BHC Program Proposal for Healthcare Services to the Undocumented

This is a program design proposal devised by BHC with consultation from FQHCs, hospitals, and other healthcare stakeholders in the community. Although it has been made with the input of stakeholders, it is by no means a consensus. The proposal design is developed with the intent of maximizing access and utilization, regardless of cultural, socio-economic, or linguistic barriers in the undocumented population. Additionally, it is devised to articulate how a county funded project can expand the capacity of primary care centers to serve the undocumented, as well as interface meaningfully with the existing healthcare services and infrastructure of primary care centers. Lastly, specialty care remains a tremendous variable which is hard to account for. Specialty care services options have been developed based on existing services utilizing technology and infrastructure that is currently being implemented by clinics and hospitals. No assumptions are made around cost, and each aspect of the proposal is scalable to be able to accommodate cost variations. However, at an investment of 5-6 million, thousands of individuals will be able to access healthcare services according to their health needs and the capacity of expanded services.

Eligibility

- Eligibility guidelines:
    - No age limit
    - No Medi-Cal application process
    - An attestation process for eligibility
    - Immediate access to services regardless of pending application
    - MAGI Medi-Cal rules
    - No exclusions but no guarantees for health services-not a coverage program

Navigation

- Navigation services to include
    - Transportation coordination
    - Translation services
    - Interpretation services
    - Specialty care navigation and support if a network is contracted. If not, support for telemedicine services for specialty care services as made available.

Primary Care

- Use EAPC model to contract with all willing FQHCs in Sacramento with the intent to increase capacity of FQHCs and hire doctors to meet the need for primary care services by this population, or each clinic can apply for up to a certain amount, i.e. $200,000 for supporting the hire of an additional primary care physician per year.
    - Clinics will be provided with (1-2 quarters) to ramp up capacity since 30-60 days are required to credential to bill for a Medi-cal doctor. Clinics will identify a means to ramp up the provider's billable capacity. The goal will be to identify a culturally-competent doctor and additional sources of funding to leverage. Ex: A primary care physician is paid $200k-$225k. They can be Medi-Cal billable for 50% of the time and allocated to see uninsured 50% of the time.
    - All clinics (federally-qualified health centers and looks alikes and UCD TEACH) are eligible to apply and will articulate in their proposal and be held to in a grant agreement

to meet a certain increase of served undocumented comm.
    - All eligible patients served (138% FPL and under) will be billed to the program.
    - As patient applications are being processed, the grant agreement will stipulate that they will still have access to services. Once the application is processed, the patient does not qualify, they will be billed.
    - Allow for dental, medical, and mental health services available at clinical sites to be billed under this program for the same rate as a primary care service.
- Accountability:
    - The 30-60 days will also allow clinics to develop a baseline of participants to be served.
    - Without an increase (based on grant agreement) in patients after (1-2 quarters), funding will be pulled and will go back into the Program Fund
    - Clinics can also be held accountable by reviewing OSHPD reports either monthly or quarterly.
- RFP Suggestions
    - With up to $200,000 to increase services to undocumented patients, how will you ensure that your clinical capacity will increase to serve this new population?
    - What is your baseline and how much can that baseline be increased? How many new patients can be served through this grant? Include a breakdown of those with Medi-Cal and those without?
    - What services would be included?
    - What is your experience and track record serving the undocumented immigrant communities? Which populations?
    - Describe your culturally responsive services and your approach to serving those with Limited English Proficiency.
    - What is your current administrative and fiscal capacity to expand access?

Specialty Care Services

- Specialty Telemedicine
    - Funding for telehealth, telemedicine, telepsych
    - Focus on specialty care via telemedicine
    - Providers would focus on treating the top 5 specialty care needs (TBD), but not to the exclusion of other specialty services when needed
    - Existing Telehealth providers include: UCSF, Cedars Sinai, and UCD.
    - Possible model: Because most clinics already have the technology, half-day specialty clinics could rotate for patients. A specific, coordinated schedule could be organized to rotate across clinics for specialty care, especially the top 5 specialty care needs.
    - Telemedicine can be designed to serve half Medi-Cal patients and half undocumented patients; thus, expanding services for everyone.
    - Potential costs for telemedicine specialty care are varied,
- Potentially hire new specialists at PCC in a manner similar to Primary Care grant.

Pharmacy

- County proposal is sufficient regarding pharmaceutical programs at Walmart and Target

Oversight

- Quarterly meetings between county and stakeholders to report on services needs and gaps