

# Bridge2Access™ Advisory Committee Meeting Minutes



<b>Date</b>	December 5, 2018	<b>Facilitator</b>	Adriana Bowerman
<b>Time</b>	11:30 AM – 1:30 PM	<b>Location</b>	Molina Center, 2 <sup>nd</sup> Floor, Joe Heinz
<b>Meeting Objective</b>	Advise Molina Healthcare's leadership on improving and developing programs to address the needs of people with disabilities and seniors who face barriers to accessing healthcare.		

Time	Agenda Item	Discussion Leader
11:30am	<b>Lunch &amp; Mingle</b>	<b>All</b>
11:40am	<b>Welcome &amp; Introductions</b> <ul style="list-style-type: none"> <li>Adriana welcomed everyone to last B2A of the year</li> <li>She stated she was representing the Community Engagement Team</li> </ul> <u>Attendees:</u> <ul style="list-style-type: none"> <li>Martha Casillas – Molina Member</li> <li>Ramon Casillas – Molina Member</li> <li>Elias Chavez – Molina Member</li> <li>Edward Connelly – Molina Member</li> <li>Luis Davila – Molina Member</li> <li>Pascual Gonzalez – Molina Member</li> <li>Maria Herrera – Molina Member</li> <li>Marjorie Laster- Molina Member</li> <li>Frank Rogers Jr. – Molina Member</li> <li>Concetta Smith - Molina Member</li> <li>Jackie Williams – Molina Member</li> <li>Denny Chan – Justice in Aging</li> <li>Rita Cruz-Gallegos – Harbage Consulting</li> <li>Richard Hernandez – Disabled Resource Center</li> <li>Louis Herrera – So Cal Gas Company</li> <li>Irene Martinez – Fiesta Educativa</li> <li>Magdalena Morales – Fiesta Educativa</li> <li>Jennifer Schlesinger – Alzheimer's Los Angeles</li> <li>Helen Supanich – Wise &amp; Healthy Aging</li> <li>Stephanie Luu – Fair Housing Foundation</li> <li>Adriana Bowerman – Molina Healthcare</li> <li>Brian Campos – Molina Healthcare</li> <li>Darcy Good – Molina Healthcare</li> <li>Terrance Henson – Molina Healthcare</li> <li>Eric Huang – Molina Healthcare</li> <li>Tyler Jung – Molina Healthcare</li> <li>Hannah Kim – Molina Healthcare</li> <li>Erika Reyes – Molina Healthcare</li> </ul>	<b>Adriana Bowerman</b>

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11:50am

## Molina Healthcare updates

- Dr. Jung stated that this one of the most important meetings that he attends. He provided the following information about Molina:

Health Plan/Corporate Facts  
Membership & Network

### Key Health Plan Facts

- Provider Network
  - Primary Care Physicians – 6,216
  - Specialists – 22,612
  - Hospitals – 116
- NCQA Accreditation
  - Medi-Cal – Accredited
  - Marketplace – Accredited
  - \*Distinction NCQA = Multicultural Health Care

### Molina Healthcare Corporate Facts

- Total Membership: 3,999,000
- Health Plans: CA, FL, IL, MI, NM, OH, PR, SC, TX, UT, WA, WI, ID, MS, NY
  - More than 35 years of service and experience
  - Fortune 500 Company
  - California Members – 625,000
    - TANF – 319,064 (51%)
    - Expansion – 162,387 (25%)
    - Marketplace – 58,029 (9%)
    - ABD Non-Dual – 40,024 (7%)
    - ABD Dual – 36,371 (6%)
    - MMP – 11,439 (2%)
    - MAPD – 1,902 (0%)

### Recent News

#### *Health Plan*

- September 2018 – Molina Healthcare of California hosts its first Molina Closet at Area Agency on Aging in Imperial County. Molina leadership, Area Agency on Aging staff and legislative guests attended a ribbon cutting to unveil the closet. Molina donated 4,030 adult disposable briefs which have been given away to those in need of these supplies.
- November 2018 – Molina Healthcare of California hosts a Thanksgiving Food Giveaway at Del Vallejo Middle School in San Bernardino County. Molina volunteers assisted in creating food baskets which were given away to 210 families in need. The families were identified by Del Vallejo School staff and administration.

Dr. Jung asked if there were any questions:

- **Question – Marjorie Laster:** “Are you in Nevada.”
- **Response – Dr. Jung:** “No, not currently.”

Dr. Jung thanked everyone for attending and said he had to be on his way to the next meeting.

Tyler Jung

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12:00pm	<b>Approval- Meeting Minutes 09/26/18</b> <ul style="list-style-type: none"> <li>• First – Terrance Henson</li> <li>• Second – Edward Connelly</li> </ul>	<b>Adriana Bowerman &amp; All</b>
12:05pm	<b>DHCS Updates- Harbage Consulting</b> <ul style="list-style-type: none"> <li>• Rita welcomed members in Spanish &amp; English</li> <li>• Rita provided some updates: <ul style="list-style-type: none"> <li>○ Cal Medi Connect program combines Medi-Care and Medi-Cal that Molina offers, good options <ul style="list-style-type: none"> <li>▪ Rita asked for a show of hands of people in the audience who was in the program. She acknowledged that most of the members in the room are a part of CalMedi Connect</li> <li>▪ She noted that CalMedi Connect isn't the only option, there are others: <ol style="list-style-type: none"> <li>1. Choice to keep Medi-Care service and select a Medi-Cal plan under the coordinated care initiative</li> <li>2. The program that is all inclusive for the elderly that offers combined benefits with Medi-Care and Medi-Cal</li> </ol> </li> </ul> </li> <li>○ Rita announced that beginning January 29 2019, there was special election period changes for the dual eligible population (people that have Medi-Care and Medi-Cal). They will now only be able to enroll/disenroll once per quarter for the first three quarters of the year and then again during the Medi-Care open enrollment program towards the end of the year. She noted that an exception to the rule is the Department of Healthcare Services applied for and received a waiver from CMS for a continuous open enrollment period. This is only for members under the CalMedi Connect program. She mentioned that there are no changes for the CalMedi Connect members but it does for the other dual eligible members.</li> <li>○ Rita shared that community engagement has been promoting and educating awareness about the flu season. She stated that today (Dec 5<sup>th</sup>) is the flu day of action. Rita shared that they have been working throughout the year and in the past couple of months been promoting and distributing information about the flu campaign. She shared that there is a lot of information available (calduals.org). She explained that CMS has coordinated their outreach services with the centers for disease control and prevention and other organizations to promote education (especially for the Medi-Care population). <ul style="list-style-type: none"> <li>▪ Rita referred the audience to the calduals.org website for information and education</li> </ul> </li> <li>○ Rita recommended that the audience go to the calduals.org website to look at some results that the University of California &amp; San Francisco has released concerning the CalMedi Connect program. The evaluation shows the satisfaction of the people involved in the CalMedi Connect program. She shared that the satisfaction rate with all the plan benefits has increased from last year. She asked everyone to go on the website and review the report.</li> <li>○ Rita reminded everyone that as always, a Harbage consultant is always willing to collaborate with Molina (and other health plans). She shared that they are out in the community promoting the CalMedi Connect program.</li> <li>○ Rita asked if there were any questions:</li> </ul> </li> </ul>	<b>Rita Cruz-Gallegos</b>

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	<ul style="list-style-type: none"> <li>▪ <b>Question – Denny Chan:</b> “Thank you for your update. I want to go back to your first topic on the special enrollment period dual changes for dual eligibles starting January 2019. We really appreciate that the department applied for the waiver. We were hoping that the waiver was going to be a little broader, but at least with the respective enrollment into CalMedi Connect, that will be the same for 2019. We have heard that the department does not intend on renewing that waiver. In other words, we have heard that everything will stay the same through 2019, but in 2020, the waiver will not be in place. I raise this as a concern because we at Justice &amp; Aging believe wholeheartedly that the special enrollment period protections into and out of for dual eligible is a consumer protection – that is why we really liked it when the department applied for the waiver. I am a little confused as to why the department would apply for the waiver in 2019, do all the work it takes to operationalize the waiver and then for whatever reason, not intend to renew the waiver in 2020. Can you speak to that or share what the department is thinking? I know we think that it comes back to a concern of protections that dual eligible have been used to since the inception of the program.</li> <li>▪ <b>Response – Rita Cruz-Gallegos:</b> “We are on a wait and see period. We want to see how this continues to work. I personally (stepping outside of the program), think it’s a great thing – the continued enrollment for the beneficiaries. I cannot give you a complete answer as to what the department may or may not continue the waiver for 2020 – we are going to see how it continues to work. I think that one of the reasons is to not create too much confusion with the population in 2019. Whether it will continue beyond that, I don’t know.”</li> <li>▪ <b>Response – Denny Chan:</b> “I would just say from a consumer point of view it is more confusing to do it for one year and then stop even if the rest of the CMS Medi-Care Advantage product rules have changed because duals are used to this protection. If you could take that back as feedback to the department, I would appreciate it.”</li> <li>▪ <b>Response – Rita Cruz-Gallegos:</b> “I will. Any other questions?”</li> <li>▪ <b>Question – Edward Connelly:</b> “Can you pass out your contact information?”</li> <li>▪ <b>Response – Rita Cruz-Gallegos:</b> “Absolutely, I have my business cards and you can write down my email: <a href="mailto:rita@harbageconsulting.com">rita@harbageconsulting.com</a></li> </ul> <ul style="list-style-type: none"> <li>○ Rita shared that they collaborate with everyone in the community and I believe we have a common goal of bringing this information forward. She asked if there were any more questions and wished the attendees a Merry Christmas.</li> </ul>	
12:10pm	<b>CCI Ombudsman for L.A County</b> <ul style="list-style-type: none"> <li>• David Kane apologized that he could not attend in person.</li> <li>• Introduced himself and stated he is an attorney at the Health Consumer Center. We are the CCI ombudsman for LA County. He shared two updates: <ul style="list-style-type: none"> <li>○ Immigration issues – He stated that there has been a lot of buzz in news about how changes in Washington DC might be impacting Medi-Cal, Medi-Care or</li> </ul> </li> </ul>	David Kane

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	<p>immigration status because someone might have Medi-Cal or Medi-Care. David clarified that nothing has changed since the last meeting. He stated that the rules remain the same for everyone already here in the United States and if it is something that is going to change, people will be notified and will have time to see what the changes need to be made. He repeated that nothing has changed. David said that one should be able to keep Medi-Care and Medi-Cal without any negative impact on immigration status for most people. He suggested that if someone has heard different, to give the Health Consumer center a call and they can provide general rules and/or connect someone with another law office that will provide accurate information about immigration issues and healthcare.</p> <ul style="list-style-type: none"> <li>○ Dental Coverage – David announced that everyone should know CalMedi Connect Coverage and Medi-Cal coverage provides some dental coverage. When one goes to a dentist, he suggested that it is a good idea to make sure the dentist accepts the Medi-Cal or Denti-Cal insurance. He recommend to ask the dentist before going back to sit in the dentist chair, “Will the dental services that I am receiving today be covered by my medi-Cal, Denti-Cal, or CalMedi Connect insurance?” David stated that the dentist has to say yes or no. He recommended to be very careful if you want to pay out of pocket for services that aren’t covered, but he mentioned that most services should be covered. David suggested that if the dentist says someone is not covered, to encourage the dentist to explore all the options to make sure there is no coverage available. David said that if there are any issues, one can reach out to their health plan or they can call them at the office.</li> <li>• David asked if there were any questions. There were none. David reminded everyone to call them if they have any questions related to health insurance.</li> <li>• Adriana thanked David for his time and information.</li> </ul>	
12:15pm	<p><b>How to Better Serve Families Affected by Dementia</b></p> <ul style="list-style-type: none"> <li>• Adriana welcomed Jennifer</li> <li>• Jennifer introduced herself as the Director of Professional Training and Healthcare Services at Alzheimer’s Los Angeles.</li> <li>• She stated that she is going to be discussing how Alzheimer’s Los Angeles has been partnering with health plans to better serve families affected by Alzheimer’s disease and other dementias.</li> <li>• Jennifer provided some background information: <ul style="list-style-type: none"> <li>○ 5.5 million people have Alzheimer’s</li> <li>○ Every 1 person with the disease there is about 3, 3.5 unpaid caregivers who are supporting that person. It is a disease that not only affects the person who has it, but it also affects families and caregivers as well.</li> <li>○ Jennifer asked if anyone knows what the primary risk factor is for people with Alzheimer’s diseases? Someone in the audience stated “age.” Jennifer responded and said yes, the older someone is, the more likely they are to get the disease. She shared its about 1/10 people age 65 and older has Alzheimer’s and the number goes up to 1/3 for people 85 and older. She stated that this is a disease that affects a lot of people.</li> <li>○ She stated that in California alone, it affects about 600,000 people (reason being, that is because about 10% of the population is in California).</li> </ul> </li> </ul>	Jennifer Schlesinger

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- Jennifer shared that Alzheimer's is about the 6<sup>th</sup> leading cause of death (of the top 10 causes of death, it is the only one that has no way of preventing it, no way to stop it and no way to cure it).
- Only ½ of people with Alzheimer's disease ever receive a diagnosis AND only ½ of people with a diagnosis get it documented in their medical record. Of those people, only about 45% are told by their doctor that they have it (compared to cancer at approximately 95%).
- She mentioned that a lot of people don't want to talk about the disease because there is a certain stigma and a lot of people are in denial and people don't understand the disease.
- Jennifer stated that family and friend caregivers are the backbone to their community-based long term services and supports system. Yet, they are often not identified, assessed or supported by healthcare systems.
- Jennifer stated that about 4.5 years ago, Alzheimer's LA, began working with the state of CA (Department of HCS and Department of Aging) and other Alz organizations through the state and 10 CalMedi Connect Health plans (Molina, being one of them). There was a project rolled out called Dementia Cal MediConnect Project. The goal was helping the health care partners create a more dementia-capable systems of care in the following ways:
  - Better detection and documentation of patients with dementia
  - Better identification, assessment, support and engagement of family/friend caregivers
  - Better partnerships with community-based organizations
- Jennifer asked if there were any questions.
  - **Question – Darcy Good:** *"I've been through it because my mother has suffered through Alzheimer's. I made sure when she was diagnosed, it went into her records. She is on medication. She has good and bad days. Right now she is doing fairly well."*
  - **Response – Jennifer Schlesinger:** *"Great. That is so important because you are being her advocate to say 'Let's find out what is going on, let's do it properly so we can take the necessary steps to getting the right treatment. I applaud you for doing that and that is part of the reason why you as a family member are part of the team. If we aren't working with you, then we aren't doing this properly.'"*
  - **Question – Edward Connelly:** *"At the beginning of your presentation, you mentioned Alzheimer's and other dementias. Can you distinguish this for me? I live with elderly people."*
  - **Response – Jennifer Schlesinger:** *"think of it this way, Dementia is like an umbrella term, it's like me saying 'cancer.' Your question would be 'well what kind of cancer'. Dementia is the umbrella and under the umbrella there are different diseases that cause dementia, Alzheimer's is one of them. There is other ones, vascular dementia can cause strokes, there is dementia with louie body. Think about this. It's like if I went to the florist and asked for some flowers, the first thing they are going to ask me is what kind of flowers? And every kind of flower looks different, smells different, feels different. A rose is very different than a tulip or daisy. Alzheimer's is one kind of flower but it falls under the umbrella of flowers. Does that make sense?"*
  - **Response – Edward Connelly:** *"Yes"*

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- **Response – Jennifer Schlesinger:** “So everyone who has Alzheimer’s disease has dementia but not everyone with dementia has Alzheimer’s. They could have another disease that is causing the dementia. A lot of people (if they even get a diagnosis) will get a diagnosis of dementia. Which is kind of like half way there, because what kind of dementia do they have? It’s good if it says in the medical record that it says dementia, but we still don’t know what is causing the dementia. Is it Alzheimer’s disease, vascular, or other kind of dementia. Really good questions.
- **Response – Edward Connelly:** Thank you.”
- Jennifer stated that they have been working with Molina and they have been a wonderful partner. She stated that they have been working with Molina for about 4.5 years and they continue to actively work with them.
- Jennifer explained Alzheimer’s LA and Molina Partnership:
  - Health Risk Assessment identifies members with cognitive issues
  - Molina added a validated tool into the clinical software to screen members for dementia (AD8)
  - Creation of PCP notification letter of AD8 score; pathway to disseminate cognitive screen to PCP so follow up can occur.
  - Health Risk Assessment and other methods identify caregivers of those with dementia
  - Validated caregiver assessment tool added to clinical system as a method to assess stress of family caregivers (AMA)
  - Case managers and Dementia Care Specialists trained by Alzheimer’s Los Angeles
  - Caregivers linked to Alzheimer’s Greater Los Angeles for disease education and support
- **Question – Jackie Williams:** “Could a person, a member call in if they are wondering if they may have dementia, can they get diagnosed through calling Molina using the assessment tool?”
- **Response – Jennifer Schlesinger:** “A screening tool does not diagnose the disease, it just screens. It would be an appropriate tool for someone to use if someone is identifying concerns but the next step (if it yields a positive result) would be to say, “lets share this information with your PCP.”
- **Response – Hannah Kim:** “if we do have a member (or family member) respond positively to the questions, our member services know to send it to our care management team and they assess which resources they might need – that is how the linkage will occur. Following that, if there are any identifications or questions that seem to warrant the screening, then that is where we would jump into what Jennifer is saying.”
- **Response – Jackie Williams** “So any chronic disease, Molina would help manage that?”
- **Response – Hannah Kim:** “I wouldn’t say manage, but we would help assist with the advocacy and communication with the PCP. In terms of management, we would defer it to the PCP.”
- **Response – Jackie Williams** “Thank you.”

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- Jennifer explained the next steps in Alzheimer's LA and Molina's partnership:
  - Identify opportunities to increase referrals from Molina to Alzheimer's LA
  - Identify opportunities to increase referrals from Molina's contracted medical groups to Alzheimer's LA
  - Identify additional opportunities to support caregivers
  - Support Molina staff with dementia training
- Jennifer shared a video (<https://vimeo.com/289779341>) – Alzheimer's LA was awarded the SCAN Foundation Innovation in Healthcare Award 2018 for the work that they did (<https://www.thescanfoudnation.org/innovation-health-care-award>)
  - Jennifer shared more about the family that was shown in the video. When Alzheimer's LA first started working with them (a health plan referred them), they didn't have IHSS in place, both Marta and Donicio did not have medical supplies. Domecio sold all the furniture in the house to pay for rent. He was collecting cans every day. We worked with the family to help them get food, to get qualified for Section 8 housing.
- Jennifer explained more about what Alzheimer's LA involves:
  - Serving diverse communities (LA, Riverside, and San Bernardino counties)
  - Multi-lingual services
  - Culturally competent services
  - Free of charge to families
  - Care Counseling
    - social workers that provide tailored support, education, and follow up
    - care planning
    - referrals to services and resources in the community
  - Education, Support and Activity Programs
    - Savvy Caregiver and other caregiver education courses in multiple languages
    - Community education
    - Activity programs
    - Early stage services
    - Support groups
  - Caregiver Tip Sheets
    - Multiple topics
    - English, Spanish, Chinese and Japanese
    - Free to download
    - [www.alzheimersla.org/professionals](http://www.alzheimersla.org/professionals)
  - Alzheimer's Direct Connect Referral Program
    - Direct Referrals for health plans and doctors – instead of asking for a caregiver to call Alzheimer's LA, Alzheimer's LA will call the family.
    - "What a medical provider should do is prescribe something that would give you the opportunity to learn about Alzheimer's and have interactions with other. That would probably be the biggest help." Focus Group Participant
- **Question – Magdalena Morales:** "I have a brother with down syndrome. There is a big percentage of people that have down syndrome have Alzheimer's. Do you have anything specific programs that you can speak to for parents?"

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- **Response – Jennifer Schlesinger:** “For a while we had a support group that was for people who had alz and down syndrome, I would suggest that you call the helpline to see what is available or to speak with one of our social workers (care counselors) who can talk to you what is available because there are some very unique needs and it doesn’t just fall in the regular bucket. Our social workers can work with you and your family around that.”
- **Question – Helen Supanich:** “Is care counseling, long term case management?”
- **Response – Jennifer Schlesinger:** “It depends on what the family wants. We have families that want (what I call), the one and done. Or they will work with the families that will walk with them through the course of the disease. I wouldn’t call it case management, its more care coordination, care counseling – it’s a lighter touch. But we will work with families through the course of the disease. Unlike other diseases where one can stabilize, Alzheimer’s eventually progresses and that is why we prefer if families want to work with us long term so we can have a greater impact.
- **Question – Denny Chan:** “We at Justice & Aging were really happy when you talked about the inclusion in the health risk assessment (of the 10 questions, the LTSS needs, one of them being dementia related), we were really happy that the state was able to do that. I’m wondering since that happened later on in the course of the demonstration, if you have seen a change with either referrals or people connecting to your agency as a result of that question? Or do you feel like perhaps maybe that was the first great step, but then there are all these intermediate steps that we need to break down and figure out before that inclusion on the one question yields results on the backend?”
- **Response – Jennifer Schlesinger:** “So I like to think of it as the care pathway to go from one question to actually getting to an agency that can help you – there are so many steps in-between. There is the ideal world which is trigger questions, screening tool, diagnosis, documentation, identification of caregiver, assessment, and then a referral. Often times some of those steps don’t happen (which is OK). I wouldn’t say that we have seen a boom in referrals because of the trigger question. We have some health plans that we work with that have adopted Alzheimer’s Direct Connect and have figured out a work flow for it and we see lots of referrals coming in and I have health plans that we work with that have thousands of members say each each year, we are getting five referrals. Clearly, something is going on where people are not getting identified or connected because if you have a membership of hundreds of thousands (and I already told you that 1 out of 10 people over 65 has this disease), we aren’t even scratching the surface. I think there is still a lot of work that needs to be done. Part of that is healthcare traditionally doesn’t work with caregivers – that’s not the traditional role, you work with the member. It’s a whole cultural shift to say that we need to be working with our caregivers too and I think there still is a lot of work that needs to be done in that whole care pathway to make that happen.
- **Response – Denny Chan:** “One thing that occurred to me during your presentation that might shift how health plans think about this is – is there any work being done to identify caregivers but then also figure out what their coverage situation is? I wonder to the extent as to which they might be members (I mean maybe a different product line, maybe they aren’t in Cal MediConnect) but maybe they are Medi-Cal only member folks and Molina (or whoever) also has them on that end. In some ways, there is a shared interest in making sure everyone is getting the care that they need. I wonder if any conversation around doing that level of analysis.”

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- **Response – Hannah Kim:** “I can speak to that (not quite the analysis) but I can speak to actually five specific examples I just had last month of members who the case manager spoke to their family/caretakers and upon hearing a little bit of strain and distress, double checked with them, ‘Are you a member? Can we connect you with resources?’ or even go to the level of talking to them about if their carrier is not with Molina and with another plan in Los Angeles, this is who you can reach out to get additional help – even instructing them to pull out their member card and flipping it over to see where you can get the information. It’s a great question to ask.
- **Response – Denny Chan:** “What triggered those five instances? Was that a call in to member services and talking to the caregiver?”
- **Response – Hannah Kim:** “In talking to the caregiver. I can say those specific case managers were working with the other case managers and identifying that these were members that weren’t diagnosed yet. With LTSS questions, we have strict workflows that state if they answer ‘yes’ to a question, we need to do the screening.”
- **Response – Jennifer Schlesinger:** “I think some of it is when health plans (one day, hopefully in my lifetime) realize that they need to be focusing on this because it is the right thing to do and it will also save us a lot of money – to take care of our caregivers, that is keeping people out of the hospital and out of nursing homes. It behooves us, if they need some extra medical supplies, what a small expense compared to when there is incompetence in the home and you go to the hospital because you say I can’t deal with this. How are we on time? It is time. I also want to say to all of the members – we are here for you, we are here for your community members who are dealing with dementia. People can connect with us even if they don’t have a diagnosis. We connect with people that have issues around cognitive impairment or dementia. People don’t have to have a diagnosis to work with our organization because we know, half of the people never get a diagnosis. Please feel free to connect with us if you have any questions or need anything – also for the community agencies, we are always open to partnerships and exploring opportunities. Thank you.”

12:35pm

## SoCal Gas Programs for Seniors and Disabled

Louis Herrera

Adriana welcomed Louis Herrera.

Louis Herrera introduced himself. He stated that SoCal Gas wants to give back to the community and they recognize that members of the community have certain needs. He informed the attendees that SoCal Gas has come up with services to help save money. He reviewed the documents that were given to the attendees.

Louis highlighted that they provide Gas energy throughout southern California (from Visalia to the Mexican border) and from the ocean to Arizona. He stated that there are certain areas (like Long Beach) that provide natural gas to residence. Louis presented the following information:

Customer Assistance Programs: SoCalGas’ Customer Assistance Programs are designed to help low-income and special needs residential customers manage their utility bills, and provide energy conservation and education

- Non-Income Based Programs – Medical Baseline Allowance: provides additional gas at the lowest rate
  1. Medical Baseline Allowance
    - Provides an additional daily allowance of .822 therms at the baseline rate for people with certain medical conditions. This is approximately 25 more therms per month at the lowest rate

## 2. Medical Baseline Conditions that Qualify

- Any medical condition for which additional space heating is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition
  - Paraplegia, Quadriplegia, Hemiplegia, Multiple Sclerosis, Sclerodermas (Louis stated that if one has a different condition that is not listed, he/she still can qualify)
  - Seriously disable
  - Compromised immune system
- Doctor's certification is required
- Gas service does not have to be in the Medical Baseline patient's name
- A household can have the Medical Baseline Allowance in conjunction with other assistance programs
- Income Based Programs
  1. California Alternate Rates for Energy (CARE): A 20% discount on the total amount of the bill
    - Provides a monthly discount for qualified, low-income customers. The discount amount is 20% off the cost of energy
    - In addition, when qualified customers initiate new service, they may receive a \$15 discount on the Service Establishment Charge
    - Louis stated that they work closely with Edison to receive discounts on electricity use as well.
    - Eligible Customers
      - Residential
        - Own/rent
          - Single-family home
          - Multi-family home (apartment)\*
          - Mobile home park coach\*
      - \*Includes sub-metered units billed by property owner/manager
      - Business
        - Living facility
          - Agricultural employee housing facility
          - Migrant services and non-profit migrant farm worker housing centers
          - Non-profit group living facility (homeless shelter, drug rehabilitation center, halfway house, hospice)
      - Louis noted that this is of no cost to the consumer, but it does come from people's tax money.
  2. Energy Savings Assistance Program: No-cost energy saving measures and minor home repairs
    - An energy efficiency program which offers no-cost energy-saving measures and minor home repairs to income qualified homeowners and renters
    - Home Improvement Measures Offered

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Domestic Hot Water conservation Measures	HVAC/Air Sealing Measures	HVAC Measures
Low flow showerhead	Door weather-stripping	Attic insulation
Faucet aerator	Caulking	Furnace repair or replacement (owner-occupied only)
Water heater repair or replacement (owner-occupied only)	Switch outlet gaskets/covers	
Water heater blanket	Attic access weather-stripping	
Thermostatic shower valve	Evaporative cooler vent covers	
Thermostatic tub spout	Exterior door replacement (minor home repair)	
	Window glass (minor home repair)	

## Low-Income Program Qualifications

- Customers may qualify for CARE and the Energy Savings Assistance program based on participation in a Public Assistance program and their income.
- Louis wanted to ensure people that SoCal Gas will not share any personal information (immigration status, etc.).

Gross Household income from ALL sources should not exceed the following guidelines:  
Maximum Household Income  
June 1, 2018 until May 31, 2019

Household Size	Total Combined Annual Income
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

\*Add \$8,640 each additional household member

**PUBLIC ASSISTANCE PROGRAMS:** If the customer or another member of the household receives benefits from any of the following programs, they automatically qualify for SoCalGas' low-income programs

Medi-Cal/Medicaid
Healthy Families Categories A&B
WIC, CalFresh/SNAP (Food stamps), National School Lunch Program
CalWORKS (TANF) or Tribal TANF
Head Start Income Eligible – Tribal Only
Bureau of Indian Affairs General Assistance (BIA GA)
LIHEAP
Supplemental Security Income (SSI)

# Bridge2Access™ Advisory Committee Meeting Minutes



Total household income is all revenues, from all household members, from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, rental income, income from self-employment and all employment-related non-cash income.

## Low-Income Participation Conditions

- They must not be claimed as a dependent on another person's income tax return other than their spouse
- They must recertify their CARE application when requested (every 2 years)
- They must be able to verify their eligibility

Online Information and Applications – [www.socalgas.com/assistance](http://www.socalgas.com/assistance)

## Partnership with Cities and Organizations

- Our Partners Assist with:
  - Creating awareness as trusted community sources
  - Canvassing
  - Community events
  - Media events
  - Outreach to hard-to-reach communities

### More Information:

Louis Herera  
Program Outreach Specialist  
(213) 244-4315  
[LHerrera2@semprautilities.com](mailto:LHerrera2@semprautilities.com)

Wendy Solares  
Program Outreach Specialist  
(323) 336-7491  
[WSolares@semprautilities.com](mailto:WSolares@semprautilities.com)

24-Hour Customer Service: 1-877-238-0092

There were no questions for Louis.

# Bridge2Access™ Advisory Committee Meeting Minutes



1:00pm	<b>Stakeholder Feedback</b> <ul style="list-style-type: none"> <li>▪ <b>Question – Jackie Williams:</b> “My doctor is leaving the office and I wanted to try to find out if she is still going to be in the HealthCare Partners or where she is going to be at? How do I find out the information?”</li> <li>▪ <b>Response – Adriana Bowerman:</b> “Are we talking Medicare. Erica, do you know?”</li> <li>▪ <b>Response – Erica Reyes:</b> “We can find out.”</li> <li>▪ <b>Response – Adriana Bowerman:</b> Please stay after and we can help you with that.</li> <li>▪ <b>Question – Denny Chan:</b> “I just wanted to say a couple of things. One, is that at the CCI meeting earlier this year, during the transportation panel, we heard a little bit about the ways that Molina has supplemented its transportation benefit for Cal MediConnect members, in that you are offering transportation to non-medical destinations and appreciate to hear more details. We think that is a really good thing, we wish other health plans would recognize that – we realize that if you can’t get your groceries, that can impact your health. I am wondering if at the next meeting (or offline), we could talk about how you all are going about implementing that, how beneficiaries are made aware of that, whether they are using the same contractor that you use for EMT. I think parts of that are very relevant for members but also to the extent of policies. Offline I think that would be a great topic for March’s meeting (or offline).”</li> <li>▪ <b>Response – Hannah Kim:</b> “Yes, we will take that feedback and maybe have an offline conversation.”</li> <li>▪ <b>Response – Denny Chan:</b> “Thanks.”</li> </ul>	All
1:30pm	<b>Adjourn</b> <ul style="list-style-type: none"> <li>• Adriana thanked guests for coming. <ul style="list-style-type: none"> <li>▪ <b>Question – Marjorie Laster:</b> “I have problems with depression. I have a dog and she helps me with that. I want to know the procedures, they say I need a doctor to fill out a form for me to have her as my companion?”</li> <li>▪ <b>Response – Hannah Kim:</b> “With a support animal, there might be a little more to that. How about if Terrance, can get you information?”</li> <li>▪ <b>Response – Marjorie Laster:</b> “I don’t want pills. No disrespect to psychiatrists. I try to find out what I can do.”</li> <li>▪ <b>Response – Hannah Kim:</b> “Let us get your information – please don’t go away.”</li> <li>▪ <b>Response – Marjorie Laster:</b> “Ok, I drove so I can sit here.”</li> </ul> </li> <li>• Brian provided information on how to receive validation for parking.</li> <li>• Adriana thanked everyone for attending and said she is looking forward to seeing everyone on March 27, 2019.</li> </ul>	Adriana Bowerman