

MINUTES
CMSP GOVERNING BOARD
Thursday, July 23, 2020

Via Zoom

MEMBERS PRESENT

Patrick Blacklock, County Administrator, Yolo County
Sanja Bugay, Health and Human Services Director, Kings County
Birgitta Corsello, County Administrator, Solano County
Richard Egan, County Administrator, Lassen County
Elizabeth Kelly, Director, Colusa County Human Services
Leonard Moty, County Supervisor, Shasta County
Jennifer Vasquez, Human Services Director, Yuba County
Brad Wagenknecht, County Supervisor, Napa County
Christine Zoppi, Health Director, Glenn County

MEMBERS ABSENT

Richard Forster, County Supervisor, Amador County
Brendan McCarthy, Assistant Secretary, California Health and Human Services Agency

Welcoming Remarks and Request for Public Comments

Brad Wagenknecht, Board Chair, opened the meeting and introduced himself. He asked Kari Brownstein, Administrative Officer, to conduct a roll call of Board members attending the meeting, which Ms. Brownstein conducted. The members listed above announced their participation at the meeting.

Mr. Wagenknecht asked if the Board had received any public comments via email submissions. Meegan Forrest, Accounting Manager, read correspondence sent jointly from Health Access California and the Western Center on Law and Poverty to the Governing Board. In this letter, the organizations expressed their continued support for Governing Board's actions on COVID-19. The organizations also called for additional actions by the Board, including the following: no cost coverage for COVID-19 testing; clarifying and expanding testing in all circumstances without client cost-sharing; a guarantee of coverage for COVID-19 follow up care, specifically to provide needed follow up care unrelated to COVID-19; streamlining of CMSP eligibility requirements, including use of telephonic verifications and elimination of the asset test; a revamping of outreach and enrollment efforts for Path to Health; and, a request that Governing Board meeting documents be posted online in advance of meeting.

Agenda and Correspondence and Consent Calendar

Mr. Wagenknecht invited a motion to approve the Board meeting agenda and the Consent Calendar.

ACTION MSC: Approve the July 23, 2020 Board agenda and the Consent Calendar.

APPROVED

Votes:

Aye 9

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, gave direction to the Administrative Officer and took no action.

Report from Legislative Representative

Karen Lange of Shaw Yoder Antwih Shmelzer & Lange, reported that the Legislature is coming back next Monday, which is a postponement of two weeks, as a result of positive COVID-19 cases among Senate staff. The Legislature will be taking on various major issues. The Assembly sent 500-600 pieces of legislation to the Senate, while the Senate sent far fewer bills to the Assembly. As a result, it appears that Senate Committees will be limiting the number of Assembly bills that will be heard.

Ms. Lange reported that cash receipts for the end of the year were a little less terrible than anticipated, which is positive. She also reported that personal income taxes weren't due until July 15, 2020, so the real revenue dynamics are unknown at this time.

With regard to the FY 2020-21 State Budget, Ms. Lange reported that the Department of Finance (DOF) dropped its original budget proposal to take CMSP funds. Also, she stated that the Governor directed DOF not to release Realignment funding as would normally occur, but rather, to mete out the funding to counties as they demonstrated fulfillment of various Realignment related requirements.

In other action, Paul Yoder reported that there have been growing concerns about the safety of County Public Health Officers, and Senator Richard Pan has introduced legislation to create a higher level of protection for these public officials.

Mr. Yoder reported on current discussions regarding the next federal relief package. At this time, it is reported that Republicans and the President appear to be intending to leave discussions about direct funding to states and local governments to future discussions with the Democrats. But they are reported to be intending to clarify that CARES Act revenue can be used for lost revenue that had been budgeted and expected. They're also looking at a 3-month extension for the CARES Act funding.

There is also going to be an effort to tighten up the extent to which states and Governors can put additional requirements or strings on CARES Act funding or other federal funding.

Ms. Kellen also reported that the California Health and Human Services Agency recently announced updated COVID-19 testing guidance that includes tiered priority levels and seeks to increase the number of private providers performing tests in the office rather than referring patients to labs or testing sites. Reportedly, the State is preparing to file emergency regulations that will classify COVID-19 testing as “medically necessary urgent care” for people with symptoms of or possible exposure to COVID-19, and plans to establish new requirements for health plans to cover testing.

At this time, CMSP and Path to Health’s current billing policy requires laboratory tests to be ordered by a medical provider. CMSP staff is presently researching requirements and conditions for an expansion of COVID-19 testing at retail pharmacy locations and covering self-directed, non-physician ordered, COVID-19 tests.

ACTION MSC: Ratify and approve the changes to the CMSP and Path to Health strategy for coverage of COVID-19 testing, as proposed by CMSP Staff and approved by Chair, and direct the Administrative Officer to report back to the Board’s September Board meeting on any recommended changes.

APPROVED	Votes:	Aye	8
		Nay	0

Richard Egan did not vote.

Local Indigent Care Needs (LICN) Grant Program

Anna Allard, Grants Manager, reported that if all 20 LICN Planning Project grantees were awarded implementation grants in a future funding round, the additional award amount would be roughly \$30 million. In combination with grant amounts approved in Round 1, total LICN grant awards through the first two rounds of funding will be about \$45.2 million. This total does not include potential new Implementation Grants or Planning Grants in subsequent funding rounds. The Board’s approved budget for the LICN program is \$45 million.

Ms. Allard also advised the Board that Planning Project grantees, in consideration of local dynamics associated with COVID-19, were offered two alternative start dates (July 1, 2020 and October 1, 2020) in addition to the original start date of April 1, 2020. Because grantees are operating under different start dates, CMSP staff intends to schedule release of a second round of the LICN Implementation Grants with a rolling deadline (October 2020 to April 2020) and be open *only* to Round 1 Planning Grantees. This approach would allow all Round 1 Planning Grantees an additional six months to complete their projects before submitting an Implementation Grant proposal.

Wellness and Prevention Grant Survey

Laura Moyer, Program Analyst, presented results of the Wellness & Prevention survey that was sent to grantees in February 2020. She reported that grantee feedback was generally positive and said that CMSP staff will utilize survey findings to inform future granting efforts. Changes in response to feedback include the following: creation of standardized templates for common grant activities; more frequently updated FAQ's; utilization of a TA vendor; and, improved communication regarding projects that may be replicable in and beneficial to all CMSP counties.

The Board thanked CMSP staff for their efforts in garnering feedback and implementing changes.

Healthcare Workforce Development

Laura Moyer reported on two CMSP workforce development programs.

The CMSP Loan Repayment Program (CMSP LRP) provides up to \$50,000 of educational debt relief for primary health care or dental services professionals in exchange for a two-year service obligation at a CMSP-contracted provider site. Ms. Moyer stated that during its first four cycles, CMSP LRP awarded a total of \$4,994,360 to 144 awardees. The fifth and final CMSP-LRP cycle will be in Spring 2021.

The Allied Healthcare Loan Repayment Program provides up to \$16,000 of educational debt relief to various allied health care professionals in exchange for a one-year service commitment of practicing direct patient care at a CMSP-contracted provider site. Ms. Moyer stated that during the first four application cycles, AHLRP awarded a total of \$1,242,269 to 108 applicants. The fifth and final application cycle will be August 3, 2020 through October 13, 2020.

Report on CMSP Regional Administration of Substance Use Disorder Services

Ms. Brownstein reported that this matter would be postponed until after the COVID-19 public health emergency. Mr. Wagenknecht suggested that the Governing Board should await further direction from DHCS leadership on their priority for this joint effort.

Path to Health Pilot Project Update

Ms. Kellen reported that recruitment efforts for more Path to Health providers have led to four new contracted clinic organizations joining as Path to Health providers. These providers serve residents of following counties: Butte, Del Norte, Humboldt, Imperial, Lake, and Mendocino. With these added clinics Path to Health availability will expand from 15 to 20 CMSP counties.

Ms. Kellen stated that the cumulative enrollment in Path to Health since the start of the Pilot (beginning February 1, 2019) is nearly 11,000 unique persons, and current Path to

Health enrollment is 6,750 members. She reported that most new enrollments are now being conducted telephonically.

Finally, Ms. Kellen reported on Path to Health marketing efforts. New Spanish-language radio ads launched in July 2020 and new animated digital ads launched on YouTube in June 2020. Additionally, Path to Health carteles (signage) have been placed outside of 74 convenience stores and Mexican markets in proximity to participating health centers in nineteen cities in participating Path to Health counties.

Public Comments

Mr. Wagenknecht asked for public comments and there were no public comments.

The next meeting is September 24, 2020.

Adjournment

The meeting adjourned at 12:23 pm.

**CMSP GOVERNING BOARD
EXTENDED PRIMARY CARE BENEFIT
ELIGIBILITY POLICY**

CMSP Extended Primary Care Benefit Program – Proposed Eligibility Requirements	
Program Rules	Non-Financial Requirements
Age Limits	21 to 64 years of age (confirm with proof of identity)
CMSP County Residency	Residence in a CMSP county required.
Documentation of CMSP County Residency	Accept any of the following: lease or rental agreements listing home address; rent or mortgage receipts; utility bills; bank/financial documents listing home address; business or job documents listing home address; California vehicle registration documents listing home address; official state IDs; income verification documents that also list applicant's home address; any other official documents or correspondence that lists the applicant's home address (religious documents, club or union documents, etc.).
Immigration/Citizenship Status Requirements	Residents who are citizens or other legal residents and undocumented residents are all eligible. No distinction between what services are covered for an enrollee based on documentation status. Capture SSN as part of application and provide an option for "No SSN available or no SSN provided." Parse No SSN available or no SSN provided group into undocumented/undetermined documentation status group.
Identity	Documentation of identify is required. Permitted ID documents include: California Driver's License; DMV Identification Card; picture ID; US Citizenship or Alien Status documents; Birth Certificate; School ID card; Passport; Social Security Card (or other document with SSN and name); marriage record; divorce decree; adoption record; court order for a name change.
Program Rules	Other Coverage Screening and Eligibility
Medi-Cal Eligibility	If on Medi-Cal or Covered California, not eligible. No documentation or verification required to prove the applicant is not enrolled in Medi-Cal or Covered California.
Refer to Path to Health	Refer Restricted Medi-Cal (0-138% FPL) members to Path to Health.
Medi-Cal/Other Health Coverage	Not eligible if have publicly funded health coverage (e.g. Medi-Cal/Covered California). Not eligible if any private insurance.
Determination of Other Eligibility/Coverage	Use a screening tool at the beginning of the application process to determine if the applicant should proceed or be redirected to Medi-Cal, Medicare or Path to Health. Providers not required to facilitate enrollment unless existing process. During Covered California Open Enrollment, Providers shall encourage application to Covered California but not require it as part of the application process.
Program Rules	Financial Eligibility Criteria
Income Eligibility	Over 138% FPL and up to 300% FPL
Who is in household and counted income	Household includes only those who are legally responsible for each other. Any income belonging to the applicant, plus spouse and children living in the home.
Calculating Income	Gross income
Types of Income Counted	Employment; self-employment; disability benefits; retirement benefits; SSI/SSP; Unemployment Insurance; State/private disability insurance; Veteran's benefits; Child Support; spousal support; Worker's Compensation; money from an insurance settlement or lawsuit; gifts; and, any other income the applicant can report.
Income documentation	Must provide verification for any income. Acceptable documentation includes: Tax documents (W-2s, returns, etc.); check stubs (paychecks, alimony checks, etc.); and official correspondence detailing the income, such as letters from employers attesting to income for informal or cash-based income; and banking records that show income.
Income Deductions	N/A
Documenting Expenses	N/A

Asset Test	Self-attestation of assets. Limits are the same as the CMSP standard program, i.e. \$20,000 maximum for 1-person family; \$30,000 maximum for 2-person family; other limits based on family size. Assets shall include all of the following: cash; un-cashed checks; checking account or savings account balances; shares of stock or mutual funds; Individual Retirement Accounts (IRAs, Keoghs, or work-related pension funds); annuities; trusts or similar agreements; court-ordered settlements; judgments; promissory notes; mortgages or deeds of trust (excluding principal residence); any other real estate or property that is not a principal residence; motor vehicles (excluding primary vehicle), which shall include cars, motorcycles, trailers, and boats.
Program Rules	Application, Enrollment & Renewal Process
System of Record	One-x-Connection (OxC)
Application Process	Applicants must apply through health centers participating in CMSP's new program. Assistors help them apply through One-x-Connection.
Rights and Responsibilities Language	Simplified version used for Path to Health language.
Who is eligible under same application	Household income to determine eligibility for all persons.
Reasonable Opportunity Period (for documents)	30 days
Application Processing Deadline	Up to 30 days after all required documentation received.
NOA for Approval	OxC to send approval NOA, ID and member guide will be sent from AMM.
NOA for Denial	OxC to send denial notice.
Eligibility Determination Process	One-x-Connection determines initial eligibility only after application is considered complete. After application is submitted by clinic enrollment assistors, CMSP Eligibility Staff shall review and approve/deny application.
Member Enrollment Process	After CMSP staff eligibility approval, notice of action (NOA) by OxC. CMSP identification (ID) card from AMM, including name, identification number, effective dates of coverage (start and end), and CMSP Member Guide (Use of CMSP Extended Primary Care Benefit program) mailed to applicant.
Change Reporting	No reporting of changes during enrollment period, only at renewal.
Renewal Process	OxC to send renewal notice 30 days before end of coverage date. At renewal, documentation of residency, income, and other coverage information.
Program Rules	Coverage and Services
Medical Home	No medical home (enrollees can seek care at any participating location).
Coverage Start Date	Date of application (same as Path to Health). No retroactive coverage.
Coverage Duration	Up to 6 months
Covered Services	Specified Primary care, outpatient specialized care, medications, laboratory, radiology within CMSP's contracted provider network.
Enrollee Share of Cost (SOC) and Co-Pays	No Share of Cost (SOC) for medical office visits and medications require co-pay of \$5 per prescription with a \$1500 limit per enrollment period (same as Path to Health).
Hospital Network	N/A
Provider Network	Contracting Community Health Centers must participate in enrollment and claiming training and sign a contract amendment.