Sacramento County Health Authority Commission Medi-Cal Goals
Draft July 2021

This document outlines the mandate of the Health Authority Commission and adds goals for the Medi-Cal managed care program in Sacramento County. These goals are based upon the goals that the Department of Health Care Services (DHCS) has developed for the 2021 Medi-Cal managed care RFP, and they provide additional specificity to address the needs in Sacramento County.

Sacramento County Health Authority Commission Mandate

Per the Ordinance establishing the Health Authority Commission, members of the Commission shall strive to:

- improve health care quality,
- to better integrate the services of Medi-Cal managed care plans and behavioral health and oral health services,
- to promote prevention and wellness,
- to ensure the provision of cost-effective health and mental health care services, and
- to reduce health disparities.

Sacramento County Health Authority Commission Goals for Medi-Cal Managed Care

1. **Quality**

Meet or exceed Minimum Performance Levels for quality, on the measures included in the Managed Care Accountability Set.

a) Encourage Care Quality utilization

2. **Access to care**

Ensure comprehensive networks that provide all members timely access to appropriate, culturally competent, and high-quality care, within time and distance standards.

a) Ensure continuity of care from emergency departments, including discharge plans and connections to specialists, is provided in a timely manner (e.g., hospitals send referrals directly to providers)
b) Ensure transparent processes if/when patients need to be seen outside of the network.
c) Ensure hours of operation enable access to care
d) Ensure consumers are aware of urgent care options (rather than emergency departments), and that urgent care centers are geographically accessible
e) Ensure intensive outreach and enrollment efforts for people experiencing homelessness and at risk of becoming homeless
f) Ensure culturally sensitive and trauma-informed care (see 7. below)
g) Ensure network adequacy, including for psychiatry, child psychiatry, postpartum
h) Ensure SBIRT referrals and treatment for substance use disorders are provided (Note that this is currently a benefit that should be available but is underutilized)
i) Ensure early psychosis detection
j) Ensure electronic health record (EHR) interoperability for hospitals, providers, specialists, etc., and ensure HL7 compliance. (Note that technical compliance may not be a high

enough threshold for a truly interoperable system that provides timely access to data, accessible and searchable fields not PDFs, etc.)

k) Ensure providers use a platform that accepts media
l) Ensure actionable, up to date contact information for members is available

3. Continuum of care

Manage members over time through a comprehensive array of person- centered health and social services spanning all levels of intensity of care, from birth to end of life.

4. Children services

Provide children's services, specifically preventive and early intervention services, maternal services and those that support social, emotional development and address adverse childhood experiences.

a) Ensure current standard of care for oral health assessment (and referral) by primary care provider is followed
b) Ensure utilization of a uniform accessible, actionable platform for providers to access data (claims based or real time) to act on any gaps; delineate specific platform used to address HEDIS guidelines
c) Ensure access to behavioral health services and child psychiatry for children

5. Behavioral health services

Expand access to evidence-based behavioral health services, focused on earlier identification and engagement in treatment for children, youth, and adults.

a) Ensure clear delineation of responsibilities for care and document/clarify specific resolution process when MCP and County MHP assessments/determinations differ, particularly regarding eating disorders
b) Ensure early psychosis detection
c) Ensure access to family behavioral health services
d) Ensure people who no longer need acute MH care (stabilized from psychiatric hospital or Regional Support Team) are transferred back to their provider for mild to moderate care

6. Coordinated/integrated care

Provide coordinated, integrated care for all members, particularly vulnerable populations with complex health care needs. This will include the strategies articulated in CalAIM, coordination with entities providing carved-out benefits and services, as well as other state and federal requirements.

a) Ensure health plan providers conduct an oral health assessment, education, and referral to the dental provider
b) Ensure specific needs of people experiencing homelessness and at risk of homelessness are met, drawing from effective models of care that include drop-in hours for care, street medicine, mobile units and care, support with transportation
c) Ensure there is sufficient documentation to track timeliness of hand-offs and successful receipt of services when individuals transition from one level of care to another

d) For people with developmental disabilities that receive general anesthesia for basic care, ensure care is coordinated to minimize the number of times individuals receive anesthesia

7. Reducing health disparities

Identify health disparities and inequities in access, utilization, and outcomes among racial, ethnic, language, and Lesbian, Gay, Bisexual, and Transgender and Questioning (LGBTQ) groups, people experiencing homelessness, and refugee populations - and have focused efforts to improve health (including behavioral health and oral health) outcomes within the groups and communities most impacted by health disparities and inequities.

a) Ensure provisions for linguistic equity (written materials, real-time translation/interpreter services) are available in a timely manner and paid for in all the threshold languages in the County
b) Ensure appropriate training and integration of cultural sensitivity (Culturally and Linguistically Appropriate Standards CLAS) and trauma-informed model for services and health navigation (within behavioral health, primary care; for example, culturally bound syndromes - physical pain may be an expression of trauma)
c) Ensure the development of appropriate capacity to support people experiencing behavioral health challenges related to racial, ethnic, language, and Lesbian, Gay, Bisexual, and Transgender and Questioning (LGBTQ) identities
d) Ensure a clear and transparent process is utilized for plan identification of disparities and development of intervention/approaches for specific health disparities in Sacramento (e.g., uptake vaccination in different cultural groups)
e) Address climate change

8. Increased oversight of delegated entities

Provide increased, appropriate oversight of all delegated entities to ensure members receive quality care and service in accordance with the MCPs contractual obligations to DHCS.

a) Ensure transparency and identical metrics are utilized for all sub-delegated entities
b) Ensure all FQHCs provide annual UDS scores
c) Ensure delegated entities transparently document actual network adequacy
d) Ensure clear and concise delineation of responsibilities among sub-delegated entities

9. Local presence and engagement

Establish and expand a stable local presence and collaborate and engage with local community partners and resources to ensure community needs are met.

a) Ensure MCPs work with existing and trusted community-based organizations, schools, embedded within culturally diverse/specific populations (including people experiencing or at risk of homelessness), and utilize their data and expertise
b) Ensure health navigation services are provided for refugees (see above 7.)
c) Ensure there is sufficient local presence (staff, offices, etc.) and community and provider access to local MCPs and sub-delegated entities

10. Emergency preparedness and ensuring essential services

Ensure continuity of its business operations, delivery of essential care and services to members, and to mitigate any potential harm caused by an Emergency, such as a natural or manmade hazard or disaster or health crises.

a) Address climate change
b) Ensure capacity to provide age-appropriate and culturally appropriate behavioral health supports to those experiencing behavioral health challenges related to the emergency (e.g., proactive screening regarding challenges people are experiencing in accessing care; primary/secondary outreach and prevention, telehealth services are not appropriate for all groups such as young children)
c) Ensure capacity to adjust operations during emergencies to meet the needs of members, and that challenges experienced during previous emergencies are identified and addressed to inform preparation for future emergencies
d) Ensure MCPs track and integrate emerging best practices and guidelines (e.g., regarding long-COVID)

11. Addressing the Social Determinants of Health (SDOH)

Meet the health needs of a members through methods designed to understand the overall circumstances of members including capturing SDOH through coding and articulating a care coordination strategy inclusive of SDOH.

a) Ensure efforts are undertaken to effectively address Social Determinants of Health (SDOH), including climate change, air quality, food access, internet access, transit access, housing, re-entry, and domestic violence. Ensure efforts are guided by relevant data, including place-based analysis, particularly for under-resourced redlined communities. Ensure the analysis drives neighborhood-focused investments to address needs.
b) Ensure coordination with education system to serve children and address their SDOH
c) Ensure MCPs support local efforts and leverage outside resources, including supporting community health workers (SNAP-ed, WIC, Black Child Legacy Initiative)

12. CalAIM

Implement and support California Advancing and Innovating Medi-Cal (CalAIM) initiatives. CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. Once implemented, the initiative will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.

12. Value-based purchasing

Implement financial arrangements with health care providers that link payments to value in the form of higher quality of care, better health care outcomes, and lower cost of care. Such arrangements include, but are not limited to, incentive payment arrangements that reward providers for high or improved performance on selected measures or benchmarks.

a) Ensure transparency regarding pricing and outcomes
b) Ensure data regarding performance and any corrective action regarding Minimum Performance Levels (MPL) is shared transparently

13. Administrative Efficiency

Reduce administrative waste and enhance efficiency.

a) Ensure the coordination of services and reduce fragmentation
b) Ensure care coordinators are utilized to identify, access and leverage outside resources to provide services
c) Ensure reporting of percent of referrals completed by plans and delegated entities, and reason for denial, and overturns
d) Ensure a uniform methodology is utilized to ensure access to specialty care
e) Ensure all encounter data is transmitted from MCPs to county and DHCS

Cross-cutting: Ensure metrics measured include a focus on claims-based, actionable metrics that are utilized for ongoing monitoring and oversight.