Committee: HHS
Committee Review: Completed
Staff: Robert H. Drummer, Senior Legislative Attorney
Purpose: To introduce agenda item – no vote expected
Keywords: #MontgomeryCaresAdvisoryBoard

AGENDA ITEM #14C
November 9, 2021
Introduction

Montgomery
County Council

SUBJECT

Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments

Lead Sponsor: Health and Human Services Committee

EXPECTED ATTENDEES

N/A

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- To introduce Bill – no vote expected

DESCRIPTION/ISSUE

The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income, and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

SUMMARY OF KEY DISCUSSION POINTS

- Should the Board be continued?

This report contains:

Staff Report	Pages 1
Bill 43-21	© 1
LRR	© 6
HHS Committee Staff Memo – September 24, 2021	© 7
Montgomery Cares Advisory Board Memo – June 24, 2021	© 11
Montgomery Cares Annual Report FY 2021	© 15

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MEMORANDUM

November 4, 2021

TO: County Council

FROM: Robert H. Drummer, Senior Legislative Attorney

SUBJECT: Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments

PURPOSE: Introduction – no Council votes required

Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments, sponsored by the Health and Human Services Committee, is scheduled to be introduced on November 9, 2021. A public hearing is scheduled for November 30, 2021 at 1:30PM.[1]

The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

The Council's Health and Human Services Committee held a worksession to discuss the continuation of the Board on September 24, 2021 and agreed to sponsor this Bill. The staff memo for the September 24, 2021 HHS worksession is at ©7. The Board's memo requesting to be continued with some changes to its mission and composition is at ©11. The Montgomery Cares Annual Report for FY21 is at ©15.

This packet contains:	Circle #
Bill 43-21	1
Legislative Request Report	6
HHS Committee Staff Memo – September 24, 2021	7
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[1] #MontgomeryCaresAdvisoryBoard

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Health and Human Services Committee

AN EXPEDITED ACT to:
(1)   continue the operation of the Advisory Board for the Montgomery Cares Program;
(2)   repeal the automatic termination date for the Advisory Board for the Montgomery Cares Program;
(3)   modify the mission and duties of the Board to include underinsured County residents;
(4)   define low-income for the purposes of the Board's duties;
(5)   modify the composition of the Board's members;
(6)   require the Board to elect a vice chair; and
(7)   generally amend the law governing the Advisory Board for Montgomery Cares.

By amending
Montgomery County Code
Chapter 24, Health and Sanitation
Sections 24-47, 24-49, 24-50, 24-51, 24-52, and 24-53

Boldface	*Heading or defined term.*
Underlining	*Added to existing law by original bill.*
[Single boldface brackets]	*Deleted from existing law by original bill.*
Double underlining	*Added by amendment.*
[[Double boldface brackets]]	*Deleted from existing law or the bill by amendment.*
* * *	*Existing law unaffected by bill.*

The County Council for Montgomery County, Maryland approves the following Act:

1   **Sec. 1.   Sections 24-47, 24-49, 24-50, 24-51, 24-52, and 24-53 are**

2   **amended as follows:**

3   **24-47. Definitions.**

4   In this article the following words have the meanings indicated;

5   *Area median income* means the median household income for the Washington

6   -Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area as estimated by

7   the U.S. Department of Housing and Urban Development, adjusted by

8   household size, or its successor.

9   *Board* means the Advisory Board for the Montgomery Cares Program.

10   *Department* means the Department of Health and Human Services.

11   *Low-income* means 80% or less of area median income.

12   *Program* means the Department's health care delivery system that provides

13   primary medical care and other essential health care and related services,

14   through public/private partnerships, to low-income, **[and]** uninsured, and

15   underinsured residents of the County.

16   **24-49. Mission.**

17   The Board's mission is to advise and recommend policies that ensure access to

18   high quality, efficient health care and related services for low-income, **[and]**

19   uninsured, and underinsured County residents.

20   **24-50. Members; appointments; terms.**

21   (a)   *Total members*. The Board has **[17]** 19 members.

22   (b)   *Ex officio members*. Subject to confirmation by the County Council, the

23   County Executive should appoint the following individuals to serve as

24   ex officio members of the Board:

25   (1)   The County Health Officer or Officer's designee; and

26   (2)   The Chief of the Department's Behavioral Health and Crisis

27   Service or the Chief's designee.

1   (c)   *Other members*. Subject to confirmation by the County Council, the

2   County Executive should appoint the following individuals to serve on

3   the Board:

4   (1)   2 representatives of community health care providers that

5   participate in the Program;

6   (2)   1 representative of hospitals that participate in the Program;

7   (3)   The chair of the Board of Directors of the entity that contracts

8   with the Department to administer the distribution of funds for

9   the delivery of Program services or the chair's designee;

10   (4)   **[**3**]** <u>5</u> members of the public;

11   (5)   **[**3**]** <u>4</u> individuals who have knowledge of and experience with

12   issues relating to health care for uninsured individuals such as

13   primary care, specialty care, dental care, behavioral health care,

14   or fiscal matters relating to any of these types of care;

15   (6)   1 representative of the Commission on Health;

16   (7)   1 representative of the County Medical Society; <u>and</u>

17   (8)   2 current or former recipients of services under the Program **[**;

18   and

19   (9)   1 representative from a Managed Care Organization who is

20   familiar with Medicaid and insurance issues affecting low-

21   income populations**]**.

22   *   *   *

23 **24-51. Voting; chair <u>and</u> <u>vice</u> chair; meetings; compensation.**

24   (a)   *Voting*. All members of the Board are voting members.

25   (b)   *Chair <u>and</u> <u>vice</u> chair*. The members of the Board must elect a chair <u>and</u>

26   <u>vice</u> <u>chair</u> by majority vote to serve a 1-year term.

27   (c)   *Meetings*. The Board must meet at least 10 times each year.

- 3 –
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(3)

1   (d) *Compensation*. Except as provided in subsection (e), a member must
2   serve without compensation.

3   (e) *Expenses*. A member may request reimbursement for mileage and
4   dependent care costs at rates established by the County.

5 **24-52. Duties and staff.**

6   (a) *Duties*. The Board may advise the County Executive, County Council,
7   and Department on any matter relating to the goal of ensuring a steady
8   and measurable **[**growth**]** <u>improvement</u> <u>in</u> <u>accessibility</u> **[**in the number**]**
9   of <u>low-income,</u> uninsured<u>,</u> <u>and</u> <u>underinsured</u> County residents accessing
10   high quality health care services, including:

11   (1) Eligibility criteria for participating health care providers;

12   (2) Eligibility criteria for individuals served by the Program;

13   (3) The method for allocating Program funds;

14   (4) The method of distributing funds to participating health care
15   providers;

16   (5) The Program budget;

17   (6) Growth targets and resources needed to meet those targets;

18   (7) Assistance to eligible individuals to obtain State and federal
19   health care coverage;

20   (8) Policies and practices to maximize the use of County funds for
21   direct services to clients;

22   (9) Evaluation of policies and programs to improve access to health
23   care and related services for low-income<u>,</u> **[**and**]** uninsured<u>,</u> <u>and</u>
24   <u>underinsured</u> County residents;

25   (10) Strategic planning in support of the Health Care for the
26   Uninsured programs administered by the Department, including:

27   (A) Montgomery Cares;

1			(B)	Care for Kids;
2			(C)	Maternity Partnership;
3			(D)	the Department's Dental Services; and
4			(E)	Health Care for the Homeless; and

5 (11) Health care services provided to low income, **[**and**]** uninsured,

6 and underinsured County residents, including primary care,

7 specialty care, dental care, behavioral health, and ancillary

8 services.

9 (b) *Report*. The Board must submit an annual report to the County

10 Executive, County Council, and Department on its activities, findings,

11 and recommendations.

12 (c) *Consideration of findings and recommendations*. The County

13 Executive, County Council, and Department must give serious

14 consideration to the findings and recommendations of the Board.

15 (d) *Staff*. The Department must provide appropriate staff for the Board.

16 **24-53. [Termination] Reserved.**

17 **[**(a) *Date*. The Board terminates on December 31, 2021.**]**

18 **[**(b) *Continuance of Board*. By March 31, 2021, the Board must

19 recommend to the County Executive and County Council whether the

20 County should continue the Board or establish an alternative

21 governance structure for the Program.**]**

22 **Sec. 2. Expedited Effective Date.**

23 The Council declares that this legislation is necessary for the immediate

24 protection of the public interest. This Act takes effect on the date on which it

25 becomes law.

26

LEGISLATIVE REQUEST REPORT

Bill 43-21
Health – Advisory Board for Montgomery Cares Program – Amendments

DESCRIPTION: The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income, and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

PROBLEM: The law establishing the Board is set to sunset on December 31, 2021.

GOALS AND OBJECTIVES: To continue the operation of the Board and modify its duties and composition.

COORDINATION: Montgomery Cares Program, DHHS

FISCAL IMPACT: To be requested.

ECONOMIC IMPACT: To be requested.

EVALUATION: To be researched.

EXPERIENCE ELSEWHERE: To be researched.

SOURCE OF INFORMATION: Robert H. Drummer, Senior Legislative Attorney

APPLICATION WITHIN MUNICIPALITIES: N/A

PENALTIES: N/A

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M E M O R A N D U M

September 24, 2021

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Continuation of Montgomery Care Advisory Board

PURPOSE: Committee recommendation on whether to sponsor legislation to continue the Montgomery Care Advisory Board

Expected to attend:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. James Bridgers, Acting Health Officer and Chief of Public Health Services (DHHS)
Dr. Christopher Rogers, Policy and Strategy Officer (DHHS)
Tara Clemons, Program Manager, Healthcare for the Uninsured
Diana Saladani, Co-Chair, Montgomery Cares Advisory Board

The Montgomery Cares Advisory Board's (MCAB) duties are delineated in Chapter 24-47 of the County Code (©5-7). MCAB has 17 members. Its duties are:

(a) Duties. The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable growth in the number of uninsured County residents accessing high quality health care services, including:
(1) Eligibility criteria for participating health care providers;
(2) Eligibility criteria for individuals served by the Program;
(3) The method for allocating Program funds;
(4) The method of distributing funds to participating health care providers;
(5) The Program budget;
(6) Growth targets and resources needed to meet those targets;
(7) Assistance to eligible individuals to obtain State and federal health care coverage;

(8) Policies and practices to maximize the use of County funds for direct services to clients;
(9) Evaluation of policies and programs to improve access to health care and related services for low-income and uninsured County residents;
(10) Strategic planning in support of the Health Care for the Uninsured programs administered by the Department, including:

> (A) Montgomery Cares;
> (B) Care for Kids;
> (C) Maternity Partnership;
> (D) the Department's Dental Services; and
> (E) Health Care for the Homeless; and

(11) Health care services provided to low income and uninsured County residents, including primary care, specialty care, dental care, behavioral health, and ancillary services.

Unusual to MCAB is the inclusion of a sunset date. The termination date for MCAB is December 31, 2021, unless the Council acts to continue. This was initially a part of the MCAB establishment because when Montgomery Cares was new it was not clear if an ongoing board would be beneficial.

At the Council's last review in 2015, the law was amended to expand the duties of MCAB to the broader range of healthcare for the uninsured programs, not just Montgomery Cares which is the County's healthcare program for uninsured adults. It was also expanded to include low-income residents, not just uninsured, so that MCAB might also consider policies regarding the care available to people through other programs for low-income residents. Because there were significant changes to the scope of MCAB's duties, the then-HHS Committee recommended leaving in a sunset to prompt review of the new scope.[1]

In 2015, the then-HHS Committee held a discussion session similar to this and then recommended/sponsored a bill to the Council. The Committee did not need to hold a second discussion/worksession as the Council moved forward with the adoption as recommended.

As required, MCAB sent a letter to the Council and Executive with its recommendations (©1-4). in summary, MCAB recommends (see discussion ©3-4):

1. The Board continue to provide an advisory role for the Health Care for the Uninsured programs and the County safety-net.
2. The Board's mission be revised "to advise and recommend policies that assure access to high quality, efficient healthcare and related services for low income, uninsured and underinsured County residents".
3. The Board include a Vice Chair as a formal elected position.
4. The Board's membership be modified to add two positions and eliminate the Managed Care membership type.
5. The Board expands its scope to additionally focus on the needs of underinsured County residents.

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[1] Link to the action staff report for Bill 36-15:
https://apps.montgomerycountymd.gov/ccllims/DownloadFilePage?FileName=986_1_1419_Bill_36-15E_Action_20150915.pdf

(8)

Council staff recommendation:

Council staff recommends the HHS Committee sponsor legislation to continue MCAB. Council staff believes the oversight of this advisory board has been and will continue to be important in the County's continued efforts to have a robust safety-net system for healthcare and reducing disparities in access to health services.

Council staff concurs with the changes recommended by MCAB with two exceptions:

1. Define "low-income" using HUD definitions:

Currently, the term low-income is not defined. Council staff recommends that it be defined given MCAB's specific recommendation to add the "underinsured" to its current focus on the uninsured.

The U.S. Department of Housing and Urban Development (HUD) says: Low-income families are defined as families whose incomes do not exceed 80 percent of the median family income for the area. Very low-income families are defined as families whose incomes do not exceed 50 percent of the median family income for the area.

Federal Poverty Level	100%	250%	
Individual	$12,880	$32,200	
Household of 4	$26,500	$66,250	
Area Median Income	50%	80%	100%
Individual	$45,150	$72,240	$90,300
Household of 4	$64,500	$103,200	$129,00

Unfortunately, many people at all income level end up being underinsured for medical and dental care. Council staff thinks this is an important issue for everyone, but that MCAB should focus its work on low-income households. Using the HUD definition for low income would provide some latitude that is above the current safety-net incomes for many programs of 250% of AMI but it would clarify that the work on underinsurance would also be for low-income residents.

2. Remove Sunset

MCAB recommends extending its authorization until 2026 per the previous reviews. Council staff recommends removing the sunset. Any board, committee or commission can tell the Council at any time if amendments are needed to their authorizing law and the Council can initiate changes at any time. Council staff does not see a reason for a sunset given the ongoing important of access to and reducing disparities in healthcare.

Because of the current sunset, the Committee will need to recommend, and the Council enact an expedited bill so there is no break on December 31, 2021

FY21 Montgomery Cares Annual Report

While this session is specific to the need for continuing legislation, the FY21 Annual Report is attached at ©8-53.

In addition to the information in the report, in the coming year, MCAB will be considering DHHS' work to standardize enrollment for Montgomery Cares through the Office of Eligibility and Support Services in ways that do not create barriers to enrollment and the development of a value-based care framework for funding to community clinics that will place a focus on patient outcomes.

Lastly, MCAB will continue to receive monthly updates on all the healthcare for the uninsured programs to look at trends in patient use, telehealth versus in-person visits, and other issues related to transitioning into the next phase of healthcare that is, hopefully, post-pandemic.

MONTGOMERY CARES ADVISORY BOARD

MEMORANDUM

June 24, 2021

TO: Tom Hucker, President, Montgomery County Council
                Gabe Albornoz, Vice-President, County Council and Chair of HHS Committee
                Marc Elrich, Montgomery County Executive

FROM: Wayne Swann, Chair, Montgomery Cares Advisory Board

SUBJECT: Extension of the Montgomery Cares Advisory Board and related recommendations

The enabling legislation for the Montgomery Cares Advisory Board (Board) specifies that authorization will sunset on December 31, 2021, unless reauthorization is carried out. The Board, as required, is submitting our recommendations about the future of the Board following the end of the authorization. As chair of the board, I am writing to communicate our recommendation that the Board be continued and that the scope is updated.

The COVID-19 pandemic unveiled many underlying issues that we've long known existed, specifically health disparities and the ongoing disinvestment by our federal/public health systems for non-citizens. As a majority-minority County, the pandemic magnified the health disparities and disease burden that were already underlying in communities of color. The Board continues to support actions taken to address the immediate systematic health challenges, as well as an ongoing commitment to address them long-term so that lessons learned are not forgotten.

The Charter recommendations took into consideration the changing environment in healthcare today. Some of these changes included the evolution of federal/state health programs, disparities exposed by COVID-19 and the drive for patient-centered medical care. The Board's recommendation is also based on feedback and advice from key Montgomery Care stakeholders, which include leadership from the Montgomery Cares Clinics, DHHS and The Primary Care Coalition. The stakeholders uniformly thought that the Board plays a valuable role in providing policy advice to the County and serving as a forum for stakeholder input for the Program. It was also recognized that the Board remains well positioned to provide an advisory role on health care delivery and access for all low income, uninsured and underinsured County residents.

Based on this evaluation the Board recommends:
1. The Board continue to provide an advisory role for the Health Care for the Uninsured programs and the County safety-net.

2. The Board's mission be revised "to advise and recommend policies that assure access to high quality, efficient healthcare and related services for low income, uninsured and underinsured County residents".
3. The Board include a Vice Chair as a formal elected position
4. The Board's membership be modified to add two positions and eliminate the Managed Care membership type.
5. The Board expands its scope to additionally focus on the needs of underinsured County residents

The Board appreciates the opportunity to provide this recommendation and advocate for priorities that are patient centered, data driven, and sustainable for our stakeholders. We are committed to continuing to work in close collaboration with you to achieve the principles of the Triple Aim (improving population health, patient experience and reducing costs) for County residents.

The Board welcomes the opportunity to meet with County Council to address any questions you may have on these recommendations.

Attachment

cc: Raymond Crowel, Director, DHHS
    Dr. Travis Gayles, Public Health Officer, DHHS

Recommendations to Continue the
Montgomery Cares Advisory Board

The Board recommends the following to the Montgomery County Executive and Montgomery County Council:

1. That the Montgomery Cares Advisory Board be reauthorized

2. That the name "Montgomery Cares Advisory Board" be retained

3. That the Montgomery County Council amend Section 24-47 of the Montgomery County Code to change the definition of "Program" to the following, " **the health care delivery system that provides primary medical care and other essential health care and related services, through public/private partnerships to low-income, uninsured, and underinsured residents of the County.**"

4. That the Montgomery County Council amend Section 24-49 of the Montgomery County Code to change the mission of the Board to read, "**The Board's mission is to advise and recommend policies that ensure access to high quality, efficient health care and related services for low-income, uninsured, and underinsured County residents**."

5. That the Montgomery County Council amend Section 24-50 of the Montgomery County Code to change the membership of the board as follows:
   - Change item (a): **The Board has 19 members**
   - Change item (c):
     - (4) **increase from ~~3~~ members of the public to 5**
     - (5) **increase from ~~3~~ individuals who have knowledge and experience to 4**
     - (9) **eliminate the Managed Care Organization representative member**

6. Change title of Sec. 24-51. to **Sec 24-51 Voting; chair and vice chair; meetings; compensation**
   - Change item (b) Chair and **Vice Chair**. The members of the Board must elect a chair and **vice chair** by majority vote, each to serve 1-year terms, respectively.

7. That the Montgomery County Council amend Section 24-52 of the Montgomery County Code to reflect the following duties:
   - Change (a) Duties to read: The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable improvement in accessibility of low-income, uninsured, and **underinsured** County residents to high quality health care services, including:
   - Change item #9 to read: Evaluation of policies and programs to improve access to health care and related services for low-income, uninsured and **underinsured** residents;
   - Change item #11 to read: Provide recommendations on health care services provided to low-income, uninsured, and **underinsured** County residents, including primary care, specialty care, dental care, behavioral health care, and ancillary services

8. That the Montgomery County Council amend Section 24-53 of the Montgomery County Code to
   - Reauthorize the Board through **December 31, 2026**
   - Continuance of Board. By **March 31, 2026**, the Board must recommend to the County Executive and County Council whether the County should continue the Board or establish an alternative governance structure for the Program

Montgomery Cares Annual Report Fiscal Year 2021

Aisha Robinson, Provider Services Manager

Elizabeth Arend, Director, Provider Services

primary care coalition

8757 Georgia Ave, 10th Floor

Silver Spring, MD 20910

www.PrimaryCareCoalition.org

FY21 Program Performance

Utilization

- Clinics served 19,777 patients in 53,336 encounters, a 20% patient decrease in unduplicated patients and a 15% decrease in encounters from 2020.
- Clinics spent 95% of the FY21 budgeted amount for encounters.
- Encounter ratio: 2.7, a 5% increase from the 2.57 ratio in FY20

Capacity

- The network remained intact with 10 clinics
- Two clinics temporarily stopped accepting new patients due to Covid-related staff reductions.
- There were only minor wait time fluctuations for established patients throughout the FY
- Nine clinics accept Medicaid, eight clinics accept Medicare, seven accept commercial insurance.
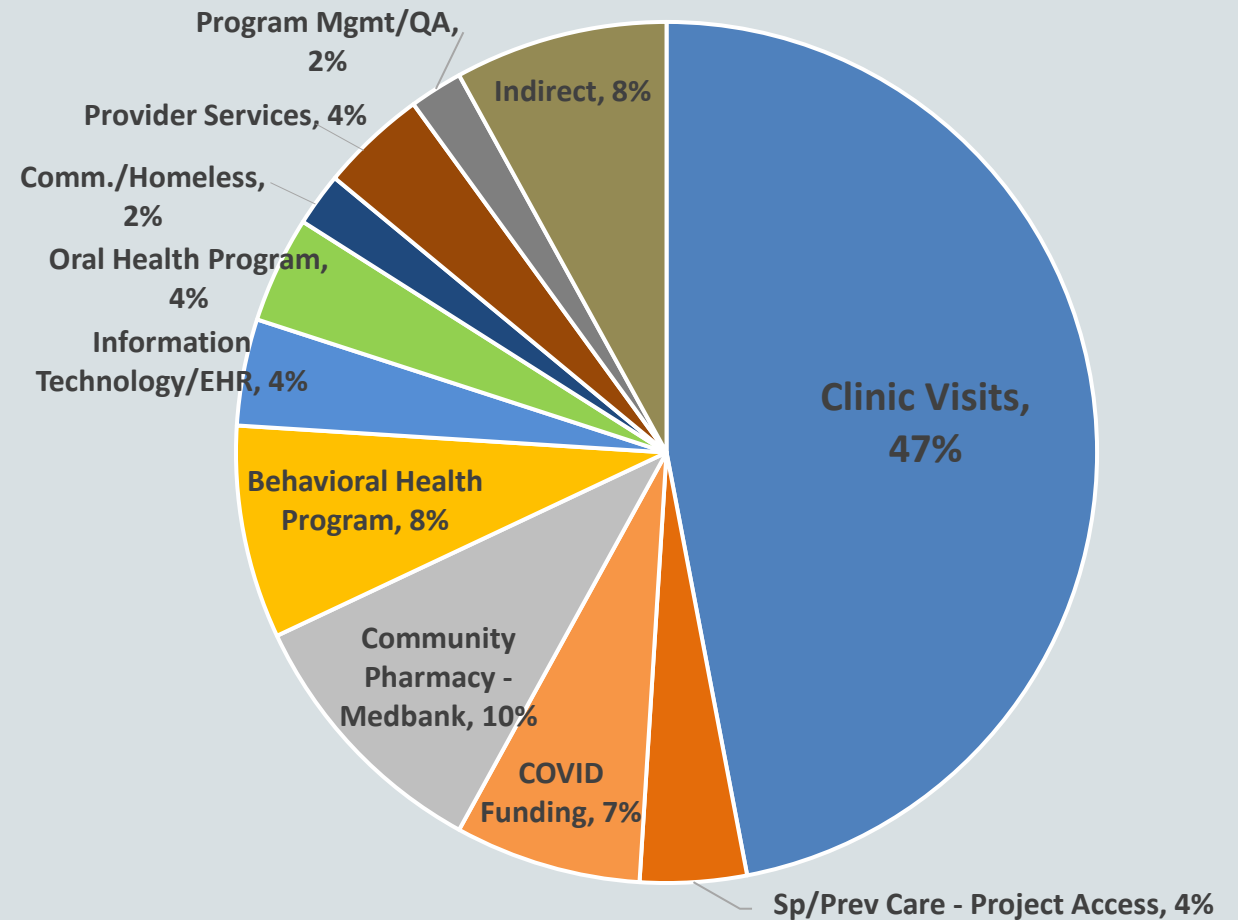
Services

- The demand for specialty care, oral, and behavioral health services continue to exceed supply

primary care coalition

(16)

Montgomery Cares FY21 Expenditures (PCC Budget)

Clinic Visits	47%
Specialty/Preventive Care-Project Access	4%
COVID Funding	7%
Community Pharmacy - Medbank	10%
Behavioral Health Program	8%
Information Technology/EHR	4%
Oral Health Program	4%
Comm./Homeless	2%
Provider Services	4%
Program Management/QA	2%
Indirect	8%
Total Expense	100%
FY-2021 Budget	$12,374,648
FY-2020 Actual	$11,434,962
Excess Returned to Montgomery County	$939,687

Program Mgmt/QA, 2%
Provider Services, 4%
Comm./Homeless, 2%
Oral Health Program, 4%
Information Technology/EHR, 4%
Behavioral Health Program, 8%
Community Pharmacy - Medbank, 10%
COVID Funding, 7%
Indirect, 8%
Clinic Visits, 47%
Sp/Prev Care - Project Access, 4%

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Montgomery Cares FY21 Patient Demographics

66% of patients report income below the Federal Poverty Level

78% of patients are between 30 - 64 years of age

62% of patients are Female

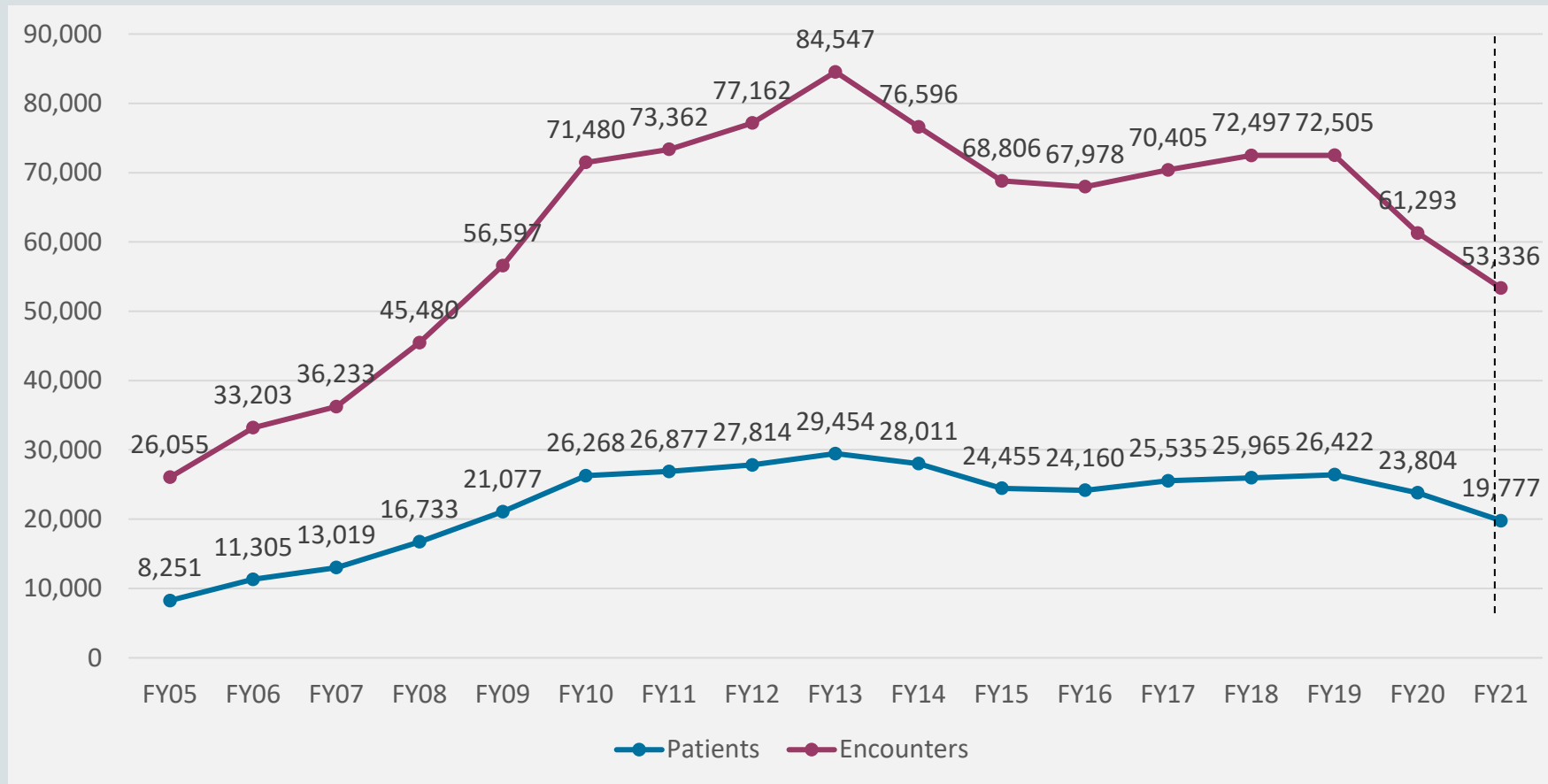Patients speak 41 languages 79% speak Spanish

67% of patients identify as Hispanic/Latino

primary care coalition

(18)

Montgomery Cares FY2005 – FY2021

- Montgomery Cares grew steadily through FY13
- Utilization decreased from FY14-15 due to ACA
- Utilization gradually increased from FY16 - 19 but decreased sharply, likely due to policy changes and COVID-19 in FY20
- Continued decreases occurred in FY21

FY21 Patients and Encounters

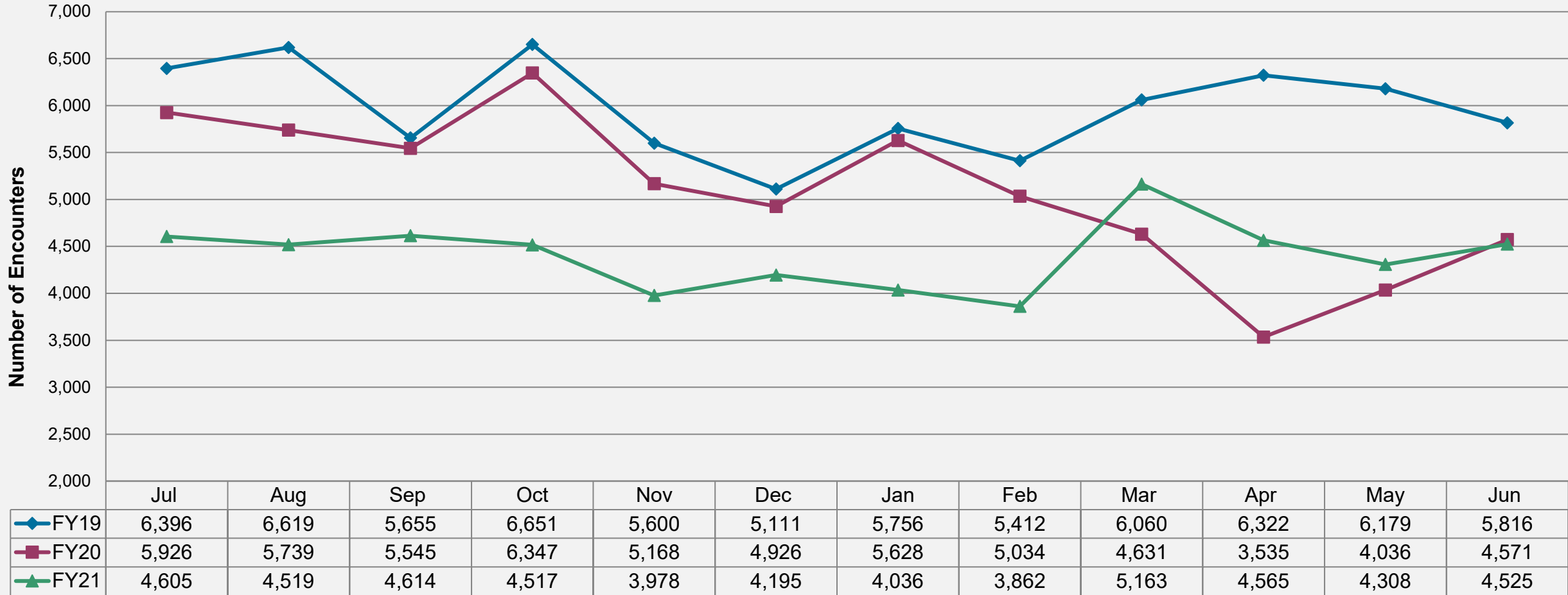- The clinics met 95% of the FY21 budget for encounters

Year to Date	FY21 Unduplicated Patients			FY21 Encounters			Reimbursement
Clinic	Projected Patients	Unduplicated Patients	% of Projection	Projected Encounters	YTD Encounters	% of Target Met	Montgomery Cares Payment $76.50/Visit
Catholic Charities Medical Clinic	1,628	756	46%	2,440	2,231	91%	$170,671.50
CCACC-PAVHC	350	193	55%	800	484	61%	$37,026.00
Community Clinic, Inc.	4,730	2,578	55%	8,988	5,417	60%	$414,400.50
CMR - Kaseman Clinic	1,300	885	68%	3,300	2,634	80%	$201,501.00
Holy Cross Health Centers	7,365	6,432	87%	14,730	14,382	98%	$1,100,223.00
Mary's Center	1,280	702	55%	3,541	2,131	60%	$163,021.50
Mercy Health Clinic	2,050	1,527	74%	7,200	5,728	80%	$438,192.00
Mobile Med	3,535	2,327	66%	13,464	7,961	59%	$609,016.50
Muslim Community Center Medical Clinic	2,000	937	47%	5,600	2,210	39%	$169,065.00
Proyecto Salud - Wheaton & Olney	4,680	3,440	74%	14,040	10,158	72%	$777,087.00
Medical Clinic Totals	**28,918**	**19,777**	**68%**	**74,103**	**53,336**	**72%**	**$4,080,204.00**
Montgomery Cares FY21 Budget	**28,000**		**71%**	**72,000**		**74%**	**$5,508,000.00**

*Block Payment Reimbursement: $5,241,590.60

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Montgomery Cares Encounters: FY2019-FY2021
Excluding Reconciliation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	6,396	6,619	5,655	6,651	5,600	5,111	5,756	5,412	6,060	6,322	6,179	5,816
FY20	5,926	5,739	5,545	6,347	5,168	4,926	5,628	5,034	4,631	3,535	4,036	4,571
FY21	4,605	4,519	4,614	4,517	3,978	4,195	4,036	3,862	5,163	4,565	4,308	4,525

primary care coalition

Montgomery Cares Utilization FY19 – FY21

(22)
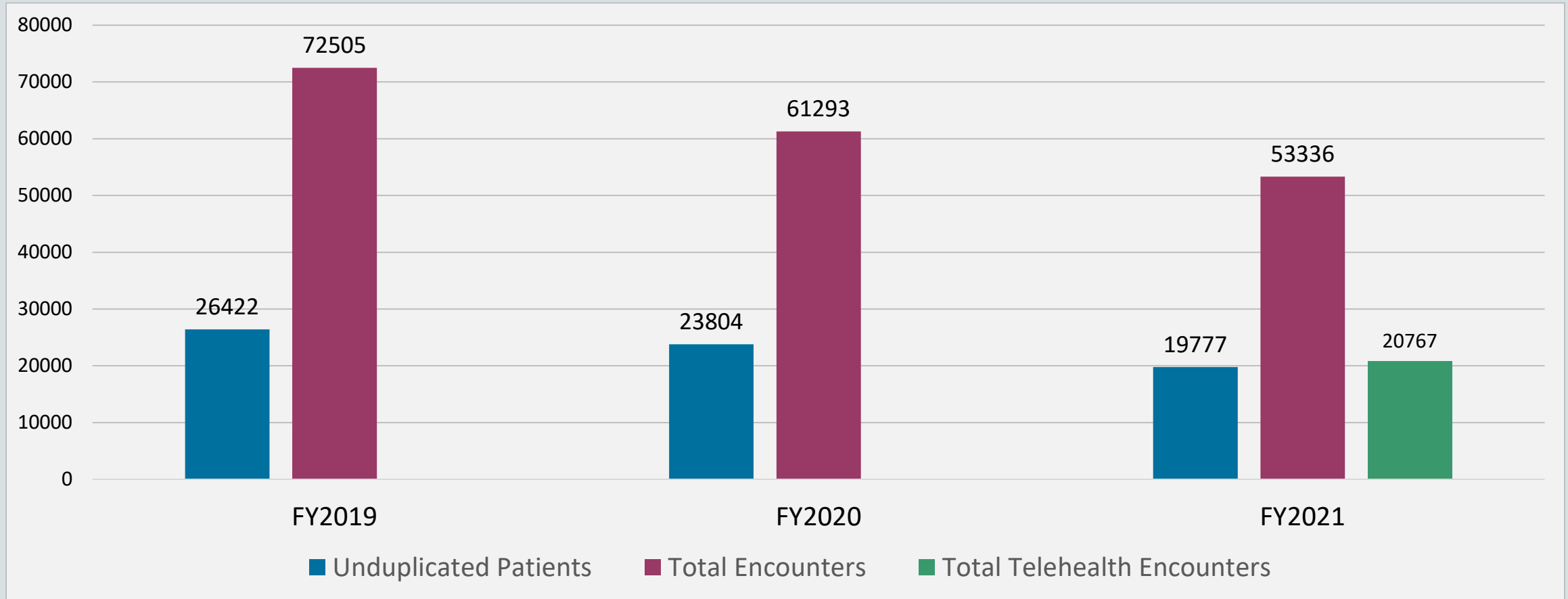
Unduplicated Patients & Encounters by Clinic FY21

	Catholic Charities	CCACC	CCI	Kaseman	Holy Cross	Mary's Center	Mercy Health	Mobile Med	MCC	Proyecto Salud	Total
Encounters	2,231	484	5,417	2,634	14,382	2,131	5,728	7,961	2,210	10,158	**53,336**
Patients	756	193	2,578	885	6,432	702	1,527	2,327	937	3,440	**19,777**
Ratio	2.95	2.51	2.10	2.98	2.24	3.04	3.75	3.42	2.36	2.95	**2.70**

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Community Pharmacy FY21 Expenditure

Category	FY21 Budget Allocation	Q1	Q2	Q3	Q4	Total Expenditure
General Formulary	$936,356	$149,115	$151,272	$167,740	$218,267	$686,394
Diabetic Supplies/H. Pylori	$303,058	$9,460	$43,666	$21,810	$78,065	$153,001
Flu Vaccines	$89,412	$34,580	$54,832	$0	$0	$89,412
Other Vaccines	$92,191	$0	$44,445	$40,333	$7,413	$92,191
Upton (Bridge Meds)	$3,710	$0	$0	$0	$0	$0
Reprogrammed funds			$40,779			$40,779
Unutilized funds					$362,950	$362,950
Total	**$1,424,727**	**$193,155**	**$334,994**	**$229,883**	**$666,695**	**$1,424,727**

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FY21 Community Pharmacy Expenditure by Drug Class

Drug Class	Expenditure
Insulin	$205,918.20
Cardiovascular	$199,740.65
Diabetic Supplies/H. Pylori	$153,001.00
Pulmonary	$124,923.71
Immunizations	$92,191.00
Flu Vaccines	$89,412.00
Endocrine/Diabetic	$76,189.73
Mental Health	$30,887.73
Family Planning	$23,337.40
Antibiotics	$19,905.43
Topicals	$5,491.15

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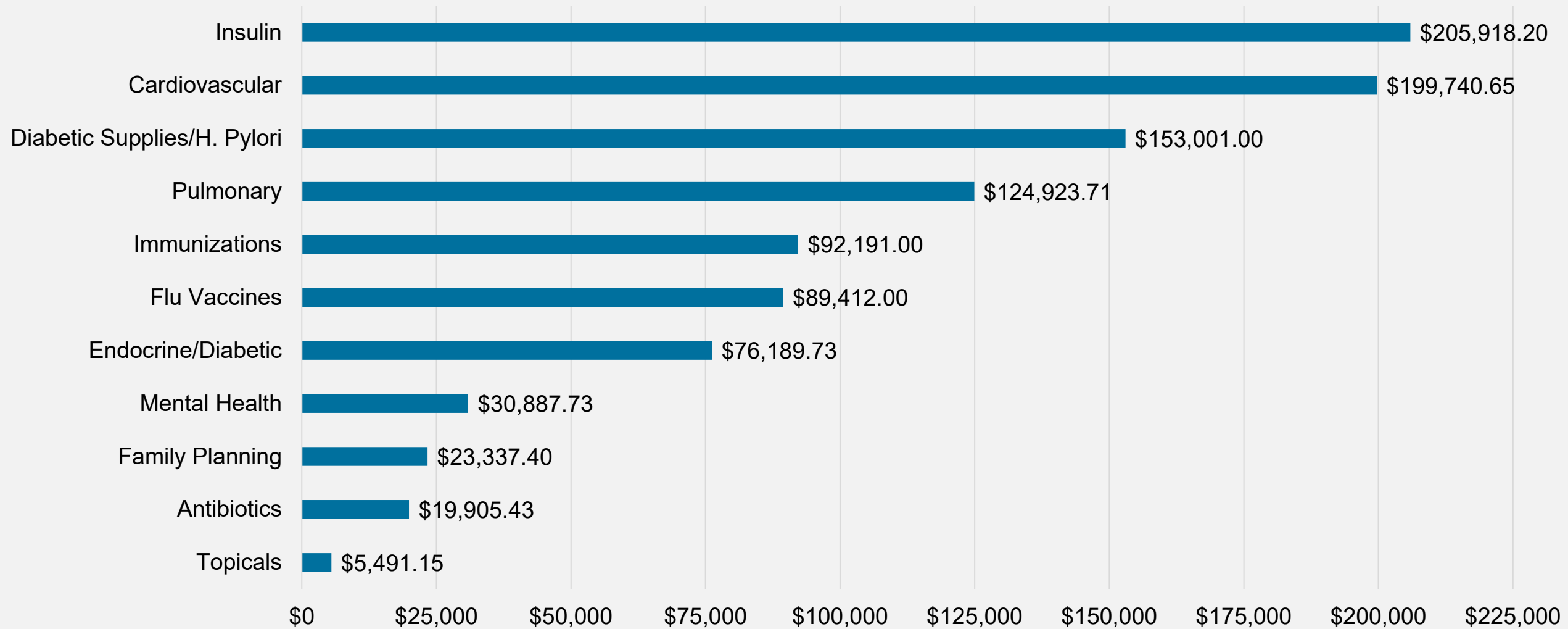
Montgomery County Medbank FY21

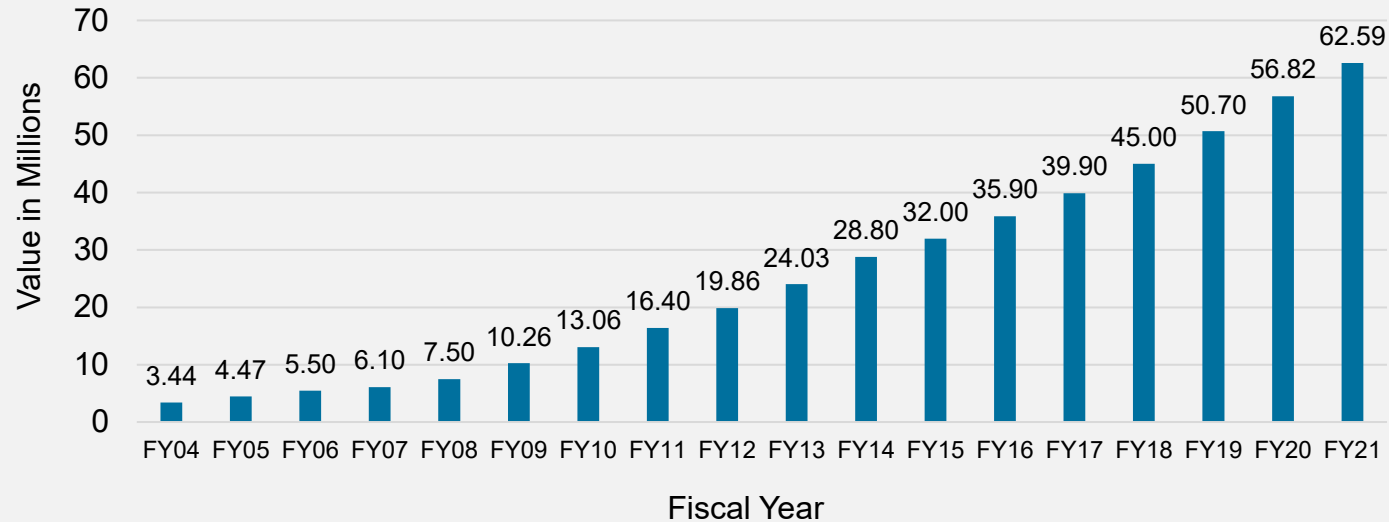- Despite COVID, the Medbank Program activity remained consistent throughout FY21

Category	Q1	Q2	Q3	Q4	FY21 YTD	FY20 Total	FY19 Total
Value of Medications Received	$1,619,711	$1,471,150	$1,249,382	$1,433,698	$5,773,941	$6,122,234	$5,565,161
Applications Processed	868	738	603	624	2,833	3,171	3,138
Active Patients	1,224	1,236	1,188	1,139	1,197	1,179	1,360
New Enrollees (captured in active patient volume)	55	77	36	35	203	246	198

*Data reflects activity and values on actual medication received

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Medbank FY21 Program Impact

Medbank Cumulative Value of Free & Discounted Meds Received

Bar chart — Value in Millions (y-axis) vs Fiscal Year (x-axis):
- FY04: 3.44
- FY05: 4.47
- FY06: 5.50
- FY07: 6.10
- FY08: 7.50
- FY09: 10.26
- FY10: 13.06
- FY11: 16.40
- FY12: 19.86
- FY13: 24.03
- FY14: 28.80
- FY15: 32.00
- FY16: 35.90
- FY17: 39.90
- FY18: 45.00
- FY19: 50.70
- FY20: 56.82
- FY21: 62.59

FY Results	
Medication Value Received	$5,773,941
Patients Assisted (active)	1,197
Prescriptions Processed	3,171

Fiscal Year	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
FY Value (millions)	2.0	1.03	1.03	0.6	1.4	2.76	2.8	3.34	3.68	4.17	4.8	3.2	3.9	4	5.1	5.7	6.1	5.7

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FY21 Medbank Medication Class and Value Received

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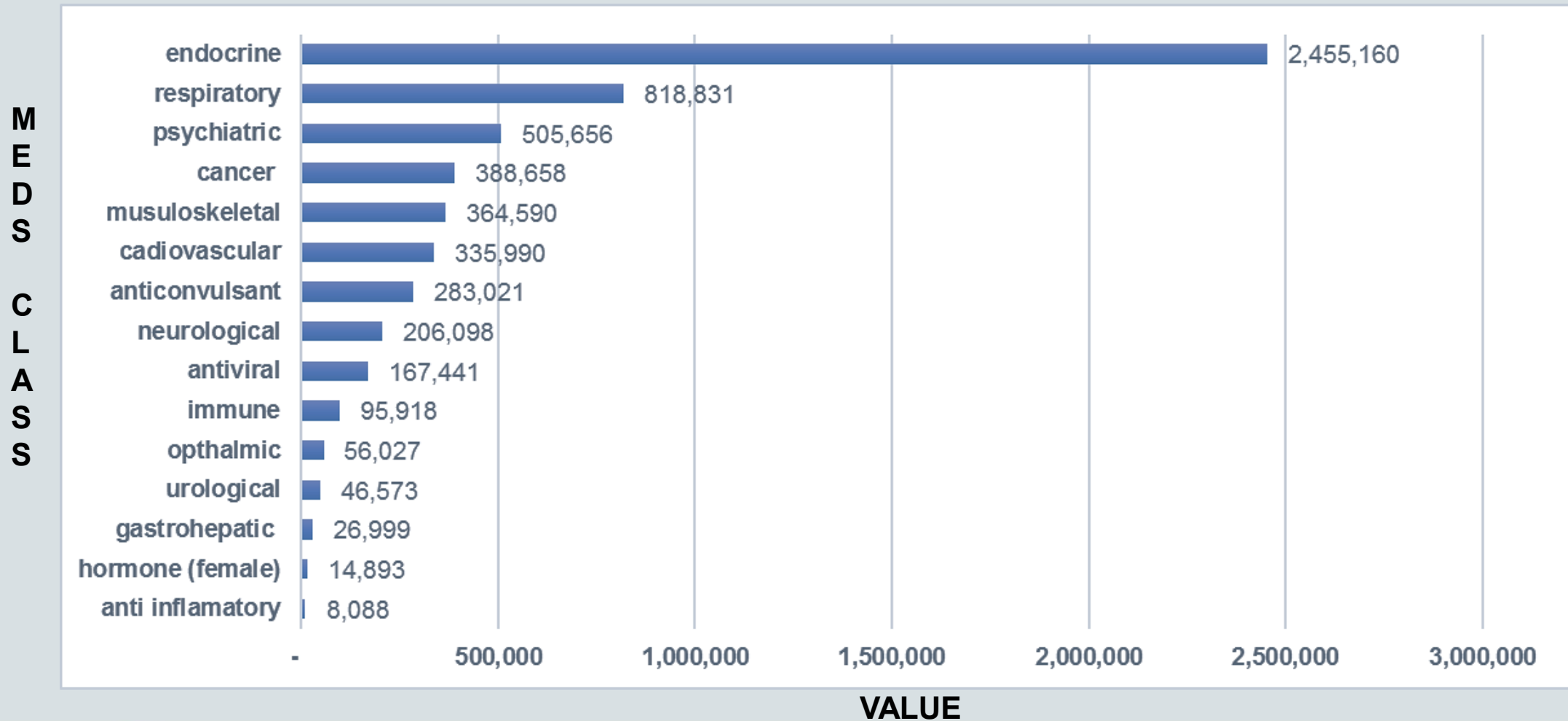
Montgomery Cares Pharmacy Programs Overview

Community Pharmacy

- Trinity Health (Holy Cross Health Centers) initiated a grant to expand point of service medication to Prince George's County patients served in their clinics.

- While COVID-10 diminished General Formulary and Diabetic Supply orders the demand for adult immunizations remained high.

- Existing formulary was sufficient for population. There were no formulary change requests during the fiscal year.

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Montgomery Cares Pharmacy Programs Overview (continued)

Medbank Program

- 92 providers supported the 1,197 patients who received medication through the program
- Maintained consistency in operations with minimal disruption from pharmaceutical companies
- GlaxoSmithKline removed the following medication from the patient assistance program:
  - Coreg CR (FY21 value: $1,574), Jalyn (FY21 value: $7,132), Ventolin HFA (FY21 value: $6,178), Rythmol SR, Soriatane (neither drug was requested in FY21)

Pharmacy Challenges

- As Montgomery Caress patient encounters decreased due to COVID-19, Community Pharmacy spending decreased
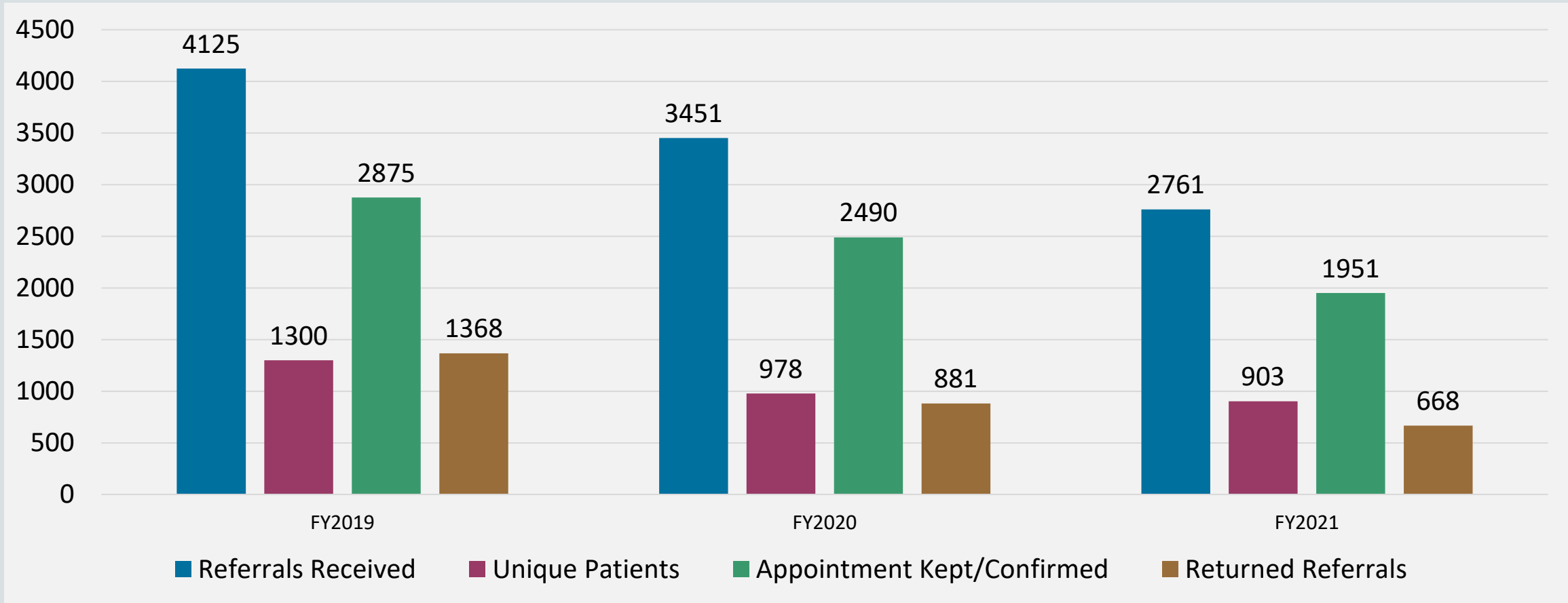- Resignation of a long-term Medbank employee – Victor Zubiate

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Project Access Specialty Care Utilization

In FY21, Project Access:

- Received 2,761 referrals

- Documented 1,951 appointments kept or confirmed (underreported pro bono visits)
  - 1,709 Montgomery Cares appointment
  - 37 Care for Kids appointments
  - 190 Holy Cross or Adventist funded appointments
  - 15 appointments attributed to other programs (e.g., Preventative Services)

- Served 903 unique patients

- Returned 668 referrals
  - Referred 46 patients to other programs (e.g., CCHCN, state funded screening/treatment)

- Coordinated 13 Maryland Cancer Fund applications (including 3 renewals)

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Project Access Specialty Care Utilization FY19 – FY21

Legend: Referrals Received, Unique Patients, Appointment Kept/Confirmed, Returned Referrals

FY2019: 4125, 1300, 2875, 1368
FY2020: 3451, 978, 2490, 881
FY2021: 2761, 903, 1951, 668

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Project Access Specialty Care Activities

- Grants from Holy Cross Health ($125,000) and Adventist HealthCare ($100,000)
  - Supported specialty care for uninsured patients referred from Holy Cross Health Centers or the Adventist clinically-integrated network, otherwise ineligible for Montgomery Cares
  - Included patients who are residents of Prince George's County and those who require urgent specialty care post-hospitalization
- Implemented improvements to specialty care referral process; required a referral for initial appointment and all follow-up appointments
- Updated patient letter, referral and patient responsibilities forms
- Annual referral coordinators' refresher training held in March 2021
- Conducted debriefs with clinics to identify opportunities for improvement
- Continued collaboration with Catholic Charities, especially with complex oncology referrals

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Project Access Specialty Care Activities (continued)

- Onboarded a radiation oncologist and a general surgeon

- Discounted optometry services through MyEyeDr for Montgomery Cares clinics

- Sent letters of appreciation to selected providers for service during pandemic, signed by Dr. Travis Gayles, Montgomery County Chief Health Officer

- Leveraged Pro Bono & State Services
  - $1,500 in discounted Quest laboratory services
  - ~$230,000 approved Maryland Cancer Fund grants
  - $613,737 In-hospital donated services
  - $290,039 Outpatient donated services
  - $1,135,276 total Project Access donated services

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Project Access Specialty Care Network Challenges

- **Continued COVID-19 Impact on Network**
  - Loss of some available paid/pro-bono specialists
  - Reduction in number of cases accepted, longer wait times for care
  - Movements of several pro-bono providers to paid status
  - Increase in contractual rates for services for paid providers
- **Oncology Care**
  - Growing number of oncology referrals with limited funds and specialists to support oncology care and treatment
- **Staffing Challenges**
  - Part-time Specialty Care Nurse Reviewer vacancy open
  - Growing administrative burden and additional support needed with client support services

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Montgomery Cares Quality and Clinical Services

- Maintained high levels of performance in chronic care management and cancer screening in majority of Montgomery Cares clinics, despite effects of pandemic

- Awarded Breast and Cervical Cancer Prevention (BCCP) grant from MD Department of Health to improve screening, diagnosis and navigation services

- QHIC guest speakers on clinically relevant topics including:
  - Telemedicine in the safety net
  - Ending the HIV epidemic in Montgomery County
  - COVID-19 vaccine update and FAQs

- Coordinated optional Quality Assurance reviews and provided feedback to CCACC; Holy Cross Health Center; Kaseman Health Clinic; Proyecto Salud

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Montgomery Cares COVID-19 Response

- Coordinated the purchase and delivery of items supported by DHHS PHS through the $500,000 allocation from the CARES Act

Item	Amount
Rapid Testing (COVID-19, Flu, Strep)	$197,766.60
Personal Protective Equipment	$189,160.81
Home Monitoring Equipment (thermometers, BP monitors, scales)	$47,396.07
Respiratory Vaccines (Pneumovax & Prevnar)	$30,773.59
Cold Storage (refrigerators)	$13,427.18
Montgomery Cares Behavioral Health Program	$11,550.75
Telehealth (licenses & subscriptions)	$8,875.00
Logistics/Storage	$1,050.00
TOTAL	**$500,000**

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Montgomery Cares Behavioral Health Program (MCBHP)

Quality Assurance:

- Director and supervisors are completing chart audits for all new staff members (including psychiatrist) – results will be shared with team members to identify strengths and areas of improvement.

Quality Improvement:

- Virtual meetings have allowed for flexibility in hosting guest speakers to MCBHP team as well as meetings open to other behavioral health providers at Montgomery Cares clinics. Guest speakers and topics have included:
  - Program Director at Interfaith Works (Housing/shelter issues in Montgomery County)
  - Staff at Caring Matters (Grief services)
  - Staff at NAMI (Support groups)

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MCBHP (continued)

Quality Improvement (continued):

- Behavioral Health staff met with clinic staff to implement workflows to continue depression screening and virtual "warm handoffs" to behavioral health while working remotely.

- Director led an educational session for MCBHP team on SBAR model of communication in medical settings, which is a validated and reliable tool to encourage prompt and appropriate communication across various professionals in a medical setting.

- MCBHP team members and supervisors met with clinic staff to review communication and procedures for communication when medical issues or questions arise during behavioral health appointments.

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Montgomery Cares Behavioral Health Program Overview (MCBHP) Summary, FY21

Collaboration:

- Behavioral Health supervisors from all Montgomery Cares clinics continue to meet regularly and discuss best practices and share resources. The group meets virtually due to COVID-19. FY21 topics included:
  - Antiracism resources
  - Best practices in telehealth, including crisis management
  - COVID long hauler symptoms
  - Role of behavioral health in supporting COVID-19 vaccinations
- Director has joined the Montgomery County Suicide Coalition with other partners in the county.

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MCBHP (continued)

Presentations:

- *Self-Care*: MCMCBHP staff members have been providing educational sessions on self-care, with special attention to COVID-19 related challenges. Presentation locations have included:
  - Muslim Community Center Senior group
  - Healthcare Council 75th Anniversary Celebration
  - Montgomery Cares clinic manager meeting
  - Radio America program
- *Safety Net Clinic Services:* Director spoke at Behavioral Health Workgroup consisting of hospital staff, and at Local Behavioral Health Authority Provider Council

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MCBHP (continued)

Operations and Staffing Updates:

- Dr. Handratta and Dr. Sheth left Medstar Georgetown in October. Dr. Steve Epstein, Physician Executive Director of Behavioral Health at Medstar Behavioral Health, provided interim coverage until Dr. Madhu Rao started in January as the new consulting psychiatrist. Dr. Rao has met with several clinical and administrative staff members at partner clinics to discuss needs and desired areas for training.

- 3 Care Managers left, and 3 new care managers were hired (Mercy Health Center, Proyecto Salud Wheaton, Holy Cross Health Center Silver Spring.) The Care Manager at MCC Clinic/Proyecto Salud Olney clinic left PCC July 2, and recruitment has started for a replacement.

- Most services continued to be provided via telehealth (audio/visual and phone). Most MCBHP staff began offering some on-site services in addition to telehealth, with most others planning to start some in person sessions later in the summer.

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MCBHP (continued)

- The MCBHP hosted several well-attended virtual groups. Previously, the MCBHP had struggled to have patients attend in-person groups, but participants shared they appreciated the flexibility of attending virtually, as this cut down on barriers of transportation, childcare, and taking significant time off work. The MCBHP plans to continue hosting virtual support groups. Topics this year included:
  - Holiday/winter blues
  - Healthy Lifestyle
  - Parenting challenges during COVID-19

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MCBHP Patients Served in FY21

	Number of Unique Patients Receiving BH services	% of Unique Patients Receiving BH services
Holy Cross Health Centers	533	8.3%
-Aspen Hill	137	
-Germantown	71	
-Gaithersburg	184	
-Silver Spring	141	
Proyecto Salud	304	8.8%
-Olney	68	
-Wheaton	236	
Mercy Clinic	184	12%
Muslim Community Center Clinic	67	7.2%
Mansfield Kaseman	120	13.6%
Total	**1209**	**9.1%**

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Montgomery Cares FY 2021 Annual Report

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MCBHP FY21 Collaborative Care Activities

Types of Services Provided and Time Spent Providing Services:

- MCBHP has 14 quarters of data (FY18 Q3 and Q4, FY19, FY20, and FY21) after changing documentation practices to align with Medicare Collaborative Care service definitions. This involves tracking time spent by Care Managers, social work interns, the Community Resource Coordinator, and the Psychiatric Services Coordinator.

- Minutes can be face-to-face or telehealth, phone, consultation, home/community based for patient care activities.

- MCBHP tracks the number of times each service type is provided, and the amount of time spent.

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MCBHP FY21 Collaborative Care Activities (continued)

**Types of Services Provided and Time Spent Providing Services (continued):**

- Services fall into two broad categories. Ratios have generally remained consistent throughout the last 10 quarters.1/3 of time has consistently been spent on traditional mental health services (e.g., initial evaluation; therapy session) 2/3 of time was spent on collaborative care activities (e.g., case consultation with a psychiatrist and/or a primary care provider; case management; meeting with a patient to track treatment progress)

- Of note is that FY20Q4 and most of FY21 had a higher ratio of collaborative care time, likely due to higher case management needs related to COVID-19

- The total number of minutes spent on patient care increased by 20.7% compared to FY20.

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MCBHP FY21 Collaborative Care Activities

MCBHP Collaborative Care Model: Time Devoted to Traditional
and Collaborative Care Activities FY21

74.5% of minutes:
Collaborative Care
activities

25.5% of minutes:
traditional BH
activities

■ Collaborative Care   ■ Traditional BH

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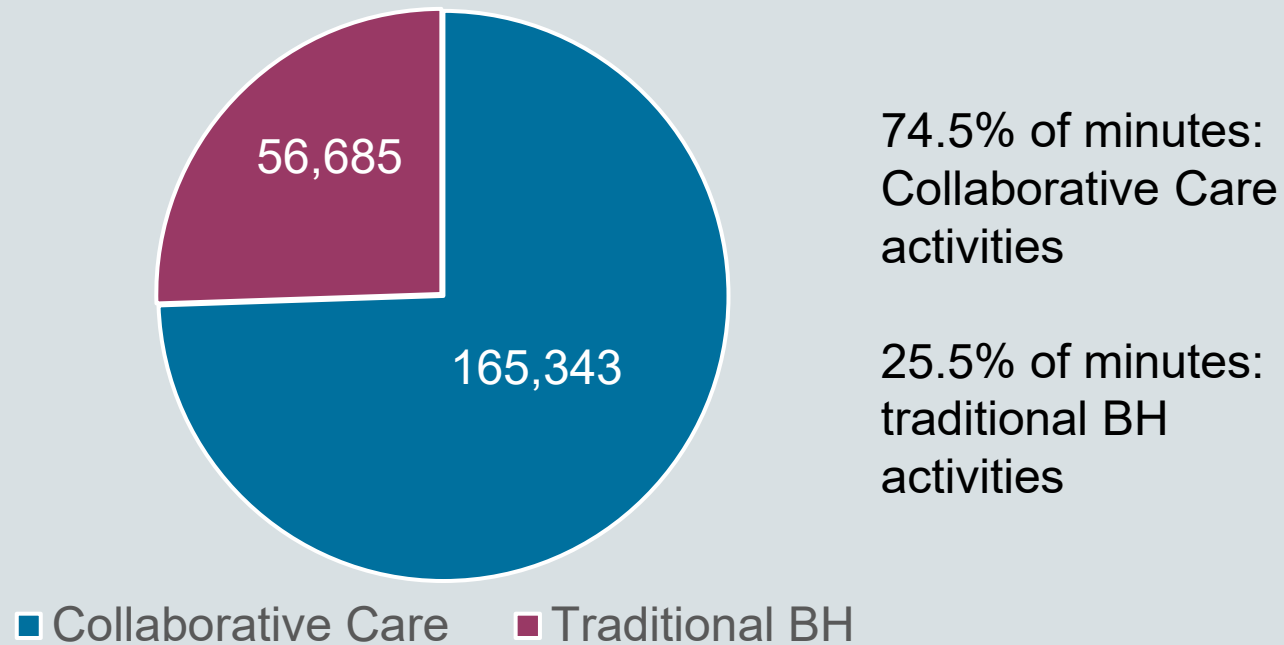
MCBHP Challenges

- Many patients shared high amounts of stress related to losing employment during the pandemic.

- Behavioral Health and clinic staff expressed concern that patients with high acuity needs beyond the scope of collaborative care (psychosis, recent suicide attempts, etc.) were being directly referred to the clinics from hospitals or other community agencies. Director has been meeting with hospital and DHHS staff to review safety net clinic services, but finding appropriate care remains a challenge

- Many patients express concern about being behind on rent, especially when the eviction moratorium ends.

- While many patients have been eager to receive the COVID-19 vaccine, some patients have been expressing fear and have been encountering sources of misinformation from social media.

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Montgomery Cares FY 2021 Annual Report

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eClinicalWorks Updates

- Provider Services staff developed a strategic plan to track projects, improve system performance and innovation, and improve user experience and clinical quality.
- eCW was upgraded to V11.52, which includes multiple performance updates, particularly in electronic prescribing and tracking of data
- Staff updated training guides to match the updated version of the system with anticipated completion by the end of FY22.
- Staff conducted an internal review of existing provider licenses to inactive non-current user accounts, which enabled more clinic staff and volunteers to use eCW
- Behavioral health and sexual health forms were redone in the system to improve data accuracy and accessibility.

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Information Technology

Communication Security and Enhancements:

- Continued monitoring of Multifactor Authentication and transport rules to block Phishing email attacks
- Enhancement and monitoring of security policies in Azure Active directory
- Policy modifications and implementation to maintain Microsoft Security score at 97%
- Enhanced server load balancing for reliable Remote Desktop Connectivity for the staff members

System Security and Enhancements:

- Completed Firewall feature 'Global Project' implementation to secure RDP and end points outside our network
- Electronic claims processing phase 1 successfully implemented. Adjudication in CHLCare is being tested.
- CHLCare, Care2Care, and Medbank applications successfully upgraded to latest version of Red Hat and CapitalConnectorTracking systems at Rackspace
- Produced and modified custom reports for better monitoring and reporting for the Specialty Care Project Access referrals

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Information Technology (continued)

Data Projects

- Care for Kids Point of Entry Program Phase 1 analysis and data entry additions
- To improve reporting capabilities and data insight for the participating eCW clinics, PCC data team created 9 new reports and modified 14 existing reports in eCW's reporting platform known as eBO
- Added 5 new Specialty Care reports in CHLCare
- Continued data collaboration with American Heart Association and Thriving Germantown
- Continued to generate quarterly reports for Quality Measures
- Continued to compile Montgomery Cares Invoice Data from non-eCW partner organizations
- Worked on data collaboration with Wellcentive initiative of Adventist Health Care

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Select Clinic Highlights

Catholic Charities

The CC Medical Clinic is proudly building a strong, collaborative partnership with Catholic Charities' Newcomer Network. An innovative new program at Catholic Charities, the Newcomer Network provides a range of legal and social services to immigrants in Montgomery and Prince George's counties. The program's goal is to increase access to integrated services so newcomers can experience life-changing outcomes, improved health, and economic achievement.

CCACC

CCACC has created video clips both in English and in Chinese to discuss diseases that impact the Asian population. The volunteer Physicians provide health talks in Chinese to improve health literacy for the patient population. They have provided health talks on Woman's Health, Cardio Disease prevention, Colon Cancer Preventions.

CCI

After many months of planning, CCI is in its final implementation stages of a new electronic health record system. The switch to eClinicalWorks is scheduled to take place during the 2nd week of July. Schedules have been modified across the agency to provide clinicians and support teams the space to put into practice new workflows and get familiarized with the new user interface.

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Select Clinic Highlights (continued)

Holy Cross – Aspen Hill/Germantown

Aspen Hill Health Center moved .5 miles into a new facility providing 2,500 square feet of additional space. Both Aspen Hill and Germantown report continued preparation for the implementation of EPIC electronic health record system that will change the hospital and off-site locations to one integrated system.

Holy Cross – Gaithersburg

Telehealth visits and in-person visits are available with the Primary Care Providers. All Specialty services are in-person. The Telehealth Navigator continues to reach out to patients to ensure they can connect and have a virtual visit with providers.

Holy Cross – Silver Spring

Holy Cross has resumed evening clinics, one evening per week, at each health center locations.   The expanded hours assist with access.

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Select Clinic Highlights (continued)

CMR - Kaseman

The Kaseman Clinic continues its collaboration work with the Latino Health Initiative in the project of Por Nuestra Salud y Bienestar (For our Health and Wellbeing).

Mary's Center

Mary's Center received 3 awards from the Washington Post Top Workplaces.
1. Made the list of 2021 top Workplaces in the Greater Washington , DC area
2. Recognized with the national Top Workplaces Woman-Led Culture Excellence Award
3. President and CEO Maria Gomez was honored with the Large Workplace Leadership Award

Muslim Community Clinic

On June 13, 2021, the Clinic staff participated at the health fair organized by the American Diversity Group in the East County location. The Clinic staff completed the American Heart Association 8 weeks patient education on Healing Heart Project.

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Select Clinic Highlights (continued)

Mercy Health

Mercy has become a Care for Kids Provider and has also been accepted into the Vaccines for Children Program. The clinic is seeing adolescents at four school-based Health and Wellness Centers as a back-up provider when the school buildings are closed.

Mobile Medical

Mobile Medical will be moving the Rockville Clinic from Rollins Ave to 1500 E. Gude Drive in September. The plan is to maintain a similar set of services and hours, and patients will be supported to transition to the new location with limited disruption. Additionally, van clinics at Aspen Hill (Wednesdays, Fridays) and Gaithersburg Ascension (Tuesdays) will resume in late July.

Proyecto Salud

The Por Nuestra Salud y Bienestar (PNSB) project has been a welcomed challenge by Proyecto's family offering the possibility to serve a broader section of Montgomery County's population, particularly the underserved immigrant Latino groups, as one of the main targets under the County financially sponsored PNSB project.

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Montgomery Cares Program Transformation

- County Council appropriated $500,000 CARES ACT funding to Montgomery Cares Clinics
- Upon entering a second year of COVID-19 pandemic:
  - QHP eligible individuals remained Montgomery Cares eligible throughout FY21
  - "Two visit rule" suspended; all clinics permitted to make eligibility determinations for new and renewing Montgomery Cares patients; all patients deemed presumptively eligible able to access medication through the Community Pharmacy program.
  - Clinics reimbursed through "block payments" based on pre-Covid utilization
  - Clinics continued to provide services in person and via telephone and/or video; DHHS telehealth policy expected to be implemented in coming year having parity with an in-person visit

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Montgomery Cares System Transformation Challenges

- Year two of diminished encounters during pandemic
- Montgomery Cares Transformation to Value Based Care – especially considering ongoing patient "churn" from year to year
- Network infrastructure in preparation for Care Transformation and Empanelment
- Reduction of pro bono and insufficient specialists to meet specialty care needs
- Difficulty navigating social services/applying for benefits with staff working off-site and needing to do everything via email/phone etc.
- Network preservation through duration of unforeseeable end to pandemic

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Montgomery Cares System Transformation Challenges (continued)

- Planning for Delta variant wave of COVID-19 and upcoming influenza season

- Surge in demand for Behavioral Health Care Services, particularly BH issues that went untreated or were exacerbated during the pandemic; growing   but still insufficient BH crisis resources to address need

- Health and social services workforce burnout and recruitment challenges

- Continued implications of telehealth (state policy for payment parity was for 2 years only, questions remain about appropriate specialties and dentistry, etc.)

- Greater recognition of importance of regional collaboration on public health

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Environmental Challenges

- COVID-19 Delta Variant
- Effect of the Trump administration's revised public charge rule, even though it was not enforced during Covid-19 and would not impact immigrants using county-funded services
- Cessation of eviction moratorium
- Increased need for Behavioral Health services; unmet needs pent up / exacerbated during pandemic
- Boarder Crisis – impact of resettlement of children and their families within county

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Environmental Challenges (continued)

- Increased unemployment due to COVID-19

- Food insecurity due to COVID-19

- Immigration status diminishes eligibility for federal aid (stimulus checks) to some patients

- Digital divide/problems with tech literacy impacting children doing virtual school or patients accessing support or other services offered online

- Anxiety around children being back in school

- Lack of childcare or not being eligible for childcare subsidies

- Post-COVID symptoms/long-hauler symptoms

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