



**CenCal Health**  
**SANTA BARBARA COUNTY**  
**CALAIM COMMUNITY STEERING COMMITTEE**  
**August 22, 2024**

The regular meeting of the Community CalAIM Steering Committee of Santa Barbara County was called to order by Marina Owen on August 22, 2024, at 1:32 PM at the CenCal Health Offices, 4050 Calle Real, Santa Barbara, CA.

**Guests:** Arcenio Lopez, Cara Silva, Dana Gamble, Erica Flores, Erica Ruvalcava Heredia, Gina Fischer, Joan Hartmann, Lindsay Walter, Mahdi Ashrafian, Mona Miyasato, Nancy Ranck, Sarah Brasel, Scott Black, Sylvia Barnard, Tanja Heitman, Ylianna Castro, Yvette Cope.

**KEY DISCUSSION TAKEAWAYS:**

- Transitional Rent will be offered as the 15<sup>th</sup> Community Supports, with additional implementation details to be released soon.
- Dual Special Needs Plan (D-SNP) is value-added for members through care coordination an integrated care delivery; for community through quality improvement; and for providers through payment Coordination, Care Management, and Care Coordination.
- To optimize the HIE, it's crucial to enhance interoperability, ensure data privacy, streamline consent processes, and establish a strong value proposition for providers, secure financial and educational support, and promote seamless, bi-directional data flows between diverse systems

###

**Mr. Gomez** welcomed everyone to the Santa Barbara County Community CalAIM Steering Committee and welcomed new attendees, members, and guests.

**Ms. Owen** provided the following **Plan Updates:**

- Enhanced Care Management (ECM) and Community Supports (CS) will continue. No impact to these programs with the May Revise.
- Potential last round of IPP funding (pending September submission).
- The Student Behavioral Health Incentive Program (SBHIP) is ending in December 2024 and will transition to the Children and Youth Behavioral Health Initiative (CYBHI).
- The Housing and Homelessness Incentive Program (HHIP) will be issuing the last round of funding.
- Behavioral Health Transformation (BHT)
  - Evolves the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA).
  - Includes bonds to increase infrastructure.
- BHT priorities include
  - Enacting changes resulting from Prop 1.
  - BHT builds upon ongoing efforts to support vulnerable populations.
  - Populations living with the most significant mental health conditions and substance use disorders.
- High-level aims of BHT include, but are not limited to:

- Improving accountability.
- Increasing transparency.
- Expanding the capacity of behavioral health facilities.
- Implementation of Transitional Rent as the 15<sup>th</sup> Community Supports (CS)
  - Coverage of up to six (6) months of transitional rent for individuals who are homeless or at risk for homelessness and meet certain additional eligibility criteria.
  - DHCS is exploring policies to promote access and reduce barriers to coverage of Transitional Rent by Medi-Cal Managed Care Plans (MCPs).
  - Proposed new requirements for all MCPs to provide Transitional Rent beginning in 2026.

**Discussion:**

**Ms. Brasel** wholeheartedly endorsed the Transitional Rent benefit to begin as soon as possible and inquired if it was a 'once in a lifetime' benefit. Concerns of it not being linked to other housing benefits as part of housing placement and sustainability.

**Ms. Barnard** asked for clarity and details on what the benefit covers and many other questions.

**Ms. Brasel** asked for clarity on the 'transitional' portion of the title and the length of time of the benefit can cause an issue with sustainability with year-long leases.

**Ms. Ruvalcava Heredia** inquired about how the benefit could be qualified for by a family unit, by family size.

**Ms. Walter** inquired about the barriers to the justice-involved populations of focus.

**Ms. Owen** shared that this feedback would be shared with the state and more information would be routed via email to this group. To share additional reflections and stay up to date, communication will be shared shortly and CenCal Health will provide a contact.

**Presentation: Medicare Dual Special Needs Plan – Overview and Next Steps**

- Orientation to Medicare D-SNP
  - Only Medi-Cal Managed Care Plan in Santa Barbara and San Luis Obispo Counties.
  - Members with Medicare and Medi-Cal already receive Medi-Cal covered services through CenCal Health.
  - Members with both Medicare and Medi-Cal are often referred to as “Dually Eligible Beneficiaries,” “Duals,” or Medi-Medi’s.”
- Key considerations include
  - All Medi-Cal Managed Care Plans that don't already offer a D-SNP must offer one in 2026. This requirement is only for Medi-Cal plans.
  - CenCal Health's D-SNP does not replace traditional Medicare or other Medicare options on the Central Coast.
  - Dual-eligible members may select CenCal Health's D-SNP; enrollment is not automatic or required.
  - Strong provider partnerships and a robust provider network are key to a successful D-SNP program.
- The Exclusively Aligned Enrollment (EAE) Model
  - To further drive integration care, DHCS will only allow for Exclusively Aligned Enrollment (EAE) D-SNPs. This means only residents eligible for Medicare and receiving Medi-Cal through CenCal Health would be eligible for an EAE D-SNP.
  - Enrollees in EAE D-SNPs will have the same managed care plan for both Medi-Cal and Medicare coverage.
  - The EAE D-SNP model promotes alignment between Medi-Cal and Medicare and provides a unique opportunity to coordinate and manage care for complex members.

**Discussion:**

**Mr. Black** requested clarity for those who have an Advantage Plan and how it applies to them and more information about the possible disadvantages for FQHCs. Additionally, Mr. Black asked about CenCal Health's role in Medicare Advantage plans, and billing and requested that CenCal Health leadership to come visit AIHS business office.

**Mr. Gamble** requested clarity of whether these questions be clarified before agreements are settled and mentioned the CPCA (California Primary Care Association) is not allowed to help as an advocate connection.

**Dr. Ashrafian** mentioned that he is not aware of any billing issues but would value hosting CenCal leadership at SBNC.

- The Value of a D-SNP for Members, Community, and Providers
  - Value to members – Care Coordination and Integration
    - Integrated care between Medi-Cal and Medicare; One Call Center to meet Member needs.
    - Integrated Grievances and Appeals.
    - Member insights and feedback from focus groups, studies, and surveys to learn what our members need from an MA EAE D-SNP Plan.
  - Value to the community – Quality Improvement
    - Medicare Advantage Plans promote quality by tying revenue to STARS performance.
    - CenCal Health is one of the highest-performing plans in the state for quality, positioning us well to meet the imperative of high quality in a D-SNP.
  - Value to providers – Local Assistance and Benefit Streamlining
    - Improved Payment Coordination (one claim for most Providers).
    - Accessible Care Management and Care Coordination.
    - Patient-Centered Care.
    - Local Resource Assistance.
- Next Steps
  - Engage providers and develop the D-SNP provider network through informational sessions, ongoing conversations, and individual meetings.
  - Solicit member feedback on program design, including the design of our supplemental benefit structure.
  - Educate community stakeholders on the value of a D-SNP on the Central Coast and what to expect over the coming year.

**Discussion:**

**Mr. Gamble** shared that the trust is there between them and CenCal Health, but they are struggling with issues at the reconciliation level and participation at the safety net.

**Mr. Black** shared that CPCA was not a great solution, in his opinion, to move the needle.

**Ms. Walter** inquired about the patient's perspective in preparing for this and how to effectively explain this as an option and how to educate now so they are positively impacted.

**Presentation: Health Information Exchange and Data Sharing**

- CenCal Health's vision for data sharing is to create and/or facilitate access to an infrastructure and process for real-time data sharing to meet provider and community needs and to be compliant with applicable requirements.
- Shared Goals include:
  - Facilitate local collaboration and advance local data-sharing solutions with community stakeholders
  - Build and/or enhance an infrastructure that supports continuity of care across the health care system
  - Share real-time information with primary care providers to promote effective care coordination

- Provide guidance on data sharing allowances and requirements between different healthcare organizations; and
- Support compliance with state and national requirements.
- Data sharing pathways
  - Participating in a Health Information Exchange (HIE) – this is the preferred method and there are state requirements for many organizations.
  - Direct data sharing between organizations and CenCal Health using database connections, flat files (CSV), and other mechanisms.
  - Closed Loop Referral Systems (FindHelp, for example)
- CenCal Health's QHIO Partner
  - CenCal Health has partnered with Manifest Medex.
  - Manifest Medex already has Application Program Interfaces (APIs) to most HER systems, such as Epic, Cerner, Athena, etc.
  - Manifest Medex participates in the California ADT Network between DxF participants.
  - Manifest Medex is certified as one of California's Qualified Health Information Organizations (QHIO) – Connectivity with national and regional networks.
    - Organizations can select any QHIO and CenCal Health will still be able to share data.

Discussion:

**Ms. Miyasato** asked about the ideal timeframe for going live.

**Dr. Ashrafian** shared that he had a good meeting with Liz and that this is an excellent concept, but cautioned how this might change how we deliver care to patients and is glad there is movement in this space.

**Ms. Bernard** shared that sharing data is on Good Samaritan's wish list for everyone, hopeful that this is the solution.

- What to expect
  - Stakeholder engagement – form a team dedicated to working with Providers and agencies.
  - Facilitate collaborative meetings with hospitals and health systems to support HIE adoption.
  - Host exploratory meetings with community organizations to understand readiness for data sharing.
  - Support for technical implementation, sustainability, and best practice sharing to advance HIE utilization.

### Small-Group Discussion & Report Out

- What are the issues, questions, or considerations that you think are important to address or think about in each of the Data Sharing Pathways highlighted by CenCal Health (HIE, direct data sharing, closed-loop referral systems)?
- What guidance would you offer to CenCal Health around provider stakeholder engagement and communication as it relates to our data-sharing strategy?

### Breakout Group #1

1. Privacy and Consent: Privacy is the top priority, with a focus on securing client consent mechanisms. Various agencies have differing privacy requirements, making compliance complex. The need for synergy between state-promoted data sharing and federal compliance oversight is critical.
2. Interoperability and Real-time Data: Effective data sharing requires systems that can communicate seamlessly, including EMR systems, government agencies, CBOs, jails, and city/county entities. Real-time data access is essential for improved coordination of care and member tracking.
3. Data Integration and Reporting: The system should support data integration across multiple sources, offering aggregated, minimal data distribution and utilization data for ongoing analysis. A centralized data warehouse could streamline access to complete records and facilitate verification of assessment information.

4. **Coordination of Care and Referrals:** Systems should enhance care coordination with a focus on referrals, extending beyond closed-loop systems. There is a need to track if clients access multiple distribution sites, as data sharing between CBOs is often limited.
5. **Infrastructure and Resource Dependence:** The ability to share data and maintain adequate resources depends on the size and financial success of each agency, CBO, or government entity, impacting their capacity to integrate data-sharing systems.
6. **Value Proposition and Compliance:** Providers need a clear value proposition to engage in data sharing, including how shared data can back up identified access issues. Verification of assessment information and sharing of social drivers are also key to comprehensive client support.
7. **Challenges in Data Distribution:** Minimal data distribution, incomplete records, and lack of data sharing between CBOs limit full visibility into client activities, such as accessing multiple distribution sites.
8. **Verification and Assessment:** There's a need to verify assessment information and have complete records to ensure accuracy in care and services.
9. **Social Drivers and Resource Sharing:** Sharing social determinants of health data is essential to providing care.
10. **Synergy between State and Federal Regulations:** Ensuring alignment between state-promoted data-sharing initiatives and federal compliance requirements.

**Summary:** To optimize the HIE, it's crucial to enhance interoperability, ensure data privacy, streamline consent processes, and establish a strong value proposition for providers, all while addressing infrastructure disparities and compliance challenges.

#### **Breakout Group #2**

1. **Customized Approach:** Emphasize the need to meet stakeholders (agencies, CBOs, etc.) where they are, considering their unique capacities, challenges, and staff limitations.
2. **Clear Visual Guidance:** Develop clear visuals or frameworks that outline specific actions, target audiences, and the purpose behind each step to create a cohesive understanding of the overall process.
3. **Propose-Driven Engagement:** Ensure all actions are purpose-driven, with a focus on aligning efforts with the needs and capacities of different organizations and clients.
4. **Financial Support:** Recognize the importance of financial backing to support data sharing initiatives, education, and technology adoption, ensuring sustainability.
5. **Confidentiality and Consent Management:** Maintain a strong focus on confidentiality and develop aligned consent management processes to protect client data across different systems and agencies.
6. **Education and Training Needs:** Address the need for more education on the "who, what, when" of data sharing, targeting key stakeholders to enhance understanding and engagement.
7. **Bi-Directional Data Flow:** Promote bi-directional data flow between systems to enhance data completeness, accuracy, and the ability to track client interactions seamlessly.
8. **County Engagement in RFP:** Assess the current integration status with platforms like FindHelp, identifying gaps and opportunities for improvement to enhance service coordination.
9. **Current Status of FindHelp Integration:** Assess the integration status with platforms like FindHelp, identifying gaps and opportunities for improvement to enhance service coordination.

**Summary:** To effectively recognize and navigate different pathways in data sharing, it's essential to provide clear guidance, align consent and confidentiality processes, secure financial and educational support, and promote seamless, bi-directional data flows between diverse systems. Engaging stakeholders with purpose-driven actions and visual tools will help bridge capacity gaps and drive successful outcomes.

**Next Community CalAIM Steering Committee meetings:**

- San Luis Obispo County
  - Wednesday, November 6<sup>th</sup>
- Santa Barbara County
  - Thursday, November 7<sup>th</sup>