

PASC Governing Board Meeting Minutes October 1, 2012

I. CALL TO ORDER AND ROLL CALL

Ms. Navarro called the meeting to order. Mr. Castano called the roll:

Members present: Mr. Adler, Ms. Argenta, Ms. Becker Kennedy, Ms. Belton, Mr. Castano, Mr. Davila-Castro, Mr. MacDonald, Ms. Navarro, Ms. Poole, Mr. Vasquez

Members absent: Mr. Magady, Ms. Miles, Ms. Otero

II. READING OF MISSION STATEMENT AND MOMENT OF SILENCE

The mission statement was read by Ms. Poole, and a moment of silence was observed for all requested intentions.

III. GENERAL PUBLIC COMMENT

Julie Gaona reported on a recent conference in Ohio regarding the presidential candidates' points of view on employment of people with disabilities, enforcement of the ADA, and costs of homecare vs. nursing home care.

Sawako Nitao from the LACCC and the LAACC announced a free October 3rd workshop in Venice on borderline and narcissistic personality disorders. Ms. Navarro asked Ms. Nitao to provide details to Mr. Oliver, who will distribute the information to all Board members. **Ms. Becker Kennedy requested that a mental health specialist be invited to speak to the Board at next month's meeting about IHSS consumers with mental health issues; Ms. Navarro agreed.**

IV. APPROVAL OF SEPTEMBER 10, 2012 MINUTES

Approved on motion of Mr. Castano, seconded by Ms. Belton, by consensus.

V. AUGUST 2012 FINANCIAL REPORT AUGUST 2012 FINANCIAL REPORT – NPER

August 2012 Financial Report approved on motion of Mr. Castano, seconded by Ms. Belton, by consensus. August 2012 Financial Report – NPER approved on motion of Mr. Castano, seconded by Ms. Belton, by consensus.

In accordance with California Government Code Section 53646(b)(1), Mr. Wagstaff reported on interest income for August 2012.

VI. CHAIR'S REPORT

Ms. Navarro urged all Board members to vote. Voters can register online up to October 22nd; however, the online registration system is not yet compatible with JAWS software used by some individuals with visual impairments.

The Managed Care Committee met, and discussed strategies for accessing managed care advisory boards, inclusion of Medi-Medi individuals with disabilities, and financial incentives for protecting the rights of individuals with disabilities.

Ms. Navarro also reported on her meeting with the statewide coordinator for the Systems Change Network regarding inclusion of people with disabilities. In response to questions from Mr. Thompson and Ms. Becker Kennedy, Ms. Navarro discussed the roles of Systems Change Advocates and ILCs, and a recent decision made by the Rehabilitation Services Administration regarding ILC lobbying.

VII. HEALTH NET PRESENTATION

Mr. Thompson introduced Janice Fitzgerald Milligan, Director of Public Health Programs for Health Net. Ms. Fitzgerald Milligan reported that the CMS and DHCS MOU is now three months in arrears, and Health Net does not yet have details about pilot implementation. Health Net has only received preliminary draft information, which does not address critical issues. Health Net is working with L.A. Care to create similar systems and policies, to minimize confusion, and intends to create separate agreements with PASC and with DPSS.

In response to questions from Mr. Adler, Ms. Fitzgerald Milligan outlined enrollment and provider selection procedures for Medi-Cal recipients.

Ms. Becker Kennedy distributed an executive summary of mandatory enrollment of seniors and persons with disabilities into managed care. In response to concerns from Ms. Becker Kennedy, Raffie Barsamian, Manager of Programs Relationships for Health Net, provided background on the transition from ADHC to CBAS, and the incorporation of CBAS into managed care.

In response to a question from Ms. Belton, Ms. Fitzgerald Milligan outlined procedures for ensuring a member's right to continuity of care and provider contracts under different plans. Ms. Fitzgerald Milligan urged members to speak with their doctors before selecting a plan and medical group. Providers are being asked to continue to see Medi-Cal members for the first year, at the same rate they received from the state. Under managed Medi-Cal programs, members may change plans or providers at any time.

In response to questions from Mr. Davila-Castro and Mr. Castano, Ms. Fitzgerald Milligan outlined the state's attempts to use encounter data to assign members who did not select a provider themselves, and Health Net's approval of sub-specialized providers such as Rancho Los Amigos under DMHC and DHCS rules.

In response to questions from Ms. Poole, Ms. Fitzgerald outlined procedures and copayments for dual eligibles who are in a Medicare Advantage plan or special needs plan.

Ms. Becker Kennedy and Ms. Belton expressed their frustration with the complexity of these policies and procedures, the speed of implementation, and their expected cuts in services and supplies.

Ms. Fitzgerald Milligan reported that Health Net is working to streamline its response times to seniors and persons with disabilities, and has implemented a call-back system to minimize hold times.

Ms. Becker Kennedy and Ms. Navarro requested that Health Net involve IHSS consumers in their decision making; Ms. Fitzgerald Milligan agreed. Ms. Navarro urged Health Net to provide more guidance on the managed care system in accessible formats to people with disabilities.

Mr. Thompson assured the Board that PASC will continue to work with Health Net on the issues discussed. Ms. Fitzgerald Milligan assured the Board that a Health Net representative will attend PASC's Board meetings each month.

VIII. EXECUTIVE DIRECTOR'S REPORT

1. MMR

Mr. Thompson reported that he is working with the county to revise the MMR to better reflect PASC's activities and measure outcomes.

2. PASC OPERATIONS

Mr. Thompson reported that PASC's annual external audit is currently in progress. Mr. Thompson is looking at ways to use funds to increase staffing and programs, and to upgrade PASC's phone system. PASC has asked three organizations to assess PASC's current phone system and make recommendations. PASC is internally producing consumer educational and outreach videos to be posted on PASC's website; a video of tips on hiring caregivers has just been completed by Mr. Hennemann, Ms. Yau, and Mr. Gamble.

Mr. Thompson reported that he served on a state committee regarding production of consumer and provider educational videos, in an effort to make these videos more consumer friendly.

3. COORDINATED CARE INITIATIVE

Mr. Thompson reported that discussions at the state and county level are ongoing regarding the necessary MOUs, data sharing, collective bargaining, and access to consumer data. Meetings and monthly phone conferences are taking place between the County, PASC, L.A. Care, and Health Net. PASC also participates in CSAC phone conferences. The federal government has objected to California's proposed six-month lock-in; the state is looking at alternatives to maintain Medicare and Medi-Cal funds together.

Ms. Navarro requested a description from L.A. Care and Health Net on their proposed appeals processes; Mr. Thompson agreed.

Ms. Argenta inquired about the Board's request last month for a list of those employees who have reached 10 years of service; Mr. Thompson agreed to send the list by email.

IX. PASC BOARD ELECTIONS

On motion of Ms. Belton, seconded by Ms. Becker Kennedy, by consensus with two opposed, elections postponed to next month.

X. LEGISLATIVE REPORT

Mr. Hennemann reported that SB 411, which would have added requirements to homecare agencies, was vetoed by the governor. Two bills adding minor clarifications to the Coordinated Care Initiative were passed, but do not make significant changes. The governor has called for a special legislative session in December to focus on healthcare reform.

Mr. Thompson reported that the governor has vetoed the state overtime bill, and the bill requiring IHSS providers to have certifications and licensing. Mr. Hennemann added that overtime is still being discussed at the federal level.

Mr. Thompson reported that the state is moving forward on implementation of healthcare reform, pending the outcome of the November election, and focusing on increasing state revenue and the tax extension.

XI. DPSS REPORT – IHSS STATISTICAL FACT SHEET MONTH ENDING JUNE 30, 2012 DPSS REPORT – IHSS STATISTICAL FACT SHEET MONTH ENDING JULY 31, 2012

Ms. Tostado-Hernández called Board members' attention to the fact sheets included in the Board packet. In response to a question from Ms. Navarro, Ms. Tostado-Hernández clarified status eligibility and income eligibility.

XII. DUALS COMMITTEE

Ms. Becker Kennedy requested that this committee be renamed the Managed Care Committee; Ms. Navarro agreed.

Ms. Becker Kennedy reported that the committee has requested a short description of opt-in and opt-out options, to be recommended to the Board for distribution by social workers. The committee is researching New York's managed care system, minimum requirements, universal standards, and fines for plans that deny or delay services.

XIII. IHSS CONSUMER UNION

No report.

XIV. UNION ISSUES

Tom Csekey from ULTCW clarified his statements at last month's meeting regarding providers following their consumers to the hospital: This language was in the union's original legislation; however, now this is not precluded, but not mandatory.

Mr. Csekey suggested that PASC hold a townhall meeting for consumers on managed care; Mr. Thompson responded that PASC is working with representatives on this.

Mr. Csekey reported that the union is working in support of Proposition 30 and President Obama's re-election, and opposing Proposition 38.

As requested at last month's meeting, Mr. Csekey distributed contact cards for the union's Member Action Center.

XV. MISSION MOMENTS

XVI. NEW BUSINESS

Ms. Navarro distributed discount prescription cards; C.A.L.I.F. receives 75¢ for every prescription.

On motion of Ms. Becker Kennedy, seconded by Ms. Poole, by consensus, the Board agreed to schedule a meeting in December.

XVII. CLOSED SESSION

None.

XVIII. ADJOURNMENT

Approved by

Date minutes approved

ACTION POINTS

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