



**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan (GCHP)**

Community Advisory Committee Meeting

Wednesday, January 30, 2019, 4:00 p.m.

Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

SWEARING IN OF NEW COMMITTEE MEMBERS

ESTABLISH QUORUM

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

APPROVE MINUTES

- 1. Regular Meeting of July 18, 2018**
- 2. Special Meeting of September 26, 2018**

GCHP REPORT

- 3. SSI and CalFresh change**
Report on the new SSI and CalFresh Cash-out
Staff: Ruth Watson, Chief Operating Officer
- 4. Membership Report**
Report on Membership and Call Center statistics
Staff: Ruth Watson, Chief Operating Officer

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
January 30, 2019 Community Advisory Committee Meeting Agenda (continued)
LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010
TIME: 4:00 p.m.**

5. GCHP Strategic Planning Meeting

Report on the Strategic Planning meeting of 1/17/2019
Staff: Melissa Scrymgeour, Chief Administration Officer

COMMITTEE MEMBERS FEEDBACK

6. CAC Next Steps

- Committee Goals for 2019
- Determine amount and structure of GCHP information desired
- What does the Committee want to present to the Commission
- When will the CAC be ready to present to the Commission

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Community Advisory Committee will be held on April 24, 2019, 4:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo, CA 93010.

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Secretary of the Committee.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.

**Ventura County Medi-Cal Managed Care Commission
(VCMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee (CAC) Minutes
July 18, 2018**

(Not official until approved)

CALL TO ORDER

Committee Chair Rita Duarte-Weaver called the meeting to order at 4:12 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Rita Duarte-Weaver, Ventura County Public Health Department
Frisa Herrera, Casa Pacifica
Paula Johnson, ARC of Ventura County
Ruben Juarez, County Health Care Agency
Pedro Mendoza, Amigo Baby (arrived at 4:30)
Curtis Updike, County Human Services Agency (HSA)

ABSENT COMMITTEE MEMBERS

Estelle Cervantes, Beneficiary Member
Norma Gomez, Mixteco Indigena Community Organizing Project
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center – on phone
Katharine Raley, County of Ventura Area Agency on Aging

Language interpreting and translating services provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVE MINUTES

1. Regular Meeting of July 18, 2018 (Moved to end of meeting)

Committee Member Curtis Updike motioned to approve the Meeting Minutes of April 19, 2017 as corrected. Committee Chair Rita Duarte-Weaver seconded the motion. The motion carried with the following vote:

AYES:	Duarte-Weaver, Herrera, Johnson, Juarez, Mendoza and Updike
NOES:	None
ABSTAIN:	None
ABSENT:	Cervantes, Gomez, Jordan, Raley

REPORTS

2. Chief Executive Officer (CEO) Update

Chief Executive Officer, Dale Villani began his presentation with a discussion on California Proposition 56, the cigarette tax. This proposition increased the tax on cigarettes with the intent to increase payments to physicians, to improve access for our members. Prop 56 includes 13 specific CPT codes across all physician specialties, specific to those codes. There were additional payments that went to the physicians for the services rendered to Medi-Cal patients tied to those codes.

CEO Villani spoke on GCHPs financial performance. Mr. Villani stated that this fiscal year we are ending on a break-even note. CEO Villani stated that sponsorships were added back into the budget effective July 1, 2018.

Committee Member Curtis Updike stated that at the last meeting we discussed the unease among some of the independent pharmacists and asked if we have a resolution. A discussion was held on the topic. Mr. Villani concluded by saying that this is happening across the country and our county is not unusual. It has been a pain point for the small community pharmacists here.

Committee Member Updike asked if there are any gaps geographically in the county where we are not providing good pharmacy service, like Piru or Ojai. CEO Villani replied that there is a contract requirement that OptumRx maintains an adequate geographical access. If any pharmacy were to drop out, OptumRx would then have to re-contract with somebody else to make sure we have that access. CMO Dr. Wharfield responded that as all of this has gone on we have kept an eye on what is happening with our members and our providers. We have geoaccess standards that are prescribed by the state and we are satisfied that we are meeting those. We are monitoring this closely.

Committee Member Updike requested future reports on utilization management, member grievance time frames and call statistics. He stated that the CAC members would be interested in those metrics so that we can see the kind of services that our members are receiving. COO Watson stated that those are the Operations statistics and we can provide those at the meetings. This is a great opportunity for the CAC to take an active role in a lot of the member facing statistics.

Committee Member Updike asked for a report on the grants. CEO Villani stated that GCHP has been involved in the Habitat for Humanity project. We are trying to determine if there is a specific house that might be going to a GCHP member. The Food Share program has done well and is almost meeting target goals. There are a number of grants ending and a few that requested a no-cost extension that will put them through the end of the year. As we get the final reports, we will report to the CAC.

3. Financial Update

Lyndon Turner, Senior Director of Finance reviewed the information in the member packet on the financial status of GCHP. Mr. Turner stated that the report presented represents the ten months ended in April 2018. CEO Villani provided comments on the finances. Discussion was held about the budget.

Committee Member Paula Johnson asked about the reserves and if there was a percentage saved from the budget knowing the need to reserve a set amount for a year? Mr. Turner explained tangible net equity and liquid reserves as they pertain to GCHP.

Committee Member Johnson asked about the fluctuation in membership. Committee Member Updike stated that last month the Human Services Agency (HSA) saw a 2% decrease in Medi-Cal year-over-year. He stated that the maximum was about 228,000 people in Medi-Cal. It is now approximately 221,220. We now see 60-70% annual renewals being completed reducing the churn and maintains member eligibility. This is a positive for all of us because it maintains stability in the membership.

Committee Member Updike questioned how revenue comes into GCHP. Lyndon Turner explained the capitation system and how we are paid by the state.

4. Legislative Update

Marlen Torres, Manager, Government and External Relations provided a general overview of the Governor's final budget. Ms. Torres presented a perspective of what is occurring federally as it affects the state. She stated that when she was in Washington DC conversations were about containing health care costs and what CMS is looking at.

Marlen Torres stated that the Children's Health Insurance Program (CHIP), was reauthorized at a federal level. In January, Governor Brown assumed the state would be getting the traditional 65% reimbursement as opposed to the enhanced 88%. What the state received was the 88% through 2019 and from there it will fall back to the 65%. The CHIP program is expected to be implemented for the next ten years.

Ms. Torres reported that expanded Hepatitis C treatment clinical guidelines was also approved. The governor allocated \$21.8 million in the general fund to authorize treatment for all patients ages 13 and above that have Hepatitis C, regardless of liver fibrosis stage or comorbidity. The exception is for patients with a life expectancy of less than 12 months.

5. CAC Responsibilities

COO Ruth Watson stated that the Consumer Advisory Committee (CAC) is a contractual requirement of the state, a requirement of Title 22. The CAC was established and active when GCHP went live in July 2011. After many changes, it was determined that the committee should have a chair and vice-chair who would lead the committee as opposed to GCHP staff. COO Watson went on to say that, the policy currently says "As directed by GCHP Commission, CAC shall report every six months to the GCHP Commission and shall provide advice and recommendation to the GCHP Commission relative to our programs and initiatives." The CAC has not met this commitment.

COO Watson stated that additionally there are new requirements from the Mega Regulation. Now the new contract, that we have yet to execute says "The contractor shall form a Community Advisory Committee pursuant to Title 22 that will implement and maintain community partnerships with consumers, community advocates and traditional and safety net providers. Contractors shall ensure that the CAC is included and involved in policy decisions related to quality improvement, educational, operational and cultural competency issues affecting groups who speak a primary language other than English."

COO Watson stated there are two changes that need to happen with this committee. The first change is the CAC must begin reporting to the Commission. The second change is we need to engage this committee more than we have. She continued by saying that CEO Villani feels very strongly about the value of this committee.

CEO Villani stated that he believes that our commissioners are not hearing what is actually happening to the agencies that are rendering the care to the members who are out there trying to access care. That voice is missing from the commission meetings. This is an opportunity. Mr. Villani stated that he has asked COO Watson and Member Services Specialist Connie Harden to come up with a process on how the voice of the CAC can come to the commission.

COO Watson stated that CEO Villani has challenged us to accomplish this. There are three questions. 1. When would we begin these presentations? GCHP preference would be that the first time we present to our commission would be in the October time frame. It could potentially be in November; giving us time we might need as a team to accomplish the task. 2. What would we present, and how would we go about putting that together? 3. Who? Generally, the committee chair makes the presentation, but the committee could do something different. After discussion it was determined the entire committee would meet to plan the presentation. Arrangements will be made and a meeting will be scheduled and posted, as it will be a Brown Act meeting.

6. GCHP Urgent Care

Chief Medical Officer (CMO) Dr. Nancy Wharfield presented information on the new GCHP Urgent Care brochure. The brochure shows current Ventura County urgent care resources for GCHP members. Dr. Wharfield reviewed the appropriate use of urgent care facilities. She stated that we would prefer that people go to urgent care rather than the emergency room. Dr. Wharfield stated that she would like to hear about trends of members accessing their doctor that is leading to an inappropriate urgent care visit or accessing an emergency room visit when they could have gone to urgent care. Committee Member Updike commented that if the brochure is revised, the statement should be made that urgent care is not the first option; to call your doctor first and if unable to get care with your doctor, then call urgent care. He went on to say that the brochure states that if you aren't sure it is an emergency then call your doctor to avoid long lines in the emergency room. If the point you want to stress is to call your doctor first, then they should try to make an appointment with their doctor.

Committee Member Duarte-Weaver stated that she was happy to see this brochure. She said that this is needed and appreciates that GCHP is providing this resource.

Discussion was held about the Member Services Resource brochure.

7. Behavioral Health Transition (BHT) Update

Kathy Neal, Sr. Director of Health Services provided a brief update on a new service that we have assumed from the Regional Centers beginning July 1 of this year. In 2015, GCHP transitioned children with autism who were receiving Applied Behavioral Analysis (ABA) or behavioral health treatment (BHT). BHT services were provided often through the same vendors, with our managed behavioral health organization Beacon Health Options. In July 2018, we transitioned all the other children that had other diagnoses than autism who were receiving the BHT. Those members have now transitioned to the health plan under Beacon. There were 181 children on the list. They have diagnoses of intellectual deficits, cerebral palsy, seizure disorders and fifth category, which is an accumulation of behavioral issues that young children may have. They may throw themselves on the floor with temper tantrums, they may scream when touched, those kinds of behaviors. Evidence shows that BHT, a series of trainings and sensitivity to the environment that a therapist performs in the home with the child and the parents so it is not just teaching the child; it is teaching the parent so there is consistency in the therapy. They have found that is an early intervention to correct those behaviors, to help children

recognize when seizures are going to happen so they sit down and do not get hurt when walking around. It helps children build self-control and correct their behaviors. Going forward, we are looking at any children that are starting to develop these symptoms, or who have issues who would benefit from this therapy. This would be authorized through Beacon Health Options.

Questions posed by Committee Member Johnson were answered and discussed.

8. Conduent – Administrative Services Organization (ASO)

Chris Hodina, Director of Operations provided an update on the ASO transition. She provided information on the type of system and the flexibility of the system and the benefits it will bring to GCHP and its members. COO Watson commented on how the improved system will change the member experience.

Discussion was held about the improvements this will bring to the members, providers and GCHP.

9. Member Handbook, Evidence of Coverage (EOC)

Luis Aguilar, Member Services Manager reported that last October, DHCS provided all health care plans who manage Medi-Cal members a template for the member handbook. The purpose was to make sure that appropriate, complete and useful information is included in the handbook. All committee members were provided with a 2018 handbook. Mr. Aguilar went on to say the new handbook would be mailed to all of our members, one per household, at the beginning of August.

Committee Member Johnson stated that she appreciates Section 7, *Important Numbers and Words you Need to Know*. When you are looking for something, talking to people and training someone, it is nice to have something that is bold that you can easily access.

10. Network Operations Update

Item tabled until the next meeting.

11. Grievance and Appeals Update

Grievance and Appeals Manager, Stacy Luney reviewed the Grievance and Appeals slide-deck as presented in the committee member packet. Ms. Luney commented on members who are balance billed. Ms. Luney went on to say that, there are instances when a Member goes to providers office and the provider will ask them to sign a waiver for services that are not covered by Medi-Cal. The member signs that waiver giving the provider the right to bill them. We need to make sure that members are not signing those forms. COO Watson stated it is a significant issue in this population. It is generally speaking, the number one grievance. Members will get significant bills from a doctor because they signed their rights away. If these are Medi-Cal providers and are Medi-Cal certified, they are not allowed to balance bill, unless the member signs the form stating they agree to be billed for services not covered. We want our members to be aware of this practice.

Discussion was held between the committee members and staff regarding grievances and appeals and the GCHP process to respond to them.

ADJOURNMENT

Meeting adjourned at 6:02 p.m.

Submitted by Connie Harden

Approved by: _____
Connie Harden, Member Services Specialist

Date: _____

DRAFT

**Ventura County Medi-Cal Managed Care Commission
(VCMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee (CAC) Minutes
Special Meeting
September 26, 2018
(Not official until approved)**

CALL TO ORDER

Committee Chair Rita Duarte-Weaver called the meeting to order at 5:40 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Rita Duarte-Weaver, Ventura County Public Health Department

Frisa Herrera, Casa Pacifica

Paula Johnson, ARC of Ventura County

Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center – on phone

Ruben Juarez, County Health Care Agency

Katharine Raley, County of Ventura Area Agency on Aging

ABSENT COMMITTEE MEMBERS

Estelle Cervantes, Beneficiary Member

Norma Gomez, Mixteco Indigena Community Organizing Project

Curtis Updike, County Human Services Agency (HSA)

Language interpreting and translating services provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None

DISCUSSION ITEM

1. Discuss topics to be presented to the Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP).

Chief Operating Officer (COO) Ruth Watson opened the meeting by stating that this is the next evolution of the Community Advisory Committee (CAC). This is a valuable step for the Plan and hopefully for the CAC members. COO Watson introduced Margaret Tatar, Managing Principal of Health Management Associates and provided background information on Ms. Tatar. COO Watson went on to say that, GCHP wants the committee to be more active and to let us know what you need from GCHP to do that. As engaged as the group is, we brought in Ms. Tatar to facilitate the conversation to help us with the process.

Margaret Tatar stated that CAC members make health plans better. The strength of this committee is going to make GCHP more responsive to the community it serves. Ms. Tatar went on to talk about the empowerment of the CAC and their relationship with the Commission through the ordinance of GCHP.

Ms. Tatar asked the committee members to provide two topics on which they would like to say they had provided advice to the Commission in a five-year lookback.

Committee Member Katharine Raley stated that there is a stigma to the GCHP name. Members think GCHP is an insurance plan that sells insurance and do not see GCHP as the payer. We need a tool to educate people in the county. The "Gold Coast" name is confused with the many other "Gold Coast" businesses in the county. Ms. Tatar commented that this was a branding issue.

Committee Member Duarte-Weaver stated that the population we help do not see the GCHP website. The new Member Services brochure is what we need to disseminate to the public. This brochure is a perfect example of GCHP's response to the community needs. Ms. Tatar commented that this is what the Commission needs to hear about from the committee members.

Committee Member Ruben Juarez stated that DME (durable medical equipment) is always the biggest request for the population he works with. Committee Member Juarez also stated that working day-to-day with the homeless population; there is a need for sober living facilities vs treatment facilities.

Committee Member Paula Johnson said that her five-year lookback would be better coverage for wheelchairs for adults, e.g. the frequency of replacing the chair or additional features for the chair. She added that GCHP needs to ensure that the benefit of behavioral supports for those with autism remains in place. She also asked that we not forget benefits for LGBTQ members. Members who are transitioning gender need access to services.

Committee Member Duarte-Weaver stated that her five-year lookback wish would be that GCHP is a common name in the community; that everyone knows what GCHP does, what is available and how to obtain the services. The whole county needs to know who GCHP is. Margaret Tatar stated that this is taking it one-step further from the branding discussion we had. You want GCHP not only to be better branded, but also understood.

Committee Member Raley asked for a piece of literature from GCHP geared towards the seniors and Medi-Medi members. Margaret Tatar replied that this is why the plan is doing this exercise. She stated that it is clear that CAC members have done an outstanding job to-date of being the voice back to the community and now this is the evolution of your exercise, of your power and authority. Ms. Tatar went on to say that the contract requires the CAC be included and provide its voice to educational, operational and cultural competency issues. The CAC is empowered very specifically to advise the Commission and the health plan executives. There is a specific call-out in the ordinance about the Cultural and Linguistic (C&L) program.

Committee Member Raley stated that her wish is that the CAC join with the Commission to become a unit. She would also like to see GCHP really giving back to the community in the kind of care they give, not just as the payers, and to get that information out to the community. Committee Member Raley added that she would like GCHP to provide the CAC members with a heads-up when news breaks to the community and an FAQ to help them answer questions from our members.

Margaret Tatar stated that once this process, however implemented and in place, her five-year goal would be that the Commission would routinely say, "What does CAC think?"

CAC members commented on the change in the meeting packets, the lack of information in the later packets. COO Watson replied that GCHP was not sure what the committee really wanted. What topics do you want to hear about? What kind of detail would you like in our reports to you? What kind of things were you capturing notes on that mattered to you. A request was made to include call center metrics.

Committee Member Frisa Herrera stated that she keeps the CAC binders for later reference. She likes the charts and takes notes for later use. She went on to say that when member issues are identified, we reach out to Connie Harden and Luis Aguilar for resolution. These issues are not reported at the CAC meetings and some of us have the same member struggles.

COO Watson discussed a report received on membership loss. Discussion was held about possible reasons for the loss of membership. Ms. Watson went on to question how we can find out which members are about to redetermine and can we as a health plan contact them to remind them to complete the redetermination forms. The State does not necessarily support this effort. GCHP wants to take ownership of the process and call these people. What we are finding is a significant amount of retro-eligibility meaning they fall off the rolls then go to the doctor and they aren't covered. They are then made retroactively eligible. This issue is one we would like to engage in with the CAC. What can GCHP do on this topic?

COO Watson stated that the plan has considered a strategic plan with this committee. What do you think our strategic plan should be, what should we be looking at? Ms. Watson would like to have the rest of the executive team hear that, what the CAC thinks makes sense. GCHP can get ideas of projects you can do. COO Watson also talked about a strategic plan for seniors stating that as we are not their primary carrier, we don't always manage them, we can't.

COO Watson stated that we want to schedule a time for the CAC to go to the Commission, but aside from that, the committee needs to decide on next steps. Committee Chair Duarte-Weaver said she would like a little more information on what's next. You have done this before, what do you recommend we do next. The more informed we are, the better we can be for you and with you.

Committee Member Raley stated she would like to see a meatier agenda going on to say that in her organization the first thing on agenda is everyone gives a report if they choose. That way you hear what the committee members have to say instead of waiting until the end of the meeting when everyone is ready to leave.

Committee Member Paula Johnson stated that she learned a lot about the committee members at this meeting. Committee Chair Duarte-Weaver agreed stating open communication has been outstanding, getting to know one another. Committee Member Raley said it would be helpful to have something on our agenda to work through during our meeting; maybe one item from the committee or a member of the committee that we can add to the agenda and also suggesting something in the future.

COO Watson questioned the committee about their opinion on the GCHP staff who attend and present at the meetings, stating that GCHP staff can be overwhelming. Ms. Watson continued by saying that GCHP normally has a table full of staff, more than the CAC. We are asking if this is the right mix. In another organization, it started as every executive attending to paring that down somewhat and it became more the committee's meeting, more of a working meeting. Committee Member Duarte Weaver replied it needs to be flexible; we are overwhelmed by all of you.

Connie Harden, Member Services Specialist asked the committee if there was anything presented in the meetings you don't feel the need to hear about? Committee Member Johnson stated she likes to hear about what the plan is doing in the community and upcoming events. Also enjoyed are the member services metrics. The committee would also like to know who the Cultural and Linguistic

team is and what they do. Another committee member stated that a financial report is good periodically, maybe twice a year. They would like to know if there are big issues in the annual budget.

COO Watson stated that one thing we would like to discuss more of aside from our budget is what's happening in Sacramento and Washington D.C. that is impacting all of us.

COO Watson stated we will have further meetings on this topic.

ADJOURNMENT

Meeting adjourned at 8:10 p.m.

Submitted by Connie Harden

Approved by: _____ Date: _____
Connie Harden, Member Services Specialist

DRAFT



AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee
From: Ruth Watson, Chief Operating Officer
Date: January 30, 2019
Re: SSI and CalFresh change

Verbal Presentation

Materials included



SSI/SSP Recipients Will Be Eligible for CalFresh in Summer 2019

In the summer of 2019, the ‘cash-out’ policy that bans SSI recipients from receiving CalFresh (food stamps) will end.

SSI and SSP benefits will NOT be reduced or eliminated as a result of ending cash-out.

This change means that an SSI recipient may receive CalFresh AND SSI/SSP benefits.

Summary of Changes When Cash-Out Ends in Summer 2019

Newly Eligible for CalFresh	Still Eligible for CalFresh and/or State Funded Nutrition Benefits
	
<p>Most SSI recipients, individuals and SSI couples, will be newly eligible for CalFresh in summer 2019.</p>	<p>Some SSI recipients will be living in a household where other members are already receiving CalFresh. At their next reporting deadline, these households will be asked to provide information about any SSI recipients – and then their CalFresh amount should be automatically recalculated.</p>
<p>They will need to apply over the phone, in person, or online. If approved, they will get an EBT card and the CalFresh benefit will be loaded onto it each month.</p> <p>The average CalFresh benefit for a household of 1 is \$130 a month. Benefits will vary based on household circumstances.</p>	<p>For some households, adding the SSI recipient and their income may increase the CalFresh benefit.</p> <p>For other households, adding the SSI recipient and their income will lead to a partial or total loss of their CalFresh benefit. These households will be eligible to receive a state-funded nutrition benefit, either the Supplemental Nutrition Benefit (partial loss) or the Transitional Nutrition Benefit (total loss), which will help offset the loss of CalFresh.</p>

lao.ca.gov/Publications/Report/3729

Get more information from the Californians for SSI coalition.

CalFresh Information for SSI Social Service Providers

Starting in Summer 2019, people will be able to receive CalFresh benefits **and** SSI benefits at the same time. This presents a tremendous opportunity to increase food security for very low-income seniors and people with disabilities. Successfully implementing this policy change next summer will require a collaborative effort to educate and enroll SSI recipients in CalFresh.

Right now, CalFresh provides nearly four million Californians—half of them children—an average of \$130 a month on a debit (EBT) card to purchase food at grocery stores and farmers' markets. The change in summer 2019 will provide CalFresh benefits for the first time to a significant number of seniors and people with disabilities who receive SSI.

Over 1.2 million low income Californians receive very modest SSI grants to help meet basic needs. More than half are seniors, about 1 in 10 are children with disabilities, and the rest are adults with disabilities. Everyone who receives SSI is also enrolled in Medi-Cal. One third also receive In-Home Supportive Services to help them remain safely in their home.

When exactly will this change go into effect?

The change will go into effect starting June 1, 2019, with applications being accepted starting May 1.

Will SSI benefits be reduced as a result of ending cash-out?

No, SSI benefits will NOT be reduced as a result of ending cash-out. The change simply means that someone can receive both CalFresh benefits and SSI benefits at the same time.

Will CalFresh benefits be counted as income when determining the SSI/SSP benefit?

No, CalFresh benefits will not count as income or resources for SSI purposes.

Should people who previously declined SSI in order to receive CalFresh apply for SSI?

Yes! These individuals should apply for SSI after the change goes into effect on June 1, 2019.

As a provider, what should I be doing now?

Please do not encourage SSI recipients to apply for CalFresh before May 1, as they will not be eligible. Think through how the SSI recipients you work with will experience this change and what processes need to be in place to educate and enroll SSI recipients in summer 2019. Talk with other community based organizations and your County about how enrollment into CalFresh of large numbers of SSI recipients will be handled.

More questions?

The California Department of Social Services—the state agency that administers the CalFresh program—has set up a [webpage on implementation of this change](#). You can also get more information from the [Californians for SSI coalition](#).

CA4SSI Statewide Organizational Endorsers

AARP, ACLU California, AllCare Alliance, The ARC CA, California Association of Food Banks, California Alliance for Retired Americans, California Association of Public Authorities for IHSS, California Church IMPACT, California Council of the Blind, California Emergency Foodlink, California Food Policy Advocates, California Foundation for Independent Living Centers, California IHSS Consumer Alliance, California Partnership, California Senior Legislature, Californians for Disability Rights, CLUE: Clergy and Laity United for Economic Justice, Community Services Unlimited Inc., County Welfare Directors Association of CA, Courage Campaign, Disability Rights California, Educate Advocate, Food Chain Workers Alliance, Housing California, IHSS Consumers Union, Insight Center, Jewish Public Affairs Committee of California, Justice in Aging, Lutheran Office of Public Policy – California, Magnolia Women’s Recovery Center, Meals on Wheels California, National Association of Social Workers/CA Chapter, National Center for Lesbian Rights, Produce Good, Redwood Empire Food Bank, Resources for Independent Living, SEIU, Service Center for Independent Life, UDW/AFSCME Local 3930, Western Center on Law and Poverty

Bay Area

ABD Productions, AIDS Housing Alliance/SF, Alameda County Commission on Aging, Alameda County Community Food Bank, Ala Costa Centers, Alameda County Developmental Disabilities Planning and Advisory Council, Alameda County Homeless Action Center, Allen Temple Arms, All Saints Episcopal Church, Asian Law Alliance, Bay Area Community Services, Berkeley Food Pantry, Berkeley Food Policy Council, Bethel Community Presbyterian Church, CANV Food Bank, Center for the Vulnerable Child, Central City SRO Collaborative, City of Oakland Human Services Department, Choice in Aging, Community Action Alliance / Agnes Memorial Church, Community Action Marin, Community Action of Napa Valley Food Bank, Community Resources for Independent Living, CSI Support & Development, Disability Services & Legal Center, Downs Memorial United Methodist Church, East Bay Food Justice Project, Ensuring Opportunity Campaign to End Poverty in Contra Costa, Family Emergency Shelter Coalition, Food 2 Go, Food Bank of Contra Costa and Solano, Harbor House Ministries, Hayward Seventh Day Adventist Church, Hazon Bay Area, Hope 4 the Heart, Independent Living Resources of Solano and Contra Costa Counties, Jewish Family & Children’s Services of the East Bay, L.A. Kitchen, Lake Merritt United Methodist Church Food Pantry, Law Foundation of Silicon Valley, LIFT – Levantate, LightHouse for the Blind and Visually Impaired, Los Robles Apartments, Marin Aging Action Initiative, Marin Asian Advocacy Project, Marin Food Policy Council, Meals on Wheels of Alameda County, Meals on Wheels of San Francisco, Mercy Brown Bag Program, Mission for the Homeless. Multi-Faith Action Coalition of Contra Costa, Oakland Food Pantry, Oakland Mayor’s Commission on Aging, San Francisco Food Security Task Force, Satellite Affordable Housing Associates, Second Harvest Food Bank of Santa Clara and San Mateo Counties, Second Harvest Santa Cruz, Senior & Disability Action, Senior Services Coalition of Alameda County, Seventh Step Foundation, SF-Marin Food Bank, Silicon Valley Independent Living Center, Silicon Valley Law Foundation, Society of Saint Vincent de Paul-San Leandro Conference, South Hayward Parish, St. Anthony Foundation, St. Francis Living Room, St. Lawrence O’Toole Parish, St. Mary’s Center, Street Level Health Project, Tenderloin Housing Clinic, The Gubbio Project, The Neighborhood Village, The R.E.F.U.G.E, Tri-City Volunteers, United Seniors of Oakland and Alameda County, Whistlestop

Central Valley

Community Action Partnership of Kern County, Community Food Bank, Disability Resource Agency for Independent Living, FoodLink for Tulare County, Kern County Independent Living Center, Second Harvest Food Bank of San Joaquin & Stanislaus Counties

Los Angeles / Southern California

ACLU of Southern California, Adams Vermont/Gardena CFMS, Center for Health Care Rights, Clergy Caucus of Inland Congregations United for Change, CLUE-LA, Communities Actively Living Independent & Free, Community Action Agency, Community Action Partnership of San Bernardino, Dayle McIntosh Center, Educate. Advocate., Disabled Resources Center, Inc., Downtown Women's Center, Fair Trade LA, Feeding America Riverside-San Bernardino Counties, FIND Food Bank, Food Bank Coalition of San Luis Obispo County, Foodbank of Santa Barbara County, Food & Water Watch, Friends Across The Line, Friends In Deed, Guerrilla Food Not Bombs, Homeless Action Center, Homeless Health Care Los Angeles, Hunger Action LA, Huntington Hospital Senior Care Network, Jewish Family Service of Los Angeles, Jewish Labor Committee Western Region, John Tennant Memorial-Episcopal Senior Communities, Latino Diabetes Association, Latino and Latina Roundtable of the San Gabriel and Pomona Valley, Legal Aid of San Mateo County, Los Angeles Aging Advocacy Coalition, Los Angeles Community Action Network, Los Angeles for a New Economy, Los Angeles Regional Food Bank, Orange County Food Access Coalition, MLK Coalition of Greater Los Angeles, Orange County Food Bank, Orange County Hunger Coalition, Personal Assistance Services Council of LA County, Project Angel Food, Prototypes, Retirement Housing Foundation, Santa Barbara Food Alliance, Second Harvest Food Bank of Orange County, SEIU Local 721, Social Justice Learning Institute, Southern CA Resource Services for Independent Living, Starting Over, Inc., St. Barnabas Senior Services, Thai Community Development Center, The East Los Angeles Community Union, Time for Change Foundation, Urban & Environmental Policy Institute at Occidental College, VELA, Veterans For Peace Los Angeles, Westside Center for Independent Living, Women Organizing Resources, Knowledge & Services, Youth Justice Coalition

Sacramento/Northern California

2-1-1 Humboldt, Area 1 Agency on Aging, California Emergency Foodlink, Capitol People First, Cottage Housing Inc., DOGFITE (Disability Organizing Group for Initiating Total Equality, Food for People, Inc., Ford Street Project, Life Support Alliance, Humboldt Area Center for Harm Reduction, Mary Immaculate Residential Facility, Mendocino Food & Nutrition Program, Placer Food Bank, Placer Independent Resource Services, River City Food Bank, Sacramento Housing Alliance, Resources for Independent Living-Sacramento, Sacramento Food Bank & Family Services, Sacramento Homeless Organizing Committee, Sacramento Loaves & Fishes, Sacramento Regional Coalition to End Homelessness, The Resource Connection Food Bank, Yolo County Commission on Aging and Adult Services, Yolo Food Bank, Yolo Healthy Aging Alliance, Yuba-Sutter Gleaners Food Bank, Inc.

San Diego

Access to Independence, A New PATH (Parents for Addiction Treatment & Healing), Community Resource Center, Feeding San Diego, Hunger Advocacy Network, IHSS Network San Diego, Imperial Valley Food Bank, Jewish Family Service of San Diego, Leichtag Foundation, Meals-on-Wheels Greater San Diego, Inc., San Diego Food Bank, San Diego Hunger Coalition, San Diego Senior Alliance

Californians for SSI (CA4SSI) is a statewide coalition of over 200 organizations across the aging, disability rights, housing and homeless, anti-hunger and anti-poverty sectors. CA4SSI seeks to ensure that blind, aged and people living with disabilities living on SSI/SSP obtain adequate support to lead their lives with dignity.



AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Ruth Watson, Chief Operating Officer
Date: January 30, 2019
Re: Membership Report

Verbal Presentation



AGENDA ITEM 5

To: Gold Coast Health Plan Consumer Advisory Committee
From: Melissa Scrymgeour, Chief Administrative Officer
Date: January 30, 2019
Re: GCHP Strategic Planning Meeting

Verbal Presentation



AGENDA ITEM 6

To: Gold Coast Health Plan Consumer Advisory Committee
From: Ruth Watson, Chief Operating Officer
Date: January 30, 2019
Re: CAC Next Steps

Verbal Discussion



2019



CAC Meeting

Ventura County Medi-Cal Managed Care Community Advisory Committee Meetings

January						
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