




**L.A. COUNTY COORDINATED CARE INITIATIVE (CCI)
Stakeholder Workgroup
MEETING MINUTES**

Thursday, June 19, 2014; 1-3 p.m.
Cathedral of Our Lady of the Angels
555 West Temple Street, Los Angeles, CA 90012
Conference Rooms 6, 7 & 8
Facilitator: Bobbie Wunsch

Call-In: 213-438-5445 Code: 997-129-386

WebEx <https://conferencing.lacare.org/orion/joinmeeting.do?MK=997129386>

TIME	TOPIC	PRESENTER
1:12 - 1:23 p.m.	<p>Welcome/Introductions</p> <ul style="list-style-type: none"> Meeting was called to order at 1:12 p.m. by Bobbie Wunsch and introductions were made by the health plan representatives and the panel presenters in the room. Bobbie stated that participants on the telephone will be given the opportunity to ask questions first during the panel Q&A today. She announced that Maria Lackner from L.A. Care will be introducing the speakers and facilitating the panel discussion. 	Bobbie Wunsch
1:23 - 1:58 p.m.	<p>Consumer and Stakeholder Resources Panel Presentation</p> <p>Maria began by pointing out three specific resources that were included in the meeting packet and explained that participants on the telephone would receive copies via email.</p> <p>1) Health Insurance Counseling and Advocacy (HICAP) Fact Sheet - Low Income Assistance: Cal MediConnect</p> <ul style="list-style-type: none"> The Fact Sheet is an overview of the Cal MediConnect (CMC) program which includes information on eligibility, notices, and considerations that beneficiaries should think about when deciding whether the program is right for them. <p align="center">  HICAP Fact Sheet.pdf </p> <p>2) UCLA Policy Research Paper - "Smooth Landing?: How California Can Ensure Continuity of Care for Vulnerable Seniors Transitioning to Managed Care"</p> <ul style="list-style-type: none"> Assessment of Continuity of Care (COC) for Seniors transitioning to Managed Care and recommendations to the State on expanding COC 	<p>Aileen Harper <i>Executive Director, Center for Health Care Rights</i></p> <p>Toni Vargas <i>Staff Attorney, Neighborhood Legal Services Los Angeles - The Health Consumer Center and CMC Ombudsman Program</i></p> <p>Hilary Haycock <i>Director of Strategic Outreach and Communication, Harbage Consulting</i></p> <p>Javier Portela <i>Chief Plan Management Branch,</i></p>

assurances for this population.



UCLA Policy
Research Paper.pdf

3) Integrated Care Resource Center document – “Options for Attracting and Retaining Enrollment in Financial Alignment Initiatives for Medicare-Medicaid Enrollees”

- This document takes a look at the communications strategies for the integrated care initiative.



Integrated Care
Resource Center.pdf

Maria introduced the panel representatives:

- **Aileen Harper** - Executive Director, Center for Health Care Rights
- **Toni Vargas** - Staff Attorney, Neighborhood Legal Services Los Angeles
- The Health Consumer Center and serving as the Cal MediConnect Ombudsman Office in Los Angeles County
- **Javier Portela** (telephonically)- Chief Plan Management Branch, Medi-Cal Managed Care Division, Department of Health Care Services
 - Representing Health Care Options (HCO) – the State’s enrollment entity for Cal MediConnect.
- **Hilary Haycock** - Director of Strategic Outreach and Communication, Harbage Consulting

Center for Health Care Rights (CHCR)

- Aileen discussed the Center for Health Care Rights’ role in providing CMC enrollment counseling and assistance.
- The Center of Health Care Rights (CHCR) is a health care advocacy organization and the HICAP contractor for L.A. County.
- CHCR’s direct service programs provide free Medicare, Medi-Cal and related health insurance education, counseling, advocacy and legal services to Los Angeles County residents.
- Funding for CHCR direct services is provided by the City of Los Angeles and County of Los Angeles Health Insurance Counseling and Advocacy Program (HICAP) grants.
- HICAP is one of CHCR’s primary grants but also have other grants; for example, CHCR is funded through the Legal Services Trust Fund Program and through private foundation grants.
- CHCR currently has 13 direct service staff, including 6 Health Insurance

*Medi-Cal Managed
Care Division,
Department of Health
Care Services*



Specialists, 2 Education/Outreach Specialists, and 2 Staff Attorneys.

- CCI/CMC counseling services are available primarily by telephone. Callers call CHCR to schedule a telephone counseling appointment with a CHCR counselor between the hours of 9-5. Callers can leave voice mail messages if the phones are busy or after hours.
- Bilingual language capacity – CHCR Staff are bilingual in Spanish, Korean, and Russian.
 - CHCR’s telephone system allows callers to leave messages on voice mail boxes in English and seven other languages.
 - Certified Languages Inc. is used to provide interpreter services for telephone counseling.
 - Pals for Health is used to provide in person interpreter services for education programs in other languages.
- In May 2014, CHCR Staff provided HICAP counseling services to 693 persons, 393 were dual eligibles with CMC questions – exclusively HICAP grant.
 - Only one hotline to serve both Medicare and CMC populations.
- In person counseling appointments are available at the CHCR office or at a local community site with a HICAP Volunteer Counselor.
- CHCR conducts 20-30 CCI/Cal MediConnect education programs for dual eligibles each month.
- CHCR also conducts CCI/CMC training for professional staff, including housing coordinators, mental health providers, MSSP providers, APS staff, and other community based organizations.
- Many duals think that CHCR is responsible for the CMC Program and do not understand the role of HICAP vs. Health Care Options.
- CMC calls focus primarily on understanding CMC enrollment options. Most callers say they do not understand the notices or enrollment choice form.
- Dual eligibles are very concerned about continued access to their doctors. Concern that enrollment in a Medi-Cal health plan will limit this access.
- Most duals do not see any distinction between the different CMC or Medi-Cal health plans, particularly given that the same companies are offering both plans.
- Call volume currently exceeds CHCR capacity to provide CMC counseling services. Receive about 100-150 CMC calls a day and can provide counseling services to approximately 50-60 persons a day.
- Aileen concluded by providing the contact information for the Center for Health Care Rights.
 - For CMC telephonic or in person counseling in L.A. County, call **1-213-383-4519** or **1-800-824-0780**.
 - To arrange for a CCI/CMC education or training program, contact



Anita Chun at 1-213- 383-4519 Ext. 3016.99

- For other CCI/CMC questions, contact **Aileen Harper** at **aharper@healthcarerights.org**

Neighborhood Legal Services of Los Angeles (NLSLA)

- Toni described the Neighborhood Legal Services of Los Angeles – Health Consumer Center’s mission and role in providing education, information, and assistance with CCI/CMC.
- NLSLA’s CCI/CMC counseling services are available primarily by telephone, Monday – Friday, 9 a.m. to 5 p.m.
- They provide assistance with any CCI related issue. The level of service beyond education and advice depends on the legal issues involved and caller’s specific problem.
- For CMC enrollees, NLSLA will provide assistance with all problems related to their managed care including: access to care; treatment denials; delays in specialty referrals; plan services; provider services; billing issues; assistance to consumers with filing grievances and appeals; referrals to partner organizations and other agencies as needed to resolve consumer issues.
- Currently staffed with 10 attorneys and 8 paralegals. Additional support staff may be added as needed.
- Bilingual language capacity - Spanish, Armenian, Vietnamese, and Russian. Language line used for all other languages.
- Call volume is extremely heavy.
- NLSLA experiences to date:
 - Extremely heavy call volume
 - Confused about notices – no idea what it means or how to opt out
 - Worried and do not want to lose their doctors
 - Do not want their Medicare benefits to change
 - Unclear what about Cal MediConnect offers or what the benefits are of enrolling in CMC
 - Pre assigned plan options in the 60-day notice are misleading and confusing
 - Part D disenrollment notices are misleading
 - Cannot find or did not get choice form
- **NLSLA Consumer Hotline Number: 1-800-896-3202.**
- For community organizations technical assistance, contact **Toni M. Vargas, 818-834-7558.**

Health Care Options (HCO) – DHCS enrollment agent



	<ul style="list-style-type: none"> • Hilary provided information about the services offered by HCO. • HCO is the DHCS enrollment agent for Cal MediConnect. • HCO is a call center taking inbound calls, Monday - Friday, 8 a.m. to 5 p.m. They also make outbound calls to beneficiaries after they receive their Guidebooks/Choice Books. • HCO Services include: <ul style="list-style-type: none"> ○ Enrollment into Cal MediConnect plans and Medi-Cal plan, including plan changes ○ Basic information about Cal MediConnect & MLTSS • HCO received over 12,000 calls in April, around 3,000 a week. Call statistics reported monthly on enrollment dashboard. • What HCO can do: <ul style="list-style-type: none"> ○ Tell beneficiaries what plans they are eligible for ○ Tell beneficiaries when their enrollment date is ○ Help figure out which plan networks include which doctors ○ Enroll beneficiaries into a different Cal MediConnect or Medi-Cal plan ○ Opt beneficiaries out of Cal MediConnect and enroll into a Medi-Cal managed care plan ○ Send new Cal MediConnect or MLTSS materials <ul style="list-style-type: none"> ▪ Materials in a different language ▪ Accessible materials ○ Connect beneficiaries with HICAP or Ombudsman if they need more support • What HCO cannot do: <ul style="list-style-type: none"> ○ Provide counseling about which plan is right for you <ul style="list-style-type: none"> ▪ They CAN transfer beneficiaries to HICAP ○ Change your address <ul style="list-style-type: none"> ▪ Beneficiaries need to go to the county eligibility office ○ Talk to individuals who are not the beneficiary or their personal representative UNLESS the beneficiary is on the line ○ Perform emergency/retroactive disenrollments ○ Resolve issues with continuity of care or plans ○ Give out enrollment or disenrollment confirmation numbers - beneficiaries will receive disenrollment notices as their confirmation • Health Care Options: 1-844-580-7272 	
<p>1:58 - 2:35 p.m.</p>	<p>Panel Q&A</p> <p><u>Stakeholder Question:</u> Would it be possible to receive electronic copies of today's presentations to share with staff members?</p>	<p>All</p>



Response (Bobbie Wunsch): Presentations will be sent out to everyone on the mailing list. If you are not on the distribution list, email jtorrez@lacare.org and Joel will send you the presentations.

Stakeholder Question: My question is regarding nursing home residents who are unable to speak for themselves and do not have a family representative. You made a reference that we could call in as long as the beneficiary is also on the phone. However, these individuals cannot speak for themselves. What happens to these beneficiaries? How do they get to make a choice?

Response (Aileen Harper): If the beneficiary is not on the line, then the person calling on behalf of the beneficiary has to be an authorized representative. Meaning that the authorized representative's identity has to be on the beneficiary's Medi-Cal record.

Response (Hilary Haycock): This is the exiting Medi-Cal policy. We did not make any changes to the existing rules in creating CMC. Either the beneficiary is making the choice, or there has to be someone who has been designated their conservator or their authorized representative to make that choice for them.

Response (Toni Vargas): I appreciate the question because variations of this question have been brought up by this group before when it comes to a person who lives alone and has dementia. The individuals representing this part of our community have raised their concerns. There are some legal issues here that everyone challenges, and we are no different. What we have tried to do in our legal position is to provide general counseling and education, as if there was no person attached to that advice. But again, your questions are extremely important. There is a very vulnerable part of our population that may somehow not get the help that they need.

Response (Aileen Harper): I want to add that what you are describing is also relevant to beneficiaries who have serve mental illnesses and do not have authorized representatives. One third of our duals have serve mental illness, so this really goes beyond individuals in nursing homes.

Stakeholder Question: I think the State has underestimated the number of these patients that are out there. I have asked DHCS every month for some kind of guidance because I do think the numbers are staggering. My comment is for Hilary; you had mentioned that the calls are all recorded. We have had patients who called to opt out, but they were enrolled anyway. Are all the calls recorded, and are they accessible through patient information?



Response (Hilary Haycock): The first step would be to call HCO and get the patients disenrolled. If the disenrollment needs to be retroactive, then that would be an Ombudsman issue. You can always email me at hilary@harbageconsulting.com, and I am happy to help make sure that specific instances get connected to the right people at the State who can help do the research and try to pull people out. We did have an issue around individuals calling to opt out but were not opted out due to a system's glitch. So there is a population where we have addressed it, confirmed what enrollment decision they wanted and fixed it. If there are other individuals experiencing issues, please email me, and I will help connect you. We definitely want to make sure that we are recognizing beneficiary choice. The right to opt out is one of the number one beneficiary protections in this program. It is obviously very concerning to anyone who called to opt out but was not opted out. Please get in touch, and we will help solve the problem.

Stakeholder Question: I have a simple question for Aileen. Do you offer services for beneficiaries who fall under Medicaid Expansion as well?

Response (Aileen Harper): Are you referring to the MAGI population? No, the Center for Health Care Rights is not funded to provide services to the Modified Adjusted Gross Income (MAGI)/Medicaid Expansion group.

Response (Toni Vargas): The Health Consumer Center can assist with the MAGI or new Medicaid Expansion population. As you may know, there is an enormous delay for anyone trying to get into the new expansion due to the DPSS computer system breakdown.

Stakeholder Question: I have a question for Hilary. I represent GLAD, Greater Los Angeles Agency on Deafness. My question is regarding the passive enrollment process. I want to know what the State's instruction is for those who are deaf, hard of hearing, or who rely solely on sign language. How do you contact those beneficiaries? Do you have an outreach program to make sure those deaf and hard of hearing people have access to language?

Response (Hilary Haycock): We take accessibility very seriously, and we are constantly looking for new ideas and ways to help make sure that everyone does have access to information about the program. Right now, the best way is the TTY line for HCO to call and get information. We are working on putting together an American Sign Language (ASL) video to be posted on calduals.org because we do know that TTY is currently an imperfect solution. I would be happy to talk to you about other ideas if you have them.



Stakeholder Question: I'm from the San Gabriel Pomona Regional Center. This question is for Hilary. Our individuals are intellectually disabled, and although they are exempt, a lot of them are getting enrolled in CMC. We experience challenges when we call to disenroll them because of the authorized representative issue. These individuals are exempt because they live in intermediate care facilities that are funded by Medi-Cal. Therefore, if they are not disenrolled, these beneficiaries will lose their housing or vendors will call and ask who will pay their daily rate. What is necessary to be recognized as an authorized representative? Our agency advocates for our individuals, and we are representative payee for many. Would that be sufficient enough?

Response (Hilary Haycock): We are putting together a facts sheet that walks through the steps you need to take to become the various types of personal representative. If this is an Assisted Living Waiver (ALW) regional center for developmental disabilities (DD), then the issue we have run into is that an address system is supposed to keep these individuals out of CMC. One thing we are doing since we have been aware of this issue is we have individuals send us their addresses, and we are updating them on the backend. Please feel free to contact me at hilary@harbageconsulting.com, and we will get that corrected.

Stakeholder Question: What happens to Part D coverage for those who opt out of CMC program? Are they disenrolled from their current program?

Response (Aileen Harper): If someone opts out of CMC, they retain their Part D coverage. They will not be disenrolled from their Part D plan, if they successfully opt out.

Stakeholder Question: I have three quick questions:

- 1) Are the educational and training programs conducted by the Center for Health Care Rights available in languages other than English?
- 2) In calling the Center for Health Care Rights' 1-800 number, is there a way for the voicemail message to reference CMC/CCI?
- 3) If a beneficiary opts out of CMC via telephone, will the individual still receive a letter stating he/she will be getting enrolled into a CMC plan? For example, if they opt out at 65 days, they are most likely going to receive the 60-day notice because it will have already been mailed out. But at what point will the notices stop if they call to opt out?

Response (Aileen Harper): **1)** Yes, and if we do not have bilingual capability, we will bring an interpreter. **2)** Yes, we can reference CMC/CCI on the message. The problem is that most seniors dislike lengthy voicemail messages, but we can definitely take a look at revising that.



Response (Hilary Haycock): **3)** When beneficiaries call HCO to opt out, it takes about day for our systems to show it. If you call day 65, then yes, you will probably receive the 60-day notice, the guidebook, choice form, and the Part D disenrollment notice. You will also receive a notice stating you opted out of CMC. All of which will be very confusing. We are required to have the CMC opt out confirmation letter out to you by ten days, but we are sending them out much faster, usually within a week. The most important thing is to make sure to get the disenrollment confirmation letter.

Stakeholder Comment: Individuals who are deaf or hard of hearing do not use TTYs anymore. Only about 3% use TTY, and they are usually over the age of 65. Younger individuals use two things: 1) a relay service with an interpreter that calls you or you call with, that way there is a three way discussion; 2) American Sign Language (ASL) – the best way to communicate is to have a video in ASL, just in the same way we have materials in other languages on the website.

Stakeholder Comment: I appreciate the acknowledgement that the confusion is out there. It seems like the responsibility for outreach is put on the individual to find out what is happening, not us reaching out to them. If I receive a packet in the mail that is not written in my language and I can't read it, I don't know to call you. We are 11 days from this rolling out. What are we really doing for outreach?

Response (Hilary Haycock): I agree. Outreach is incredibly important which is why the State has, for the first time in a transition like this, had a really conservative outreach effort. We really want to go out and talk to beneficiaries and their providers. We want to provide information to people, not just through notices, because notices are not enough. I think it is wonderful that we have additional resources for HICAPs, which are a trusted resource for Medicare beneficiaries. I think it is wonderful that we have a dedicated Ombudsman program specific for CMC and CCI. My team is doing presentations every single day, Monday – Friday and often on weekends. We just encourage people to continue to find the resources, and we are happy to come wherever is most useful.

Stakeholder Question: **This is related to a recent admission. The patient was inadvertently enrolled into a plan that he did not choose. It affected his discharge plan as there were no local facilities that were contracted with said plan. What would our recourse be to obtain a resolution?**

Response (Aileen Harper): People should not be enrolled into CMC until July, so I am not sure what they were enrolled in. Is it a different county? Or Medi-Cal plan?

Plan Representative (Joel Torrez): We are not sure; this is how the question



came through WebEx.

Response (Toni Vargas): It is too soon for anyone to be actually enrolled into a CMC plan. We have had premature Medi-Cal managed care enrollments that created problems for patients in nursing homes because the nursing home did not accept that Medi-Cal plan. We should not have had any actual enrollments into CMC as of this date.

Stakeholder Comment: I just wanted to first thank Brenda for elaborating on the communication via phone and TTY. My comment is for the departments, including the health plans. Please take into consideration that having one specific line that is for the hearing impaired or hard of hearing, makes it easier to connect.

Stakeholder Question: I just wanted to first acknowledge the panelists. I appreciate in particular that you provided not only how to access resources, but also how forthcoming you both were, Toni and Aileen, in terms of the beneficiary experience and the problems we are encountering. I am a little frustrated that we have had this soft launch now in L.A. County, but I feel like I am going to leave this room without getting a good sense of how the soft launch is going, other than the hearing about the problems. In the MSSP world, we have found some people, even though our program is not supposed to be starting until October, mysteriously receiving 90-day notices. The ones we know about is not a huge volume, but it makes me wonder about those individuals who are not quite as trained at looking at their mail closely. I think this group has asked for this before. It feels like we need a very clear document that states if something is going wrong, this is who you contact or this is what you do.

Response (Toni Vargas): Your fear is well understood. We do suspect that July 1st is going to be pretty rough. We know that for the SPDs, about 75% of them were defaulted into plans because they did not respond with the choice forms. So we anticipate that experience will be carried over for our first passive enrollment group on July 1st. Each and every one of us, in our capacities, is in the position to help. The three organizations here have quite a lot of people behind them that are out there to do the best we can.

Response (Hilary Haycock): I know it feels confusing, and there are a lot of different numbers to call. One of the things that we have been working very hard between the organizations is to create a no wrong door. So that if you call HCO saying you need help with your provider, then HCO will direct you to the Ombudsman who can assist you. It is designed to be a no wrong door approach because we really want to make sure that beneficiaries are getting the help that they need.

Stakeholder Question: Could you give an update on the Choice Form?

Response (Hilary Haycock): Yeah, that was going to be a part of my outreach and communications update. I can just provide that update now.

State and Local Consumer Outreach Update

Hilary Haycock provided an update on outreach and communication from Harbage and the Department of Health Care Services (DHCS).

- Hilary announced that DHCS will be conducting the second Tele Town Hall Meeting today, June 19, 2014 at 6:00 p.m. for beneficiaries who already received their 60-day notice and large blue envelope with the Cal MediConnect Guidebook and Choice Book. Tele Town Hall Meetings will be held on a monthly basis.
 - If anyone would like to listen in, just go to the DHCS website and look under the "Hot Topics" section for web links available in both English and Spanish.
- In addition to the notices, HCO does outbound calls to folks after they have received their 60-day packets to make sure that they have the information and to help them make a choice if they are ready.
- New materials posted on CalDuals.org:
 1. Does your doctor work with Cal MediConnect?



FindDoc_LA.pdf

2. Watch for Blue Mail



MOWFlierLA_final.pdf

3. Basic CCI Flyer



BasicCCIFlyerLA_Final.pdf

- New translated beneficiary materials are now available for Los Angeles County on the CalDuals.org website. Materials available in Arabic, Armenian, Simplified Chinese, Traditional Chinese, Korean, Russian, Español (Spanish), Tagalog, and Vietnamese.
- Cal MediConnect Enrollment Materials
 - Beneficiary testing was conducted in May 2014, and we are wrapping up the stakeholder comment period on materials today.
 - The revised 90-day notice will be sent with the mailings that are mailed out at the end of July.
 - The revised 60-day, choice form, and 30-day will be sent with the mailings that are mailed out at the end of August.

2:35 – 2:52 p.m.

Hilary Haycock ,
Director of Strategic Outreach and Communication, Harbage Consulting

Denny Chan
Staff Attorney, National Senior Citizens Law Center (NSCLC)



- New PDP insert will be mailed out with beneficiaries' 60-day notices. This notice explains why people eligible for Cal MediConnect receive cancellation notices from their current Medicare Part D plans – because those plans recognize that the person's drug coverage is scheduled to shift from that current Part D plan to a Cal MediConnect plan instead.
- New Cal MediConnect Enrollment Dashboard will be released soon and available on both the CalDuals.org and DHCS website with updated enrollment numbers. Los Angeles is up to 543 beneficiaries enrolled in Cal MediConnect in June 2014.

Denny Chan provided an update on local community outreach and educational activities.

- L.A. Communications Workgroup – Over 20 people representing different organizations in Los Angeles – such as NSCLC, all CMC health plans, and Harbage Consulting. The Communications Workgroup meets every three weeks to collaboratively identify specific populations for future outreach activities. Anyone interested in participating in this workgroup should contact Denny Chan at dchan@nsclc.org.
- Blue Envelope Project - AARP volunteers will provide direct outreach to dual eligible beneficiaries. L.A. Communications Workgroup helped to train AARP volunteers, and the volunteers will go to Los Angeles senior centers to run Blue Envelope Help tables. The idea is for seniors to bring their blue envelopes and general questions about them to senior centers to get assistance. These events will not be individual enrollment counseling sessions, just to answer basic enrollment questions.
- NSCLC is collaborating with LAC to conduct two CCI training sessions. One will be held tomorrow, June 20th and the other will be on July 15th.
- There are multiple Tele Town Halls being conducted. DHCS, PASC and AARP are scheduled to host Tele Town Hall Meetings.
- On June 10th, NSCLC released a CCI Fix List. The "Fix List" was developed for tracking problems in the roll out of California's Coordinated Care Initiative (CCI) and efforts undertaken by DHCS and CMS to fix them. The list is intended to keep advocates and others informed of the current state of implementation in order to assist dual eligible beneficiaries who encounter problems during this important transition. NSCLC will update the Fix List regularly and keep it posted on the NSCLC website.



CCI-Fix-List-06.10.14.pdf

Stakeholder Question: Was the revised Choice Form open for stakeholder comment?



Response (Hilary Haycock): It went to the California Collaborative.

Stakeholder Comment: First, I want to say thank you to Denny. That is the first time I have heard anything about we have identified a problem, this is the solution, and this is how to get there. As a predecessor to the CCI, I have been suggesting something like that for the longest time because we, the CBAS providers, have experienced challenges and have some insight to the challenges we might face. At every meeting, I suggest that we have some type of algorithm or communication tree that helps us navigate.

Response (Joel Torrez): The five plans are working in the background through the L.A. Communications Workgroup, and we are in the process of finalizing a draft version of a contact list that providers and county workers can use to contact a specific plan. The document has the five plans listed with two columns, one for Medi-Cal and the other for Cal MediConnect.

Comment (Pamela Mokler): I just want to mention that three of the five plans here have already launched CMC in San Diego, and it is not Armageddon. For the most part, things are going smoothly. Members' continuity of care requests are being honored. Members are getting the services they need. The purpose of this is to take this fragmented mess that we have, bring it together, and coordinate the care. Change is always difficult, but I think we have to stay focused on the purpose of the program. Of the people that are calling to opt out, is somebody telling them why maybe they should stay in CMC?

Stakeholder Comment: My comment is that if we are going to put together some comprehensive directory with descriptions of positions, I would recommend that we include photos. I think it would be very helpful to put a name to the face and title. In addition, I wanted to announce that the SCAN flyer will be released through the Los Angeles Aging Advocacy Coalition (LAAAC) Newsletter on Friday, June 20th. If you are not a recipient of our weekly newsletter, please give me your business card, and I will add you to our mailing list. Also, to follow up with that, we will be discussing that flyer and the outreach for it on the next LAAAC call which will be on Friday, July 11th, 2014.

2:52 - 2:54 p.m.

Approve May 14, 2014 Meeting Minutes

Bobbie referred to the distribution of the draft minutes from the previous meeting and asked if there were any corrections.

Bobbie Wunsch



2:54 – 3:00 p.m.	<p>Next Steps/Wrap Up Bobbie thanked the panelists and the stakeholders for their value insight, on-going participation, and recommendations during the meeting.</p> <ul style="list-style-type: none">➤ Next Meeting: Wednesday, July 16th, 2014<ul style="list-style-type: none">○ Location: Los Angeles Cathedral○ Facilitated by Health Net○ Time: 1:00 p.m. – 3:00 p.m. ➤ Meeting was adjourned at 3:00 p.m.	Bobbie Wunsch
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DRAFT