



San Luis Obispo County Public Health Department

MEETING MINUTES

Coverage Initiative Planning Project (CIPP)

Stakeholder Work Group

Meeting #6 – Tuesday, January 18, 2011, 3:30 p.m. – 5:00 p.m.

The meeting convened at 3:35 p.m.

Attendance

Stakeholder representatives in attendance: Biz Steinberg, CAPSLO; Abby Lassen, CA Rural Legal Assoc.; Larry Bacus, Community Health Centers of the Central Coast (CHC); Leslie Brown, SLO County Administration; Karen Baylor and Janet Amanzio, SLO County Behavioral Health; Christina Chow, SLO County Dept. of Social Services; Clint Slaughter, French and Arroyo Grande Hospitals ED Physician; Amy Gilman, Office of Supervisor Jim Patterson; Richard Phillips, Sierra Vista Regional Medical Center; Sue Andersen, Catholic Healthcare West; Tom Hale, Twin Cities Community Hospital ED Physician; and Joe Mercadante, CHC.

Others in attendance: Joel Diring, Diring & Associates; SLO County Health Agency: Marsha Bollinger, Jennifer Shay, Jeff Hamm, Penny Borenstein, and Gloria Gonzales.

Handouts provided: Agenda and LIHP Update Presentation

Welcome and Introductions

Joel Diring, of Diring & Associates, welcomed the stakeholder representatives and began introductions followed by a review of the meeting Agenda.

State/Federal Policy Update: New Timeline

Mr. Diring announced that the state released the LIHP application on Friday, January 14th at 5:30 p.m. He then presented a PowerPoint (handout provided) to update the group on the program and the LIHP application timeline and requirements.

Mr. Diring informed the group that the state now calls the program the Low Income Health Program (LIHP), which includes two parts: Medicaid Coverage Expansion (MCE) and Health Care Coverage Initiative (HCCI). While both parts cover adults between the ages of 19-64, the MCE program is for those with income less than 133% of the federal poverty level (FPL) and the HCCI is for those with income between 133-200% of the FPL. The MCE is not subject to a cap on federal funding. The MCE federal reimbursement will be limited only by the amount of local, non-federal funds the county provides for MCE expenditures annually. In contrast, under HCCI, there is an annual, statewide federal funding cap of \$180,000,000. The MCE program

provides some additional benefits, including mental health, over the HCCI program. A full review of mental health benefits was presented later in the meeting.

The LIHP applications are due February 14th, which is contrary to prior information from DHCS indicating applications would be accepted on a rolling basis; however, there will be future application periods once this round is implemented. DHCS anticipates program implementation could begin in June 2011 if all application information is completed, the contract with the county is negotiated, and the program is certified.

The bulk of the information requested in the application may be sent after the February 14th due date. Some of the issues we need to determine include income limits, if we will have enough funding for an HCCI program as well, if we want to add on any benefits, what kind of enrollment system is needed and how many residents may benefit from this program and at what cost to the county. Some program requirements and processes still need to be clarified by DHCS and the feds before contracts are executed. The maintenance of effort (MOE) requirement now references state fiscal year 2010-2011 instead of 2006-2007; however, the method of calculating the MOE is one of the details that still needs to be clarified. Mr. Diring explained that DHCS will continue to provide counties with more detailed information after the application deadline.

The question was asked if the application will have a 60-day public review period. Health Agency Director Jeff Hamm replied that there is no time since the due date is February 14th, just 30 days after the application was released. Mr. Hamm further explained that the application is not binding and the program details will be in the contract, which is much further down the line. He added that the options regarding the LIHP application will be reviewed and discussed at the Board of Supervisors meeting on March 29, 2011.

There was a general discussion about the reimbursement process.

Dental Access for Medically Indigent Adults

Joel Diring told the group that although the state declined to provide adult dental services for Medi-Cal patients, it is still part of medical care provided to the indigent and warranted a discussion here. Mr. Diring then introduced Dr. Joe Mercadante, Director of Oral Health Care at CHC, who presented a PowerPoint on oral health care services provided by CHC for the indigent residents of our county.

Dr. Mercadante said that 45% of the Medi-Cal population does not see a dentist, and those adults who do see the dentist are now charged on a sliding fee basis since most dental services are no longer covered by Medi-Cal. He presented the percentage of dental visits by insurance coverage (private, public, and none) concluding that dental coverage stimulates demand for services, while lack of coverage suppresses demand, and lack of financial resources inhibits access to care. Dr. Mercadante stated that data indicates that continuous care is being replaced by episodic or emergency care. He reported that over the last 2 years CHC has increased dental staff by 125% and now non-emergency wait times are between 2-3 weeks and emergency patients are usually seen within 2 hours. Dr. Mercadante concluded by saying that CHC does

not turn anyone away and that federal guidelines mandate that they see everyone who is unable to pay.

Jeff Hamm added that their dental program could be positively affected by the LIHP. As the only FQHC provider, CHC will financially benefit from the LIHP, which can benefit all CHC services including dental.

Behavioral Health Services for Medically Indigent Adults

Joel Diringier introduced Karen Baylor, the County Behavioral Health Administrator, who presented a PowerPoint on mental health services provided by the county and the LIHP mental health care benefits. Dr. Baylor began with an overview of the county's core outpatient and inpatient mental health services for adults and children. Outpatient services include assessment, psychiatric evaluation, therapy, medication management, and case management. Inpatient care is provided at the county's 16-bed Psychiatric Health Facility (PHF), a unique benefit for a county of our size. Mental health services are also provided through the county's network of providers, which we have 16 currently. Dr. Baylor reported that there are over 2,000 open cases at any one time. The PHF averages 6 patients a day with an average length of stay of 2-3 days. In fiscal year 2008-2009, the department served over 4,500 patients, and approximately one third of those were uninsured.

While there are no mental health benefits under the HCCI program, benefits available under the MCE program include up to 10 days per year at the PHF, up to 12 outpatient encounters per year, and psychiatric pharmaceuticals. Dr. Baylor added that mental health services may be provided through a carve-out of the county's LIHP.

Jeff Hamm commented that while one third of the county's mental health patients are uninsured, and even though we do not know how many of those are MCE eligible, we can assume we are already providing care to that population and, therefore, we should not see a pent up demand for these services. One of the issues in estimating costs of the LIHP is estimating the potential for pent up demand for services. Our current certified public expenditures (CPEs) for mental health services would receive matching federal funds.

There was a general discussion whether the LIHP federal funds could expand mental health services for the indigent.

Discussion: Moving Forward

Joel Diringier reviewed some mental health care issues to consider as we progress with the LIHP application process:

- Pharmaceutical costs are high and we should look at all options. Currently, non-Medi-Cal pharmacy services are provided primarily through CHC.
- Under LIHP, mental health benefits are just for the MCE program (income under 133% of FPL). Should we expand these benefits to the HCCI program (income up to 200% FPL) since we already service this income group?

- Since we already have a county mental health provider should we carve out mental health services from the contract with CenCal?

There was a general discussion about whether or not to meet again before the LIHP application is sent to the state on February 14th, but no plans were made. The next CIPP meeting is Tuesday, February 15, 2011 from 3:30-5:00 p.m. It will be held at the same location: SLO County Dept. of Agriculture Extension Auditorium: 2156 Sierra Way, SLO 93401 (off Bishop Street, behind the Public Health Dept.).

The meeting was adjourned at 5:00 p.m.