This workshop was held at the 2018 Equal Justice Conference in San Diego, California.

Title:

Getting Back To Our Community Roots: Anchoring Legal Aid In Health Centers Through Medical-Legal Partnerships

Presenters:

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Courtney Powers, JD, Community Clinic Association of Los Angeles County, Los Angeles, CA

This session will offer a basic review of MLP components, but with a focus on community health centers. Participants will gain a nuanced understanding of the role of CHC's in the healthcare landscape, and how emerging social determinants of health trends are increasing the relevance and interest in MLP for health centers. Participants will hear from national MLP experts who can reinforce the centrality of healthcare engagement and integration as the key to MLP success. Comments and case studies will reflect MLP activity in community health centers. Discussion will focus on how the MLP approach identifies legal needs directly associated with health issues.
Community Clinics and Health Centers
By Courtney Powers, Esq.
LA’s Community Clinics & Health Centers

CCALAC: Who We Are

- 63 Organizations
- 350 Sites
- Serving 1.6 million patients
CCALAC provides members with a variety of education, policy advocacy and peer support. Our role is to help our Members serve their patients in an efficient and cost-effective manner while providing high quality care.

Our Divisions

• Clinical Services
• Government and External Affairs
• Health Information Technology
• Member Programs
• Pharmacy
Community Clinics and Health Centers

• Community clinics and health centers (CCHCs) include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, community clinics, and free Clinics.

• At the federal level, the FQHC designation comes from the Section 330 of the Public Health Service Act.

• In California, clinics are licensed under CA law Section 1204 Health and Safety Code.

• All FQHCs can be referred to as “health centers,” but not all clinics and health centers are FQHCs.
Community Clinics and Health Centers

Value

• Health outcomes
• Cost outcomes
• Quality
• Access
• Cultural Competence
• Enabling Services
Impact of the Affordable Care Act

60+ Organizations • 350 Sites • 1.6 million patients

Major Growth in Coverage, Access

- *Clinic revenue* source from Medi-Cal increased from 35% to 49%

Community Clinics and Health Centers

Major Gains in Medi-Cal Coverage

## Impact of the Affordable Care Act

60+ Organizations • 350 Sites • 1.6 million patients

### Major Growth in Coverage, Access

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>1.2 million</td>
<td>1.6 million</td>
<td><strong>↑ 33%</strong></td>
</tr>
<tr>
<td>Uninsured #</td>
<td>644,998</td>
<td>496,941</td>
<td></td>
</tr>
<tr>
<td>Uninsured %</td>
<td>53%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>MediCal #</td>
<td>353,000</td>
<td>917,619</td>
<td><strong>↑ 160%</strong></td>
</tr>
<tr>
<td>MediCal %</td>
<td>29%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>FT Sites</td>
<td>300</td>
<td>353</td>
<td></td>
</tr>
<tr>
<td>FQHC Grantees</td>
<td>28</td>
<td>56</td>
<td><strong>↑ 100%</strong></td>
</tr>
</tbody>
</table>

Source: California Office of Health Planning & Development 2016
Health Centers do more than just provide health care – they are economic drivers in their communities, providing jobs and contributing to the local economy.

<table>
<thead>
<tr>
<th>Health Center</th>
<th>FTEs 2010</th>
<th>FTEs 2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Community Clinic</td>
<td>25</td>
<td>235</td>
<td>210</td>
</tr>
<tr>
<td>East Valley Community Health Center</td>
<td>128</td>
<td>233</td>
<td>105</td>
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<tr>
<td>JWCH Institute</td>
<td>255</td>
<td>477</td>
<td>222</td>
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<tr>
<td>Los Angeles Christian Health Center</td>
<td>51</td>
<td>112</td>
<td>61</td>
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<tr>
<td>St. John's Well Child and Family Center</td>
<td>249</td>
<td>569</td>
<td>320</td>
</tr>
<tr>
<td>The Children's Clinic</td>
<td>141</td>
<td>281</td>
<td>140</td>
</tr>
<tr>
<td>The Los Angeles LGBT center</td>
<td>109</td>
<td>278</td>
<td>169</td>
</tr>
</tbody>
</table>
FQHC Reimbursement

• Federal law requires states to reimburse FQHCs using prospective payment system (PPS)

• Calculation of PPS rates is done at the state level

• The PPS rate is a bundled all-inclusive rate designed to reflect all of the services that an FQHC furnishes

• The intention behind PPS is to ensure that FQHCs receive adequate reimbursement for their Medi-Cal patients so that federal 330 funding is used to support uninsured patients, not to backfill or make up for low Medi-Cal rates.
FQHC Reimbursement

- PPS reimbursement comes with a complex set of rules and regulations (some of which are barriers to current care transformation trends):
  - FQHCs are reimbursed for “face-to-face” visits with a specified list of provider types (lacks flexibility)
  - FQHCs are not reimbursed for the non-face-to-face activities required to provide comprehensive, coordinated care management for high-needs beneficiaries with complex conditions.
  - DHCS’ strict interpretation of “if its not carved out in statute, it’s included in PPS” has been the reason for a number of bills recently
Social Determinants of Health

• The Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences (PRAPARE) is a tool used by health centers to collect and apply data to better understand patients’ social determinants of health.

• Contains national core measures, such as (but not limited to) education, employment, race, language, housing, stress, domestic violence and access to health insurance, food, clothing and transportation.

• As of December, 2017, 108 organizations participating in California

• Two CCALAC clinics participated in PRAPARE pilot. CCALAC is how data collected from patients can be used to identify patients who qualify for referrals for services, and better target advocacy for local resource development.
Issues of Concern at Clinics:

Immigrants: President Trump’s administrative actions have increased fear of deportation, which is causing patients to cancel medical appointments and dis-enroll from programs for which they are legally eligible, putting their health and the health of their community at risk.

Homelessness: As the number of homeless in LA skyrockets, clinics are gearing up to implement strategies funded by LA County (Measure H), such as participating in multidisciplinary outreach teams, partnering with housing developers, collaborating with SSI benefits advocates, providing intensive case management services, and engaging in the Whole Person Care program.
The Greater Long Beach Community Medical-Legal Partnership

- A partnership between the Children’s Clinic and Legal Aid Foundation of Los Angeles
- 530 patients referred for legal services in 2017
- Greatest needs in the areas of family law, domestic violence and immigration
- Successfully completed 5 U Visas and 5 VAWA petitions granted, allowing for enrollment in full scope Medi-Cal
- Funded in part by HRSA
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