

**SLO Healthcare Workforce Partnership  
Partnership Meeting, June 13, 2024, via Zoom  
Discussion Results**

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**Member Attendees:** Michelle Shoresman (Public Health), Jordan Turetsky (CenCal Health), Tony Girolo (WDB), Aydin Nazmi (Cal Poly), Matt Briskin (The Chartis Group), Alexandra Chamberlain (Tolosa Dental), Beth Johnson (Cuesta), Barbara Morrow (Oral Health), Oscar Ramos (Cuesta), Angel Lopez (Promotores), Heather Tucker (Cuesta), Julie Fogelson (Dignity/Common Spirit), Fernanda Lucas (Promotores), Jennifer Clayton (SLO Partners/SLO COE), Carolyn Deily, Dawn Boulanger (WDB), Magdalena Serrano (CHC), Jessica Rojas (CHC), Jessica Peckham (DNP), Penny Borenstein (Health Agency), Terrance Harris (Cal Poly)

**Guests:** Claire Hermann (Public Health), Elizabeth Merson (Public Health)

**Coordinator:** Susan McGraw

**Discussion Results:**

- **Medi-Cal Rates Presentation:** Jordan Turetsky, COO (CenCal Health)
  - [See presentation slides.](#)
  - National and statewide coalitions and associations work together to advocate for specific initiatives and influence rate and reimbursement policies. Initiatives include the Managed Care Organization (MCO) Tax.
  - Our ability to influence locally by leveraging local resources: Timely access to care is a challenge regardless of whether you have private insurance, Medi-Cal, or Medicare. Access is strained. CenCal Health can reinvest in communities they service (as a not for profit). They are currently developing a grant program to support access to care including funding strategies to support provider recruitment and retention, capacity building, and career pathway development. FQHC also has loan repayment plans through the federal government for individuals willing to provide a specific number of years of service in a rural FQHC.
  - Q&A:
    - Question: How does CenCal get the revenues needed to pay above Medi-Cal rates.
      - Answers: Reimbursement from the state is determined based on utilization and costs over the past 18 months. CenCal submits a rate development template to the state detailing their costs by category and the state sets the rates moving forward. It is a retrospective review analyzing what it costs CenCal to fund the providers in their network. As long as other Medi-Cal providers throughout the state are funding at a similar level, the rates set by the state are reimbursing the costs. However, in addition, CenCal maintains reserves to pass on protections to providers if costs go too high.
    - Question: Why not just raise the fee schedule?
      - Answers: Associations working through coalitions with a lot of advocacy sought to do this through the MCO Tax (high level pass through to draw down federal funding). They were successful previously in raising the base to a certain % of the Medicare rate. Governor rejected that going forward. Most Medi-Cal members are part of the CenCal Managed Care Organization which does not pay providers on a fee for service basis. Not many people in CA are still being covered on a fee for service basis, as the majority are members of an MCO (high 90% are covered). CenCal's reimbursement from the state is based off of data from about 2 years prior. CenCal Health and the State's relationship is always playing catch up, so can't administer huge spikes in provider rates because they won't get reimbursed for 2 years from the state for those current provider rates.

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- Question: What are you hearing from individual providers about the rates?
  - Answers: Hearing that the cost of practicing is going up. Pandemic sent people into retirement, so fewer practices. Minimum wage impact, cost of living, higher nursing payments. CenCal tries to work with local providers to make sure rates are keeping pace with the reimbursement from the state. This is a global, not localized, issue in the highest cost areas.
- Question: If provider organizations (statewide/national orgs or local) can't bring in providers, how can we leverage telehealth and utilize technology to use healthcare in different ways?
  - Question to the Attendees: What challenges are providers seeing?
    - Answer 1: We have unique needs in the community. When we try to leverage technology, a lot of people can't access it in the County, which creates inequity. We have to rethink our model. We saw a lot of folks retire, leaving with a lot of wisdom in nursing, mental, primary care. We are in a capacity building capacity with newer employees.
    - Answer 2: We are just now opening to new patients due to hiring new dentists. We are only one of 3 providers accepting Medi-Cal for kids. How to keep providers is a daily hurdle.
  - Answer: There are "carve outs" for CenCal's Managed Health Plan for some mental health and dental services. Medi-Cal recipients are insured through Denta-Cal, not CenCal Health. Cen-Cal Health is responsible for mild to moderate mental health issues. SLO County is required to handle severe mental health and substance abuse issues.
- Question: Burn out and quality of life and work/life balance is a serious issue for healthcare providers. Why work here rather than in big city with more supports available? With FQHC grants available for loan repayment, is there a reason why some facilities can receive them and others can't?
  - Answer: Is the particular facility serving a Health Professional Shortage Area (HPSA)? The Loan Repayment program is based on the organization and how the organization is structured, not the patients they are seeing. Rural community clinic/FQHC vs. large non-profit.
- **CenCal Health Grant program:**
  - Not yet in place. State has some incentive programs for managed plans to earn and then pass down to providers for Cal AIM.
  - The grant they are working on will be focusing on specific priorities and a framework in the primary care, behavioral health, and specialty care side. Should have more information in place within the next 6 months or more. The Partnership can help CenCal identify what to focus on and fund. This could be grants to provider groups to address recruitment and retention, workforce development/career pathways/capacity (do we need another building/infrastructure?). Could be available to current providers within CenCal or those interesting in joining the network.
  - When that money becomes available? How will it be communicated/ disseminated? How do we not compete, as individual organizations, against each other. Need to think of this as a landscape and an initiative. Magdalena Serrano (CHC) would like to share their best practices in this. Bringing folks together in an intentional way.

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- CenCal used the data from the Partnership and others to ensure that the grant program will be addressing the highest community needs.
  - When funding becomes available, they are very open to having organizations work collaboratively.
  - Presenting updates at the fall conference?
  - Grant writing capabilities? Difficult for smaller organizations
- **Preliminary Results of the Healthcare Organization Critical Occupational Needs Questionnaire:**
  - [See presentation slides.](#)
  - Comments:
    - Expanding healthcare workforce issue is that there is a need for more mid-career employees. Employers are seeing applicants that are early career employees, just graduated folks. Need to create pathways for early career people to be mentored, coached. Professional space to come together. Missing the opportunity for intentional succession plans and mentorship. We hired 10 PAs while losing primary care physicians. How to create a culture to bring those practices into the space to build the capacity of our staff. When bringing in diverse individuals with lived experience, have to support their success or they will leave, too. Need an intentional learner community.
- **Potential HCAI Funding Cuts for Workforce Development Due to State Budget Deficit:**
  - [See presentation slide at end of these slides.](#)
  - Central Coast CHW received substantial funding from Santa Barbara Foundation. Promotores is working with this regional initiative. They will be having a 1:1 meeting with HCAI for advocacy on CHW funding. They are hoping to host a dialogue session with HCAI to get more details on what the budget will look like at the state.
- **Committee Work:**
  - **#1 - Recruitment & Retention:** Waiting for the Questionnaire results to assess recruitment & retention challenges.
  - **#2 – Healthcare Career Pathways:** Also waiting for questionnaire results so that the Committee can prioritize what they want to do. They have expanded the group to include players from all over the county and in different areas. Made an effort to fill some gaps in expertise. Made it a priority to raise awareness of career options in the county. Also creating an inventory of training / educational opportunities in the county.
  - **#3 - Funding & Advocacy:** Working on taking a pause on adding resources to the funding opportunities until the state budget cuts are finalized and the research is completed on the Health Professionals Shortage Areas, since many of the funding opportunities are only available to individuals or organizations in HPSA areas. Hopefully we will get more information on state budget and clarity on whether those opportunities will be available or not. Susan McGraw and Michelle Shoresman are meeting with an expert on the HPSA/MSSA areas, within HCAI, to explore how MSSA areas are developed and fix data for SLO, if necessary.