

**CMSP PLANNING & BENEFITS COMMITTEE  
AUGUST 31, 2022  
MEETING MINUTES**

**MEMBERS PRESENT**

Sara Bosse, Madera County Public Health Department  
Jerry Huber, Solano County Health and Social Services Department  
Noe Paramo, California Rural Legal Assistance Foundation  
Liza Thantrannon, Legal Services of Northern California  
Jennifer Vasquez, Yuba County Health and Social Services Department  
Michael Weiss, Humboldt County Health and Social Services Department  
Christine Zoppi, Glenn County Health and Human Services

**MEMBERS ABSENT**

None

**WELCOME & INTRODUCTIONS**

Christine Zoppi, Committee Chair, called the meeting to order and asked Committee members to introduce themselves.

**PUBLIC COMMENTS**

Ms. Zoppi called for public comments and there were none.

**MEETING MINUTES**

The Committee approved the minutes from the April 29, 2021 meeting.

APPROVED

Votes: Aye 7

Nay 0

**CMSP PROGRAMS AND INITIATIVES OVERVIEW**

Kari Brownstein, CMSP Executive Director, presented a PowerPoint presentation to update the Committee on the current state of CMSP. The presentation included the participating counties, governance, financing, benefit programs, grant programs, and informational resources.

**STRATEGIC PLANNING PROPOSALS**

Ms. Brownstein and Alison Kelen, Program Director, led a discussion about six Strategic Planning proposals (see attached CMSP Strategic Planning Proposals table). The proposals are designed to increase access to health care coverage in four different ways: expansion of eligibility; expansion of benefit coverage; identification of needed healthcare providers (with intended future development of a plan for supporting development of needed workforce); and, financial support to counties seeking other state and/or federal funding support for development of local healthcare infrastructure.

Discussion ensued among Committee members about the proposal to contract with UCSF to prepare an analysis of healthcare workforce and provider educational pipeline

in CMSP counties. Ms. Brownstein advised that the California Behavioral Health Directors Association (CBHDA) is currently working with UCSF as part of CBHDA's ten-year strategic plan.

Jerry Huber stated that the pandemic has really impacted the healthcare workforce in Solano County as there's currently a 30% vacancy rate in Behavioral Health positions.

Lee Kemper, CMSP Policy & Planning Consultant, thought the study would be important to understand how people get educated in these professions and how to retain healthcare professionals in CMSP counties.

Ms. Brownstein advised that Sutter Amador Hospital just started a residency program.

Noe Paramo expressed the importance of the workforce understanding patient needs and being culturally and linguistically competent.

Sara Bosse felt it was important to look for data positive outliers – people that stayed in a community after serving in exchange for loan repayments.

The Committee approved moving all the recommended six Strategic Planning proposals for the Governing Board's review and approval.

APPROVED

Votes: Aye 7  
Nay 0

### **SCHEDULING OF NEXT COMMITTEE MEETING**

In lieu of scheduling another Committee meeting, Ms. Brownstein advised that CMSP staff can send out an informational report via email to the Committee members advising of the Governing Board's action(s). The Committee can reconvene if needed.

### **PUBLIC COMMENTS**

Ms. Zoppi called for final public comments and Srikanth Kolli, DC, with Ampla Health in Lindhurst introduced himself and shared his background. Dr. Kolli read a statement about postures and depression.

Ms. Kellen advised there were CMSP marketing materials for attendees to take back to their organizations.

**CMSP STRATEGIC PLANNING PROPOSALS**  
**August 31, 2022**

Category	Proposal	Program / Organization	Description	Estimated Enrollees*	Estimated Cost*
<b>Eligibility</b>	<u>Pilot Project:</u> Expand eligibility for persons 65+ with 138%-300% FPL (not on Medicare)	Connect to Care (CTC)	Currently, eligibility for CTC is limited to adults ages of 21-64. Expansion of eligibility to the senior population age 65 and older would provide new primary care benefit coverage for any income-eligible senior that does not have Medicare coverage.  The population of persons 65+ with 138% - 300% FPL not on Medicare in the CMSP counties is estimated to be between 3,000 – 5,000.	750 – 1250	\$405,000 - \$675,000
<b>Eligibility</b>	CMSP Eligibility @ Community Health Centers (through RedMane) in addition to county social services	CMSP	Currently, the only place applicants for CMSP can apply for coverage is the county social services department. To make the CMSP application process more accessible, the CMSP Eligibility and Enrollment system (through RedMane) would be configured to make it possible for applicants to apply for CMSP at a community health center that participates in CMSP and serves as an enrollment provider. The current county social services CMSP application process would continue without change.	Up to 75% of current CTC members and increased CMSP enrollment over time	System Cost TBD  \$1.5 Million
<b>Benefits</b>	<u>Pilot Project:</u> Full Scope Benefits to Aid Code 50	CMSP	Currently, CMSP benefit for coverage for Aid Code 50 is limited to emergency services only benefits, in addition to the primary care benefits available through Path to Health and Connect to Care. Expansion of the Aid Code 50 benefit to align with the CMSP Standard Benefit would make the Aid Code 50 CMSP benefit more comprehensive. See Attachment A for a list of benefits that are not currently covered under Aid Code 50.  The population of undocumented persons 21-64 with incomes between 138% - 300% FPL in the CMSP counties is estimated to be between 35,000 – 45,000.	3,500 – 4,500	\$7.1 Million - \$9.2 Million

Category	Proposal	Program / Organization	Description	Estimated Enrollees*	Estimated Cost*
<b>Benefits</b>	Align Dental, Vision, Hearing Benefit Coverage with Medi-Cal	CMSP	<p>Currently, CMSP provides a more narrow scope of dental benefit coverage than Medi-Cal. Coverage is limited to: diagnostic and preventative care, oral and maxillofacial surgery, local anesthesia, select endodontic, restorative, and prosthodontic services, root canals, fillings, and extractions. Expansion of CMSP dental benefit coverage to align with the Medi-Cal scope of services would make the CMSP benefit more comprehensive.</p> <p>Currently, CMSP does not provide coverage for any vision services provided by an optometrist, coverage of eye appliances, or coverage of contact lenses unless they are medically necessary. Expansion of vision benefit coverage to align with the Medi-Cal scope of services would make the CMSP benefit more comprehensive.</p> <p>Currently, CMSP provides a more narrow scope of hearing benefit coverage than Medi-Cal. Coverage is limited to: outpatient audiology and speech pathology services and hearing aids. Expansion of hearing benefit coverage to align with the Medi-Cal scope of services would make the CMSP benefit more comprehensive.</p> <p>See Attachment B for a Medi-Cal and CMSP benefit comparison of coverage for dental, vision and hearing services.</p>	All current CMSP members	The projected cost for adding the proposed benefits to CMSP is estimated to be no more than \$500,000 per year.

Category	Proposal	Program / Organization	Description	Estimated Enrollees*	Estimated Cost*
<b>Healthcare Workforce</b>	Contract with UCSF prepare an analysis of healthcare workforce and provider educational pipeline in CMSP counties	CMSP Counties	<p>The 35 CMSP counties face unique constraints in recruiting and retaining their necessary 'healthcare workforce' (health care, behavioral health, and oral health care providers). There has been limited research conducted about the scope of this problem for these counties.</p> <p>A contract with the UCSF Healthforce Center is proposed for the Center to develop baseline data on the dynamics of the healthcare workforce in CMSP counties, along with the educational pipeline for the development of needed health care workers in the health care, behavioral health, and oral health systems in CMSP counties.</p> <p>Following consideration of the UCSF analysis, it is proposed that a long-term plan for addressing the healthcare workforce needs of CMSP counties be developed.</p>	NA	TBD
<b>Healthcare Infra-Structure</b>	CBHCIP Funds (capital grant match) for facilities providing behavioral health services	CMSP counties	<p>For some CMSP counties, access to healthcare infrastructure funding opportunities provided by state or federal programs is limited by a lack of access to available county funding needed to obtain a grant (by county program or by the county as a whole). For example, some state and federal grants require a local match of some percentage of the total grant amount.</p> <p>This proposal calls for dedicating CMSP funds to assist CMSP counties in obtaining healthcare infrastructure grants from the state or federal government by providing some of the required county matching funds limited to:</p> <ul style="list-style-type: none"> <li>CMSP counties or non-profits contracting for delivery of services with a CMSP county,</li> </ul>	NA	\$10 Million

			<ul style="list-style-type: none"><li>• The lower of \$500K or a 5% match of the total project (CMSP Governing Board to consider an increased amount for multi-county projects),</li><li>• Total funding of not more than \$10 million.</li></ul>		
--	--	--	---	--	--

*\*Estimated Enrollees and Costs do not account for continued growth / healthcare inflation*