Equity: Alliance's Approach to Equity Benchmarks and Implications. (3:02 – 3:41 p.m.)

Dr. Maurice Herbelin, Chief Medical Officer, oriented the Board on quality as a strategy to impact health equity. The Board provided input on tactics and suggestions which could assist with achieving the level of quality and health equity to support this 2026 strategic plan goal and discussed how to prioritize the impact on a regional level while maintaining a local county action approach.

Commissioners requested future reporting that demonstrates results by County as well as compared to the benchmark on which the State will rely (if regionalized). Commissioners affirmed the need to ensure investments in Merced County to address deeper disparities.

Information and discussion item only; no action was taken by the Board.

17. Wrap Up and Next Steps. (3:41 – 3:58 p.m.)

Ms. Wunsch ended the day by identifying key themes and next steps for staff to take and return to the Board. Key themes that emerged from the discussion included:

- Strengthen messaging and communications. Emphasize aim to be a high performing local plan, focused on the most vulnerable through a sustainable delivery system.
- Enhance action in relevant state and federal policy issues.
- Focus community engagement on mobilizing members and partners and to obtain their guidance as to policy development and implementation.
- Align incentives, payment policies, financial strategy to strengthen delivery system sustainability, workforce, and workforce career development pathways.
- Maintain focus on improving behavioral health delivery system, including mental health, substance abuse, and serious mental illness.
- Ensure data strategy that captures the data necessary to support data driven decision making and policy and enables evaluation to demonstrate outcomes.
- Identify opportunities to partner to address upstream influences of health outcomes.

[Commissioner Molesky departed at this time: 3:40 p.m.]

The Commission adjourned its regular meeting of September 28, 2022 at 3:58 p.m. to the regular meeting of October 26, 2022 at 3:00 p.m. via teleconference unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

COMPLIANCE COMMITTEE



Meeting Minutes
Wednesday, August 17, 2022
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Adam Sharma	Operational Excellence Director
Bob Trinh	Technology Services Director
Bryan Smith	Claims Director
Cecil Newton	Chief Information Officer
Dale Bishop	Medical Director
Dianna Diallo	Medical Director
Gordon Arakawa	Medical Director
Jenifer Mandella	Compliance Officer (Chair)
Jennifer Mockus	Community Care Coordination Director
Jessie Dybdahl	Provider Services Director
Kate Knutson	Compliance Manager
Kay Lor	Financial Planning and Analysis Director
Lilia Chagolla	Community Engagement Director
Lisa Artana	Human Resources Director
Lisa Ba	Chief Financial Officer
Luis Somoza	Member Services Director
Maurice Herbelin	Chief Medical Officer
Michelle Stott	Quality Improvement and Population Health Director
Navneet Sachdeva	Pharmacy Director
Ronita Margain	Community Engagement Director
Ryan Inlow	Facilities & Administrative Services Director
Scott Fortner	Chief Administrative Officer
Shaina Zurlin	Behavioral Health Director
Stephanie Sonnenshine	Chief Executive Officer
Sunny Lakhmani	Data Analytics Services Director
Tammy Brass	UM and Complex Case Management Director
Van Wong	Chief Operating Officer

Committee Members Absent:

Committee Members Excused:

Danita Carlson	Government Relations Director
Kathleen McCarthy	Strategic Development Director
Linda Gorman	Communications Director

Ad-Hoc Attendees:

Aaron McMurray	Information Security Analyst
Rebecca Seligman	Compliance Supervisor
Sara Halward	Compliance Specialist III
Kat Reddell	Compliance Specialist II

1. Call to Order by Chairperson Mandella.

Chairperson Jenifer Mandella called the meeting to order at 9:03 a.m.

2. Review and Approval of July 20, 2022 Minutes.

COMMITTEE ACTION: Committee reviewed and approved minutes of July 20, 2022 meeting.

3. Consent Agenda.

- 1. Policy Hub Approvals**
- 2. Regulatory and All Plan Letter Updates**

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

4. Regular Agenda**1. 2024 Contract Deliverables Check-In**

Mandella, Compliance Officer, reviewed the expectations of submitting departments for the 2024 Contract Deliverables and discussed best practices for initial assessment and production of assigned deliverables. Mandella highlighted resources available to help submitting departments complete assigned deliverables timely.

2. HIPAA Quarterly and Security Update

Mandella and McMurray, Information Security Analyst, presented the Q2 2022 HIPAA Privacy & Security Report. Mandella reported final DHCS audit finding regarding HIPAA reporting and advised the committee of the completion of a corrective action plan (CAP) to update internal work instructions. Mandella reviewed updates to the HIPAA program highlighting the resumption of in-person activities and the prohibition of storing protected health information (PHI) in home offices and advised the Committee that a new policy addressing Offshoring is in process.

Mandella reviewed HIPAA disclosure notifications received in Q2 2022, noting that of the 24 referrals received, 12 were determined to be incidents and 12 were determined to be non-events. 163 members were impacted as a result of the 12 incidents in Q2 2022. Other was the top root cause of HIPAA disclosures in the quarter, followed by incorrect contact information, then incorrect selection/entry.

Mandella reviewed HIPAA related metrics included on the Alliance Dashboard for Q2 2022 reporting that both quality and efficiency metrics met the target performance.

McMurray reported updates to the Ransomware Readiness Initiative noting that Security Event and Incident Management (SEIM) Procurement has been implemented and vendor selection for security assessment and next generation antivirus software is underway. McMurray provided statistics of the phishing campaign noting that it has been well received and targeted campaigns are on the horizon.

COMMITTEE ACTION: Committee reviewed and approved the Q2 2022 HIPAA Program Quarterly Report.

3. Delegate Oversight Process-Current and Future State

Knutson, Compliance Manager reported on the current state of Delegate Oversight processes, highlighting pain points for process owners and Compliance staff and reviewed associated potential risks, such as lack of alignment with Plan policies and procedures, poor delegate performance which may impact members, and potential audit findings.

Knutson advised the Committee on the future state of Delegate Oversight processes highlighting improved resources, documented accountability and delegate metrics reporting on the Alliance Dashboard.

4. Delegate Road Map

Knutson reviewed the Delegate Road Map, which compiles information about delegates that Chiefs and Directors should be aware of so they can plan for upcoming work related to delegates. The Delegate Road Map includes the following information:

- Organizational priorities
- Identified concerns if any
- Contracting needs
- Regulatory landscape
- Oversight processes, and
- Additional opportunities

COMMITTEE ACTION: Mandella to email Delegate Road Map to Committee members for review and consideration as they complete department assessments and develop the 2023 Operating Plan.

5. Record Retention & IM

Discussion pended to September Compliance Committee meeting.

COMMITTEE ACTION: Directors to confirm staff compliance with policy 600-0004 and provide training as needed.

6. 2022-23 Ca Budget Initiatives

Sonnenshine, Chief Executive Officer, reviewed the 2022-23 State Budget Summary, noting key components that impact plan operations and identified staff leaders for implementing necessary action.

The Committee reviewed the 2022-23 State Budget Summary and agreed to the following action items:

- Impacted Directors to review assigned areas with staff and Chief's
- If there has been a mis-assignment, Directors to identify and reach out to recommended staff.

The meeting adjourned at 9:58 a.m.

Respectfully submitted,

Robin Sihler
Compliance Administrative and Data Reporting Assistant

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Teleconference Meeting (Pursuant to Governor Newsom’s Executive Order N-29-20)

Chairperson: Janna Espinoza, WCM Family Member, WCMFAC Chair

CCAH Support Staff Present: Lilia Chagolla, Regional Operations Director; Maria Marquez, Administrative Specialist

WCMFAC Committee Present: Deadra Cline; Santa Cruz County – CCS WCMF Family Member; Kim Pierce, Monterey County Local Consumer Advocate; Manuel López Mejia, Monterey County – CCS WCM Family Member; Susan Skotzke, Santa Cruz – CCS WCM Family Member

WCMFAC Committee Absent: Ashley Gregory, Santa Cruz County – CCS WCM Family Member; Cristal Vera, Merced County – CCS WCM Family Member; Cynthia Rico, Merced County – CCS WCM Family Member; Cindy Guzman, Merced County – CCS WCM Family Member; Frances Wong, Monterey County – CCS WCM Family Member; Irma Espinoza, Merced County – CCS WCM Family Member; Viki Gomez, Merced County – CCS WCM Family Member

CCAH Staff Present: Ashley McEowen, Complex Case Management Supervisor – Pediatric, RN; Dianna Diallo, MD, Medical Director; Gisela Taboada, Member Services Call Center Manager; Kelsey Riggs, RN, Complex Case Management Supervisor; Linda Gorman, Communications Director; Ronita Margain, Merced County Regional Operations Director

Guest: Betts, Monterey County – Local Consumer Advocate; Fanta Nelson, County of Merced; Jennifer Netniss, Special Kids Connect; Jose Francisco Hernandez Rivera, Special Kids Connect; Susan Paradise, Manager, Family Health Programs at County of Santa Cruz

Agenda Topic	Minutes	Action Items
Meeting Administration Lilia Chagolla	<ul style="list-style-type: none"> Lilia Chagolla, Regional Operations Director (ROD) welcomed the group. 	
Call to Order Janna Espinoza	<ul style="list-style-type: none"> Janna Espinoza, WCMFAC Chair called the meeting to order. Followed by reading the WCMFAC mission statement. M. Marquez read the mission statement in Spanish. 	
Roll Call Maria Marquez	<ul style="list-style-type: none"> Committee introductions and roll call was taken. 	
Oral Communications Janna Espinoza	<ul style="list-style-type: none"> Janna Espinoza, WCMFAC Chair opened the floor for any members of the public to address the Committee on items not listed on the agenda. Elsa Quezada is not a member of the WCMFAC any longer. In the interim between this meeting and the upcoming meeting start thinking of who is willing to 	L. Chagolla to connect with Dr. Crummer to see if he is still interested in being part of the WCMFAC.



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>take on the role of vice chair. If interested, Janna is happy to further connect with you.</p> <ul style="list-style-type: none"> • Discussions followed to have a community doctor to be part of the WCMFAC to advocate for members. • Susan Skotzke shared on the Shared Adventures event that she participated in and added that she would like for the Alliance to participate in future events. Shared adventures are a nonprofit organization dedicated to improving the quality of life for people living with disabilities. Often providing access to outdoor recreation and engaging activities to improving the quality of life for people living with disabilities. • Susan Skotzke shared that she has noted presence of the Alliance more on Facebook and appreciates the engagement. • Lilia Chagolla elaborated on the collaboration with Santa Cruz County Parks and shared on the project called Park RX as well as other projects that the Alliance is being part of. Stated that there are exciting opportunities potentially in the future. It was suggested that at the quarter four meeting, the Alliance can bring an update of what types of partnerships are happening in the communities and what is moving forward with the Alliance grant process. • Deadra Cline stated that accessibility for changing stations and bathrooms at the parks is a real problem. Added that she is excited about the beach having wheelchairs available. 	<p>Lilia to see how the Alliance can be part of the events from Shared Adventures.</p>
<p>Consent Agenda Items: Accept WCMFAC Meeting Minutes from Previous Meeting Janna Espinoza</p>	<ul style="list-style-type: none"> • Janna Espinoza, WCMFAC Chair opened the floor for approval of the meeting minutes of the previous meeting on May 9, 2022. <p>Motion to approve the consent agenda by Kim Pierce, seconded by Susan Skotzke.</p>	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
Review WCMFAC Roadmap Lilia Chagolla	<ul style="list-style-type: none"> Lilia Chagolla reviewed the roadmap and elaborated on the progress. Shared that the Resource Flyer will also be presented in the future to the WCMFAC committee for review and updates. Expanded on the accomplishments and the work that it is in the works. 	
Review WCMFAC Fact Sheet Lilia Chagolla	<ul style="list-style-type: none"> The WCMFAC fact sheet has been completed and is being shared in the community for awareness and to engage as many as possible. The Alliance will be sharing the fact sheet at every outreach event to engage and have a dialogue with families with special needs. Will be shared in the community with community networking meetings specially with those that serve kids with special needs, school districts and at the Joint Operations Committee meetings the Alliance holds with hospitals and clinics within the Alliance service area. Next step is for the WCMFAC to share the fact sheet with their clients and families. Asked that the FAC committee assists in sharing. Maria Marquez is available to mail out hard copies or email to the WCMFAC as requested or to identified community-based organizations. Kim Pierce is to mail M. Marquez the contacts with the infant teachers for MPSD and MCOE. It was requested to send the fact sheet to the county office education special local plan area (SELPA) for all three counties. 	M. Marquez to distribute the fact sheet as requested.
Special Kids Connect Jennifer Netniss, M. Ed. Jose Francisco Hernandez	<ul style="list-style-type: none"> Jennifer Netniss and Jose Francisco presented on Special Kids Connect. Special Kids Connect develops resources, raises awareness, and provides support for individuals with disabilities and their families in Monterey County. 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>Currently operates out of three locations, Monterey, Salinas, and Greenfield.</p> <ul style="list-style-type: none"> Expanded on their services and resources. Shared on upcoming events. The Alliance will be participating at the Back to School 	
<p>Community Partner Feedback COVID-19 Impact on Members</p>	<ul style="list-style-type: none"> Open forum for Committee members to share COVID-19 impact. <p>Organization Updates:</p> <ul style="list-style-type: none"> Kim Pierce from San Andreas Regional Center stated not much has changed from the last time the FAC met. Their office is closed to the public and open only for appointments. Susan Paradise, Manager, Family Health Programs at County of Santa Cruz shared that they Medical Therapy Units are still up and running in-person or virtually depending on the comfort level of the family. Christine Betts, Monterey County reported that the therapy unit for Monterey County continues to function, and it is open. Aligning with clinic policies and county clinics. No extra siblings at therapy sessions allowed. For those that are not able to make the therapy due to these limitations they have opened an outdoor area where they can remain outside, and the child can continue to receive their therapy. Siblings are to be supervised by their family member, and they just be in contact with the parent at the end. Added that COVID has impacted staff and they are continuously every week have somebody out. Telehealth is always and options and they are trying to do their best they can in the situation. <p>Alliance Updates:</p> <ul style="list-style-type: none"> Lilia Chagolla, Regional Operations Director for The Alliance shared that the Alliance is open for walk-ins at all three offices. The Alliance continues 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>to follow the pandemic and partnering with county offices and health departments on a regular basis. Continue with COVID vaccine efforts. Shared on the percentages of Alliance members with at least one dose per county. The rates shared are for members ages 5–20-year-old. The Alliance has been challenged with the vaccine data and it may not be accurate due to data delays.</p> <ul style="list-style-type: none"> - Shared that there is going to be Townhall meeting held virtually on COVID vaccinations for children under 5 years. The townhall meeting will be on July 14th from 6-7:30p.m. The meeting will be available in English, Spanish and will have Mixteco interpretation. Attendees will have the opportunity to win \$50.00. The flyer with further details will be mailed out the WCMFAC. - The Alliance is directing their members to go to their primary care provider or pediatrician to get their vaccine. <p>Member/Community Feedback</p> <ul style="list-style-type: none"> - Susan Skotzke shared on the challenges due to COVID and how parents feel they have been shut out of their child's medical care. It was suggested that Susan and Dr. Diallo connect offline to better understand the issue and be able to offer support and solution to the challenges faced. 	<p>Dr. Diallo to connect with Susan and circle back with this group as needed.</p>
<p>CCS Advisory Group Representative Report Susan Skotzke</p>	<ul style="list-style-type: none"> • Susan Skotzke shared the following CCS Advisory Group updates: <ul style="list-style-type: none"> - Attended an online seminar with the medical therapy unit where a PT advisor did a presentation. A copy of the presentation will be shared with this group as soon as obtained. - Provided updates on transition planning for children 14 years and older who are expected to have chronic health conditions. Services will extend past their 21st birthday. 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, July 11, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<ul style="list-style-type: none"> - Medi-Cal RX - Nursing shortage and compensation was mentioned by Susan Skotzke. Lilia suggested for this topic to offline as the Alliance may not have the ability to engage in this and make any traction. 	
Future Agenda Items Lilia Chagolla	<ul style="list-style-type: none"> • The following items will be added as future agenda items in addition to the standing agenda topics. • Review the Roadmap – Lilia Chagolla, Regional Operations Director • WCMFAC Fact Sheet – Lilia Chagolla, Regional Operations Director • Bleeding Disorders – Ashley Gregory, WCMFAC Member. To be confirmed with topic owner. 	
Review Action Items Maria Marquez	<ul style="list-style-type: none"> • Maria Marquez reviewed the action items. 	
Adjourn (end) Meeting Janna Espinoza	The meeting adjourned at 3:04p.m.	
Minutes Submission	The meeting minutes are respectfully submitted by Maria Marquez, Administrative Specialist	

Next Meeting: Monday, September 12, 2022, at 1:30p.m.





DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Jenifer Mandella, Chief Compliance Officer
SUBJECT: Revisions to Alliance Compliance Plan and Alliance Code of Conduct

Recommendation. Staff recommend the Board approve revisions to the Alliance's Compliance Plan and Code of Conduct.

Summary. The Alliance's Compliance Plan and Code of Conduct were revised to reflect the change from a Compliance Officer to a Chief Compliance Officer, and related creation of a Compliance Division and subordinate Compliance and Legal Services Departments.

Background. The Alliance maintains a Compliance Program, which takes a systematic and strategic approach to decreasing risk posed by non-compliance with the numerous and complex laws that govern Alliance business practices. The Compliance Program, articulated in the Alliance's Compliance Plan, is modeled after the United States Federal Sentencing Guidelines' seven elements of an effective compliance program. One of the seven elements of an effective compliance program is having written standards of conduct. The Alliance meets this obligation through the maintenance of a written Code of Conduct, which guides Alliance Board members, employees, and contractors in conducting their business activities in a professional, ethical, and legal manner.

Discussion. Over the past many months, Alliance Chiefs and key staff, including Danita Carlson, Government Relations Director, and I have considered the organizational structure needed to support the Alliance's compliant implementation of CalAIM, including National Committee for Quality Assurance and Dual Eligible Special Needs Plans, as well as our approach to management of legal services. This group determined that ensuring a strategic focus on compliance and legal risk management through the creation of a Chief Compliance Officer role and Compliance Division is a value add for our members, our providers and our organization. Effective October 1, 2022, the Alliance's organizational structure includes a new Compliance Division, headed by me as our Chief Compliance Officer. The newly created Compliance Division will consist of a Compliance Department and a Legal Services Department. The Compliance Department will maintain responsibility for its current functions and will accept responsibility for submission of regulatory reporting and the review and dissemination of draft All Plan Letters, contracts, and regulation. The new Legal Services Department will be responsible for coordinating and managing legal matters, including legal inquiries and litigation, and executing the Alliance's administrative contracting function.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments.

1. Alliance Compliance Plan
2. Alliance Code of Conduct

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alliance Compliance Plan



PURPOSE

The Central California Alliance for Health's (the Alliance's) Compliance Program ensures that the organization and its staff operate in compliance with contractual, regulatory and statutory requirements. Through its Compliance Program, the Alliance maintains its business operations to ensure alignment with these requirements. The Alliance exercises due diligence to prevent and detect criminal conduct, and when necessary, takes corrective action to ensure that its business operations are compliant with governing requirements. The Alliance promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Alliance takes appropriate steps to ensure that its staff members are knowledgeable of requirements and that they consistently work towards meeting them. To maintain its independence, the Alliance's Compliance Program acts independently of operational and program areas without fear of repercussions for identifying non-compliance.

Following is a description of how the Alliance aligns with the Effective Compliance and Ethics Program guidance published by the United States Sentencing Commission.

WRITTEN POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT

Policies and procedures ensure that Board members, employees, and contractors understand and perform their responsibilities in compliance with regulatory and contractual obligations and applicable law. The Alliance maintains policies and procedures that demonstrate compliance with relevant requirements and updates are made as needed to reflect alignment with changing operations and requirements. Compliance Department staff regularly reviews proposed changes to policies and procedures and responds to needs identified through program monitoring. Policies and procedures are developed within the applicable departments, are reviewed and approved through the Policy Hub process, and are made available to all staff through the Policy Library.

The Compliance Department maintains a suite of policies that implement this Compliance Plan, including, but not limited to the following:

- Policies describing the obligations of plan staff, Board members, and contractors to maintain the confidentiality of protected health information (PHI) in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA Program Operations;



Alliance Compliance Plan



- Policies describing the Alliance's Program Integrity Program, including procedures in place to prevent, detect, investigate, and resolve fraud, waste, and abuse (FWA);
- Policies related to reporting, investigation, and resolution of non-compliance;
- Policies related to the oversight of delegated entities; and
- Policies regarding regulatory audits and the operations of the Internal Audit and Monitoring Program

A full listing of Compliance Department policies can be found in Appendix A.

In addition, the Compliance Plan includes a Code of Conduct, included in a separate document, which guides Alliance Board members, employees, and contractors in conducting their business activities in a professional, ethical, and legal manner. The Human Resources Department also reflects these expectations in the Employee Handbook.

STRUCTURE AND OVERSIGHT

Alliance Governing Board – The Alliance Governing Board (Board) is responsible for oversight of the Compliance Program. The Board receives and approves a report from the Compliance Program annually and receives, at minimum, quarterly reports on compliance activities. These reports include a review of activities of the Compliance Program, results of internal and external audits, and reporting of other compliance-related issues. To ensure that the Board is aware of the content and operation of the Alliance's Compliance Program, the Board receives annual training regarding the content and operations of the Alliance's Compliance Program, which includes FWA prevention training. The Board is also responsible for review and approval of revisions to the Alliance's Compliance Plan and Code of Conduct, which are reviewed and/or revised at minimum biennially.

Chief Executive Officer – The Chief Executive Officer (CEO) oversees the Compliance Program and attends Compliance Committee. The Chief Compliance Officer (CCO) reports directly to the CEO.

Compliance Committee – The Compliance Committee is comprised of Director and Chief level representatives from each department and is chaired by the CCO. The Compliance Committee directs the CCO and assists in the implementation of the Compliance Program. The Compliance Committee meets at least quarterly and reports to the Board. Additional responsibilities of the Compliance Committee include, but are not limited to:



Alliance Compliance Plan



- Reviewing information regarding new requirements or changes to existing requirements that are brought before it by the CCO, Compliance Department staff, or Government Relations Department staff, and determining necessary steps for implementation, operations, and compliance with requirements;
- Reviewing and approving an annual Compliance Risk Assessment developed by Compliance staff and overseeing the outcomes of auditing and monitoring activities identified in the Internal Audit and Monitoring Workplan;
- Reviewing monitoring and evaluation reports based upon ongoing review of existing policies and procedures and operations;
- Biennially reviewing and, as necessary, updating the Code of Conduct and Compliance Plan;
- Ensuring that Compliance training and education are effective and appropriately completed;
- Developing ways to implement appropriate corrective and preventive action to prevent or mitigate compliance concerns;
- Reviewing delegated entities to ensure their performance on delegated functions meets contractual, legal, and regulatory obligations, and Alliance standards;
- Overseeing the Alliance's Program Integrity activity to ensure that the organization deters, identifies, investigates and resolves potential and/or actual FWA, both internally and externally; and,
- Ensuring the Alliance implements appropriate safeguards, including administrative policies and procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA requirements.

In addition to the Compliance Committee, the Alliance has other committees that oversee its contractual, legal, and regulatory obligations, including the following:

Continuous Quality Improvement Committee

The Continuous Quality Improvement Committee (CQIC) monitors progress on the Quality Improvement work plan, oversees Utilization Management activities, and receives reports from the Pharmacy and Therapeutics Committee. In addition, the Committee oversees various plan activities including: care-based incentives, HEDIS results, analysis and suggested interventions, disease management and educational programs, cultural and linguistic initiatives, grievances and potential quality issues, emergency department utilization projects, and the annual review of Alliance's preventive health guidelines. The CQIC reports its activities to the Board on a regular basis.

Staff Grievance Review Committee



Alliance Compliance Plan



The Staff Grievance Review Committee (SGRC) monitors the timeliness and appropriateness of the research for and resolution to member complaints and provider disputes. In addition, the SGRC monitors the processing of all Grievance cases for statutory, regulatory and contractual compliance and to manage continuous quality improvement. SGRC reports its activities to the Interdisciplinary Clinical Quality Improvement Workgroup and Board on a regular basis.

Chief Compliance Officer – The CCO, under the guidance of the CEO, directs the Compliance Program in support of Alliance goals, provides executive leadership in developing, implementing, and monitoring the Alliance's Compliance Program, and serves as the HIPAA Privacy Officer and Fraud Prevention Officer. The CCO maintains a direct reporting relationship to the Board, providing routine reports and updates to the Board on Compliance Program activities. The CCO is responsible for overseeing the implementation of the Compliance Program, including defining the program structure, educational requirements, reporting and complaint mechanisms, response and correction procedures, and compliance expectations of all staff and contractors. In the event the CCO is unavailable, the Compliance Director serves as the backup Compliance Officer, Privacy Officer, and Fraud Prevention Officer.

The CCO, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Ensuring that updates from the Compliance Program are presented to the CEO and the Board on a periodic basis;
- Ensuring that the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program adhere to relevant state and federal requirements, are responsive to the Alliance's needs, and are effective in identifying and mitigating compliance risk;
- Ensuring processes and reporting mechanisms are in place that encourage staff to report noncompliance, suspected FWA, or other misconduct without fear of retaliation;
- Ensuring that effective compliance training is in place and that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Ensuring effective processes are in place to allow two-way communication between the Compliance Division and Alliance staff such that staff are aware of new and changing requirements and are knowledgeable about how to report noncompliance, suspected FWA, or other misconduct without fear of retaliation; and



Alliance Compliance Plan



- Ensuring corrective action plans are implemented when non-compliance is identified and that the corrective action plans effectively address the identified root cause.

Compliance Director – The Compliance Director, under the guidance of the CCO, executes and oversees the Compliance Program in support of Alliance goals, directs the Alliance's Compliance function, and chairs the Compliance Committee. The Compliance Director is responsible for implementing Compliance Program, including ensuring that the Compliance Plan is implemented, maintaining reporting and complaint mechanisms, directing response and correction procedures, and recommending revisions to the Compliance Program to meet organizational need. The Compliance Director, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Directing and overseeing the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program to ensure alignment with the CCO's stated objectives and organizational need;
- Interacting with the operational units of the company and being involved in and aware of the daily business activities;
- Maintaining processes that encourage staff to report potential compliance concerns without fear of retaliation;
- Ensuring reports of potential instances of FWA, disclosures of PHI, and noncompliance are resolved, including overseeing internal investigations and developing corrective or disciplinary actions, if necessary;
- Maintaining documentation for each report of potential noncompliance or FWA received;
- In partnership with the Training & Development staff, developing training programs to ensure that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Maintaining the compliance reporting mechanism and initiating audits through the Internal Audit and Monitoring Program, operational departments, and the Program Integrity function, where applicable;
- Ensuring that the Alliance does not employ or contract with individuals excluded from participation in federal programs. This function has been delegated to the Alliance's Human Resources Department, Provider Services Department, and Administrative Contracts Unit within the Legal Services Department; and,
- Overseeing development and implementation of corrective action plans.

Compliance Manager – The Compliance Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the core Compliance Program



Alliance Compliance Plan



functions, including the HIPAA Program, Internal Audit and Monitoring Program, Program Integrity Program, and Delegate Oversight Program.

Regulatory Affairs Manager– The Regulatory Affairs Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's regulatory affairs function, which includes analyzing and monitoring state and federal policy, legislation and regulations affecting the Alliance; maintaining systems and procedures to intake, assess and implement regulatory policies and legislative information; and ensuring the submission of timely and accurate program reporting to regulators.

Government Relations Director – The GRD is the health plan contact with external regulatory and government agencies. The GRD monitors legislative, regulatory, and contractual requirements to identify new or changing, policies, standards, laws and regulations that may impact plan operations and ensures that these are brought to the relevant departments for review and implementation.

STAFF EDUCATION AND TRAINING

As part of their orientation and training, staff are informed of the Alliance's commitment to compliance with contractual, regulatory and legal standards. New employees receive general compliance training and receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to that individual's job responsibilities, where applicable.

General compliance trainings are conducted via the Alliance Learning Center (ALC), a web-based training module, for all employees upon initial hiring. The Training & Development Unit ensures that all employees are trained on the Alliance's Code of Conduct and Compliance Plan within 90 days of the date of hire and annually thereafter.

Staff are trained on the Alliance's Code of Conduct and Compliance Plan, including but not limited to:

- Policies and procedures relevant to their job functions to ensure compliance with requirements;
- The Alliance's Program Integrity function, including information regarding the False Claims Act and the Anti-kickback Statute;
- HIPAA compliance training, with emphasis on confidentiality of PHI; and,



Alliance Compliance Plan



- An overview of compliance issues and how to report potential non-compliance or FWA.

To gauge the effectiveness of this training, staff are required to take a pre-test prior to the specific training module and a post-test after the completion of the training. The results of these tests indicate enhanced understanding of the Alliance's Compliance Program through effective training. Staff must attain a passing score of 80% in the post-test to complete the training module.

Board members receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to their appointment as part of their orientation. In addition, Board members receive general compliance training, including FWA prevention training on an annual basis thereafter.

EFFECTIVE LINES OF COMMUNICATION

The Alliance has formal and routine mechanisms of communication available to staff, contractors, and members. The Alliance promotes communication through a variety of meetings and processes, including Board meetings, Compliance Committee meetings, Operations Committee, the Administrative Contract Review Process, the Policy Hub process, all-staff assemblies, regular departmental meetings, internal committee meetings, and ad-hoc provider and member communications. Additionally, information is communicated to Board members, employees, contractors, and members by email distributions, internal and external websites, reports, newsletters, and handbooks.

Policies and procedures ensure that staff members understand and perform their responsibilities in compliance with their positions and applicable law. Staff members are responsible for complying with the policies and procedures relevant to job descriptions and contractors are responsible for complying with their contractual obligations.

The Alliance expects that all Board members, employees, and contractors report compliance issues including noncompliant, unethical and/or illegal behavior. Reports of non-compliance with standards are investigated by supervisors, the GRD, and/or Compliance Department staff and leadership, as appropriate, and are referred to the Compliance Committee as needed. The Compliance Committee reviews these reports and ensures corrective actions are implemented and monitored for effectiveness.



Alliance Compliance Plan



The Alliance encourages staff to discuss issues directly with their supervisor or manager, Compliance Department staff, the Human Resources Director, or the Chief Administrative Officer. Should staff not feel comfortable reporting concerns directly, they may do so anonymously through the Confidential Disclosure Hotline. Staff can be assured that they may report compliance issues or concerns without risk of retaliation. The Alliance has a zero-tolerance policy for retaliation or retribution against any employee who in good faith reports suspected misconduct.

The Alliance's Confidential Disclosure Hotline is accessible 24 hours a day to report violations, or suspected violations of the law and/or the Compliance Program as well as concerns with Alliance personnel practices, such as allegations of discrimination, harassment or poor treatment. Additionally, staff may use the Alliance's Confidential Disclosure website.

TOLL FREE CONFIDENTIAL DISCLOSURE HOTLINE

844-910-4228

CONFIDENTIAL DISCLOSURE WEBSITE

<https://ccah.ethicspoint.com>

Additional reporting information is located on the Compliance Intranet page. The Alliance takes all reports of violations, or suspected violations, seriously and is committed to investigating all reported concerns promptly and confidentially to the extent possible.

MONITORING AND AUDITING TO IDENTIFY COMPLIANCE RISK

The Alliance conducts monitoring and auditing activities to test and confirm the effectiveness of the Compliance Program, to ensure that plan operations align with contractual, legal, and regulatory requirements, and to identify the Alliance's organizational risk areas. This includes the evaluation of delegated entities for compliance with standards.

To comply with regulatory and contractual requirements, the Alliance conducts routine internal auditing in identified risk areas and routinely monitors plan performance through the Alliance Dashboard. The Alliance is also subject to external audits by federal and state agencies in connection with the Medi-Cal Program and its IHSS line of business.



Alliance Compliance Plan



Annually, Compliance Department staff conducts a Compliance Risk Assessment and develops an Internal Audit and Monitoring Work Plan outlining identified risk areas selected for internal audit. The Compliance Manager oversees the Internal Audit and Monitoring Work Plan, ensuring that internal audits are conducted, deficiencies are identified, reports are developed, and corrective action is taken, as needed.

DISCIPLINARY STANDARDS

The Alliance does not condone any conduct that negatively affects the operation, mission, or image of the Alliance. The Alliance ensures that standards and policies and procedures are consistently enforced through disciplinary mechanisms. Any employee or contractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) will be disciplined up to, and including, termination from employment or their contract.

In the event of discovery of such activity, the Alliance will implement prompt action to correct the problem and may institute appropriate disciplinary action given the facts and circumstances.

RESPONSE TO COMPLIANCE ISSUES

Upon verification of non-compliance of a particular standard or requirement, the Alliance will take appropriate action steps to correct and prevent repeat non-compliance. These steps may include disclosing the incident to applicable regulatory agencies, retraining staff, and amending Alliance policies and procedures in an effort to avoid future recurrence. Compliance staff will initiate and document oversight of corrective action to ensure the instance of noncompliance has been effectively mitigated. Matters may be brought to the Compliance Committee for discussion, and Compliance Committee maintains responsibility for ensuring that issues are corrected.

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
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Alliance Compliance Plan



	8/24/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	9/20/2022	Jenifer Mandella, Compliance Officer	



Alliance Compliance Plan



APPENDIX A – COMPLIANCE POLICIES AND PROCEDURES

Policy No.	Policy Title
105-0001	Policy Development, Maintenance, Review and Submission
105-0002	External Records Request
105-0004	Delegate Oversight
105-0005	Federal Funding Suspension and Debarment
105-0006	Physician and Pharmacist Stipends for Participation in Advisory Group and Committee Meetings
105-0008	Record Retention
105-0009	Identifying and Reporting Suspected Abuse and Neglect of Members
105-0011	Internal Audit and Monitoring
150-0012	Administrative Decision-Making Controls
105-0013	Expenditure Authority
105-0014	Sanctions
105-0015	Conflict of Interest Policy
105-0016	Management of Legal Work
105-0017	Requests for Electronic Communications
105-0018	Government Claims
105-0500	External Audits
105-2502	Contract Signature Authority
105-3001	Program Integrity: Fraud, Waste and Abuse Prevention Program
105-3002	Program Integrity: Special Investigations Unit Operations
105-3003	Suspended or Ineligible Providers
105-3004	Verification of Billed Services by Network Providers
105-4001	Notice of Privacy Practices
105-4002	Accounting of Disclosures
105-4003	No Retaliation or Waiver
105-4004	Privacy Officer Designation and Responsibilities
105-4007	Safeguarding Protected Health Information
105-4008	Uses and Disclosures of Limited Data Sets
105-4009	Minimum Necessary Use and Disclosure
105-4010	Verification of Requester Authority Prior to Release of PHI
105-4011	De-identification and Re-identification of PHI
105-4012	Use and Disclosure of PHI Including Member Authorization to Disclose
105-4013	Request to Access Records
105-4014	Requests for Amendment of PHI
105-4017	Permission to Leave Messages with PHI
105-4018	Personal Representative
105-4019	Disclosures to Family, Caregivers, and Friends



Alliance Compliance Plan



105-4020	Disclosure to Law Enforcement and Government Officials
105-4021	Use and Disclosures About Decedents
105-4022	Uses and Disclosure for Disaster Relief
105-4023	Uses and Disclosures for Public Health Activities
105-4024	Uses and Disclosures for Treatment, Payment, and Health Care Operations
105-4025	Uses and Disclosures for Health Oversight Activities
105-4026	Communication with Minors
105-4027	Disclosures of Protected Health Information of Members with Mental Incapacities
105-4028	Uses and Disclosures for Marketing
105-4029	Breach Risk Assessment and Response
105-4030	Internal Reporting
105-4031	Facility Access Controls
105-4037	Tracking and Monitoring of ePHI Systems
105-4039	Access to and Confidentiality of ePHI
105-4043	HIPAA Privacy and Security Training
105-4044	Disclosing Sensitive Protected Health Information
105-4045	Confidential Communications and Restrictions on Uses and Disclosures



Alliance Code of Conduct



The Alliance's values are standards that guide our conduct. These values are represented in the Alliance's Code of Conduct.

Collaboration: Working together toward solutions and results.

Equity: Eliminating disparity through inclusion and justice.

Improvement: Continuous pursuit of quality through learning and growth.

Integrity: Telling the truth and doing what we say we will do.

The Code of Conduct provides guidelines to Board members, employees, and contractors on appropriate ethical and legal standards. The Code of Conduct is an important component of the Compliance Program and reflects the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations. Compliance is everyone's responsibility, thus it is the Alliance's expectation that all Board members, employees, and contractors be familiar and comply with all requirements of the Code of Conduct, avoid actions and relationships that may violate these standards, and seek guidance from appropriate staff when necessary.

The information contained in the Alliance Code of Conduct is not all inclusive or encompassing. The Alliance reserves the right to evaluate any and all situations pertaining to an actual or perceived ethical or legal conflict or misconduct, and then make a determination as to appropriate disciplinary action, policy and procedures, etc., given the facts and circumstances.

COMPLIANCE WITH LAW

The Alliance is committed to conducting all activities and operations in compliance with applicable laws.

Fraud Waste & Abuse

With oversight from the Compliance Committee, the Alliance's Program Integrity function prevents, detects, evaluates, investigates, reports and resolves all potential/actual fraud,



Alliance Code of Conduct



waste and abuse issues. Board members, employees, and contractors shall obey laws that prohibit direct or indirect payments in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs.

Political Activities

The Alliance's political participation is limited by the Political Reform Act. Alliance funds, property, and resources are not to be used to contribute to political campaigns, political parties, or organizations. Board members, employees, and contractors may participate in the political process on their own time and at their own expense but are not to give the impression that they are speaking on behalf of or representing the Alliance during these activities.

Anti-Trust

All Board members, employees, and contractors must comply with applicable antitrust, unfair competition, and similar laws which regulate competition. The types of activities that involve antitrust laws include agreements to fix prices, bid rigging, and related activities; boycotts, exclusive dealings, and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors that determine prices at trade association meetings.

MEMBER RIGHTS

The Alliance is committed to meeting the health care needs of its members by providing access to quality health care services.

Access

Alliance policies and procedures have been developed to be consistent with applicable laws governing member choice and access to health care services. Employees and contractors shall comply with all requirements for coordination of medical and support services for Alliance members. Employees and contractors shall provide culturally, linguistically, and culturally appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.



Alliance Code of Conduct



Complaint Process

Alliance employees and contractors shall inform members of their grievance and appeal rights through member handbooks and other communications in accordance with Alliance procedures and applicable laws. Alliance member grievances and appeals shall be investigated in a prompt and nondiscriminatory manner in accordance with Alliance policies and applicable laws.

BUSINESS ETHICS

The Alliance is committed to the highest standards of business ethics. Employees and contractors shall accurately and honestly represent the Alliance and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor and Honesty

Board members, employees, and contractors shall be candid and honest in the performance of their responsibilities and in all communications.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents are to accurately and clearly represent the relevant facts or the true nature of a transaction. The Alliance maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets.

Regulatory Agencies and Accrediting Bodies

Alliance employees and contractors shall deal with all regulatory agencies and accrediting bodies in a direct, open, and honest manner.

PUBLIC INTEGRITY

The Alliance and its Board members and employees shall comply with laws and regulations governing public agencies.



Alliance Code of Conduct



Public Records

The Alliance shall provide access to records to any person, corporation, partnership, firm or association requesting to inspect and copy them in accordance with the California Public Records Act, California Government Code Sections 6250 et seq., the Health Insurance Portability and Accountability Act (HIPAA), and Alliance policies.

Public Funds

The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration that they serve a purpose within the authority of the Alliance.

Public Meetings

The Alliance, and its Board members and employees, shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act.

CONFIDENTIALITY

Board members, employees, and contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose confidential information except as specifically authorized by Alliance policies, procedures, and applicable law.

No Personal Benefit

Board members, employees, and contractors shall not use confidential or proprietary Alliance information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by the Alliance, or at any time thereafter.

Duty to Safeguard Member and Medical Confidential Information

Board members, employees, and contractors shall safeguard Alliance member protected health information, identity, eligibility, and medical information, peer review, and other confidential information in accordance with HIPAA regulations, California law, and the Alliance's policies and procedures.



Alliance Code of Conduct



Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

Alliance Board members, employees, and contractors shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with, and to the extent required by, contract or law. The Alliance shall safeguard provider identification numbers including: medical licenses, Medicare numbers, social security numbers, and other identifying numbers.

CONFLICTS OF INTEREST

Board members and employees have a duty to be loyal to the Alliance.

Conflict of Interest Code

Designated employees as identified in the Conflict of Interest Code, including Board members, shall comply with the requirements of Alliance Conflict of Interest policies to avoid impropriety or the perception of impropriety, which might arise from their influence on business decisions or disclosure of Alliance business operations.

Outside Services and Interests

Employees shall not perform work or render services for any contractor, association of Contractors, or other organizations with which the Alliance does business or which seek to do business with the Alliance without prior Chief Executive Officer approval (See Outside Employment section in Employee Handbook). Employees shall not permit their names to be used in any fashion that would indicate a business connection with any contractor or association of contractors, including vendors. All employees shall report all Board-level volunteer activities to the Alliance's Human Resources Department upon consideration and on an annual basis thereafter.



Alliance Code of Conduct



BUSINESS RELATIONSHIPS

Business transactions with vendors, contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Business Inducements

Board members, employees, contractors, and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, the Alliance, or Alliance members.

Gifts to the Alliance

Board members and employees shall not solicit or accept personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services to the Alliance unless specifically permitted under Alliance Policies. Please see Alliance Policy 105-0015 – Conflict of Interest for specific guidance on acceptance of gifts by Alliance staff members.

Provision of Gifts by the Alliance

Employees may provide gifts, entertainment or meals of nominal value to the Alliance's current and prospective business partners and other persons when these activities have a legitimate business purpose, are reasonable, and are consistent with applicable law and Alliance policy. In addition to complying with statutory and regulatory requirements, it is important to avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with the Alliance.

Third-Party Sponsored Events

The Alliance will not participate in any joint contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, the Alliance or its operations. Employees' attendance at contractor, vendor or other third- party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose subject to prior approval by the Department Manager or Director. To align with California Fair Political Practices Commission requirements, third party sponsorship of events or travel is not permitted, unless the meeting attendee is a speaker or honoree at the event. Additionally, employees will not participate in raffles at third party sponsored events.



Alliance Code of Conduct



Provision of Gifts to Government Agencies

Board members, employees, and contractors shall not offer or provide money, gifts or other things of value to any government entity or its representatives, except campaign contributions to elected officials in accordance with applicable campaign contribution laws.

PROTECTION OF ALLIANCE ASSETS

Board members, employees, and contractors shall strive to preserve and protect Alliance assets by making prudent and effective use of Alliance resources and properly and accurately reporting its financial condition.

Personal Use of Alliance Assets

The assets of the Alliance are not for personal use. Board members, employees, and contractors are prohibited from the unauthorized use or taking of Alliance equipment, supplies, materials or services.

Communications

All communication systems, electronic mail, internet access, or voicemail are the property of the Alliance. Board members, employees, and contractors should assume that the communications are not private. Board members, employees, and contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail and Social Media

Board members, employees, and contractors may not use internal communication channels or access to the internet at work to post, store, transmit, download, or distribute any information or material which is threatening, knowingly, recklessly, or maliciously false, obscene, or which constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws or Alliance policies. The internal communication channels or access to the internet may not be used to send spam mail, or copyrighted documents that are not authorized for reproduction. Board members, employees, and contractors must adhere to the Alliance's Code of Conduct and policy 640-0005 – Social Media Policy when using social media in reference to the Alliance.



Alliance Code of Conduct



DISCRIMINATION

The Alliance acknowledges that fair and equitable treatment of employees, members, providers, and other persons is fundamental to fulfilling its mission and goals.

No Discrimination

Board members, employees, and contractors shall not unlawfully discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age or perceived age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, family care leave status, veteran status, marital status, genetic information, pregnancy, political affiliation, or any other legally protected status. The Alliance is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

PARTICIPATION STATUS

The Alliance requires that contracted providers have valid and current licenses, certificates, and/or registration, as applicable, and that employees, contractors, and members of the Alliance Board of Commissioners are able to participate in Federal and State-funded programs.

Participation Status

The Alliance has policies that ensure contracted providers, employees, contractors, and members of the Alliance Board of Commissioners are not currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program.

Disclosure of Participation Status

Contractors shall disclose to the Alliance whether they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State health care program; if they have ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion; and/or have met the Alliance's Felony Conviction status requirements as set forth in Alliance policy, as applicable.



Alliance Code of Conduct



Delegated Third Party Administrator Review

The Alliance requires that its delegated contractors review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and recredentialing processes.

Licensure

The Alliance requires that all employees and contractors who are required to be licensed, credentialed, certified or registered in order to furnish items or services to the Alliance and its Members have valid and current licensure, credentials, certification or registration as applicable.

GOVERNMENT INQUIRIES

Employees shall notify the Alliance upon receipt of government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees are to notify the Government Relations Director immediately upon the receipt of a formal government inquiry for information regarding Alliance business practices.

No Destruction of Documents

Employees shall not conceal, destroy or alter Alliance information or documents in anticipation of, or in response to, a request for documents by any governmental agency or court.

COMPLIANCE PROGRAM REPORTING

Board members, employees, and contractors have a duty to comply with the Alliance Compliance Program. Compliance is a condition of appointment, employment, and/or engagement.



Alliance Code of Conduct



Seeking Guidance

Board members, employees, and contractors may seek additional guidance and clarity on any requirements outlined in this Code of Conduct by contacting the Alliance's Chief Compliance Officer, Compliance Director, or any Compliance Department staff.

Reporting Requirements

All Board members, employees, and contractors must report suspected violations of any statute, regulation, or guideline applicable to Federal and/or State health care programs or Alliance policies. Staff can be assured that they may report suspected and actual compliance or fraud issues or concerns without retaliation or retribution. Such reports may be made to a supervisor or manager, the Chief Compliance Officer, the Chief Administrative Officer, Human Resources Director, Compliance staff, or anonymously to the Confidential Disclosure Hotline.

Employees can call the Alliance's toll-free Confidential Disclosure Hotline at **1-844-910-4228**, or use the Alliance Confidential Disclosure website: **<https://ccah.ethicspoint.com>**. Additional reporting information is located on the Compliance Intranet page.





Medi-Cal Capacity Grant Program

PERFORMANCE DASHBOARD

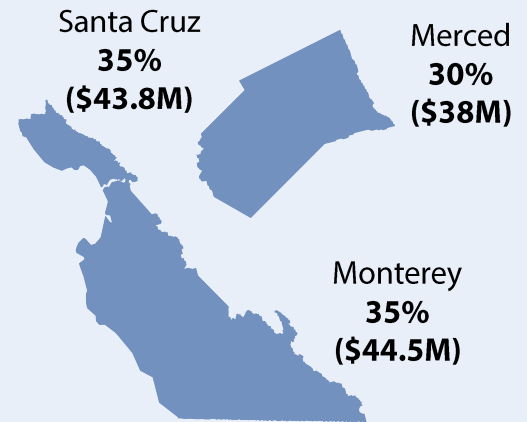


October 2015 through September 2022

About the MCGP

The Alliance invests in the communities it serves through the Medi-Cal Capacity Grant Program (MCGP) to realize the Alliance's vision of healthy people, healthy communities. The Alliance established the MCGP in July 2015 with initial investments focused on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members in Merced, Monterey and Santa Cruz counties. In 2022, the focus of the grant program expanded to integrate upstream action emphasizing health and well-being, while also addressing immediate barriers to care for Medi-Cal members. The MCGP provides grants to local organizations to address the goals of three new focus areas: (1) Access to Care; (2) Healthy Beginnings; and (3) Healthy Communities.

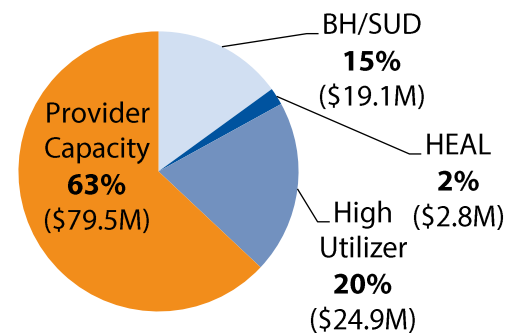
Total Awarded:
\$126.3



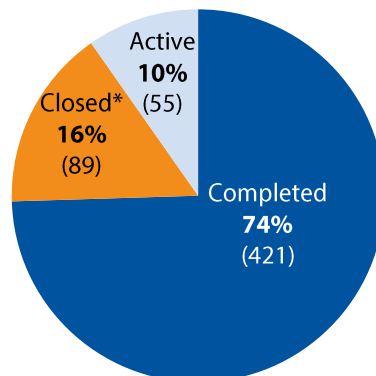
Number of Organizations Awarded:



Awards by Focus Area 2015 - 2022

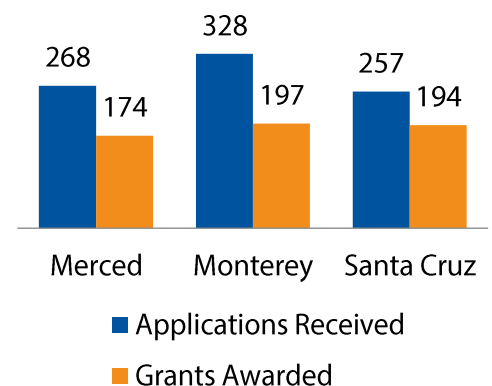


Award Status



* Withdrawn by grantee/terminated.

Total Grants Awarded: **565**



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Oct. 2015 through Sept. 2022 | Page 1

SCMMMMCC Meeting Packet | October 26, 2022 | Page 9B-01

Provider Recruitment Program

275 grants totaling \$33.3M awarded to subsidize recruitment expenses for new health care professionals to serve the Medi-Cal population.

200 new providers hired to date.

78% retention of new recruits.

22 recruited primary care physicians specialize in Pediatrics.

38% increase in primary care sites open to accepting new members.

Type Recruited	Merced		Monterey		Santa Cruz		Total	% of Total
	Physician	Non-Physician	Physician	Non-Physician	Physician	Non-Physician		
Primary Care	28	18	20	18	12	6	102	51%
Specialty Care	4	4	27	2	12	3	52	26%
Allied		8				2	10	5%
Behavioral Health	2	2	3		8	8	23	12%
Dental	3				4		7	4%
Other				3		3	6	3%
Total Recruited	37	32	50	23	36	22	200	100%
	35% of total		36% of total		29% of total			

Specialties Recruited

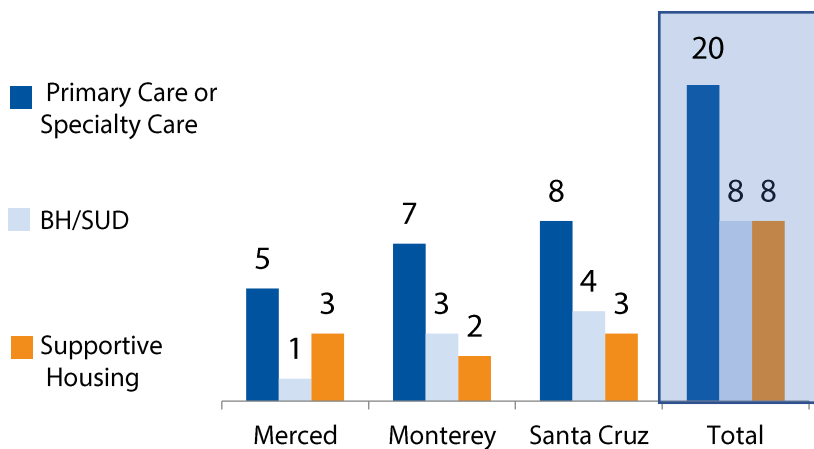


Capital Program

58 grants* totaling \$73.8M awarded for the expansion, construction, renovation, and/or acquisition of health care facilities that will serve the Medi-Cal population in the Alliance service area. Capital grants are also available for projects that expand access to Medi-Cal services through transitional or permanent supportive housing for the Alliance’s most medically fragile Medi-Cal members.

* Applicants may apply for both planning and implementation grants for one project.

36 Capital Projects



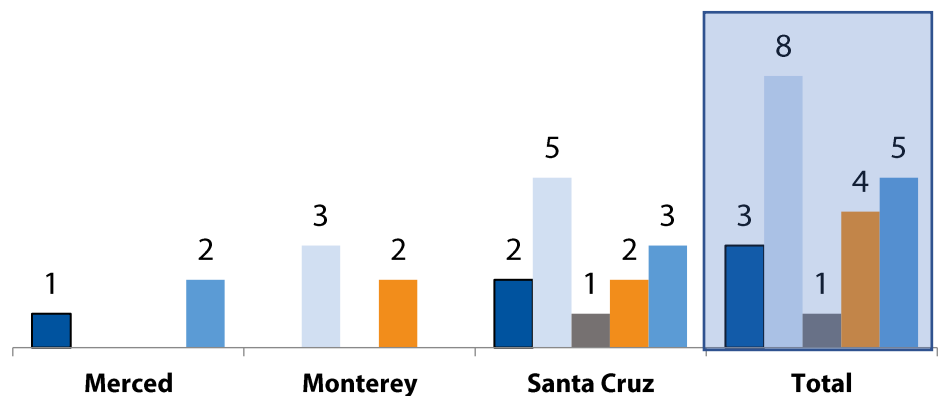
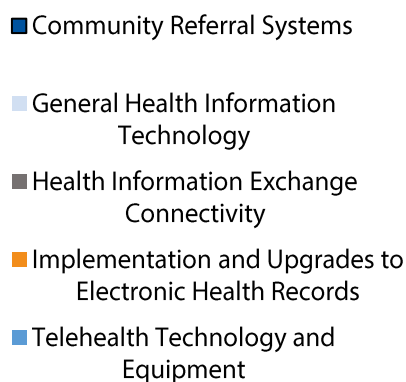
160.7K Medi-Cal members anticipated to be served by new and expanded facilities.

Infrastructure Program

29 grants* totaling \$3.8M awarded for information technology systems that expand Medi-Cal capacity in the Alliance service area.

* Applicants may apply for both planning and implementation grants for one project.

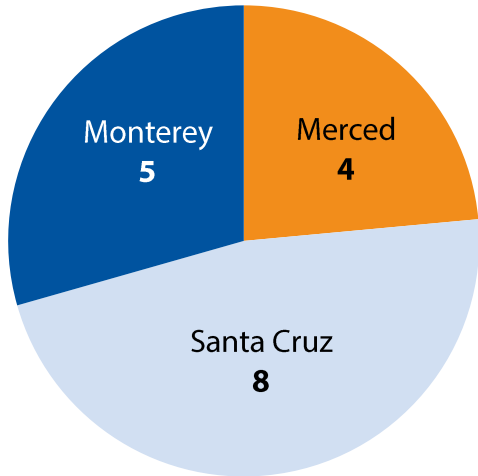
21 Infrastructure Projects



Partners for Healthy Food Access Program

17 grants* totaling \$2.2M awarded to support a variety of innovative partnerships between health care providers, community-based organizations and/or government agencies to improve food security in the Medi-Cal population.

* One grant terminated.



Total Number of Projects: 17

Food Access Projects Focus On:

Food Insecurity Screening Healthy Food Distribution

- Food Bank Access Point
- Mobile Market/Farmstand
- Produce Box Home Delivery

Referrals to Supportive Services

- Cal-Fresh Enrollment

Knowledge & Skill Building

- Nutrition/Health Classes
- Community Gardening
- Cooking Classes

Recuperative Care Pilot

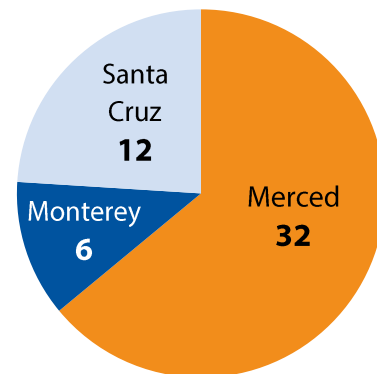
3 grants totaling \$3.6M awarded to community-based organizations to support 30-60 day recuperative care stays for Medi-Cal members experiencing homelessness and recovering from an illness or injury. This short-term housing solution is an alternative to hospital care for individuals experiencing homelessness who no longer need hospital care, but have medical needs that would worsen if living on the street or in a shelter.

Funding also supported **temporary bridge housing** for members who are exiting recuperative care temporary housing while awaiting a more permanent housing placement. **1 grant totaling \$26.6K** supported bridge housing renovations in Monterey County.



The pilot created the foundation for a successful transition to Community Support implementation under CalAIM. These services are now reimbursable through Medi-Cal as Recuperative Care and Short-Term Post-Hospitalization Housing.

Total Number of Recuperative Care Beds: 50



Workforce Development Investments

2 grants totaling \$911K awarded to support the development of new educational programs for licensed health care professionals that will serve the Medi-Cal population.



- **58** Physician Assistant graduates to date (starting 2020).
 - Master of Science - Physician Assistant Program, CSU Monterey Bay.
 - Serves Monterey and Santa Cruz counties.
-
- **55** Family Nurse Practitioner graduates to date (starting 2019).
 - Master of Nursing - Family Nurse Practitioner Program, CSU Stanislaus.
 - Serves Merced County.

Retired Programs

Equipment Program: 103 grants totaling \$1.7M awarded to subsidize equipment purchases that expand health care provider's capacity to serve the Medi-Cal population in the Alliance service area and impact direct patient care. Program was retired as of October 2017.

Intensive Case Management Program: 11 grants totaling \$4.9M awarded to high-volume primary care practices to add staff to provide intensive case management services for medically complex Medi-Cal patients within the patient centered medical home. Three-year pilot launched 01/01/18 and was retired on 12/31/20.

COVID-19 Response Fund: 27 grants totaling \$1M awarded to community-based organizations to meet the basic health-related needs of Medi-Cal members impacted by COVID-19, such as food, hygiene and sanitation supplies. Program was retired as of April 2021.

Practice Coaching Program: 23 grants totaling \$619K awarded to practices for consultant engagements to adopt the Patient Centered Medical Home (PCMH) model of care. Program was retired as of October 2017.

Post-Discharge Meal Delivery Pilot: 3 grants totaling \$651K awarded to fund the delivery of 12 weeks of ready-made, nutritious meals to Medi-Cal members recovering from an inpatient hospital stay. Two-year pilot launched 11/01/18. The Alliance Board approved the transition of the successful pilot to an Alliance-only Medi-Cal benefit, effective 01/01/21.

Technical Assistance Program 13 grants totaling \$470K awarded to provide support for training or consulting engagements that directly result in increased access, coordination of care and integration of services. Program was retired as of April 2020.



Grants in the Community



Photo Credit: www.facebook.com/Esperanza.Community.Farms

Partners for Healthy Food Access

Esperanza Community Farms received a *Partners for Healthy Food Access* grant for their project, *Receta Vegetal*, which provides nutrition education and home delivery of Community Supported Agriculture (CSA) produce boxes for County of Santa Cruz Health Services Agency’s Watsonville Health Center pediatric and adult patients at risk of or diagnosed with diabetes. Located in Watsonville, Esperanza Community Farms is focused on increasing food security and good health among families from under-resourced communities in the Pajaro Valley. *Receta Vegetal* farmers are trained in organic practices to yield sustainable produce. They invite the community to visit the farm to learn how the food in their CSA boxes is grown and host U-PICK events on the farm for local families.

During the two-year grant period, Esperanza Community Farms packaged and delivered 1,100 baskets of fresh produce to *Receta Vegetal* program participants’ homes. They integrated grab-and-go snack packs for the 400 children under the age of 18 whose families receive deliveries. The project allowed Esperanza Community Farms to grow and develop a relationship with County of Santa Cruz Health Services Agency, who held a series of participatory nutrition education gatherings for *Receta Vegetal* families. They have continued their partnership beyond the grant project and continue to invite clinic patients to become members of the CSA program.

Esperanza Community Farms is furthering their mission to promote healthy eating and economic justice by growing their organization and broadening their activities. They are piloting a Farm-to-Cafeteria program where students prepare and serve produce-rich summer school lunches at Pajaro Valley High School. Moving upstream to impact the local food system, they are organizing an organic farmer Co-Op and creating a member leadership committee who will launch the first Pajaro Valley Food Justice Conference in fall 2022.



Photo Credit: www.facebook.com/Esperanza.Community.Farms



Grants in the Community



Provider Recruitment & Infrastructure Implementation

Merced County Behavioral Health and Recovery Services (BHRS) was awarded two Provider Recruitment grants to expand behavioral health access to members in Merced County. In January 2022, Merced County BHRS hired Psychiatrist Ruhel Boparai, MD to join their staff at Marie Green Psychiatric Center in Merced. They also hired John Allieu, Psychiatric Nurse Practitioner, in February 2022 to work at Merced Adult Clinic and Los Banos Clinic.

Filling these two clinical BH positions has allowed Merced BHRS to help close the gap in psychiatric services for Alliance members experiencing severe mental illness, severe emotional disturbance and/or substance use disorder. It is anticipated that the addition of Dr. Boparai and Mr. Allieu to their behavioral health team will make a notable impact to shorten appointment wait times.

Dr. Boparai and Mr. Allieu use Merced County BHRS' telehealth system to reach patients who are unable to attend in-person appointments. Merced County BHRS was awarded a MCGP Infrastructure Implementation grant which enabled successful telehealth integration at seven locations across Merced County. Telehealth allowed Merced County BHRS to increase their Medi-Cal patient capacity by 20% and was a timely and essential addition to BHRS services. Implementation was completed just before the onset of the COVID-19 pandemic. Nearly 40% of BHRS Medi-Cal patients received remote treatment July - September 2020.

Provider Recruitment



Photo Credit: Salinas Valley Memorial Healthcare System

Salinas Valley Medical Clinic (SVMC) was the recipient of a Provider Recruitment grant to hire an Orthopedic Surgeon. David Roy, MD joined the physician team at SVMC Orthopedics, Podiatry & Sports Medicine in July 2020 and specializes in hand surgery. Prior to hiring Dr. Roy, SVMC had only one part-time hand surgeon. Patients had to wait an average of 68 days for an available appointment. Recruiting Dr. Roy allowed SVMC to fill the access gap for hand surgery. The average wait time for the next available appointment decreased significantly to just 7 days. In the 12 months after he was hired, during the height of the COVID-19 pandemic, he provided care to 349 Alliance members in 814 visits. Dr. Roy is fluent in Spanish and provides linguistically competent care to each of his SVMC patients.



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Jessica Finney, Grant Program Manager
SUBJECT: Medi-Cal Capacity Grants (MCGP): Funding Recommendations

Recommendation. Staff recommend the Board approve grant recommendations that total \$3,252,717 in funding recommendations under Consent Agenda Item 9C. Staff recommend allocating \$1M from the Santa Cruz County MCGP Unallocated Budget to the Santa Cruz County Partners for Healthy Food Access Program budget to fund all recommendations at the full amount and support future awards.

Summary. This report includes a brief background on the MCGP awards to date, an overview of the grant review process and award recommendations for the current funding cycle.

Background. Since the launch of the MCGP in July 2015, the Alliance Board has approved 565 grants for a total of \$126.4M to expand Medi-Cal capacity in the Alliance service area in the MCGP's original four focus areas: Provider Capacity, Behavioral Health and Substance Use Disorder Services, High Utilizer Support Resources and Healthy Eating and Active Living. Consent Agenda Item 9B includes the MCGP Performance Dashboard which provides details on grants awarded to date. In August 2022, the Board approved funding priorities for three new focus areas: Access to Care, Healthy Beginnings and Healthy Communities. The two current funding opportunities were moved under these new focus areas. Provider Recruitment is now under the Access to Care focus area. Partners for Healthy Food Access is now under the Healthy Communities focus area.

Discussion.

Grant Application Review and Recommendation Process. Grant applications in the current round of funding were due on July 19, 2022. This funding cycle, the Alliance received 29 applications from 27 organizations. Staff carefully reviewed each application to determine eligibility and is recommending approval of 22 out of the 28 eligible applications received.

An internal committee reviewed and selected applications to recommend to the Board for approval based on the eligibility and program criteria previously approved by the Board. The internal review committee included: Stephanie Sonnenshine, Chief Executive Officer; Dr. Maurice Herbelin, Chief Medical Officer; Lisa Ba, Chief Financial Officer; Van Wong, Chief Operating Officer; and Jessie Dybdahl, Provider Services Director. All applicants received a letter notifying them whether or not their application was being recommended for approval in October 2022.

Of the 22 grant applications being recommended for approval, 18% (4) are from Merced County, 41% (9) are from Monterey County and 41% (9) are from Santa Cruz County. Of the 22 applications recommended for approval 64% (or 14 applications) fall under the Access to Care focus area and 36% (or 8 applications) fall under the Healthy Communities focus area.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

The 22 grant applications recommended for approval are distributed across programs as follows:

Grant Program	Number of Awards Recommended	Award Amount Recommended
Provider Recruitment	14	\$1,874,470
Partners for Healthy Food Access	8	\$1,378,247
Total	22	\$3,252,717

Grant Award Recommendations. Funding recommendations are normally grouped into two separate approval actions so that Board members with a conflict may abstain from voting where applicable. However, in this funding cycle, all funding recommendations are included in one report and Board members with a conflict have been asked to abstain from voting on this agenda item.

Allocation Recommendation. The Partners for Healthy Food Access Program budget for Santa Cruz County will not be able to fund the recommended award for Jacob's Heart at the full amount requested and will be depleted after this round of awards if additional funds are not allocated. Allocating \$1M from the Santa Cruz County MCGP Unallocated Budget to the Santa Cruz County Partners for Healthy Food Access Program budget would allow funding in this round at the full amount for all recommended awards and support future awards in Santa Cruz County.

Partners for Healthy Food Access Budget	Current Remaining	Remaining after 10/26/22 Awards	Remaining with \$1M Allocation for Santa Cruz
Merced	\$1,643,578	\$1,243,614	\$1,243,614
Monterey	\$1,606,604	\$1,280,604	\$1,280,604
Santa Cruz	\$609,542	(\$42,741)	\$957,259
Total	\$3,859,724	\$2,481,477	\$3,481,477

Fiscal Impact. Recommended grant awards totaling \$3,252,717 would be funded by the MCGP budget which was established in December 2014 when the Alliance Board approved allocation of a portion of the Plan's reserves to create the MCGP. Recommended \$1,000,000 would be allocated from the Santa Cruz County MCGP Unallocated Budget to the Santa Cruz County Partners for Healthy Food Access program budget.

Attachments.

1. Grant Recommendations by Program.
 - List of grant award recommendations organized by county and grant type.
2. Recommendation Summaries by Organization.
 - Detailed application summaries of grant award recommendations organized alphabetically by organization. All application summaries were prepared by Alliance staff based on information in the grant application.

**Medi-Cal Capacity Grant Program
Grant Recommendations | October 26, 2022**

Provider Recruitment Program

County	Page*	Organization	Award**
Merced	1	Apex Medical Group	\$150,000
	9	Livingston Community Health	\$81,488
Monterey	2	Big Sur Health Center	\$96,000
	4	Coastal Kids Home Care	\$74,482
	6	George L. Mee Memorial Hospital	\$150,000
	7	Interim, Inc.	\$150,000
	10	Monterey Bay GI Consultants Medical Group Inc.	\$150,000
	11	Pacific Rehabilitation & Pain	\$150,000
	12	Salinas Valley Medical Clinic	\$150,000
	14	Taylor Farms Family Health & Wellness Center	\$150,000
Santa Cruz	3	Coastal Health Partners	\$150,000
	5	Dientes	\$122,500
	8	iSpine California: Integrated Spine & Joint Pain Center	\$150,000
	13	Santa Cruz Community Health Centers	\$150,000
Subtotal			\$ 1,874,470

Partners for Healthy Food Access Program

County	Page*	Organization	Award**
Merced	17	Healthy House Within a MATCH Coalition	\$200,000
	21	United Way of Merced County	\$199,964
Monterey	16	Everyone's Harvest	\$200,000
	18	Jacob's Heart Children's Cancer Support Services***	\$126,000
Santa Cruz	15	Community Health Trust of Pajaro Valley	\$200,000
	15	Jacob's Heart Children's Cancer Support Services***	\$74,000
	19	Santa Cruz Community Health Centers	\$200,000
	20	Teen Kitchen Project	\$66,864
	22	Volunteer Center of Santa Cruz County	\$111,419
Subtotal			\$1,378,247

*Page number of Recommendation Summary is listed for each grant recommendation on the following pages.

**Final grant awards will depend on verification of actual expenses but will not exceed the recommended amount.

***Full award amount contingent on Board approval of additional funding allocation for Partners for Healthy Food Access program budget for Santa Cruz County. 63% (\$126,000) of grant award would be allocated from Monterey County's Food Access budget and 37% (\$74,000) would be allocated from Santa Cruz County's Food Access budget.

Board members with a conflict have been asked to abstain from voting on this agenda item.

**Medi-Cal Capacity Grant Program
Grant Recommendations | October 26, 2022**

Santa Cruz	\$1,224,783
Monterey	\$1,396,482
Merced	\$631,452
Total	\$3,252,717

\$ 3,252,717

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Apex Medical Group
County: Merced
Medi-Cal Services: Alliance PCP
Grant Award History: Equipment (2) \$19,790
Provider Recruitment (7) \$1,050,000

Provider Recruitment Program

Services: Primary Care
Provider Type: Physician
Provider Specialty: Pediatrics
Provider Hours: Full Time
Practice Name: Apex Medical Group
Practice Location: 311 West I St., Los Banos, CA 93635
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,00**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Big Sur Health Center
County: Monterey
Medi-Cal Services: Alliance PCP
Grant Award History: Capital Planning (1) \$88,050
Equipment (1) \$1,200
Provider Recruitment (1) \$34,750

Provider Recruitment Program

Services: Primary Care
Provider Type: Non-Physician Medical Practitioner (NPMP)
Provider Specialty: Family Practice
Provider Hours: Part Time
Practice Name: Big Sur Health Center
Practice Location: 46896 Hwy 1, Big Sur, CA 93920
***Recruitment Language(s):** Spanish
Amount Requested: **\$96,000**
****Recommended Award:** **\$96,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program

Recommendation Summary



Applicant: Coastal Health Partners
County: Santa Cruz
Medi-Cal Services: Alliance Specialty
Grant Award History: Equipment (1) \$20,000
Provider Recruitment (5) \$750,000

Provider Recruitment Program

Services: Specialty Care
Provider Type: Physician
Provider Specialty: Urology
Provider Hours: Full Time
Practice Name: Coastal Health Partners
Practice Location: 1820 Main St., Watsonville, CA 95076
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Coastal Kids Home Care
County: Monterey
Medi-Cal Services: Beacon BH
Grant Award History: Capital Implementation (1) \$1,200,000
Capital Planning (1) \$8,000

Provider Recruitment Program

Services: Behavioral/Mental Health
Provider Type: Licensed Marriage and Family Therapist (LMFT)
Provider Specialty: Youth Mental Health
Provider Hours: Full Time
Practice Name: Coastal Kids Home Care
Practice Location: 427 Pajaro St., Ste. 1, Salinas, CA 93901
***Recruitment Language(s):** N/A
Amount Requested: **\$74,482**
****Recommended Award:** **\$74,482**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Dientes
County: Santa Cruz
Medi-Cal Services: State Medi-Cal
Grant Award History: Capital Implementation (1) \$2,500,000
Capital Planning (1) \$150,000
Equipment (1) \$20,000
Provider Recruitment (3) \$249,225
Technical Assistance (1) \$36,700

Provider Recruitment Program

Services: Other
Provider Type: General Dentist
Provider Specialty: Dentistry
Provider Hours: Full Time
Practice Name: Dientes Community Dental Care
Practice Location: 1500 Capitola Rd., Santa Cruz, CA 95062 [opening Oct. 2022]
***Recruitment Language(s):** Spanish
Amount Requested: **\$122,500**
****Recommended Award:** **\$122,500**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program

Recommendation Summary



Applicant: George L. Mee Memorial Hospital
County: Monterey
Medi-Cal Services: Alliance PCP
Grant Award History: Capital Implementation (1) \$2,500,000
Capital Planning (1) \$150,000
Equipment (3) \$59,847
Infrastructure Implementation (1) \$250,000
Practice Coaching (2) \$50,000
Provider Recruitment (8) \$1,200,000

Provider Recruitment Program

Services: Primary Care
Provider Type: Non-Physician Medical Practitioner (NPMP)
Provider Specialty: Pediatrics
Provider Hours: Full Time
Practice Name: George L Mee Memorial Healthcare System - Greenfield Clinic
Practice Location: 467 El Camino Real, Greenfield, CA 93927
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Interim, Inc.
County: Monterey
Medi-Cal Services: County MH
Grant Award History: Capital Implementation (1) \$2,500,000
COVID-19 Response Fund (1) \$12,000

Provider Recruitment Program

Services: Behavioral/Mental Health
Provider Type: Psychiatric Nurse Practitioner or Psychiatrist
Provider Specialty: Medication Support Services
Provider Hours: Full Time or Part Time
Practice Name: Manzanita Crisis Residential Program - Monterey; Manzanita Crisis Residential Program - Salinas; Choices Day Treatment Intensive Program; Assertive Community Treatment [South Monterey County Outreach Program]; MCHOME [Homeless Outreach Program]; Sunflower Gardens [Supportive Housing Program]
Practice Location: 343 Dela Vina Ave., Monterey, CA 93940; 200 Casentini St., Salinas, CA 93907; 339 Pajaro St., Salinas, CA 93901; 299B 12th St., Marina, CA 93933; 29 Sun St. Salinas, CA 93901
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: iSpine California: Integrated Spine & Joint Pain Center
County: Santa Cruz
Medi-Cal Services: Alliance Specialty
Grant Award History: Provider Recruitment (2) \$255,000
Equipment (1) \$20,000

Provider Recruitment Program

Services: Specialty Care
Provider Type: Physician
Provider Specialty: Physiatry (Physical Medicine and Rehabilitation)
Provider Hours: Full Time
Practice Name: iSpine California: Integrated Spine & Joint Pain Center
Practice Location: 850 Freedom Blvd., Watsonville CA 95076
***Recruitment Language(s):** Spanish; American Sign Language
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Livingston Community Health
County: Merced
Medi-Cal Services: Beacon BH
Grant Award History: Capital Implementation (1) \$2,500,000
Equipment (1) \$20,000
Intensive Case Management (1) \$300,000
Practice Coaching (1) \$25,000
Provider Recruitment (4) \$357,456

Provider Recruitment Program

Services: Behavioral Health; Substance Use Disorder
Provider Type: Licensed Clinical Social Worker (LCSW)
Provider Specialty: N/A
Provider Hours: Full Time
Practice Name: Livingston Community Health; Wolves Wellness Center
Practice Location: 600 B St., Bldg. B, Livingston, CA 95334; 1671 Main St., Livingston, CA 95334
***Recruitment Language(s):** Spanish; Punjabi; Hindi
Amount Requested: **\$81,488**
****Recommended Award:** **\$81,488**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Monterey Bay GI Consultants Medical Group Inc.
County: Monterey
Medi-Cal Services: Alliance Specialty
Grant Award History: Provider Recruitment (3) \$450,000

Provider Recruitment Program

Services: Specialty Care
Provider Type: Physician
Provider Specialty: Gastroenterology
Provider Hours: Full Time
Practice Name: Monterey Bay GI Consultants Medical Group, Inc.
Practice Location: 212 San Jose St., Ste. 201, Salinas, CA 93901 [relocated office in July]
***Recruitment Language(s):** N/A
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Pacific Rehabilitation & Pain
County: Monterey
Medi-Cal Services: Alliance Specialty
Grant Award History: Equipment (2) \$23,448
Provider Recruitment (4) \$600,000

Provider Recruitment Program

Services: Specialty Care
Provider Type: Physician
Provider Specialty: Physiatry (Physical Medicine & Rehabilitation)
Provider Hours: Full Time
Practice Name: Pacific Rehabilitation & Pain
Practice Location: 1010 Cass St., Monterey, CA 93940; 300 Canal St., King City, CA 93930
***Recruitment Language(s):** Spanish; Indigenous language (Triqui, Mixteco, Zapoteco, other from Mexico and/or Central America); Hmong; American Sign Language; Arabic; Farsi, Hindi; Vietnamese; Mandarin, Taiwanese; Cantonese; Korean; Japanese; Swahili
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Salinas Valley Medical Clinic
County: Monterey
Medi-Cal Services: Alliance PCP
Grant Award History: Equipment (2) \$19,000
Provider Recruitment (17) \$2,259,125

Provider Recruitment Program

Services: Primary Care
Provider Type: Physician
Provider Specialty: Family Medicine & Obstetrics
Provider Hours: Full Time
Practice Name: Salinas Valley Medical Clinic PrimeCare
Practice Location: 355 Abbott St., Ste. 100, Salinas, CA 93901
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,000**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant:	Santa Cruz Community Health Centers
County:	Santa Cruz
Medi-Cal Services:	Beacon BH
Grant Award History:	Capital Implementation (1) \$2,500,000 Capital Planning (1) \$150,000 Equipment (3) \$40,461 Infrastructure Planning (1) \$40,000 Infrastructure Implementation (1) \$250,000 Intensive Case Management (1) \$300,000 Practice Coaching (2) \$50,000 Provider Recruitment (6) \$588,997 Technical Assistance (1) \$37,350

Provider Recruitment Program

Services:	Behavioral/Mental Health
Provider Type:	Psychiatric Nurse Practitioner
Provider Specialty:	N/A
Provider Hours:	Full Time
Practice Name:	East Cliff Family Health Center; Santa Cruz Womens Health Center; Mountain Health Center
Practice Location:	21507 E Cliff Dr., Santa Cruz, CA 95062; 250 Locust St., Santa Cruz, CA 95060; 9500 Central Ave., Ben Lomond, CA 95005
*Recruitment Language(s):	Spanish
Amount Requested:	\$150,000
**Recommended Award:	\$150,000

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Taylor Farms Family Health & Wellness Center
County: Monterey
Medi-Cal Services: Alliance PCP
Grant Award History: Capital Implementation (1) \$2,500,000
Capital Planning (1) \$150,000
Equipment (2) \$22,500
Provider Recruitment (5) \$450,525

Provider Recruitment Program

Services: Primary Care
Provider Type: Physician
Provider Specialty: Family Medicine
Provider Hours: Full Time
Practice Name: Taylor Farms Family Health & Wellness Center
Practice Location: 850 5th St., Gonzales, CA 93926
***Recruitment Language(s):** Spanish
Amount Requested: **\$150,000**
****Recommended Award:** **\$150,00**

*Applicant indicated that they would emphasize recruitment of a provider who speaks language(s) listed or have already hired provider who speaks language(s) for the Linguistic Competence Provider Incentive.

**Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Community Health Trust of Pajaro Valley
County: Santa Cruz
Grant Award History: Partners for Healthy Food Access (1) \$150,000

Partners for Healthy Food Access Program

Project Name: VeggieRX
Project Partners: Salud Para La Gente
Proposed Start/End Dates: 11/1/2022 - 10/31/2024 (24 months)
Total Project Budget: \$328,671
Request Amount: **\$200,000**
***Recommended Award:** **\$200,000**

Proposal Summary: Community Health Trust of Pajaro Valley seeks funding to support the VeggieRx program, first funded by the grant program in April 2020. A second grant would fund expansion and refinement of the program to include: the implementation of a robust educational component that will result in improved metrics and understanding of the program's impact; the addition of Watsonville's Friday market as a second VeggieRx redemption site; and for ongoing operational support of El Mercado, which continues to serve as a hub for VeggieRx and access to health-promoting programs and services, including those provided by, Second Harvest FoodBank/CalFresh, PVUSD/Migrant Head Start, Salud Para La Gente, WIC, and others. Referrals to VeggieRx are initiated by clinicians at the Diabetes Health Center and Salud Para La Gente, in alignment with the health goals of the program participants.

Objectives: The project objectives are to: 1) provide \$20 worth of fresh produce per week during the 13 week program enrollment to 400 eligible participants over the two-year project period; 2) enroll the 400 VeggieRx participants in six consecutive classes on health and nutrition with a promotora with a participant completion rate of 60%; 3) collect biometric data for participants before and after program participation in order to evaluate the impact of VeggieRx on health outcomes; and 4) collect information from participants before and after program participation in order to evaluate the impact of VeggieRx on perceptions of food insecurity and attitudes toward personal health and nutrition.

Impact: The VeggieRx program will serve 200 Medi-Cal members annually. Populations living in South Santa Cruz and North Monterey Counties, regions where the USDA has identified significant tracts as food deserts, will be impacted the most through this project. Recent data from Datashare.org indicate that 74.2% of adults enrolled in Med-Cal in these areas are considered prediabetic and 18.8% are diabetic. VeggieRx participants will be Medi-Cal recipients over the age of 18 who are experiencing food insecurity and living with or are at risk of developing a diet-related illness.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Everyone's Harvest
County: Monterey
Grant Award History: Partners for Healthy Food Access (1) \$155,871

Partners for Healthy Food Access Program

Project Name: Fresh Rx Expansion
Project Partners: California State University, Monterey Bay
Clinica de Salud del Valle de Salinas
Monterey County Health Department
Proposed Start/End Dates: 11/01/2022 - 10/31/2024 (24 months)
Total Project Budget: \$505,580
Request Amount: **\$200,000**
***Recommended Award:** **\$200,000**

Proposal Summary: Everyone's Harvest seeks funding to expand Fresh Rx, their produce prescription program in Monterey County. In partnership with Monterey County Health Department's Alisal Health Center and Clinica de Salud del Valle de Salinas (CSVS), Medi-Cal members who are identified as having or at risk for diet-related diseases are referred to the CHWs at the clinics for follow up enrollment in the Fresh Rx program. Members redeem weekly produce prescriptions (\$35 tokens) for up to 19 weeks at one of Everyone's Harvest's farmers markets to buy fresh, locally grown, culturally valued produce. Fresh Rx enrollees attend wellness classes at Alisal Health Center and CSVS for nutrition education related to chronic disease and will monitor health indicators. Market staff conduct workshops and cooking demonstrations on-site at the markets, and supply recipes and information about affordable food resources, including CalFresh and Market Match, a program which doubles CalFresh spending power for families.

Objectives: The project objectives are to: 1) coordinate with partner physicians and healthcare providers to identify Medi-Cal eligible families facing nutritional challenges, food-insecurity and chronic diet-related diseases; 2) double the number of Medi-Cal eligible, low-income and food-insecure families with or at risk for chronic diseases served annually by the Fresh Rx program; 3) engage participants to inform the project's design and implementation; and 4) empower Medi-Cal eligible, low-income and food-insecure families to eat healthy foods at home.

Impact: The project will enroll 200 Medi-Cal members. It will predominantly serve the East Salinas area, where 94% of the community are Latinx and the poverty rate is 1.5 times the state average. The area also has the highest index of food insecurity in Monterey County, scoring 85 on a national index from 0 to 100 (from lowest to greatest need) on a 2021 Food Insecurity Index of all U.S. Counties.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Healthy House Within a MATCH Coalition
County: Merced
Grant Award History: COVID-19 Response Fund (1) \$10,000
Partners for Healthy Food Access (1) \$100,000

Partners for Healthy Food Access Program

Project Name: Food to FoRx II
Project Partners: Merced County Behavioral Health & Recovery Services
Merced County Department of Public Health
Merced County Food Bank
Mercy Medical Center Merced Family Residency Program
Shepherd of the Valley Lutheran Church
UC Master Gardener Program - Merced
Proposed Start/End Dates: 01/01/2023 - 12/31/2024 (24 months)
Total Project Budget: \$210,000
Request Amount: **\$200,000**
***Recommended Award:** **\$200,000**

Proposal Summary: Healthy House Within a MATCH Coalition (Healthy House) seeks funding to continue and expand their Food to FoRx program to address impact of medically supportive food on chronic disease management and behavioral health conditions. Food to FoRx provides culturally responsive fresh produce, nutrition education resources, and clinician/promotora training and support to improve health outcomes for Medi-Cal members who have pre-diabetes, obesity and food insecurity. Healthy House previously received a Food Access grant for Food Rx at the Family Care Clinic. This grant would expand the program to two new partner sites, Mercy Medical Center Kid's Care Clinic and Merced County Behavioral Health and Recovery Services. Members enrolled in Food to FoRx receive a prescription they can redeem weekly at a mobile market staffed by Healthy House promotoras two times per week at the Family Care Clinic. All provider sites are co-located within the same one-block radius. Referred patients with transportation barriers or disabilities receive home deliveries. The market provides nutritious, medically supportive food including fresh produce. Promotoras support and educate on diet, cultural attitudes, hunger, mental health and provide referrals to supportive resources, such as WIC and CalFresh. Prescriptions are renewed every 3 months at medical and behavioral health appointments and are where providers can track health outcomes.

Objectives: The project objectives are to: 1) strengthen partnerships to maintain produce distribution system, including a Hmong Elder garden; 2) expand the program to include Medi-Cal patients and their families from Behavioral Health & Recovery Services and Kids Care Clinic; 3) support and increase Medi-Cal patients' ability to access healthy food and make choices that positively impact mental and physical health; and 4) support the sustainability of community gardens, mobile markets, and other local produce sources in low income/food desert neighborhoods.

Impact: The project will serve approximately 550 Medi-Cal members in Merced County. Healthy House aims to improve participant health outcomes, food security and knowledge, attitude, and consumption behaviors of fresh produce.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Jacob's Heart Children's Cancer Support Services
County: Monterey
Santa Cruz
Grant Award History: N/A

Partners for Healthy Food Access Program

Project Name: Full Hearts Grocery Delivery Program
Project Partners: Second Harvest Food Bank Santa Cruz County
Aggrigator
Green Gate Fresh
Sumano's Bakery
Kaiser Permanente
Lucile Packard Children's Hospital at Stanford
Benioff Children's Hospital at UCSF
Proposed Start/End Dates: 11/1/2022 - 4/30/2024 (18 months)
Total Project Budget: \$542,162
Request Amount: \$200,000
***Recommended Award:** \$200,000**

***Full award amount contingent on Board approval of additional funding allocation for Partners for Healthy Food Access program budget for Santa Cruz County. 63% (\$126,000) of grant award will be allocated from Monterey County's Food Access budget and 37% (\$74,000) will be allocated from Santa Cruz County's Food Access budget.*

Proposal Summary: With this request, Jacob's Heart seeks funding to strengthen the infrastructure of their Full Hearts Grocery Delivery Program to deliver customized groceries and grocery gift cards weekly to families of children with cancer in Santa Cruz and Monterey counties. The project will formalize the processes for screening Medi-Cal members for food insecurity and engaging Medi-Cal members in providing medically-supportive diets for their families. The existing referral relationships with Kaiser Permanente, Lucile Packard Children's Hospital and Benioff Children's Hospital will enable food insecurity screening and referral to Jacob's Heart by oncology social workers at the hospitals. Food distribution will be supported through partnerships with local food distributors, including Aggrigator Inc., Amor Organics, Sumano's Bakery, Green Gate Fresh LLLP, and Second Harvest Food Bank Santa Cruz County. A first-ever full-time manager of the program would support the project through development of nutrition educational materials and activities.

Objectives: The project objectives are to: 1) increase Medi-Cal member access to nutritious, medically supportive food and alleviate the stress and danger of going to the grocery store while caring for a child with cancer; and 2) pilot a new communication and food selection system to engage Medi-cal members and improve their ability to understand and act on their own nutrition needs.

Impact: The project will serve approximately 289 individuals annually in Monterey and Santa Cruz counties, 95% of whom are Medi-Cal members. Of the families Jacob's Heart serves, 80% are enrolled in full-scope Medi-Cal; 60% qualify as high-financial need; 37% are experiencing housing insecurity and 45% are subject to other major stresses (unrelated to their child's condition) that have a significant impact on the quality of life for the child.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant:	Santa Cruz Community Health Centers
County:	Santa Cruz
Grant Award History:	Capital Planning (1) \$150,000 Capital Implementation (1) \$2,500,000 Infrastructure Planning (1) \$40,000 Infrastructure Implementation (1) \$250,000 Provider Recruitment (6) \$588,997 Equipment (3) \$40,461 Technical Assistance (1) \$37,350 Practice Coaching (2) \$50,000 Intensive Case Management (1) \$494,688

Partners for Healthy Food Access Program

Project Name:	Plato de Bienestar/Healthy Plates
Project Partners:	Santa Cruz Community Farmers' Markets
Proposed Start/End Dates:	02/15/2023 - 02/14/2025 (24 months)
Total Project Budget:	\$263,964
Request Amount:	\$200,000
*Recommended Award:	\$200,000

Proposal Summary: Santa Cruz Community Health (SCCH) seeks funding for a produce prescription program, Plato de Bienestar/Healthy Plates, that will enroll up to 240 of their patients. The project will be led by SCCH in collaboration with Santa Cruz Community Farmers' Markets (SCCFM) and supported by Second Harvest Food Bank and the Santa Cruz Public Libraries. Grant funds will be used to provide prescription produce tokens to participants, as well as staffing, outreach and communication efforts. In the first year, efforts will be focused on the Downtown Farmers' Market/Santa Cruz Women's Health Center and the second year will expand to Live Oak and the San Lorenzo Valley, incorporating the East Cliff Family Health Center/Live Oak Farmers' Market and Santa Cruz Mountain Health Center/Felton and Scotts Valley Farmers' Markets.

Objectives: The project objectives are: 1) by Dec. 2024, SCCH will pilot a produce prescription program in each of the clinic communities through partnerships with SCCFM and Second Harvest in order to increase participating Medi-Cal patients' intake of fresh produce by an average 1 cup per day; 2) by the end of each year, SCCFM and SCCH will provide nutrition education events in the clinics and Farmers' Markets to increase participating Medi-Cal patients' knowledge of healthy eating; 3) by the end of each year, SCCH will activate a cadre of promotoras to guide participants through the program to ensure it is culturally-relevant and focused on increasing patients' sense of belonging in market spaces and empowerment of healthy eating; and 4) by January 2025, SCCH will determine the most impactful components of the produce prescription program and collaborate with other local organizations to develop a sustainability plan.

Impact: The project will serve approximately 240 individuals annually experiencing food insecurity and a chronic disease, 70% of whom are Medi-Cal members accessing services in downtown Santa Cruz, Live Oak and San Lorenzo Valley. Anticipated impacts include increased consumption of fresh produce, increased knowledge of healthy eating, increased sense of belonging in market spaces and empowerment of healthy eating/decision-making.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Teen Kitchen Project
County: Santa Cruz
Grant Award History: Post-Discharge Meal Delivery Pilot (1) \$84,056
Partners for Healthy Food Access (1) \$50,000
COVID-19 Response Fund (1) \$20,000

Partners for Healthy Food Access Program

Project Name: Medically-Tailored Groceries Pilot Program
Project Partners: Grocery Outlet
Second Harvest Food Bank
Proposed Start/End Dates: 11/15/2022 – 11/15/2023 (12 months)
Total Project Budget: \$66,864
Request Amount: **\$66,864**
***Recommended Award:** **\$66,864**

Proposal Summary: Teen Kitchen Project (TKP) seeks funding to support a new Medically-Tailored Groceries Program pilot. The pilot leverages their Alliance Community Support contract for Medically Tailored Meals (MTM) as well as their infrastructure for referrals and service delivery that was supported through a previous Alliance grant. Medi-Cal members with chronic conditions recently discharged from the hospital are enrolled in MTM. Through the pilot, when MTM ends, if the member reports not having enough nutritious food to get them through the week, they would receive weekly grocery bags for up to a month, complemented by meal preparation/nutrition information and individualized nutritional counseling. The project is a partnership with Second Harvest Food Bank and Grocery Outlet. Funding will support the packaging and delivery of medically-tailored grocery bags and support staffing for the pilot, including a Registered Dietitian.

Objectives: The project objectives are to: 1) provide 100 Medi-Cal clients whose MTM service has ended with medically tailored groceries; 2) increase the number of Medi-Cal clients who report they know what foods to eat to meet the needs of their health condition; and 3) increase the number of Medi-Cal Clients who are enrolled in Cal Fresh.

Impact: The project will serve approximately 100 Medi-Cal members. In the last year, TKP served the following populations, based on diagnosis: 25% diabetes, 21% cancer, 12% severe neurological disorder, 10% recent major surgery, 9% congestive heart failure, 6% COVID, 6% COPD, 6% Alzheimer's and Dementia. As for age and ethnic background, TKP served the following populations in the last year: 63% seniors ages 60+; 36% adults ages 19-59; 1% youth ages 18 and under; 65% Caucasian; 25% Hispanic/Latino; 4% multi-racial; 3% Asian; 1% Black; 1% Native American; 1% other.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: United Way of Merced County
County: Merced
Grant Award History: COVID-19 Response Fund (1) \$35,000
Partners for Healthy Food Access (1) \$75,000

Partners for Healthy Food Access Program

Project Name: Family Nutrition Hubs Food Rx
Project Partners: Golden Valley Health Centers
Valley Children's Healthcare
Proposed Start/End Dates: 01/01/2023 - 06/30/2024 (18 months)
Total Project Budget: \$223,600
Request Amount: **\$199,964**
***Recommended Award:** **\$199,964**

Proposal Summary: Under the fiscal sponsorship of United Way of Merced County, Community Partnership Alliance (CPA) seeks funding to support the Family Nutrition (FaN) Hubs Food Rx project for Medi-Cal eligible families with at least one child aged 0-5 to provide nutritious food and nutrition education by utilizing their existing network of childcare providers and new partnerships with healthcare providers. The project's overall goal is to reduce food insecurity and chronic disease risk and prevalence amongst their participants by engaging health care providers to screen families with children for food insecurity and/or chronic disease, provide Food Rx vouchers to use at any FaN Hub food distribution site and lead virtual education sessions. CPA received a Partners for Healthy Food Access grant in 2018 for their two-year project, Project Grow, which established a community network for fresh produce access points, social media collaborations and nutrition education events. FaN Hubs is leveraging current funding for food distribution for this pilot from First 5 and CalRecycle Edible Food Recovery.

Objectives: The project objectives are: 1) At least 300 parents with young children, will be screened for Medi-Cal enrollment food insecurity, risks for chronic disease, and active chronic disease to engage a minimum of 85% (255) in the program; 2) At least 255 Medi-Cal parents with young children identified as food insecure will receive Food Rx \$40 produce voucher for up to one month; and 3) at least 173 Medi-Cal parents with young children who receive and use a Food Rx will participate in Health Breaks (brief interactive Zoom workshops) with a clinician to learn and discuss tips for food security, nutrition, and chronic disease prevention and management.

Impact: The project will serve 255 Medi-Cal members and their families. the majority Latino and Spanish-speaking. All participants will be parents with at least one child aged 0-5 years receiving services from a FaN Hub childcare provider and one of the health care partners.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.

Medi-Cal Capacity Grant Program Recommendation Summary



Applicant: Volunteer Center of Santa Cruz County
County: Santa Cruz
Grant Award History: Infrastructure Implementation (1) \$94,200
Partners for Healthy Food Access (1) \$79,945

Partners for Healthy Food Access Program

Project Name: Healthy Connections
Project Partners: Santa Cruz County Behavioral Health
Salud Para La Gente
Second Harvest Food Bank Santa Cruz County
Common Roots Farm
Palomar Inn
Proposed Start/End Dates: 01/01/2023 - 12/31/2024 (24 months)
Total Project Budget: \$210,474
Request Amount: **\$111,419**
***Recommended Award:** **\$111,419**

Proposal Summary: Volunteer Center of Santa Cruz County seeks funding to integrate a food prescription intervention into the Healthy Connections program, in partnership with Salud Para la Gente and Santa Cruz County Behavioral Health. Healthy Connections, which was supported through a previous Food Access grant, uses a whole person approach to supporting severely mentally ill (SMI) adults in achieving optimal health and wellness through access to fresh and healthy produce, specialized skill building to help participants with self-management, and physical activity opportunities. The grant funds will support staffing and food supplies for the food prescription intervention and expansion of current program, including peer coaches. Healthy Connections staff meet the client where they are at in the community to develop rapport and engagement. Peer coaches provide transportation to participants, lead hands-on training and evidence-based education, and support participants in creating self-care plans and utilizing resources for healthy, affordable food, including CalFresh for those who do not have SNAP benefits. This grant will allow Volunteer Center to expand partnerships with local low-income housing such as Palomar Inn downtown to provide Healthy Connections space to bring healthy lifestyle classes, food bags, and health coaches to Medi-Cal members enrolled in the program.

Objectives: The project objectives are to: 1) engage 200 Medi-Cal members with SMI in Healthy Connections through a produce prescription referral from their provider and monitor chronic disease-related health outcomes; 2) increase participants understanding of healthy eating, exercise, and the importance of medically supportive food; and 3) increase physical activity and selfcare opportunities for adults with SMI.

Impact: This project will serve 200 Medi-Cal members specifically through produce prescription intervention. Healthy Connections will serve approximately 550 Medi-Cal members with SMI in North and South Santa Cruz County to provide fresh and healthy food and engagement in the Healthy Connections program.

*Final grant awards will depend on verification of actual program expenses but will not exceed the recommended amount.



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Van Wong, Chief Operating Officer
SUBJECT: 2023 Specialty Care Incentive Provider Payment Recommendation

Recommendation. Staff recommend the Board approve a Specialty Care Incentive (SCI) program for specialty services for 2023. The incentive is for specialty services rendered between January 1, 2023 through December 31, 2023 with distribution of payment in the first half of 2024.

Summary. SCI is designed to improve Alliance member access to specialty medical services. SCI offers contracted referral providers financial incentives for providing Alliance members access to specialty services.

Background. The SCI program, as approved by the Alliance's Board, launched in 2014, replacing the plan's prior utilization management-based incentive program. From calendar year (CY) 2014 through CY 2017, the SCI program allowed the Alliance to share a significant amount of operating income with specialty care providers. While CY 2018 resulted in a financial loss, the Alliance continued to fund the SCI program, albeit at a smaller amount of \$5M. In 2019 the SCI program was retired when specialty care providers were transitioned to a reimbursement methodology based on the current Medicare Fee Schedule which is among the highest payment levels for specialists through Medi-Cal managed care plans. The Medicare Fee schedule is typically 60% above Medi-Cal payments on average.

SCI Distributed Funds per Calendar Year

CY 2014	\$13M
CY 2015	\$16M
CY 2016	\$11M
CY 2017	\$15M
CY 2018	\$5M
CY 2019	\$0M – Program Retired

The intent is to re-introduce the 2019 SCI Program with nominal adjustments necessary to re-launch this program for 2023. Similar contractual language will be used to amend provider contracts such that the operational lift for both the Alliance and the provider should be minimal.

Discussion. While specialty care providers continue to receive Medicare rates, the Alliance acknowledges an additional incentive to prioritize appointment availability to members is needed at this time.

The Alliance is not currently able to enhance rates above Medicare, though re-implementing an SCI program can contribute positive revenue, when gained by the Alliance, back into the specialty care network.

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The SCI program distributes points each year based on eligible encounters. Qualified providers would receive three points for an initial eligible encounter (identified as new patient visit or consult through CPT coding) and an additional one point for additional eligible encounters (established encounters identified through CPT coding).

Fiscal Impact. The annual impact should be based on the operating income from the CY 2023 being shared with our specialty providers through this incentive program. Funding for the CY 2023 program will be considered at the end of CY 2023 based on Board approval.

Attachments. N/A



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Proposed 2023 Hospital Quality Incentive Program

Recommendation. Staff recommend the Board approve the proposed hospital quality incentive program (HQIP) for in-area contracted hospitals.

Summary. A hospital incentive program is a value-based payment strategy intended to deliver high-quality care and to improve the member care experience while utilizing appropriate healthcare resources.

Background. In June 2020, the Alliance's Board approved a Cost Containment Plan to bring hospital cost in line with revenue rate, utilization trends, and industry benchmarks. In December 2020, the Board approved a shared savings program to provide an additional value-based payment to hospitals. The Alliance has successfully moved hospitals to the Medi-Cal benchmark payment methodology, APR-DRG. The HQIP would further advance our commitment to quality and value-based contracting.

The Alliance's 2022-2026 Strategic Plan specifies the strategic priorities of Health Equity and Person-Centered Delivery System Transformation. Promoting a value-based payment structure supports the goal of identifying measurable outcomes and developing strategies and tactics to achieve those outcomes and to ensure our members are experiencing the best health and health equity.

Discussion.

Program Overview: The HQIP offers financial incentives for hospitals that meet performance targets for quality, operational efficiencies, reduction of unnecessary healthcare costs, and service delivery improvement. The HQIP will focus on measures indicative of appropriate hospital inpatient and outpatient utilization.

Participation Requirements: To participate in the incentive program, a hospital must be located in a service area county and must hold a contract with the Alliance for hospital services. Nine in-area contracted hospitals are eligible to participate.

Measurements: The selected measures focus on improving appropriate hospital inpatient and outpatient utilization over a defined period.

The Quality measurement includes the following:

- 30-day All-Cause Readmission
- Avoidable Emergency Room (ER) visit
- Post Discharge follow-up within fourteen days
- NTSV* Cesarean Delivery Rate

**The C-section rate among low-risk, first-time mothers (also called Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate), is the proportion of live babies born at or beyond 37.0 weeks gestation to*

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women in their first pregnancy that are singleton (no twins or beyond) and in the vertex presentation (no breech or transverse positions), via C-section birth. Narrowing variation and lowering the average C-section rate will lead to better quality care, improved health outcomes, and reduced costs.

Measurement Period:

- Target Year: Calendar year 2021 actual results
- Performance Year: Calendar year 2023

Hospital Payment Methodology: Participating hospitals can earn the maximum available funds for each metric when meeting the established performance target. The performance payout is based on a two-tier approach. Tier 1 is 40% of the target and Tier 2 is an additional 60%, totaling 100%. This represents the maximum earned.

Target Methodology:

Quality Measurement	Targets	Methodology
30-Day All-Cause Readmission	15.58%	Alliance Calendar Year 2021 Performance
Avoidable Emergency Visit	14.60%	Alliance Calendar Year 2021 Performance
Post Discharge follow-up within 14 days	28.57%	50% Percentile of the Alliance 2021 Performance
NTSV Cesarean Delivery Rate	27.75%	Alliance Calendar Year 2021 Performance

Annual Settlement: The program will be settled annually. After a claims run-out period, the Alliance will give hospitals a preliminary report outlining performance results. Hospitals will be given time to review and inform the Alliance of any discrepancies. After both parties agree on the result, the Alliance will issue payment within 45 days of the final report.

Program Monitoring: The Hospital Incentive Program is designed to encourage appropriate utilization and medically necessary care while reducing the cost that is not medically necessary. The Alliance will monitor performance to ensure that medically necessary services are provided in all instances and that no incentive payment will be provided if any instance of failure to provide medically necessary services is identified.

Fiscal Impact. There is no financial impact on the 2022 financials. If the Board approves the HQIP, staff will include \$10M in the 2023 medical cost budget.

Attachments. N/A



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Jessica Finney, Grant Program Manager
SUBJECT: Funding Recommendation for Children's Savings Account Pilot

Recommendation. Staff recommend the Board approve \$230,000 of unallocated Medi-Cal Capacity Grant Program (MCGP) funds from the Santa Cruz County budget to fund Santa Cruz Community Ventures (Ventures) for a Children's Savings Account (CSA) pilot project in Santa Cruz County.

Summary. This report includes background on CSAs and a description of the Semillitas CSA program. It outlines a proposed two-year pilot in Santa Cruz County to expand Semillitas to include health-related milestone contributions for Alliance members two years old and younger. The pilot would also include an evaluation to inform scaling this approach to support children's wellness in other counties in the Alliance service area.

Background. A CSA is a special savings account to save money for children's use for college or vocational education. Research on CSAs has shown positive outcomes related to health, equity, education, and economic mobility (Prosperity Now, 2018). Youth with CSAs are three times more likely to go to college and four times more likely to graduate than those without savings, regardless of the amount saved (Elliott et al, 2013). CSAs increase parent expectations for their child's postsecondary education, which is important since parents' attitudes about and expectations for their child attending college are a strong predictor of student success throughout their educational career (Larson et al, 2015).

Local CSA Program: Semillitas was established by Ventures in 2019 to create CSAs for post-secondary education for all newborns in Santa Cruz County. It is currently the only CSA program operating in the Alliance's service area. Ventures is a 501(c)(3) nonprofit founded in 1989 that strengthens Santa Cruz, Monterey and San Benito counties' working-class families' financial resilience and use of their economic powers. A CSA is created for all newborns in Santa Cruz County within 90 days of birth. A seed deposit is made when the savings account is opened. The seed deposit is \$50 for newborns whose births were Medi-Cal funded and \$25 for all other newborns. Ventures owns and administers the ScholarShare account, a state-sponsored, tax-advantaged 529 college savings plan, that can receive additional donations and be linked to an existing 529 account (e.g., one gifted by a grandparent). Earnings grow free from federal tax and can be used for higher education until the child's 26th birthday. Unused funds are repurposed to fund future CSAs.

Alignment with State Program: Semillitas receives financial support from local governmental, child development and health care partners and is working to coordinate and align with CalKIDS, the new statewide CSA program. Ventures could leverage State and local funding to adopt more health and education milestone contributions to support the youngest Medi-Cal members' health and development while growing their savings accounts.

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Discussion. In March 2022, the Alliance Board approved three new focus areas for the Medi-Cal Capacity Grant Program: 1) Access to Care, 2) Healthy Beginnings, and 3) Healthy Communities. This pilot would be the first investment approved under the Healthy Beginnings focus area and it would begin to advance the priorities in this focus area immediately. The MCGP currently offers one funding opportunity under each of the other two focus areas (Access to Care – Provider Recruitment Program and Healthy Communities – Partners for Healthy Food Access Program).

The proposed pilot aligns with the Alliance's quality improvement goals to exceed the 50th percentile for all children's preventive care measures and to close racial/ethnic disparities in well-child visits and immunizations by 50%. In 2021, the Alliance was under the minimum performance level (50th percentile) in all three counties for Well-Child Visits in the First 15 Months and for childhood immunizations in Merced County.

Pilot Description. The proposed 2 ½ year pilot would build on existing CSA accounts started with seed money from other funding sources by adding health-related milestone contributions for children in Santa Cruz County receiving Medi-Cal born on January 1, 2021 or later who achieve one or both of the health milestones below. For each milestone achieved, a milestone contribution of \$25 would be deposited into the child's CSA. During the course of the pilot, it is estimated there would be a 5% increase in the number of children achieving the milestones year over year from 2021 baseline and that there would be 2,864 qualifying events where children would receive a \$25 health milestone contribution. The proposed milestones are two measures from the Healthcare Effectiveness Data and Information Set (HEDIS):

1. Childhood Immunization Status (CIS) Combo 10; and
2. Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits.

The Alliance would be a partner in the pilot beyond grant funding by: 1) collaborating on a data sharing agreement; 2) providing support on the evaluation design; and 3) supporting program promotion to Alliance members. The pilot would be phased as follows:

- Planning Phase (November 2022 – June 2023): Establish process for HIPAA compliant data sharing to facilitate members' eligibility for milestone contributions. Develop evaluation plan.
- Implementation Phase (July 2023 – June 2025): Exchange data to facilitate CSA deposits for eligible members on a regular basis. Outreach to inform members and providers about the pilot to increase compliance rates on identified Health Milestones by at least 5% in Year 2 and Year 3.
- Evaluation Phase (July 2025 – September 2025): Evaluate pilot and document findings and recommendations to identify cost efficiencies, effective processes, technology and outreach, and lead entities and partnerships needed to scale up the project in other counties in the Alliance's service area.

The pilot is proposed for implementation only in Santa Cruz County at this time where an established CSA program and partner exists. The evaluation will inform a future recommendation about pursuing expansion of CSA to other counties served by the Alliance where willing and capable partners would need to be identified.

Conclusion. The Alliance's support of a CSA pilot would allow the health plan to partner on an innovative, research-based approach to advance the Alliance's quality goals for children. The pilot is not intended as an instant solution for low HEDIS measure performance in children's preventative care utilization. It is an opportunity to test the sustainability and scalability to other counties of an approach rooted in equity that invests in the long-term wellbeing of Medi-Cal members while providing encouragement and motivation for parents to seek preventative care for their children.

Staff recommend a \$230,000 grant award to Ventures to fund CSA Health Milestone Contributions for Alliance members, and pilot implementation and evaluation costs. If approved, staff would engage in planning activities with Ventures to implement the pilot in July 2023. Staff would return to the Board with a mid-point update report on the pilot and would present evaluation findings and recommendations at the pilot's conclusion.

Fiscal Impact. The recommended grant award of \$230,000 would be funded by the MCGP's unallocated budget for Santa Cruz County. If approved, there would be \$25.6M in remaining unallocated funds in the Santa Cruz County unallocated budget (assuming approval of Agenda Item gC).

Attachments. N/A



DATE: October 26, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: Medi-Cal Capacity Grant Program Evolution: Foundation Recommendation

Recommendation. Staff recommend the Board approve establishing a 501(c)(3) non-profit foundation as the structure for the Alliance's future grantmaking and direct staff to return with a staff report on the operating model and implementation plan.

Summary. This report includes background on the evolution of the Medi-Cal Capacity Grant Program (MCGP) and a recommendation to establish a separate 501(c)(3) non-profit foundation for the purpose of making grants to advance the Alliance's vision of "Healthy People. Healthy Communities." It also includes several recommendations for the administrative and governance structure of the foundation.

Background. The Alliance established the MCGP in 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Since 2015, the Alliance has awarded 565 grants totaling over \$126.4M to increase the availability, quality and access of health care and supportive services for Medi-Cal members in Merced, Monterey and Santa Cruz counties.

At establishment of the MCGP, it was assumed that the availability of funds beyond reserve targets was a unique situation, not likely to be repeated in future years. The Alliance now has seven years of financial performance evaluation whilst operating the MCGP, demonstrating a pattern of earnings and losses. Staff's financial forecasting indicates that longer term investment through the MCGP is a stable and reliable long-term strategy within the Alliance financial plan that can continue to support capacity in the Medi-Cal delivery system.

Over the course of 2022, the Alliance Board engaged in the process of evolving the MCGP to be responsive to the current health care landscape, address the current and emerging needs of Alliance members, and align with organizational and State priorities. This has included approval of:

1. New grantmaking focus areas, funding goals and a theory of change;
2. A revised Health Care Reserve policy, which includes the process for future allocations to the MCGP, and an additional allocation of \$43.6M of reserves to the MCGP in accordance with the revised policy; and
3. A revised and expanded MCGP Framework that clarifies the financial strategy, investment criteria and guiding principles for the MCGP.

At the June and August 2022 meetings, the Board also discussed key factors that indicate the need for changes to the administration and governance structure of the MCGP including: 1) Competing health plan operational priorities requiring the attention of the Alliance Board; 2) Transparency of strategic allocation of reserves and Tangible Net Equity (TNE) outlier status; 3) Sustainability of MCGP investments; and 4) Board conflict of interest.

At the August meeting, the Board directed staff to return to the Board with a recommendation that addresses mitigation of the above factors, either by establishing a foundation or implementing a committee of the Board for MCGP governance.

Discussion. Based on Board input at the June and August meetings, staff believe establishing a 501(c)(3) non-profit foundation for the Alliance's future grantmaking would be the most effective means of achieving the Board's objectives. Outlined below are the factors considered in developing this recommendation and how each factor would be addressed by establishing a foundation for future grantmaking.

1. Competing health plan priorities: The Board recently approved new MCGP focus area and funding goals. The development of new MCGP funding opportunities and the review and approval of grants is labor intensive work that merits dedicated attention. At the same time, the Alliance is advancing key health plan strategic initiatives and preparing for substantial work in the area of core health plan governance in the years ahead. Creating a foundation with a separate board of directors would remove the extensive duties of grantmaking from the role of the Alliance Board, allowing the Board to focus primarily on the actions related to core health plan operations.
2. Transparency of strategic allocation of reserves and TNE status: The Alliance's TNE is currently 11 times required TNE. Donating the funds currently allocated to the MCGP to create a foundation would immediately normalize the Alliance's TNE with that of other local Medi-Cal plans, mitigate the appearance of excess fund balance, and make clear the intended purpose of the funds for community investment. This segregation of funds to the foundation from Plan fund balance would ensure transparency of the Alliance's strategic investment of such funds. Should the Board approve the recommendation, staff will ensure that informational filings be made to the Department of Managed Health Care.
3. Sustainability of MCGP investments: With the Alliance Board's recent approval of the Health Care Expense Reserve Policy, the Board may allocate net income to the MCGP on an annual basis depending on the Plan's financial performance. A key benefit of establishing a foundation is that the Alliance's investment could be used to benefit Medi-Cal members for significant long-term community impact. If a foundation was created through the donation of the MCGP budget, the majority of the principal amount could be kept intact and only the interest earnings on its investment would be used for grantmaking. Under this model, grant awards to the community over time would far surpass the principal amount donated, and the Alliance would be able to address the ongoing and future needs of its members. Some funds would be set aside from the principal amount for administrative costs and depending on the level of grantmaking desired.
4. Board conflict of interest: The Alliance Board's composition includes representatives of organizations that are grant applicants. Board members with a conflict of interest are asked to refrain from influencing discussion or action on MCGP agenda items, however, it is not always clear in advance which representative may have a conflict, which leaves very few (possibly

only 6) non-conflicted Board members who are able to act on all MCGP items. If a foundation were established with a separate board of directors, a conflict of interest policy and well-considered board composition comprised of a majority of "independent" foundation board members without connections to potential grant recipients could be put in place to eliminate or significantly limit the level of conflict of interest in grant criteria and award decisions.

It is notable that implementing a committee of the Board to govern grantmaking activities would not address the factors of transparency of strategic use of reserves and TNE status or Board conflicts of interest and would still compete with Board focus on governance of core health plan operations due to the need for Board agenda approvals of committee recommendations.

Staff believe the advantages of establishing a separate non-profit foundation to manage the Alliance's community investments outweigh the risks, however, those should also be considered. One of the most significant risks of establishing a foundation is that once the funds are donated to the foundation, the Alliance could not pull back the funds into its operating budget. For this reason, the Alliance would follow the Health Care Reserve policy to ensure that the Plan has sufficient reserves for other strategic initiatives before it makes donations to the foundation. In addition, Generally Accepted Accounting Principles (GAAP) require consolidated financial statements where one organization directly controls another. To achieve the Board's objective of transparency in strategic use of reserves and fund balance, the foundation must have a self-perpetuating board of directors, whose members are not appointed (controlled) by the Alliance Board. This ensures there is not direct or indirect control over the new organization. The documents establishing the foundation and its governance must be crafted well to clearly identify alignment with Medi-Cal purpose and the requirement that Alliance excess reserves be used for expanding access and member benefit to ensure ongoing proper use of funds, while also demonstrating that there is not direct or indirect control of the foundation by the Alliance. Finally, while much of the MCGP infrastructure is in place, there would be start-up costs associated with establishing a foundation (e.g., legal, investment consultation, staff time) and ongoing administrative costs associated with operating a separate entity.

Foundation Operating Model

Outlined below are recommendations for how a foundation established by the Alliance could be structured. These recommendations were informed by Board input in June and August, interviews with staff administering the implementation of foundations at peer health plans, input from three legal firms (one that specializes in non-profit and foundation law and two others that specialize in health care and Medi-Cal managed care, including local health plans), and research on foundation structures and best practices.

1. Tax Exempt Status and Foundation Type. A foundation is a non-governmental entity that is established as a 501(c)(3) nonprofit corporation, with the principal purpose of making grants for charitable purposes. According to the IRS, there are two main types of foundations: public charities and private foundations. The IRS determines foundation type based on the source of the foundation's funding. Both private foundations and public charities are exempt from federal income taxation under IRS Section 501 (c)(3); however, private foundations and public charities are subject to

different tax rules. Also, 501(c)(3) organizations are restricted in how much political and legislative (lobbying) activities they may conduct.

Since the Board expressed interest in a foundation established by the Alliance being able to apply for grants and serve as lead entity on collaborative grants with community partners, staff recommend the public charity option. Public charities have several advantages including: 1) not liable for excise tax on net investment income; 2) no minimum annual asset distribution requirement; 3) can attract support from other public charities; 4) have higher donor tax-deductible giving limits; and 5) fewer operational rules and requirements than private foundations.

It is important to note that public charities typically must meet one of two IRS-defined 'public support' tests. These include: 1) receiving at least one-third of the organization's support from contributions from the general public, or 2) meeting the 10 percent 'facts and circumstances' test in which at least 10 percent of the organization's support comes from contributions from the general public and the foundation meets a variety of other facts and circumstances suggesting that it is directed toward the general public. The IRS does not require new public charities to demonstrate public support until year 6. If a public charity does not meet one of the 'public support' tests after operating for five years (initial grace period) or for two consecutive years over a 5-year reporting period, the public charity status would be reverted to that of a private foundation.

2. *Foundation Purpose and Mission.* The purpose and mission of the foundation would be consistent with the Santa Cruz–Monterey–Merced Managed Medical Care Commission Ordinances which specify that accrued surplus be used to expand access and improve benefits.

The foundation would have its own certificate of incorporation and bylaws to specify its distinct purpose and mission in alignment with the Alliance's mission and strategic priorities. This would ensure that funds donated from the Alliance as part of the health plan's financial strategy would support the Alliance's mission and be used for Medi-Cal purposes. Similar to the current MCGP, the foundation would offer grants to health care providers and community organizations in Merced, Monterey and Santa Cruz counties to realize the Alliance's vision of "Healthy People, Healthy Communities" through strengthening the local health care delivery system for the future, integrating upstream action emphasizing health and well-being, and addressing immediate barriers to care for Medi-Cal members.

The foundation's bylaws would give the foundation's board control over its funding focus areas, goals and strategies, subject to the requirement that the board aligns its decisions with the purposes described above. At its initiation, the foundation would adopt the recently approved MCGP Framework, focus areas and goals (with the option to narrow and/or prioritize investments within the current focus areas), at least until the Alliance's next strategic plan in 2026 when the foundation may create its own strategic plan.

3. Governance. To comply with public charity rules requiring diverse control (51% of individuals on the foundation board who are not related by family or business) and the Alliance Board's interest in a governance structure which avoids conflicts of interest, staff recommend that the composition of the foundation board of directors (Foundation Board) include:
 - o The Alliance Chief Executive Officer (CEO) and the Alliance Chief Medical Officer (CMO) or other Chief designated by the Alliance CEO. These ex officio directors would be voting members of the Foundation Board.
 - o Six non-conflicted community members (two from each of the counties served), either Medi-Cal beneficiaries or other "independent" community members with deep knowledge of Medi-Cal delivery system, would serve as voting, non-ex officio directors. After county expansion, one additional community member from each expansion county would be added (based on smaller Medi-Cal membership population).
 - o One Alliance Board member, appointed in the annual assignment to committees, and who adheres to conflicts of interest and fiduciary duties.

It is recommended that non-ex officio Foundation Board members have term limits and that the Foundation Board adopt a clear policy that defines what a conflict of interest is and how it is managed to eliminate or significantly limit the level of conflict of interest in grant criteria and award decisions. This would include exclusion of grant applicants from serving on the Foundation Board. By actively managing conflicts of interest – real or perceived – the Board would be better able to remain independent and unbiased in decision making.

As noted above, the Foundation Board would be formed as a self-perpetuating board. Were the Alliance designated as the sole member of the Foundation with the power to elect or remove directors of the Foundation, the Foundation would be considered a related party and required to prepare consolidated financial statements with the Alliance. Staff therefore cannot recommend a structure by which the Alliance has direct or indirect control over the foundation because it would defeat the stated goal to ensure transparency in strategic use of reserves and fund balance which requires independent financial statements for the Alliance and the foundation.

The Foundation Board, similar to the Alliance Board currently, would be responsible for approving funding opportunity criteria, programmatic budgets and individual grants recommended by staff. The grant program staff may continue to utilize Alliance staff who are subject matter experts to provide input on recommendations for the Foundation Board. To keep the Alliance Board informed of Foundation activities, regular updates would be included in the CEO report in the Board packet and an annual report on Foundation activities would be included as a consent agenda item.

While most 501(c)(3) nonprofit corporations are not subject to the Brown Act, which requires meetings be open to the public and meeting materials be publicly accessible, a foundation established by the Alliance would likely be subject to the law because the Alliance would be delegating its authority as a

legislative body to a corporation (foundation). Therefore, Foundation Board meetings and meeting materials would be open to the public which would ensure transparent decision-making.

4. Staffing/Shared Resources. The MCGP is currently staffed by the Alliance's Strategic Development Director (currently vacant), Grant Program Manager, two Grant Program Specialists, and an Administrative Assistant. The Strategic Development Director and Administrative Assistant's time has been split between the MCGP and other organizational priorities. The transition to a public charity foundation structure would require additional staff resources, including a full time Foundation President, increasing the Administrative Assistant position to full time, and possibly adding staff for accounting, communications and program management.

On approval of the proposal by the Alliance's Board, it is recommended that the Alliance CEO initiate a process for identification of the Foundation President to establish and lead the Foundation. This position would be responsible for directing the overall staff, program and administrative activities of the Foundation and working closely with the Foundation Board to develop the Foundation's vision and strategies. There would be close organizational coordination to ensure Foundation staff have a strong understanding of the Medi-Cal delivery system, and that the Foundation provides complementary programs and avoids duplicative services and administrative redundancy.

While the Foundation and the Alliance would remain independent organizations, staff are evaluating the opportunity of using a shared services agreement to enable the current MCGP staff and any new positions directly supporting the Foundation to be Alliance employees. Under such an arrangement, the Foundation would contract with the Alliance for these administrative services at a fair market value price. The salaries and benefits would be in alignment with the Alliance's compensation structure but would be funded by the Foundation's administrative budget. As noted, a shared services agreement would be developed to ensure compliance with all related requirements.

Under a proposed shared services agreement, the Alliance would also provide space, facilities maintenance, information technology, data analytics support, human resources, payroll, communications, and other administrative functions as currently provided. The Alliance would charge the Foundation fair market value for such products and services. Other administrative expenses for directly operating the MCGP would transition from the Alliance to the Foundation, including legal, tax, investment and consulting services.

5. Annual Grantmaking. With a foundation structure, the goal would be to invest a principal amount of MCGP funds donated by the Alliance and use the investment's interest earnings for grantmaking. This means that the annual grantmaking budget could be lower than the Alliance's current annual award amount, after accounting for start-up and ongoing administrative costs. However, the Alliance's grantmaking through the Foundation would continue

in perpetuity. As prescribed by the MCGP Framework, the Foundation would have an annual spending plan/grantmaking budget to ensure transparency to potential grantees about the level of funding to be made available in the community for activities within the focus areas.

Conclusion. If the recommendation to establish a 501(c)(3) non-profit foundation for the Alliance's future grantmaking is approved, the Alliance CEO will initiate a process for identification of the Foundation President who will lead the planning efforts to establish the new public charity. Staff will aim to return to the Board in February 2023 with recommendations on: 1) the donation amount to the Foundation to establish the endowment, grantmaking budget and administrative budget; and 2) the timeline and next steps to establish the public charity, including final details regarding the operating model, transition and phasing plan for existing grants and new funding opportunities.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments.

1. Medi-Cal Capacity Grant Program Framework



Medi-Cal Capacity Grant Program (MCGP) Framework

MCGP Investment Strategy. The MCGP is a part of the Alliance's financial plan, which creates prudent health plan reserves and enables the use of surplus funds to expand access and improve Alliance member benefits. The Alliance allocates funding to the MCGP from its earned net income, after meeting regulatory and Board designated reserve requirements and ensuring adequate funding for augmented provider reimbursements and successful implementation of Medi-Cal program requirements. The MCGP's financial strategy is founded on the following elements:

1. Funding Allocations. MCGP funding is allocated by county and funding opportunity. Funding allocations also consider equity in impact of programs, and not just equity in allocation.
2. Annual Spending Plan. The MCGP develops and adheres to an annual spending plan to ensure transparency to potential grantees about the level of funding to be made available in the community for activities within the focus areas.
3. Member Benefit. The MCGP makes strategic use of Alliance reserves to strengthen the delivery system to meet Medi-Cal member needs.
4. Local Innovation. The MCGP ensures strategic use of reserves to enable local innovation rather than supplanting state resources for ongoing program administration. Covered Service benefit expansions, provider payment augmentation and other services managed by the health plan are addressed via the health plan's operating budget, not through the MCGP.
5. Funding Decisions Free from Conflicts of Interest. The MCGP relies on an administrative decision-making structure which avoids conflicts of interest in the approval of programs and specific grants.

MCGP Investment Criteria. These key criteria are used to evaluate funding requests and will be used to guide planning for future MCGP investments:

1. Medi-Cal Purpose: All grants must benefit Medi-Cal beneficiaries.
2. Sustainability: The Alliance makes investments with the goal of creating lasting change in the Medi-Cal delivery system or in member and community health that is sustainable past the grant funding period. Grants are generally one-time investments to build capacity or ensure adequate local infrastructure to meet Alliance member needs.
3. Service Area: Grantees must maintain ongoing operations, including staffing and programs, in the Alliance service area.
4. Alignment with Vision, Mission and Priorities: The Alliance invests in organizations and efforts that advance the Alliance's vision, mission and strategic priorities.
5. Focus Areas: Funding awards must be associated with at least one of the MCGP focus areas and support the identified goals for that focus area.
6. Supplanting: MCGP funding should not be used to supplant or duplicate other funding in order to focus investments on areas where limited funding is available or where other funding sources can be leveraged to have a greater impact.

MCGP Guiding Principles. The following principles guide MCGP grantmaking.

1. Equity in impact.

- The MCGP will ensure grantmaking is tailored to local needs and prioritizes resources and attention to communities and populations who experience inequities.
- The MCGP will engage the community to understand the diversity of health-related needs and opportunities to advance the Alliance's vision of *Healthy People. Healthy Communities.*
- The MCGP will create opportunities for members to play a central role in crafting solutions through grantmaking to improve health and well-being for themselves, their families and their communities.

2. Trusting relationships with partners.

- The MCGP is committed to building trusting, collaborative relationships with community partners based on mutual respect, collaborative learning and aligned priorities.

3. Transparent, accessible and responsive grantmaking.

- The MCGP seeks to minimize administrative burden on grantees and ensure the level of effort is commensurate with the grantee organization's scale and administrative ability.
- The MCGP ensures accountability for grant funds and transparency about funding decisions and requirements.
- The scale and impact of MCGP investments on the Medi-Cal system, infrastructure and members is measured and communicated.

4. Grantmaking informed by Medi-Cal delivery system expertise and experience.

- Grantmaking is responsive to funding gaps and infrastructure needs to meet the challenges of Medi-Cal transformation.
- Investments support systems change and innovations in the safety net health care delivery system to address root causes that impact health.
- Grantmaking is developed in close coordination with Alliance staff, Board and community stakeholders.

5. Holistic view of health.

- Grantmaking promotes a holistic view of health that includes supporting Medi-Cal members in achieving and maintaining optimum physical, mental and social well-being.
- Investments to address disease prevention and disease management are made upstream from the medical model to address root causes and prevention.



Information Items: (14A. – 14C.)

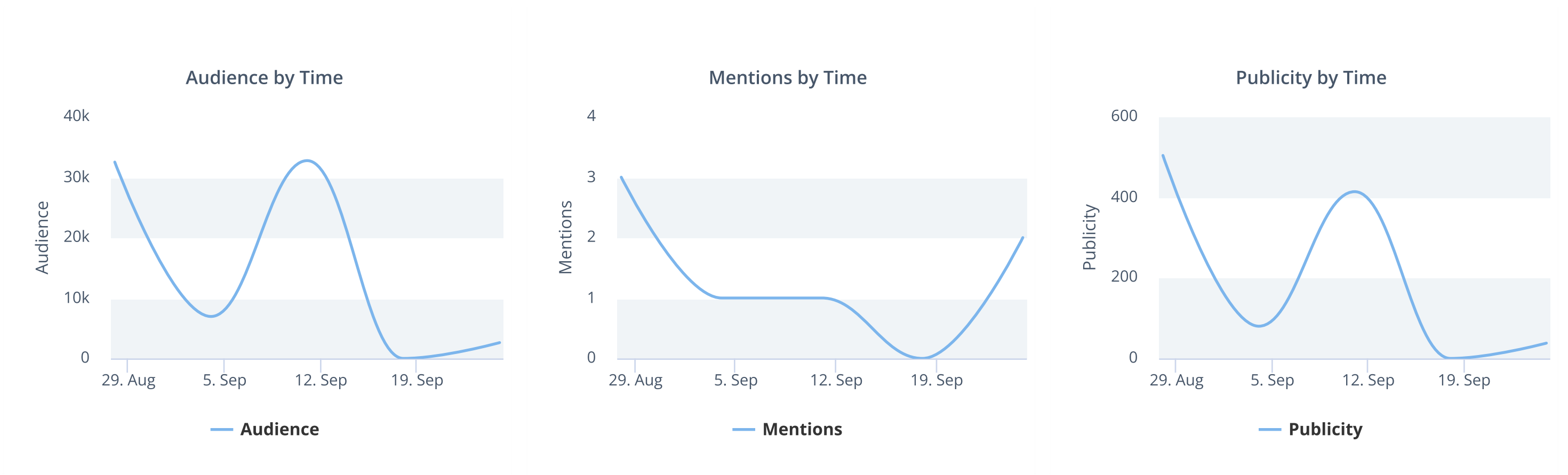
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| C. | Membership Enrollment Report | Page 18C-01 |

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

October 2022 Board Report



Mention Analytics



Total Online + Print Audience
74,800

Total Online + Print Publicity
USD \$1,036

Total Number of Clips 7



Valley Children's Awarded \$500,000 Grant to Combat Adverse Childhood Experiences in Merced, California

Date Collected Sep 26, 2022 9:14 AM EDT
Category Local
Source [Sierra Sun Times](#)

Est. Audience 2,617
Est. Publicity Value USD \$38
Market Mariposa, CA
Language English

... Community Health. "Screening, education and early interventions that we know are effective, will improve the long-term physical and emotional health of our children."

The grant was submitted with several key Merced County partners, including ACEsINC, ACE Overcomers, Merced Help Me Grow/First Five, **Central California Alliance for Health**, Merced 2-1-1, Merced County Office of Education, California Health Collaborative and others.

This award is part of a third round of funding for the ACEs Aware Initiative called Preventing and Responding to ACEs - Associated Health Conditions and Toxic Stress in Clinics through Community ...



Valley Children's Awarded \$500,000 Grant to Combat Adverse Childhood Experiences in Merced, California

Date Collected Sep 26, 2022 2:11 AM EDT
Category
Source [Sierra Sun Times](#)

Market United States
Language English

September 26, 2022 - Madera, California – Valley Children's, along with a collaborative of Merced community-based organizations, has been selected as a \$500,000 recipient by the California Department of Health Care Services to combat adverse childhood experiences (ACEs) and toxic stress screening. ACEs are stressful or traumatic events children experience before the age of 18, including abuse and neglect. The screenings will focus on patients at Valley Children's Olivewood Pediatrics in Merced.

"We are honored to receive this grant, which supports our ongoing commitment to improving the ...



For The People



Date Collected Sep 13, 2022 5:55 AM EDT
Category Local
Source [Monterey County Weekly](#)
Author Pam Marino

Est. Audience 32,736
Est. Publicity Value USD \$414
Market Seaside, CA
Language English

FULL TEXT

With the Watsonville hospital sale complete, the work of public representation begins.

Marcus Pimentel of Royal Oaks says he owes his life to Watsonville Community Hospital. He was born premature and dangerously underweight, spending the first few months of his life in the neonatal unit until he could reach 3 pounds. At age 7, he contracted meningitis on a camping trip and nearly died. The staff of the hospital saved his life a second time.

"I wouldn't be here if it weren't for this hospital," he says. "I knew early on that I owed a lot to this community."

Pimentel ...

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With the Watsonville hospital sale complete, the work of public representation begins.



4

Date Collected Sep 8, 2022 4:55 AM EDT
Category Local
Source [Monterey County Weekly](#)
Author Pam Marino

Est. Audience 6,944
Est. Publicity Value USD \$80
Market Seaside, CA
Language English

Marcus Pimentel of Royal Oaks says he owes his life to Watsonville Community Hospital. He was born premature and dangerously underweight, spending the first few months of his life in the neonatal unit until he could reach 3 pounds. At age 7, he contracted meningitis on a camping trip and nearly died. The staff of the hospital saved his life a second time.

"I wouldn't be here if it weren't for this hospital," he says. "I knew early on that I owed a lot to this community."

Pimentel is now returning the favor, devoting most of the last year to saving the hospital's life after its former owner, ...



Watsonville Hospital purchase is finalized after a breakneck effort.



5

Date Collected Sep 2, 2022 6:54 PM EDT
Category Local
Source [Monterey County Weekly](#)
Author Pam Marino

Est. Audience 6,944
Est. Publicity Value USD \$204
Market Seaside, CA
Language English

In record time, Watsonville Community Hospital went from the brink of closing within the last year to public ownership at 12:01am Thursday, Sept. 1. The closing would have had left over 100,000 people without a nearby hospital, including over 6,500 North Monterey County residents within the Pajaro Valley Healthcare District.

The race began after former for-profit owner Halsen Healthcare filed for bankruptcy on Dec. 6, 2021. Sen. John Laird, D-Santa Cruz, rushed Senate Bill 418 through the California Legislature in just 19 days, creating the Pajaro Valley Healthcare District, in order to ...



Health care: Watsonville hospital purchase finalized



6

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Date Collected Sep 2, 2022 11:30 AM EDT
Category Local
Source [Monterey County Herald \(CA\)](#)
Author James Herrera ; jherrera@montereyherald.com

Est. Audience 9,000
Est. Publicity Value USD \$103
Market United States
Language English

... I'm really excited," said Laird.

After eight months of intense work, Laird said it is unbelievably rewarding. There were times along the way when he was not sure the end result would happen.

But with the support of the community and key contributors such as Santa Cruz and Monterey counties, the **Central California Alliance for Health**, the Community Health Trust of the Pajaro Valley, the city of Watsonville, Kaiser Foundation Health Plan and Dominican Hospital/Common Spirit, the purchase was made possible.

Laird said in a press release that he applauds the community for rallying together to make it happen, acknowledging that " ...

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Watsonville hospital purchase finalized; Monterey County contributes \$3 million



Date Collected Sep 1, 2022 5:30 PM EDT

Category Local

Source [Monterey Herald](#)

Author James Herrera

Est. Audience 16,559

Est. Publicity Value USD \$197

Market Monterey, CA

Language English

SALINAS — The finalization for the purchase of Watsonville Community Hospital by the Pajaro Valley Healthcare District was announced by the office of state Sen. John Laird on Wednesday.

Monterey County Supervisor Luis Alejo said that it was important for Monterey County to help fund the purchase of Watsonville Community Hospital because "without the hospital, Pajaro Valley residents would have been forced to go to Salinas or Santa Cruz for medical emergencies, placing lives at risk when every minute is critical."

The Pajaro River is the boundary between Santa Cruz and Monterey counties. ...

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831-755-6000

530 West 16th Street, Suite B
Merced, CA 95340-4710
209-381-5300



September 27, 2022

U.S. Department of Housing & Urban Development
Office of Community Planning and Development
One Sansome Street, Suite 1200
San Francisco, CA 94104-4430

RE: Healthcare services contribution to the 801 River Street Project

To Whom it May Concern:

The Central California Alliance for Health (the Alliance) has an ongoing partnership and contract with Housing Matters to provide recuperative care and housing-related services to members of our Medi-Cal managed care plan.

The 801 River Street permanent supportive housing project will primarily serve chronically homeless individuals with a history of receiving recuperative care services from the Alliance-funded program operated by Housing Matters and the Homeless Persons Health Project. Given the target population for this site, we anticipate that many of the tenants at the site will qualify for enhanced care management (ECM) services from the Alliance.

We estimate that at least three of the seven tenants at the site will qualify for ECM services during the January 1 – December 31, 2023 period. ECM services are valued at \$455.71/month. If three tenants receive 12 months of ECM services, the estimated value of these services is \$16,405.56/year. Services will be provided by one or more agencies with existing Alliance contracts for ECM services. These health care services will provide additional supports to enhance the housing stability and well-being of tenants at the site.

Sincerely,

A handwritten signature in black ink, appearing to be "Stephanie Sonnenshine", with a long horizontal line extending to the right.

Stephanie Sonnenshine
Chief Executive Officer

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health

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950 East Blanco Road, Ste. 101
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831-755-6000

530 West 16th Street, Ste. B
Merced, CA 95240-4710
209-381-5300



October 10, 2022

Office of School-Based Health Programs
Whole Child Division, Student Support Services Branch
California Department of Education
1430 N Street, Suite 5206
Sacramento, CA 95814

RE: School Health Demonstration Project RFA for Santa Cruz County;
Central California Alliance for Health Letter of Support

To Whom it May Concern:

Please accept this letter as our highest endorsement of, and commitment to, the grant application being submitted by the Santa Cruz County Office of Education (Santa Cruz COE). We are excited to have this opportunity to strengthen and expand vital projects in the school mental health arena, helping in any way possible as a key partner in the Medi-Cal managed health care system for many of the most vulnerable populations in Santa Cruz County, operating as Central California Alliance for Health (the Alliance).

For more than three years, Santa Cruz County has engaged in an effort to organize, synthesize and enhance student and family mental health and wellness in education through a partnership titled: Schools Integrated Behavioral Health Initiative (SIBHI). Through countywide education and service agency partnerships and new state funding, a number of results have occurred, which include behavioral health resource mapping in school districts, resource curation and dissemination, professional development trainings, implementation of a social emotional learning community of practice, the launch of a student behavioral health service navigation program called The Companion Project, and plans in place to establish behavioral health Wellness Centers at schools. The Alliance has been an integral partner throughout the journey and is ready to launch into the next phase of implementation and sustainability.

Should our county be fortunate enough to receive funding from the CDE, the Alliance is dedicated to leveraging our expertise of Medi-Cal billing and contracting to support the Santa Cruz COE in its efforts to build a sustainable funding base to provide behavioral health services, administration and navigation.

During this time of exacerbated youth mental health concerns, this targeted and timely funding would bring much needed resources to our community. Thank you for considering Santa Cruz County.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Sonnenshine". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Stephanie Sonnenshine
Chief Executive Officer

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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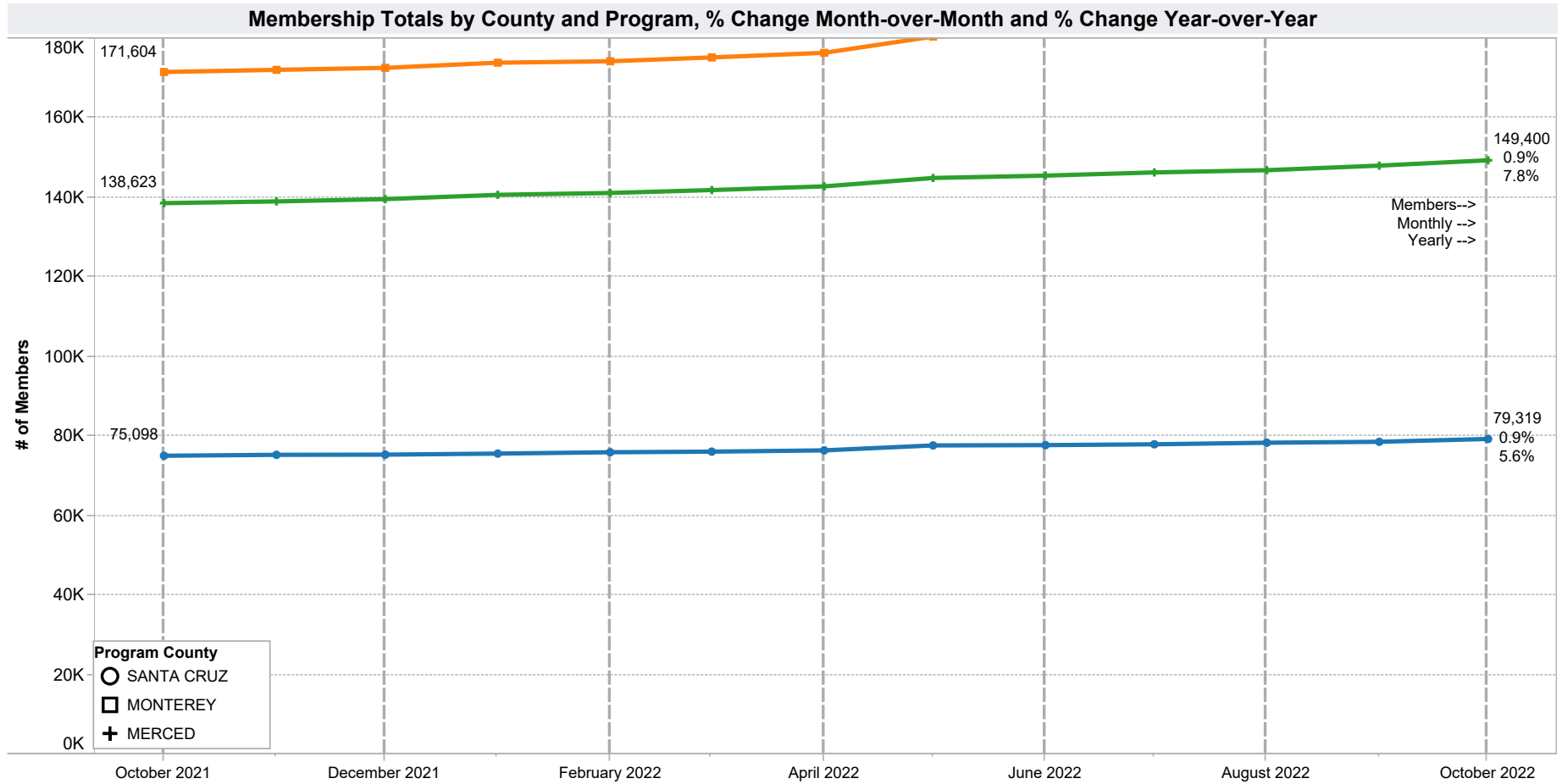
Enrollment Report

Year: 2017 & 2018 County: All Program: IHSS & Medi-Cal
 Aid Cat Roll Up: All Data Refresh Date: 10/3/2022



StaticDate

10/1/2021 12:00:00 AM to 10/31/2022 11:59:59 PM



Program..	ProgramCo..	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022
Medi-Cal	SANTA CRUZ	75,098	75,329	75,371	75,638	75,975	76,129	76,447	77,692	77,768	77,975	78,370	78,603	79,319
	MONTEREY	171,091	171,638	172,131	173,437	173,794	174,683	175,806	179,860	180,944	182,072	182,704	183,624	184,958
	MERCED	138,623	139,062	139,634	140,718	141,182	141,917	142,845	144,953	145,546	146,348	146,912	148,059	149,400
IHSS	MONTEREY	513	515	517	511	511	589	624	650	657	654	660	658	654
Total Members		385,325	386,544	387,653	390,304	391,462	393,318	395,722	403,155	404,915	407,049	408,646	410,944	414,331