

**MINUTES**  
**CMSP GOVERNING BOARD**  
Thursday, February 13, 2020

Governing Board Conference Room  
1545 River Park Drive, Suite 435-A  
Sacramento, CA 95815

**MEMBERS PRESENT**

Patrick Blacklock, County Administrator, Yolo County  
Sanja Bugay, Health and Human Services Director, Kings County  
Birgitta Corsello, County Administrator, Solano County  
Jennifer Vasquez, Human Services Director, Yuba County  
Brad Wagenknecht, County Supervisor, Napa County  
Christine Zoppi, Health Director, Glenn County

**MEMBERS ABSENT**

Richard Egan, County Administrator, Lassen County  
Richard Forster, County Supervisor, Amador County  
Elizabeth Kelly, Director, Colusa County Human Services  
Brendan McCarthy, Assistant Secretary, California Health and Human Services Agency  
Leonard Moty, County Supervisor, Shasta County

**Opening of Meetings**

**Request for Public Comments**

There were no public comments and the Board convened in Closed Session.

**Welcoming Remarks**

Brad Wagenknecht, Board Chair, opened the Open Session meeting and invited Board members. Mr. Wagenknecht invited public comment and there was no public comment.

**Correspondence and Consent Calendar**

Mr. Wagenknecht requested a motion on the Correspondence and Consent Calendar.

ACTION MSC: Approve the Correspondence and Consent Calendar for February 13, 2020.

APPROVED	Votes:	Aye	6
		Nay	0

## **Report on Closed Session**

Cathy Salenko, CMSP General Counsel, reported that the Governing Board met in Closed Session and provided direction to the Administrative Officer concerning contract terms pertaining to negotiations with specified health care providers and took no action. Finally, the Board discussed the Administrative Officer's performance evaluation and gave direction to staff.

## **Report from Legislative Representative**

Karen Lange of Shaw Yoder Antwih Schmelzer & Lange (SYASL) greeted the Governing Board. The federal government rejected the MCO ta proposal. The Governor's 20-21 budget does not factor that funding in, so the \$1.5 Billion shortfall has no immediate impact. It is counted in FY 21-22 budget.

Governor included proposal to cover undocumented persons age 65 and older. There is a lot of work going on with homeless funding and Prop 63. CSAC is presently working on a comprehensive proposal for how homeless money would be spent. Governor is seeking to have DSS administer the funding through a local regional entity. The Administration is troubled that the existing money has been hard to get out and spent and the Governor is concerned that none of the 2019 funding has yet been spent. The goal is for a regional administrator to get the funding out quickly.

The Governor's Homelessness Task Force, chaired by former Senate President Pro Tem Darryl Steinberg, current Sacramento Mayor, and Mark Ridley-Thomas, current LA County Supervisor, produced a \_\_\_ page report. One recommendation contained in the report is that the State should establish a new "right to housing." It is expected that details to flesh out this proposal will be put forward at some point by Mr. Steinberg and Mr. Ridley-Thomas. Presently, legislative leadership staff wants to hear from counties what the quickest ways would be for counties to get the \$750 million in funding spent.

There is background activity going on concerning Prop 63 and potential changes to Prop 63 are anticipated from the Governor. By May 15, the May Revision to the budget will come out and then from mid-May to the middle of June real decisions will be made. So, the timing is now for counties to determine what changes they would like to see to Prop 63, and to be ready to respond to proposed changes to Prop 63 from the Governor and other entities.

Governor has proposed funding to stabilize board and care companies through \$500 million increase in payment rates for the organizations. Key legislative leadership is strongly behind the concept.

The LAO had sharp criticisms of the governor's \$750 million proposal and the lack of accountability. It is not clear if the Administration plans to further refine it or if the Legislature will take the lead to shape the concept.

SB 207, pertaining to elections, would allow registered voters to vote in the primary differently than their registration would otherwise provide. The measure was approved by the Legislature with an urgency clause and now awaits the Governor's action.

RCRC is making an additional push for refunding the Williamson Act for rural counties.

Discussion ensued among Board members and Ms. Lange concerning homeless proposals and proposed changes to Prop 63.

### **Affordable Care Act (ACA)**

Kari Brownstein, Administrative Officer, reported last month that the US Court of Appeals for 5<sup>th</sup> Circuit found that the ACA's individual mandate requirement is not constitutional and sent the case back to the state court with a direction to make a determination of what other aspects of the ACA are unconstitutional. Since that time, there is no news to report.

### **Election of Officers**

At the beginning of each New Year, the Governing Board elects the Board's Chair and Vice Chair.

ACTION MSC: Board re-elect the same officers for 2020 as were elected in 2019, specifically Brad Wagenknecht as Chair and Birgitta Corsello as Vice Chair.

APPROVED	Votes:	Aye	6
		Nay	0

### **Election of Executive Committee**

At the beginning of each New Year, the Governing Board elects the Board's Executive Committee.

ACTION MSC: Board re-elect the same Executive Committee members for 2020 that were elected in 2019, specifically Brad Wagenknecht, Birgitta Corsello, Christine Zoppi, and Elizabeth Kelly.

APPROVED	Votes:	Aye	6
		Nay	0

### **Appointment of Board Members to Committees**

At the first meeting of each new calendar year, the Governing Board appoints members of the Board to serve on the Board's Planning and Benefits Committee and Eligibility Committee.

ACTION MSC: Board appoints Christine Zoppi to serve on Planning and Benefits and Sanja Bugay to serve on the Eligibility Committee.

APPROVED	Votes:	Aye	6
		Nay	0

### **Report on CMSP Regional Administration of Medi-Cal Substance Use Disorder (SUD) Services**

Kari Brownwtein reported that she and Lee Kemper, Policy and Planning Consultant, met with DHCS staff to discuss the concept of CMSP regional administration of the Drug Medi-Cal program. From this meeting, there was agreement that DHCS and CMSP representatives would work on key issues, including:

- Defining the key contractual requirements contained in the State's contract for the Standard Benefit program;
- Defining the financing structure, including the use of federal block grant and Medicaid matching funds, and all non-federal funds (Realignment and other county funds), and define how costs will be allocated to participating counties;
- Defining the claiming structure for receipt of federal and non-federal funds; and,
- Developing fiscal estimates for program administration, including Governing Board administration and subcontracted third party administration.

### **Wellness and Prevention Grant Survey**

Laura Moyer, Grants Analyst, reported on development of a survey of Wellness and Prevention Grant Program grantees regarding the program. Ms. Moyer stated that CMSP staff created a draft survey for the Board's review, and with the support of a workgroup composed of three Board Members, reviewed and revised the survey to strengthen the overall content. Ms. Moyer outlined areas changed on the survey, including new questions regarding the sufficiency of grant funds; a question to determine whether the Grantee's project would benefit other CMSP counties; and, the cover letter for the survey. Discussion among Board members ensued.

ACTION MSC: Board approve the proposed Wellness and Prevention Pilot Project survey for distribution to Wellness and Prevention Pilot Project staff.

APPROVED	Votes:	Aye	6
		Nay	0

### **Path to Health Pilot Project Update**

Alison Kellen, Program Manager, stated that the first year of the two-year Pilot Project was just completed. The first full-year evaluation of Path to Health from UCLA will be submitted to CMSP staff tomorrow (February 14, 2020). This report will be presented at the Board's March meeting.

The Board asked about possible expansion of the Pilot Project. Ms. Kellen outlined two different, complementary approaches.

- 1) For counties without existing Path to Health providers:
  - a. Recruit CMSP contracted providers (with a particular focus on Kings, Mendocino, Lake, Humboldt and Imperial counties) to join the Pilot through an "Invitation to Participate" process instead of managing additional RFA cycles.
    - i. Provider must be a CMSP contracted provider and execute the Path to Health Provider Agreement addendum
    - ii. Provider must complete enrollment system and claims trainings
    - iii. New Path to Health providers would be added on a quarterly basis
  - b. Work with county social services departments to promote the Pilot Project and conduct outreach (direct mail piece or county-specific handouts) to residents already enrolled in restricted scope Medi-Cal.
  - c. Add the new counties to CMSP's marketing plan overseen by JP Marketing.
  
- 2) For counties with existing Path to Health providers:
  - a. Recruit additional CMSP contracted providers to join the Pilot Project through an "Invitation to Participate" process instead of managing additional RFA cycles.
    - i. Provider must be a CMSP contracted provider and execute the Path to Health Provider Agreement addendum
    - ii. Provider must complete enrollment system and claims trainings
    - iii. New Path to Health providers would be added on a quarterly basis
  - b. Work with county social services departments to promote the Pilot Project and conduct outreach (direct mail piece or county-specific handouts) to residents already enrolled in restricted scope Medi-Cal.

**ACTION MSC:** In lieu of conducting another Request for Applications for contracting provider participation in Path to Health, the Board approves a quarterly invitation to existing providers

contractors in CMSP counties to participate in the program, excluding contractors in CMSP counties with 10 or fewer possible Medi-Cal members. Further, the Board directs that a copy of the invitation to relevant CMSP county officials.

APPROVED	Votes:	Aye	6
		Nay	0

Ms. Kellen discussed Path to Health enrollment and the evaluation by UCLA. She reported that cumulative enrollment in Path to Health during the first full year of the Pilot (February 1, 2019 – January 31, 2020) is 7,238 members. The Pilot set out to serve up to 25,000 individuals over the two-year period. The current cumulative enrollment represents 29% of the two-year goal.

Ms. Kellen reported that UCLA would complete and submit the first annual Evaluation report for CMSP staff’s review by mid-February. The report is to include:

- Results from site visits with key stakeholders within the participating community health centers, including best practices and lessons learned
- Update on the member enrollment survey with a focus on self-reported utilization (hospital & emergency room visits), delays in care, and office visits
- Discussion of enrollment trends

Ms. Kellen also stated that UCLA is working to merge and analyze the Path to Health pharmacy claims, medical claims, and enrollment data in order to report on client demographics and common medical conditions.

**Local Indigent Care Needs (LICN) Grant Program**

Anna Allard, Grants Manager, outlined the proposal scoring and review process associated with the LICN program. She stated that Round 1 applications for the grant program were due December 20, 2019 and twenty-one (21) Planning Project grant applications and sixteen (16) Implementation Program grant applications were received.

Ms. Allard reported that all Round 1 applications were thoroughly reviewed and scored by four (4) reviewers, including three CMSP staff and the Board’s Policy and Planning Consultant. Following this process, all findings were presented and discussed with the Administrative Officer. From this review process the following determinations were made:

<b>Table A</b>				
<b>Total LICN Grant Applications</b>				
Application Type	# of Apps	Recommended for Funding	Recommended for Planning	Recommended for Remediation
Implementation	16	5	7	4
Planning	21	18	N/A	3

1. Implementation Grant Proposals

Ms. Allard stated that the Board established scoring criteria at the Board’s December 2019 meeting. For Implementation Program proposals, the Board set a minimum score of 85 (out of 100) to be considered for funding. Ms. Allard said that five proposals met this standard and staff recommended funding for these proposals (see table below).

<b>Table B</b>		
<b>Implementation Program Grant Proposals – Recommended for Funding</b>		
Applicant	County	Amount
Communicare Health Center	Yolo	\$1,043,137
Foothill Hospitality House	Nevada	\$1,382,794
La Clinica De La Raza	Solano	\$1,016,031
Shasta Community Health Center	Shasta	\$1,062,463
Yolo County Health and Human Services Agency	Yolo	\$1,500,000
<b>Total</b>		<b>\$6,004,425</b>

Ms. Allard stated that the Board’s criteria also specified that Implementation Program proposals that meet a score of 75 to 84 (out of 100) may be offered one of two options:

- Receive a Planning Project grant up to \$50,000 to address project proposal deficiencies, and then resubmit the revised proposal as an Implementation Grant in the next or a subsequent round of funding, or
- Address project proposal deficiencies without Planning Project funding and resubmit the revised proposal in the next or subsequent round of funding.

Ms. Allard said seven Implementation Grant proposals met this standard and staff recommended Planning Project funding for these proposal (see table below).

<b>Table C</b>		
<b>Implementation Program Grant Proposals – Recommended for Planning Grant</b>		
Applicant	County	Amount
County of Humboldt	Humboldt	Up to \$50,000
Kings County Department of Public Health	Kings	Up to \$50,000
County of Marin DHHS	Marin	Up to \$50,000
Shasta County HHSA Adult Services	Shasta	Up to \$50,000
Solano County Office of Education	Solano	Up to \$50,000
Sonoma County Department of Health Services	Sonoma	Up to \$50,000
Yuba County HHSA	Yuba	Up to \$50,000
<b>Total</b>		<b>\$350,000</b>

Finally, Ms. Allard reported that four applicants did not meet a minimum score of 75 and staff recommended these proposals were not recommended for any funding (see table

below).

<b>Table D</b>	
<b>Implementation Program Grant Proposals – Not Recommended for Funding</b>	
Applicant	County
Mendocino Community Clinic	Mendocino
Mendocino Community Clinic	Lake
El Dorado Community Health Center	El Dorado
Modoc County Department of Social Services	Modoc

2. Planning Project Grant Proposals

Ms. Allard stated that the Board also established scoring criteria for Planning Project proposals at the Board’s December 2019 meeting. For Planning Project proposals, the Board set a minimum score of 75 (out of 100) to be considered for funding. The table below provides a list of eighteen (18) Planning Project applicants that met this standard and are recommended for funding by CMSP staff (see table below).

<b>Table E</b>		
<b>Planning Project Grant Proposals – Recommended for Funding</b>		
Applicant	County	Amount
Alliance for Community Transformations	Mariposa	\$50,000
Butte County Public Health Department	Butte	\$50,000
Del Norte County	Del Norte	\$50,000
Glenn County Community Action Department	Colusa	\$50,000
Glenn County HHSD	Glenn	\$50,000
Humboldt County DHHS	Humboldt	\$50,000
Inyo County HHSA	Inyo	\$50,000
Madera County DHHS	Madera	\$50,000
Mammoth Hospital	Mammoth	\$49,896
Marin Community Clinics	Marin	\$50,000
Mariposa County HHSA	Mariposa	\$50,000
Mountain Valley Health Centers	Lassen, Shasta, Siskiyou, Modoc	\$75,000
Petaluma Health Centers Inc.	Sonoma	\$50,000
Santa Rosa Community Health	Santa Rosa	\$49,950
Solano County - FHS	Solano	\$50,000
Sutter County HHSD	Sutter	\$50,000
Trinity County DHHS	Trinity	\$50,000
Tuolumne County	Tuolumne	\$50,000
<b>Total</b>		<b>\$924,846</b>

Finally, Ms. Allard reported that that three (3) Planning Project proposals did not meet a minimum score of 75 and staff recommended these proposals not receive any grant



funding (see table below).

<b>Table F</b>	
<b>Planning Project Grant Proposals – Not Recommended for Funding</b>	
Applicant	County
North Coast Opportunities Inc.	Lake
Community Clinic Consortium	Solano
Lassen County – Health and Social Services Department	Lassen

**ACTION MSC:** Board approve recommendations from staff to do all of the following:

- Fund the five Implementation Program grant proposals (see Table B)
- Fund the eighteen Planning Project grant proposals (see Table E)
- Offer Planning Grants to the seven Implementation Program grant proposals that did not achieve a score of 85 or higher (see Table c), with deletion of the requirement that these applicants must resubmit a Planning Grant proposal prior to receiving Planning Project funding.

**FAILED**                      Votes:        Aye       5  
     Nay       1    (Bugay)

**ACTION MSN:** Board approve funding for five Implementation Program grant proposals (presented in Table B).

**APPROVED**                Votes:        Aye       6  
     Nay       0

**ACTION MSN:** Approve funding for sixteen Planning Project grant proposals, excluding the two proposals pertaining to Glenn County (presented in Table E).

**APPROVED**                Votes:        Aye       6  
     Nay       0

Board discussion ensued. Excluding the proposals associated with Kings and Yuba Counties (due to the Governing Board including Health and/or Welfare officials from these two counties), the Board directed CMSP staff to work with the five other Implementation Program grant applicants that failed to achieve a score of 85 (see Table C) and provide feedback and the opportunity for these proposals to remediate the

problems and resubmit their updated proposals. For the proposals associated with Kings and Yuba County, the Board provided no direction and deferred to staff.

Further, the Board expressed its desire that the LICN Technical Assistance (TA) Contractor offer TA during the LICN application process to counties that either did not apply or failed to achieve a qualifying score in with the Implementation Program or Planning Project proposals.

#### A. LICN Grant Agreements

Ms. Allard reported that the CMSP General Counsel prepared DRAFT Grant Agreements for organizations awarded a LICN Implementation Program grant or LICN Planning Project grant, and Ms. Allard presented the proposed agreements for consideration by the Board.

MSN: Board approve the proposed grant agreements for the LICN Planning Project grants and the LICN Implementation Program grants.

APPROVED	Votes:	Aye	6
		Nay	0

Discussion ensued among Board members about a strategy for handling matters pertaining to the LICN grant program between Board meetings.

MSN: Board delegate to the Executive Committee any follow up actions that may be needed pertaining to the LICN Grant Program.

APPROVED	Votes:	Aye	6
		Nay	0

#### **Extended Primary Care Benefit**

Ms. Brownstein reported that last June the Board approved moving forward with creation of an extended primary care benefit for CMSP counties. Ms. Brownstein stated that, toward this end efforts are underway with Alluma, the Board's eligibility system vendor for Path to Health, to develop a proposal for a new CMSP primary care benefit program with eligibility processing that would be carried out by hospitals and clinics that contract to participate in CMSP.

#### **CMSP Personnel Job Descriptions**

Ms. Brownstein stated that the Governing Board, at its July 25, 2019 meeting, approved an updated organization chart with an expansion of CMSP staff, and job descriptions for a Grants Manager and Eligibility Analyst. At this time, three (3) additional job

descriptions are proposed for Board consideration: Accounting Manager, Program Analyst, and Grants Specialist.

MSN: Board approve the proposed Accounting Manager, Program Analyst and Grants Specialist job descriptions.

APPROVED	Votes:	Aye	6
		Nay	0

### **Third Party Administrator Request for Proposals**

Ms. Brownstein reported that the current Services Agreement between Advanced Medical Management (AMM) and the Governing Board for third party benefit administration services ends March 31, 2020. Under the agreement the Governing Board has a right to extend the agreement for one year, through March 31, 2021.

Ms. Brownstein stated that the Governing Board has contracted with AMM for third party benefit administration services for five years, since April 2015. In light of the passage of time, Ms. Brownstein recommended that it would be prudent for the Governing Board to conduct a new Request for Proposal (RFP) process for third party administration services. A new RFP process would give the Board the opportunity to take a fresh look at the services required for CMSP and Path to Health benefit administration, the cost of these services, and the associated performance standards.

Ms. Brownstein presented a draft RFP for third party administration services that was developed with the assistance of the Board's General Counsel and the Board's Policy and Planning Consultant. Discussion among Board members ensued.

MSN: Board authorize the Administrative Officer to proceed with release of the proposed Request for Proposals for third party administration services for the CMSP and Path to Health benefit programs.

APPROVED	Votes:	Aye	6
		Nay	0

### **CMSP Financial Reports**

#### CMSP Balance Sheet

All revenue is now based on interest on funds in the Board's accounts. Ms. Brownstein presented financial statements for the following: September 30, 2019, October 31, 2019 and November 30, 2019. The CMSP Balance Sheets show:

ITEM	12/31/19
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Total CMSP Funds	\$402,745,327
Total Assets	\$408,382,173
Total Liabilities and Equity	\$408,382,173

#### FY 2019-20 Program Budget Expenditures Year-to-Date

Ms. Brownstein presented a report on year-to-date actual versus budgeted Program expenditures. As of December 31, 2019 there were expenditures of \$7,593,707 (accrual basis). The approved Program Budget for FY 2019-20 is \$33,838,000.

#### FY 2019-20 Administrative Office Budget Expenditures Year-to-Date

Ms. Brownstein presented a report on year-to-date actual versus budgeted Administrative Office expenditures. As of December 31, 2019 there were expenditures of \$1,188,576 (accrual basis). The approved Administrative Office Budget for FY 2019-20 is \$3,828,000.

### **Program Administration**

#### County Medical Services Program

Ms. Brownstein reported that construction for an office space expansion next door to the CMSP office is underway.

#### Advanced Medical Management (AMM)

Ms. Kellen reported that AMM is working on DME provider recruitment and getting more participating health clinics to participate in CMSP, along with processing CMSP and Path to Health claims. Chris Salmon, IT Manager, has been working with AMM on cleaning up the paid claims file so that the Board staff can complete a correct accounting of IBNR.

#### MedImpact

Ms. Brownstein stated there was a “benefits accumulator” issue associated with payment maximums, but it is being corrected.

### **Low Income Health Program (LIHP) Transition**

Ms. Brownstein reported she expects DHCS to release an outstanding LIHP receivable of over \$3 million shortly.

### **Public Comments**

Mr. Wagenknecht asked for public comments and there were no public comments. The next Board meeting is March 26, 2020.