Molina's Bridge 2 Access Statewide Advisory Committee

December 11, 2012

Committee and MHC and MMG attendees(s):

Peter Benavidez, CEO, Blindness Support Services
Liz Helms, CA Chronic Care Coalition
Andrew Lacroux, Molina member; Los Angeles
Sal Pineda, Greater LA Agency on Deafness (GLAD)
Brenda Premo, Director, CDHP
Mary Rios, Disability Rights California
Eliana Lois, MD, Medical Director, Inland Regional Center
Richard Bock, MD, MBA; CMO, MHC (Chairperson)
Janet Vadakkumcherry, Director of Contracting ***(telephone)***
Richard Bock, MD, MBA; CMO, MHC (Chairperson)
Lisa Hayes, Director, Molina Sr. & Dis. Svcs., MHC
Deborah Miller, **VP**
Steven Soto, Regional Director, Provider Services, MHC (teleconference)
Richard Chambers, President MHC
Ruthy Argumedo,
James Novello, VP Government Contracts
Maggie, MHC ***Hollon***, Regional Director, Provider Services, MHC
Tina Padron , Regional Director Clinic Operations, MMG
Katherine Davidson, **VP Healthcare Services**
Lillian Vasquez, Autism Society
Cecilia Burch,
Rosemarie Punzalan, Communication Specialist, CFLIC
Bertha Poole,
Anne Cohen, Disability & Health Policy Consultant
Andria Rubino, DSAS, minutes
Dr. Barbara White, CSULB
Diane Johns, Retired Seniors Volunteers
Gina Semenza, Molina Intern
Rosemary Lewellan
Zina Harris,
Adriana Bowerman, Director, Enrollment Growth, MHC
Yunkyung Kim, Director New Initiatives
Teri Lauenstein, VP Provider Network Management & Operations
Carol Smith,

Committee and MHC and MMG absentee(s)

Kathleen Graham, Molina member; Sacramento
Marvelyne Hawkins, Molina member; Inland Empire
Lisa Jimenez, Regional Director, The Braille Institute
Lisa Rubino, Senior Vice President, Health Plan Operations
Hilario Wilson, Director, Member Services, MHC
Mariana Bidart, Disability & Senior Specialist
Louis Frick
James Cruz, MD, Medical Director
Paul Steussy, Greater LA Agency on Deafness
Rafael Amaro, MD, Medical Director, MMG
Maria Reyes, Director, Utilization Management, MHC

Topic	Discussion	Action Required Responsible Party
II. Welcome and Opening Remarks	Dr. Bock welcomed everyone and called meeting to order. <u>Message and Introduction of Plan President</u> Richard Chambers was introduced and welcomed everyone for coming. Richard stated that in 2013 we will be facing some very challenging times and was very glad that Molina staff was here to give some education on what the future holds, and that all the advisory committee was here to give valuable	

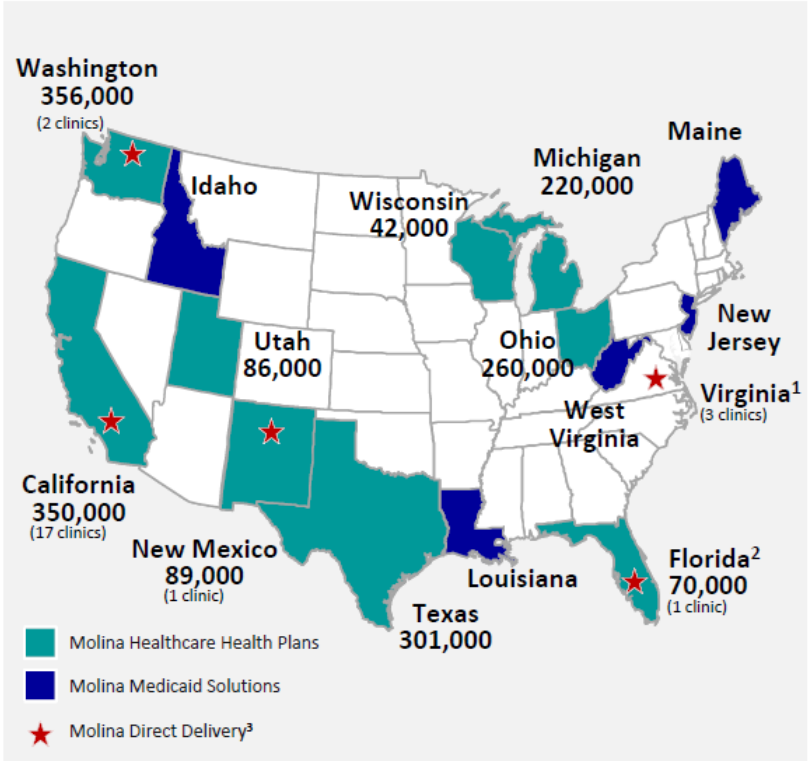
Topic	Discussion	Action Required Responsible Party
	feedback. With the initiative, LTSS and duals coming, we really appreciate the input of the advisory committee. Richard also acknowledged Jim Novello as Andrew Whitelocks replacement as VP of Government Contracts, and updated the room on Lisa Rubino's new role as Senior Vice President of the Western Region.	
III. Introductions of Committee Members	All attendees introduced themselves.	
IV. Approval of Minutes and Open Action Items	Minutes of the 05/29/2012 meeting were approved with a minor correction. Sal Pienda informed the room that committee member Paul Stuessy worked for Hamilton Relay, and not GLAD. There were no other corrections, and the minutes were approved. Lisa Hayes addressed the open action items from the previous meetings which were Interpreter Services for CBAS Centers and what Molina would be responsible for. Lisa explained that Molina would need to provide interpreter services for foreign language and ASL for any medical appointment at the CBAS center. The other question was possibly forming a communication strategy committee and Lisa explained that we did not do that, there were so many changes with the landscape with the state, which made it difficult to form the committee. Yunkyung Kim and Lisa will be doing a presentation later on in the meeting that will explain further.	Signed minutes will be filed.
Healthcare Landscape -Update	Richard Bock, M.D. reported on the healthcare markets and members served	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	statewide. Showing a map of the United States, and how many members are served in the states Molina caters to, as well as where Molina Medicaid Solutions is, and where Molina's clinics were located. He went on to tell how many SPDs were enrolled with Molina as well as the number of Dual Eligibles and D-SNPs. Long Term Care Experience is offered with our sister plans, in Washington, Texas has Star Plus, and California has County Organized Health System Model. He went on to explain the spending on Duals and Long Term Care. Sal Pienda asked if these statics were just for Molina, or Nationwide. Dr. Bock stated that the stats were based on Nationwide numbers. He went over cost control, California's Care Coordination Initiative, and the ultimate goals of this Initiative and what the state is doing with all this. He explained that persons in Long term care, and home and community based services will be moved mandatorily into managed care. This is what the CCI is. Sal Pienda asked is a Dual Eligible that used CBAS services, if it was mandatory for them to be transferred over, or can they keep their Medicare spending and use their Medicare under a health plan. Dr. Bock explained that the CBAS program is a Medical benefit and has nothing to do with Medicare. It's all about the members Medical benefit and they need that to get the service. It does not affect Medicare at all. Same thing will go for other Long Term care services. Sal Pienda asked how Molina planned to pay Medicare 20%. Do they force the member to be a medi-medi under the health plan, do they have to have both or can they still have the option of keeping them separate? Dr. Bock answered that the member will always have the chance and choice of separating them	

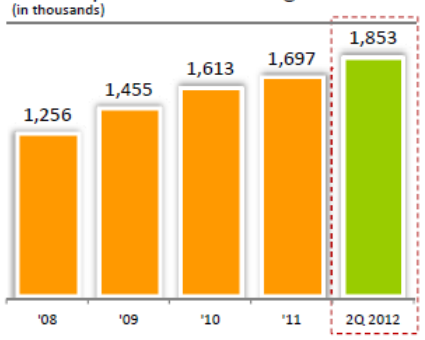
Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	out. They can join Molina for both Medical and Medicare, or they can be separated and join Molina for medical and stay in Medicare for fee for service. Medicare is always optional in this country. It won't change the payment whether they join or not. Sal Pienda then asked if SPDs are mandatory to switch over how will it impact them? Dr. Bock stated that again for SPDs that are on the Medical side so they are mandatory enrollment for Medical only. Sal Pienda asked how many SPDs under Medical will be put into managed care? Dr. Bock answered all of them only with the Medical benefit. **Reports were illustrated below:**	

Topic	Discussion	Action Required Responsible Party
. Healthcare Landscape –Update (cont.)		

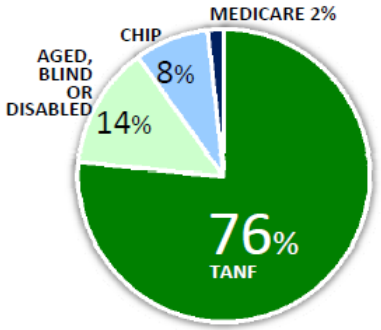
Markets and members served – 2Q 2012

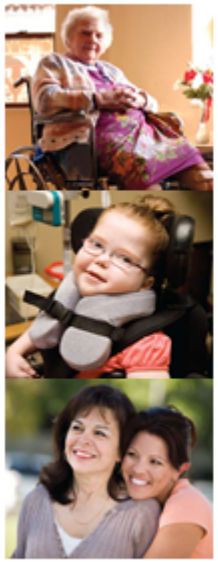


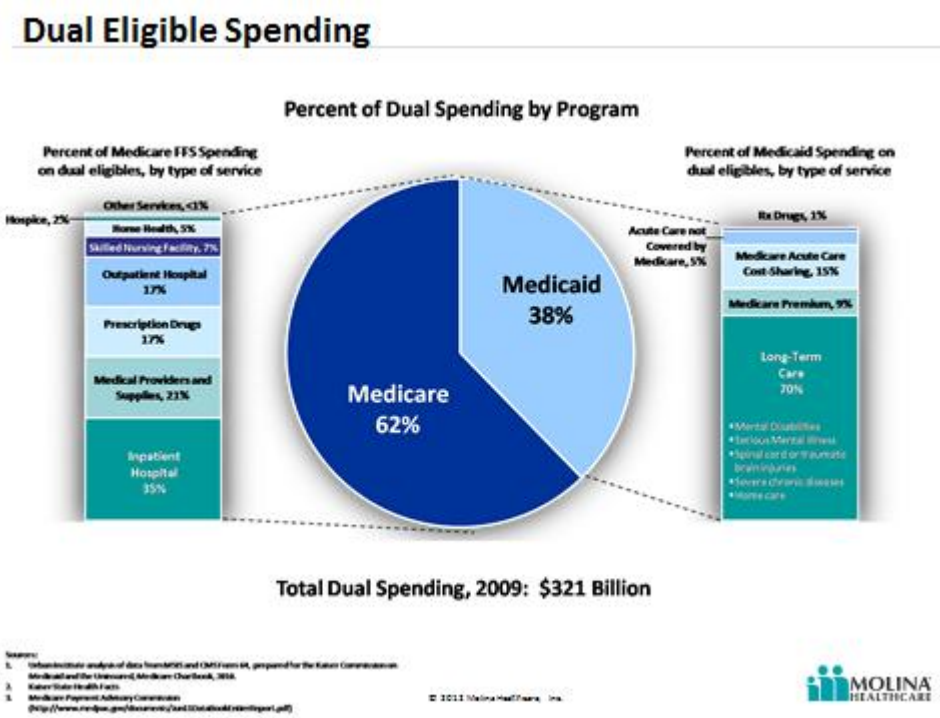
Health plan enrollment growth
(in thousands)

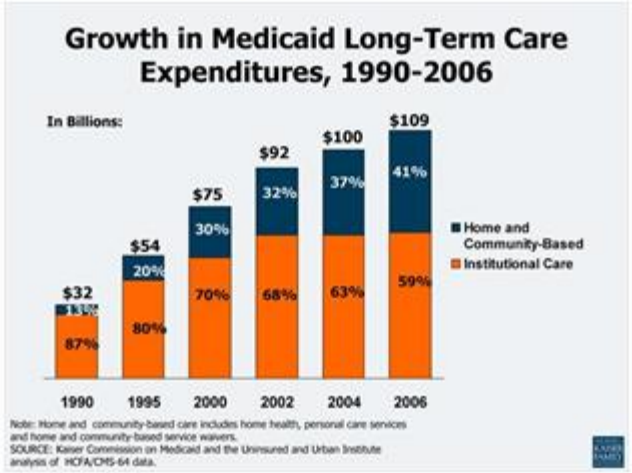


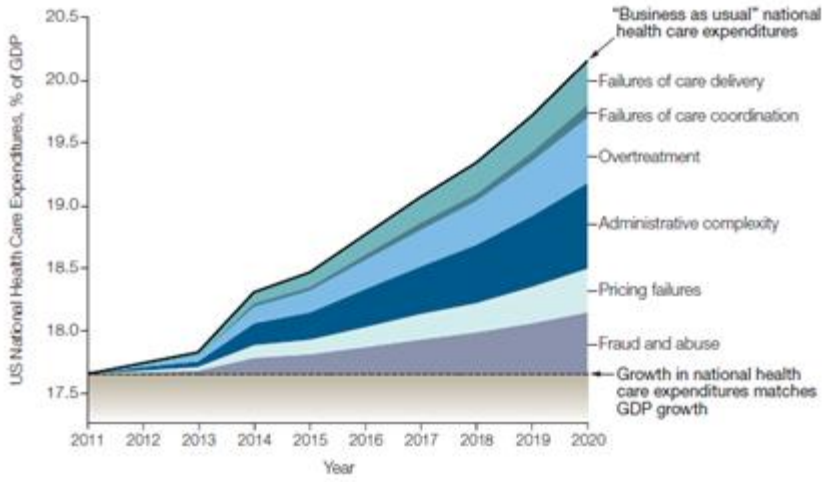
Health plan membership profile

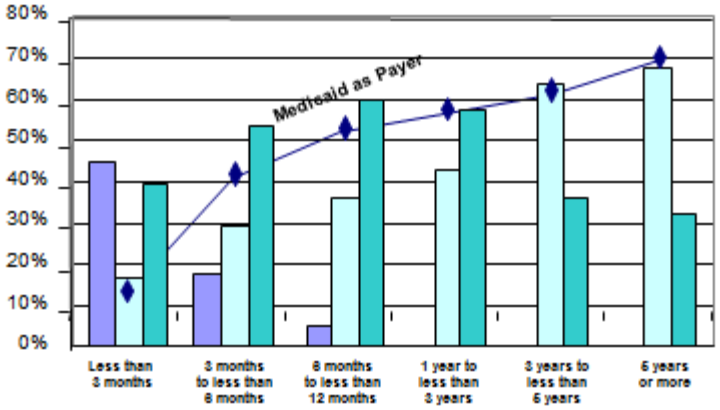


Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**Molina's Experience** 3  ▪ **Seniors & Persons with Disabilities** ▪ First implemented in 1994 ▪ Established programs in 9 States ▪ 260,000 members ▪ **Dual eligibles** ▪ Dual eligible Special Needs Plan (D-SNP) since 2006 ▪ 37,000 members ▪ Coordination of Medicare and Medicaid benefits ▪ Dual demonstration plans in CA and OH ▪ **Long Term Care Experience** ▪ Washington Medicaid Integration Partnership (2005) ▪ Texas STAR+PLUS (2007) ▪ California's County Organized Health System model (experienced leadership) MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)		

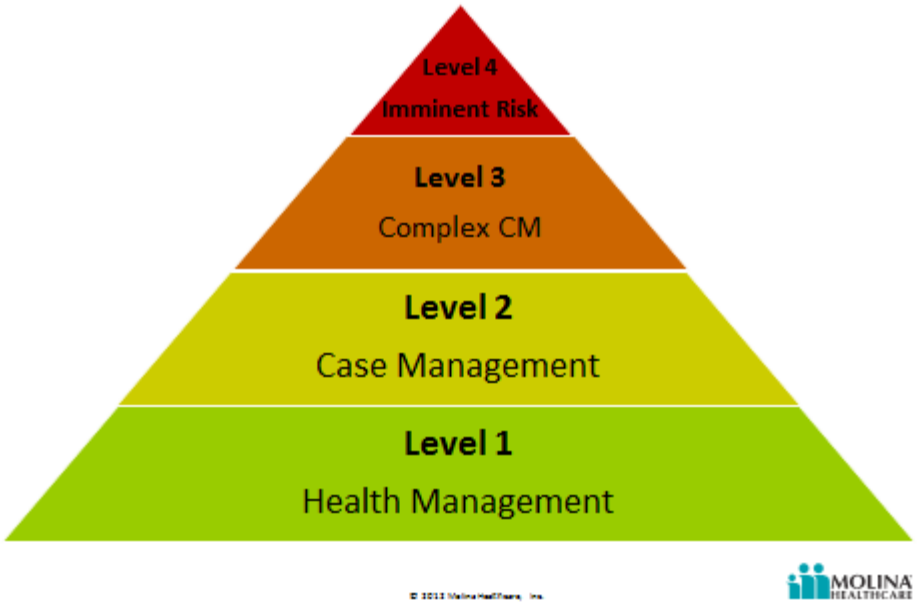
Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**Long Term Care Spending** ▪ **Expenditures in Medicaid long-term care continues to grow, especially for community-based services**  	

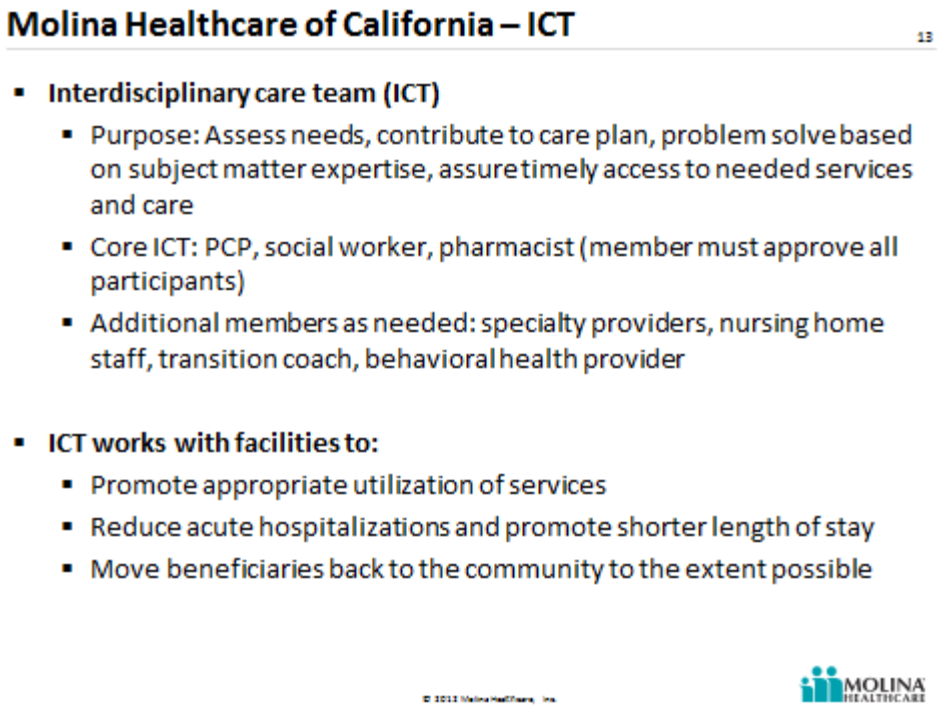
Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**Cost Control** 6 **Figure.** Proposed "Wedges" Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste  MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**NF Transition to Community Requires Early Intervention**  Source: The National Nursing Home Survey -7-	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**California's Care Coordination Initiative** 8 ▪ **Goals of the demonstration:** ▪ Coordinate Medi-Cal & Medicare benefits across health care settings ▪ Improve continuity of care across acute, long term, behavioral health, and HCBS/ LTSS settings using a person centered approach. ▪ Coordinate access to acute and long term care ▪ Maximize members' ability to remain in their homes and communities with services and supports ▪ Increase availability of and access to home and community based services MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**Molina Healthcare of California – Care Management** 11 ▪ **Care management is the core of the Molina model of care** ▪ Member centered and individualized ▪ Offered based on risk assessment ▪ Supported by an interdisciplinary care team (ICT) ▪ Guided by an integrated plan of care ▪ Assures member receives all necessary covered benefits ▪ **Occurs across settings of care: home, hospital, skilled or custodial nursing facility as well as transitions between care setting** ▪ **Includes:** ▪ Family, caregiver, support system ▪ Functional, cognitive and behavioral health status and needs ▪ Cultural & linguistic needs © 2012 Molina Healthcare, Inc. MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**Molina Healthcare of California – Care Management** 12 ▪ Risk Stratification  	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)		

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**LTSS, continued** ▪ 2015: New assessment tool (begun 6/13) rolled out, combining health assessment, MSSP psychosocial, IHSS uniform assessment) ▪ Plans financially responsible for IHSS, but contract with: ▪ County Agencies to assist with assessments and hours determinations, ▪ Public Authority for collective bargaining, wages, benefits and training, ▪ State Department of Social Services to pay IHSS workers, handle provider appeals and QA. ▪ Plans will provide IHSS hours based on input from and determinations of the Care Coordination Team. ▪ Counties required to continue payment levels of IHSS (Maintenance of Effort). MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	**MSSP Multi-purpose Senior Services Program** ▪ **2013: Continues under waiver with existing providers and allocated slots. Plans can contract with MSSP to provide ECM.** ▪ **2014: Plans develop CM/care coordination model that can work in parallel with MSSP.** ▪ **2015: MSSP moves from waiver to managed care benefit. Plans are encouraged to hire MSSP staff (RNs, LCSW) as case managers. State to submit plan for this transition and COC by June 2014.** MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	Liz Helms introduced herself. Sal Pienda asked if IHSS would be approved by Molina or who would be doing that? Dr. Bock said that it would be a "lift and shift" what that means is they don't want to change anything and keep it running the same way. Brenda Premo stated that social workers in the counties will be doing the same thing. The health plans may add hours, but they may not take away hours. Brenda said that it will remain the same and stay that way for at least two more years.	

Topic	Discussion	Action Required Responsible Party	
Healthcare Landscape –Update (cont.)			

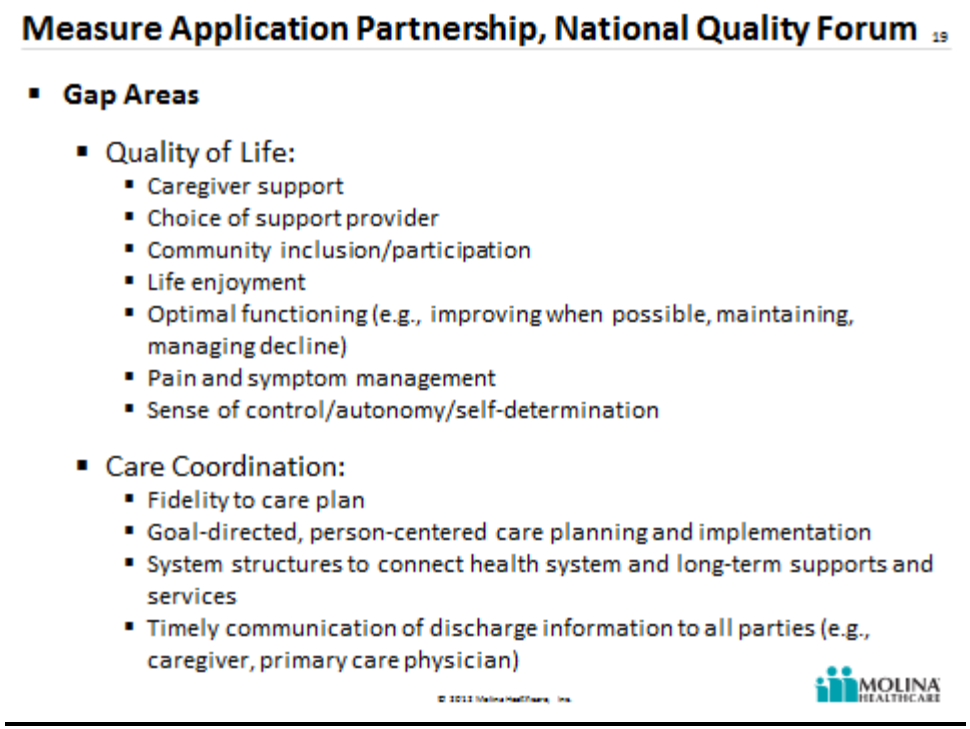
Topic	Discussion	Action Required Responsible Party
Healthcare Landscape –Update (cont.)	***Richard Bock, M.D. Chief Medical Officer*** Dr. Bock said that we are all wondering if the CCI works or not. An army of folks out of Washington, out of CMS, and at the state level who are proposing quality metrics that should be evaluated on. There are now Medicare specific measures and many will be included in the Quality Metrics. Lisa Hayes asked Dr. Bock to tell everyone what "HEDIS" was. Dr. Bock answered that "HEDIS" stood for Health Effectiveness Data Information Step, and it's a group of measurements of quality of care based largely around process and preventive services. It's measuring our members making sure they are getting the proper tests, medication and so forth.	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in	**Current D-SNP Specific STAR Measures** 15 ▪ Antidepressant Medication Management ▪ Annual Monitoring for Patients on: ACE/ARB,Diuretics,Digoxin ▪ Advanced Directive Care for Older Adults ▪ Medication Review Care for Older Adults ▪ Functional Status Care for Older Adults ▪ Pain Screening ▪ Medication Reconciliation Post Discharge ▪ Controlling High Blood Pressure ▪ Colorectal Cancer Screening ▪ Glaucoma Screening in Older Adults ▪ Osteoporosis Mgmt in Women who had a Fracture ▪ Potential Harm Rx Dx ▪ Use High Risk Rx in Elderly ▪ Follow Up after Hospitalization for Mental Health-30 days MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**State Scorecard for Long Term Services and Supports** 16 ▪ **Rankings for State of California** ▪ Overall: 15 ▪ Affordability & Access: 7 ▪ Choice of Setting & Provider: 9 ▪ Quality of Life & Quality of Care: 39 ▪ Support for Family Caregivers: 30 ▪ **Estimated Impact *if California improved to the level of the best-performing state:*** ▪ 30,145 more low- or moderate-income adults age 21 and older with activity of daily living disabilities would be covered by Medicaid. ▪ 11,309 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes. ▪ 9,824 nursing home residents with low care needs would instead be able to receive LTSS in the community. ▪ 7,796 unnecessary hospitalizations of people in nursing homes would be avoided. Source: Longtermscorecard.org (AARP/SCAN/Commonwealth) 	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**Nursing Home Compare, CMS Website** 17  © 2011 MolinaHealthCare, Inc.	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**Nursing Home Compare – 5 Star Rating Quality Measures** 18 (Combined with scores on facility inspection and staffing ratios) ▪ **Long-Stay Residents:** ▪ Increased need for help with ADLs ▪ Percent with pressure sores ▪ Percent with a urinary catheter ▪ Percent physically restrained ▪ Percent with a urinary tract infection ▪ Percent with moderate to severe pain ▪ Percent falls with major injury ▪ **Short-stay residents:** ▪ Percent of residents with pressure ulcers (sores) that are new or worsened ▪ Percent self-report moderate to severe pain © 2013 Molina Healthcare, Inc. MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)		

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**MAP / NQF** 20 ▪ **Proposed domains for measures for Home and Community-Based Services** ▪ Change in daily activity function ▪ Availability of support with everyday activities when needed ▪ Presence of friendships ▪ Maintenance of family relationships ▪ Community integration ▪ Receipt of recommended preventive healthcare services ▪ Respectful treatment by direct service providers ▪ Opportunities to make choices about services ▪ Satisfaction with case management services ▪ Client perception of quality of care ▪ Access to case management services Source: Measure Applications Partnership, Measuring Healthcare Quality for the Dual Eligible Beneficiary Population, Final Report to HHS (National Quality Forum, June 2012) MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	Ann Cohen stated that she was a member for the National Quality forum for Dual Eligibles Workgroup and there is a report that she got from the Duals Committee and she wanted to let the group know that there are actually disabilty and senior groups on the committee. Ann said that she will copy the reports so it could be distributed. Brenda Premo stated that one of the issues for people with disabilities of working age is working. One of the aspects of Quality of Life is the capacity to work and healthcare is a major part of that. If medical equipment is provided, if IHSS or similar private in home services system where they can hire their own. Employment is an indicator of Quality of Life and also self support. Unfortunalty, in the health care system even though they have to provide it we don't ask the question "do you want to be employed, as a part of your Quality of Life"? We don't look at that, and that is an element of self reliance and Quality of life for all of us. There are barriers currently in the system that doesn't help that to happen. Employment really needs to be looked at.	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**PEONIES Survey Instrument (CHSRA)** 21  MOLINA HEALTHCARE	

Topic	Discussion	Action Required Responsible Party
Quality Metrics in the CCI-How it fits in (cont.)	**Coordinated Care Initiative – Proposed Measures** 22 ▪ CAHPS, various settings including: Nursing Home ▪ Risk stratification based on LTSS or other factors ▪ Individualized care plans ▪ Self-direction ▪ Nursing facility utilization measures ▪ LTSS consumer control and participation in decision-making, caregiver participation, social support. ▪ Proportion of those deemed "at risk" for LTSS who received a comprehensive assessment that included physical and cognitive function assessment ▪ Unmet need in ADLs/IADLs; ▪ LTSS consumer satisfaction measures Based on 8/14/12 Stakeholder Meeting www.calduals.org 	

Topic	Discussion	Action Required Responsible Party
Community Based Adult Services Transition-Update		
	Katherine Davidson stated that we have successfully brought in are CBAS operation and transition the members that are in CBAS over to Molina. That success has not been measured by what we do internally, but by the positive feedback we have gotten from our providers and our members in all of our regions. Molina	

Topic	Discussion	Action Required Responsible Party
Community Based Adult Services Transition-Update	purposefully went out and did face to face education for all the CBAS centers. Sometimes in groups and sometimes one on one. Within that, claims payments, how do I get services, and any other operational questions that one might have. In doing that, we also provided dedicated staff. People in contracting, claims, people in authorization, as well as myself. Our members and providers have been able to reach us by telephone, by email and by fax. It has not been an easy thing for the CBAS centers. They now have a relationship with the state, as well as three or four health plans. Overall it's been going well. There have been a few bumps, an example of what Dr. Bock explained earlier. Also just really trying to understand, how do I work with my client, your member, in your center? How do make sure they are getting the care that they need as well as being able to communicate back and forth. A lot of it has been communications on both ends. We have learned a lot about CBAS centers, they have learned a lot about us. We have a little over 600 CBAS members at Molina, and that is growing. Molina gets about 4 or 5 new members a week or 2 weeks. Katherine stated that overall she feels that it's been successful, but there is a lot of room for growth. There were no questions.	

Topic	Discussion	Action Required Responsible Party
Autism	***Yunkyung Kim, Director of New Initiatives*** ***Teri Lauenstein, VP Provider Network and Management*** Yunkyung stated that she wanted to address a topic that they know will be an ongoing topic of discussion. She stated that last year California passed a law, which requires health insurance plans to cover behavioral health treatments for patients with autism. The law went into effect last year, and mandated that coverage begins July of 2012 this year. The specific bill defines the treatments and it also defines the kinds of providers who are subject to inclusion in the health plans benefits set. A big point when this went through is the fact that the bill did specifically exempt Medical and Healthy Families from the requirements of the program which takes a big portion of the members who actually access these services away from the provisions of this law. Again, this has been an area that is new for Medical managed care plans like Molina, because this has been a service that we have not had to provide. Molina relied on their partners in the community and the schools to provide these services. However when we enter into new programs, we are finding this is an area we have to learn about. We are currently in the process of applying to become a health plan in the CA Exchange, and if we are accepted into the program as of January 2014 we would provide benefits to those members that need autism related services. What is Molina doing to prepare for these changes? One thing that Molina is doing is looking at the provider network. Who currently in the community provides these services? Who in our current network provides these services, and who do we need to start making relationships with so we can provide adequate coverage. Teri	

Topic	Discussion	Action Required Responsible Party
Autism (cont.)	Lauenstein added that Molina is talking to some of the provider organizations like Autism Spectrum Therapy and Behavioral Works that have providers in multi counties and we are trying to learn from them. They have come at us with rates proposed and structures and coding sets and so forth. We are assessing that and looking at those organizations looking to see how they credential. We are also looking at the regional centers and the criteria credentialing process that they put the providers through. **SB946 (2011)** ▪ **Requires health insurance plans to cover behavioral health treatments for pervasive developmental disorders or autism** ▪ **Coverage effective July 1, 2012** ▪ **Defines behavioral health treatments and defines providers who can provide treatments** ▪ **Requires plans to provide services in the same manner as current state mental health parity act** ▪ **Exempts Medicare, Medi-Cal and Healthy Families Program**	

Topic	Discussion	Action Required Responsible Party

Autism (cont.)	**Impact on Molina Healthcare:**
	▪ **Covered California**
	  ▪ **As a commercial product, required to provide autism services and subject to SB 946 requirements**
	  ▪ **Network development**
	  ▪ **Identified existing providers in our network**
	  ▪ **Engaged in discussions with regional centers**
	  ▪ **Identified other providers who meet criteria established in SB 946**
	  ▪ **Identify credentialing guidelines**
	▪ **Care management**
	  ▪ **Develop or identify provider tools (screening, coverage)**
	  ▪ **Ensure continuity of care**
	  ▪ **Monitoring and feedback from stakeholders**
	
	Lisa Hayes wanted the audiences input. Knowing that we know very little about this, and from everything that we have learned right now. By making calls to people who might no more and so forth. One of the requirements is that they need to be	

Topic	Discussion	Action Required Responsible Party
Autism (cont.)	regional center vendored. One of the things we are finding out by talking to these providers is they are telling us "well we are vendored with the Orange County Regional Center, but not vendored with anyone else". We don't know is this is indicative of their not wanting to be vendored with anyone else. Is there anyone that can give us guidance or to be cautious about? Someone asked if we have had any conversations with Darrell Steinberg's office or Lumas Mora? Lumas Mora is in senate rules. He is a huge proponent of autism. We would probably be able to contact him and ask him that, since he wants the coalition to get more involved in autism. Lisa Hayes stated that the problem is, is that we often don't really know what to ask. Someone stated, to answer the question regional center providers that are vendored with one center are usually supposed to be vendored with others as well. We have had centers that have has issues that have tried to get vendored again. With the new executive director it's been a little easier. One of the issues too, is to make sure you have a large provider network because they can't keep up with the demand otherwise. The turnover is really high because of this. Someone stated that DSM 5 is changing, and will be released May of 2013 and the criteria of autism diagnosis will change and there is a lot of controversy around that, so that will be hard. Also, they are doing a lot of Asburgers diagnosis so everything is going under autism spectrum disorder and there's a big controversy as to who this will exclude. Lisa Hayes asked if they knew if the stakeholder folks are going to have some guidance. The speaker said that they are looking at it at a national level and there is ton of controversy. Studies are showing that 10-50%, so she didn't know what the stakeholders are doing and what groups will be excluded from those services. The	

Topic	Discussion	Action Required Responsible Party
Autism (cont.)	speakers had a question was about co-pays and deductibles. How would Molina address that? Right now most regional centers are covering deductibles, but if you have co-insurance or a deductible that needs to be met and that is another big area. Brenda Premo recommends Molina do two things: bring in the department of developmental services expert on the law and they also know the local providers in the state of California. They can guide us on who they are. When you have a relationship with folks, they tend to want to help. Brenda did not know who the staff person was.	

Topic	Discussion	Action Required Responsible Party
Molina's Behavioral Health Program	***Deborah Miller, VP Healthcare Services on behalf of Barbara Kugelamann, Manager Healthcare Services*** Deborah stated that behavioral health is now managed internally at Molina. We used to use outside companies, but now it's all done at Molina. As of August 2012, we are managing LA, Sacramento, and the Inland Empire. In January of 2013, we will include San Diego. Barbara Kugelmann is the new manger of behavioral health services at Molina. She is extremely knowledgeable. She really understands what the benefits are and who the providers are. She understands a lot about mental health. The duals demo will include integrated behavioral health services. We think that will start around June 2013. Our staff at Molina includes RNs and licensed clinical social workers who provide case management and care coordination for anybody has a behavioral health issue. They participate in the weekly interdisciplinary care team meetings. They specifically focus on behavioral care cases. We feel we have really strengthened our behavioral health staff and our internal knowledge is growing. The RNs on the team to authorize inpatient services and outpatient services. They also perform con-current review for anyone who is inpatient, and they use inter call criteria. The clinical social workers on our team can work on discharge plans to ensure when a person leaves the facility are all set up with an appointment as quickly as possible.	

Topic	Discussion	Action Required Responsible Party
Molina's Behavioral Health Program	• Molina Behavioral Health staff includes RN's and LCSW's for Case Management/Care Coordination and all behavioral health staff participate in weekly behavioral health rounds and Interdisciplinary Care Team meetings for all BH cases, along with the behavioral health medical director psychiatrist • The RN's authorize inpatient, PHP, Intensive Outpatient Programs; as well as outpatient treatment and perform concurrent review according to Interqual criteria • The LCSW's connect with the hospital discharge planners on member admission, to discuss aftercare plans, ensure the behavioral health follow-up appointments are scheduled and to speak with the member while in the hospital, if the member agrees • The LCSW's connect with the member while in the hospital to establish rapport and to ensure that we have accurate telephone numbers for follow-up for the care coordination • According to a report prepared by Harbage Consulting and presented to a meeting held by DHCS in Sacramento, December, 2, 2011; studies have found that about half of dual eligibles have some form of psychiatric illness and people with serious and persistent mental illness die on an average of 25-years earlier than the general population • Care Coordination is a critical component of the Duals Project • Currently, the Medicare and Medi-Cal programs do not work as well together as they possibly could and this results in fragmented care, particularly for the behavioral health client	

Topic	Discussion	Action Required Responsible Party
Molina's Behavioral Health Program (cont.)	• A critical component of the Duals Project is that Molina works closely with our partners in County Mental Health and to that end, we are currently working on MOU's with each county we and meeting with them regularly to ensure that we will meet the needs of our members • The Behavioral Health program at Molina will ensure that the member's behavioral health needs are incorporated into their care plan and that any needed services are put into place-whether through County Mental Health, County Alcohol and Drug Abuse Services or in the private sector A question was asked if there were any plans to contract behavioral health providers. Deb answered that yes, we have contracted behavioral health providers beyond county mental health and we are constantly expanding that network. Someone stated in their area they were finding that because they do not treat the autism, they have a lot of kids with depression and anxiety and a few other disorders. Due to this they are having trouble treating everything.	

Topic	Discussion	Action Required Responsible Party
Molina's Behavioral Health Program (cont.)	Pete Benavidez stated that he was not surprised by this. He attended a meeting where Riverside County Mental Health was talking to the group about all the things they were doing in the area to better the care of people with some form of mental illness. They went through lists and it was clear of the types of individuals who were served. Persons with autism were not mentioned as well as people with visual impairments. He asked the facilitator why these people were being excluded. He did not get an answer and he scheduled a meeting with that individual where they were to discuss a possible partnership to assist Riverside County with their mental health needs. The lesson that he learned at that meeting is not just what people say sometimes it's important to listen to what they didn't say. Sal Pineda wanted to know the involvement of Prop 36 in the county and that is going to be incorporated. Brenda Premo answered that the plans have nothing to do with Prop 36 directly. The counties are being given money to take the mental health process from the state level and moving it down to county levels. That's the money the county has used to serve people with mental health conditions that require them to give the types of medications under Medical that cant be provided by primary care providers. Also the long term care needs of all those people. That's a separate function.	

Topic	Discussion	Action Required Responsible Party
Molina's Behavioral Health Program (cont.)	Liz Helms stated that there is a total disconnect in the coordinated care model and the use of the pharmacist. Looking at a team base and coordinated care you would think that everyone would be working together and they are not. The clinical pharmacists there are no coverage for clinical outpatient therapy management. This is where a lot of money is being lost. One of the things that we have just started to work on is how do we fix that. The only time it is covered is when they are discharged under Medicare from the hospital. After that and are in outpatient settings, the pharmacist is not seen as a provider so they can't get paid. Dr. Bock stated the good news is that we have and are going to hire more clinical pharmacists. They are an important member of the interdisciplinary care team. Especially in the transition portion of inpatient to skilled nursing, or inpatient to home. We want to make sure that proper medication is given appropriately.	

Topic	Discussion	Action Required Responsible Party
Member Web Portal	*Carol Smith, AVP Stakeholder Experience* Carol introduced the new member web portal. **Welcome to MyMolina.com** ▪ **On November 8th of this year Molina launched a new member web portal called MyMolina.com** ▪ **My Molina.com is available 7x24 to provide an additional means for our members to interact with us, obtain information about benefits and services and perform frequently requested transactions** ▪ **The goal was to replace our previous portal which had limited functionality with a service that meets their needs of our members**	

Topic	Discussion	Action Required Responsible Party
Member Web Portal (cont.)	**What Can it Do?** ▪ MyMolina.com provides a personalized member experienced that is tailored to their plan, demographics and health status ▪ Members can view their service history, receive important health reminders, and change their PCP, request a replacement ID card and more….. ▪ MyMolina.com provides helpful Health and Wellness information and resources ▪ User interface designed to be simple to use and engaging – based on member input ▪ MiMolina.com is also available in Spanish	

Topic	Discussion	Action Required Responsible Party
Member Web Portal (cont.)		

Personalized Member Homepage

Topic	Discussion	Action Required Responsible Party
Member Web Portal (cont.)	Brenda Premo asked if the website was accessible. Can a blind person be able to use it? Carol Smith answered yes it was our goal to make the website accessible to as many as our Molina members as possible. Andrew Lacroix asked if all the members were aware of this website. Carol Smith answered that not everyone was aware yet. It was just launched in November of 2012, and we are about to launch a communication campaign. Andrew stated that he wasn't sure if older members use the internet. Carol answered that a lot of our older members do you use the web.	

Topic	Discussion	Action Required Responsible Party
Member Web Portal (cont.)		

Topic	Discussion	Action Required Responsible Party
Member Web Portal (cont.)	Member Communications • Article in fall newsletter • Information added to the welcome packet • Customer support representatives will notify members 	

Topic	Discussion	Action Required Responsible Party

Member Web Portal (cont.)	**What's Next?**
	
	• **We are continuing to enhance and add more features to the portal.**
	• **Coming soon (Q1 2013):**
	  • **Lab results**
	  • **Pharmacy data**
	  • **Member's Care Plan and ability to securely interact with their Case Manager**	

Communication Strategy for LTSS and Duals	*Yunkyung Kim, Director of New Initiatives* *Lisa Hayes, Director of Disability and Senior Services* Yunkyung Kim stated that they wanted to introduce the communication strategy that is being considered for the coordinated care initiative, the dual demonstration as well as the Medical long tern support services that are moving into managed care. The state has released a draft proposal for their communications plan, so we will explain how we coordinate with our own efforts at Molina. Lisa Hayes stated that with the SPD transition. Molina attended the DHCS training that Brenda Premo	

Topic	Discussion	Action Required Responsible Party

Communication Strategy for LTSS and Duals	provided a tool box. All health plans used the tools in the tool box to develop trainings for community based organizations, for providers and for our internal staff.
	• SPD **Transition into Managed Care – What we Did**
	  • Attended DHCS hosted "Train the Trainer": developed by the Harris Center for Disability and Health Policy
	  • Outreach to Providers via: POMM's, individual provider 1:1's, JOMM's.
	  • Outreach to CBO's
	
	I. The State's Plan for LTSS/Dual Outreach
	• **Target Audience (s)**
	  • Direct Action Takers
	  • Beneficiaries, Caregivers & Providers
	  • Guides
	  • Community Based Organizations, Unions, Medical Societies, HICAP, Legislative Aide offices (all offices including regional), Insurance Agents/Brokers, County governments, Tribes & Tribal Leaders
	  • Leadership
	  • Advocates, policymakers (in California and nationally) and opinion leaders
	  • Public At-Large	

Topic	Discussion	Action Required Responsible Party

Communication Strategy for LTSS and Duals	**II. IMPLEMENTATION**
	• **DHCS Project Leads from Sacramento**
	  • Notifications in clear, consumer friendly language. Attention to cultural competency and development of materials in accessible format
	  • Coordinate with state entities (in process) (DHCS, DSS, DOA
	  • Supporting Community Organizations (DHCS securing federal funding)
	  • Toolkit Development (in Process); intended to educate all stakeholders
	  • Supportive Training Program Development
	• **Outreach Coordinators in the Counties (continued)**
	  • Create a meeting structure for county leaders
	  • Assist with Media events as needed
	  • Support Local CBO's
	
	  • **Molina's Provider Training Ideas for 2013**
	  • Provider Town Hall "Breakfasts"
	  • Development/Distribute Provider Tools
	  • Available Community Resources
	  • CBAS
	  • MSSP
	  • IHSS	

Topic	Discussion	Action Required Responsible Party
Communication Strategy for LTSS and Duals	Lisa asked if anyone had any comments/suggestions to share. Liz Helms stated that one of the models that they have in place is university best practices where they bring the doctors and the quality directors together once a month to talk about what they can do to prevent strokes and heart attacks. They have reduced them by 50% in five years. Lisa Hayes asked what were your experiences/challenges with the SPD transition. What are your recommendations to help the state move forward? Brenda Premo said that she has been thinking about this a lot. One of the suggestions she has is to do a single training to say "here are the things that you need to know" so everyone gets the same message. It would help when the phone call comes in to give the correct information. Having the training in person would allow Q and A. Brenda would also recommend a website. Its contents would be how to sign up, who can you contact, and so forth.	
Long Term Services and Supports : Taking Advantage of Coordination and Case Management (cont.)	***Deborah Miller, VP Dual Eligible Services*** **CCI and LTSS Assessment and Coordination Standards** • Plan is studying the standards • Comparing to Molina Model of Care • Creating required policies and procedures that include the standards • Creating workflows for staff to follow • Training staff on standards and workflows • Adapting software platform to accommodate the standards	

Topic	Discussion	Action Required Responsible Party
Long Term Services and Supports : Taking Advantage of Coordination and Case Management (cont.)	**<u>Policy and Procedures</u>** • It's time and resource intensive to think though the best way to satisfy the standards • Lots of collaboration to create P&Ps • Policy and procedures need to account for all of the steps to satisfying standards • This is difficult to finalize until standards are finalized by DHCS **<u>Model of Care</u>** • Molina Policies and Procedure need to sync up with the standards and the Model of Care • We are working to satisfy both • We are expanding and refining how we already deliver on many of the standards • Preparing to deliver on the new elements of the Model of Care	

Topic	Discussion	Action Required Responsible Party
Long Term Services and Supports : Taking Advantage of Coordination and Case Management	**New Model of Care Elements** Example: Community Connector Program • Community Health workers • Expands the interdisciplinary team through community outreach to individual members • Helps the member connect to their "medical home," timely to access needed services, resources • Advocacy, teach self-management to achieve better outcomes **Interdisciplinary Team Improvements** • ICT refresher trainings with the entire team • Training on unique member needs related to chronic disease and/or disability • Molina behavioral health team members participate • Principles reinforced in each meeting • Ongoing workflow and process improvements **Working with DHCS and Counties** Molina staff has attended many state and county meetings in preparation CCI and the Dual Eligible Demonstration Learning as much as we can about: • The readiness review process	

Topic	Discussion	Action Required Responsible Party
Adjournment	• Draft standards • The concerns of the agencies we will partner with in the counties we will serve **<u>There were no questions.</u>** There is no further business; the meeting was adjourned at 2:30 p.m. The next meeting will be 05/14/2013	

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Richard Bock, M.D., CMO

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Andria Rubino, Minutes recorder