

**Managed Risk Medical Insurance Board
April 19, 2012, Public Session**

Board Members Present: Richard Figueroa (chaired)
Samuel Garrison
Ellen Wu

Ex Officio Members Present: Jack Campana, Chairman of the Healthy Families
Advisory Panel
Katie Johnson, Designee for the Secretary of the
Health and Human Services Agency
Shelley Rouillard, Designee for the Secretary of the
Business, Transportation & Housing Agency

Staff Present: Janette Casillas, Executive Director
Ellen Badley, Deputy Director, Benefits &
Quality Monitoring
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Jeanie Esajian, Deputy Director, Legislative &
External Affairs
Tony Lee, Deputy Director, Administration
Laura Rosenthal, Chief Counsel, Legal
Seth Brunner, Senior Staff Counsel, Legal
Lance Davis, Senior Staff Counsel, Legal
Loressa Hon, Manager, Administration
John Maradik-Symkowick, Legislative Coordinator,
Legislative & External Affairs
Sarah Soto-Taylor, Manager, Eligibility
Muhammad Nawaz, Manager, Benefits &
Quality Monitoring
Mary Watanabe, Manager, Benefits & Quality
Monitoring
Ruth Jacobs, Manager, Benefits & Quality Monitoring
Anjonette Dillard, Manager, Eligibility
Laurie Herrera, Manager, Administration
Maria Angel, Executive Assistant to the Board and the
Executive Director
Heidi Holt, Board Assistant

Public: Elizabeth Abbott, Director of Administrative Advocacy
Health Access

Mr. Figueroa called the meeting to order at 10:03 a.m. The Board went into Executive Session and resumed the Public Session at 11:40 a.m.

Mr. Figueroa noted that as the other gubernatorial appointee on the Board, he would chair the meeting in Chairman Allenby's absence.

REVIEW AND APPROVAL OF MINUTES OF MARCH 21, 2012 PUBLIC SESSION

The board approved the minutes of the March 21, 2012, meeting as submitted.

The March 21, 2012, Public Session Minutes are located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_3_Public_Minutes_3-21-12_Final.pdf

FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (Including Healthcare Reform & Budget)

Jeanie Esajian reported on Agenda Item 4, Federal Budget, Legislation and Executive Branch Activity, including Healthcare Reform and Budget. She described a number of documents in the Board packet concerning the Affordable Care Act and other issues, including a Health Access report discussing PCIP in California.

Mr. Figueroa asked if there were any questions or comments from the Board. There were none.

The documents on the Federal Budget, Legislation, and Executive Branch Activity, can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_4_MX_7001N_20120418_162003.pdf

EXTERNAL AFFAIRS UPDATE

Ms. Esajian reported on Agenda Item 5, the External Affairs Update. Mid-March to mid-April was a light media period for MRMIB, with three reporter contacts concerning PCIP's role, the Administration's proposal for the Healthy Families Program and a legislative proposal that affects the Major Risk Medical Insurance Program. The attached news coverage included an article in the *Wall Street Journal* quoting Janette Casillas and a California PCIP subscriber.

The External Affairs Update document is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_5_External_Affairs_Update_041912.pdf

STATE BUDGET UPDATE

Tony Lee reported on Agenda Item 6, the State Budget Update. There have been two legislative hearings since the last Board meeting. The Senate Budget

Subcommittee #3 met on March 22 and the Assembly Budget Subcommittee #1 met on April 16.

Three major issues were discussed during these hearings:

The first was the Governor's proposal to transition more than 800,000 Healthy Families children to Medi-Cal from October 1, 2012 through June 30, 2013. The Administration projects this transition to result in a General Fund savings of approximately \$71 million for fiscal year 2012-13. This projection assumes that MRMIB negotiates a 25 percent proposed provider rate reduction. If this rate reduction is not achieved, General Fund savings would be reduced to \$45 million. The Senate Budget Subcommittee left these issues open and the Assembly Budget Subcommittee voted only to transition HFP children between 100 to 133 percent of the Federal Poverty Level. These children already are scheduled to transition from HFP to Medi-Cal in 2014 in accordance with the Affordable Care Act. This recommendation was similar to that of the Legislative Analysts' Office, which was provided at the last Board meeting. The Assembly Budget Subcommittee also included placeholder Trailer Bill Language: This language provides that implementation may not occur until 60 days after the Department of Health Care Services department has submitted an implementation plan to the fiscal and policy committees of the Legislature. The implementation plan must be developed in consultation with stakeholders and the legislature. In addition, the Trailer Bill includes provisions to ensure a well-planned and -monitored transition; assurances of network adequacy, provider continuity, access and consumer protection; and numerous other stipulations, including directing staff to work with the Department of Finance to make technical budget adjustments to HFP and Medi-Cal to confirm this shift of "bright line" children.

Regarding the second issue, the Governor proposed an HFP per member per month (PMPM) rate for health, dental and vision plans to conform to the average combined Medi-Cal rate of \$76.86, a 25 percent reduction from the current HFP combined rate of \$103.44. This reduction would be effective October 1, 2012, and the Administration estimates a \$71 million General Fund savings for fiscal year 2012-13, followed by a \$98.2 million savings for the ensuing years. Both the Senate and Assembly Budget Subcommittees left this issue open.

The final issue was the Governor's proposed transition of MRMIB programs to the Department of Health Care Services. This includes elimination of MRMIB and transfer of all its programs to DHCS. The HFP transfer would begin October 2012, followed by the transfer of all remaining programs (MRMIP, PCIP, AIM and CHIM) July 1, 2013. Both subcommittees left this issue open as well.

Mr. Lee noted that the Board's packet included a letter from Health Access California opposing the transition of Healthy Families to Medi-Cal.

Mr. Figueroa asked if there were any questions or comments from the Board. Hearing none, he acknowledged legislators and legislative staff of both parties in both houses, healthcare providers, advocates, health plans and subscribers for raising the various significant policy issues surrounding the proposal during the

budget discussion. The Board has seen the letters these groups have written on behalf of its programs and appreciates the willingness of these individuals and groups to raise these points publicly.

The documents on the State Budget Update are located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_6_State_Budget_Update.pdf

CONTRACTS: EXTENSION OF THE INTERAGENCY AGREEMENT WITH THE EMERGENCY MEDICAL SERVICES AGENCY (EMSA)

Mr. Figueroa asked for a motion for approval of the resolution included with Agenda Item 7, to extend the interagency agreement with the Emergency Medical Services Authority. It was moved, the motion unanimously passed.

The Resolution on Contract Extension with EMSA can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_7_Inter_Agency_Agreement_with_Emergency_Medical_Services_Authority.pdf

STATE LEGISLATION

Update on State Legislation

John Maradik-Symkowick reported on Agenda Item 8.a, the Update on State Legislation. He briefed the Board on AB 1453 (Monning) and SB 951 (Hernandez); both would define essential health benefits as those covered by the Kaiser Small Group HMO plan contract as of December 31, 2011. Mr. Maradik-Symkowick also described AB 1461 (Monning) and SB 961 (Hernandez), which would require healthcare service plans and insurers to issue coverage to every applicant, regardless of health status. These bills passed their respective health committees.

Mr. Figueroa asked if there were any questions or comments from the Board. There were none. He asked if staff could look more closely at AB 1461 to determine whether the Board should take a position. He noted the bill's impact on the Board's programs and purpose. Ms. Casillas said it appeared that these bills would affect the Board's high risk pools in a positive way because they would require guaranteed issue, supporting the Board's mission and goals. She said staff would conduct an in-depth analysis on these bills for the next Board meeting, along with a position recommendation.

Mr. Figueroa asked if there were any comments from the audience. There were none.

The State Legislative Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_8.a_State_Legislative_Report_041212.pdf

Update on AB 1526 (Monning): MRMIP: Elimination of Annual and Lifetime Benefit Limits, Acceptance of Provider Letter to Establish Pre-existing Condition

Mr. Maradik-Symkowick reported on Agenda Item 8.b, an Update on AB 1526 (Monning). The Board packet includes a letter of support on behalf of the Board, as members requested at the last meeting. The bill passed out of the Assembly Health Committee and is now in Assembly Appropriations, where it was put on suspense. The suspense file is expected to be heard toward the end of May. Staff will continue to update the Board.

Mr. Figueroa asked if there any questions or comments from the Board or the audience. There were none.

The Update on AB 1526 (Monning) is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_8.b_AB_1526_SupportLetter.pdf

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

Enrollment Report

Ernesto Sanchez reported on Agenda Item 9.a, the PCIP Enrollment Report. As of March 20, 2012, there were 9,682 subscribers enrolled in the program. Nearly 1,300 subscribers were enrolled in the month of March. Mr. Sanchez indicated that there has been a monthly average enrollment increase of 214 percent since August of 2011, when a premium reduction was instituted, an outreach campaign began and the program allowed submission of a provider letter as proof of a pre-existing condition. Prior to these developments, monthly average enrollment had been about 395 subscribers, and since then is averaging nearly 850 subscribers through March.

Additionally, there are no major changes in subscriber demographics and federal statistics show that California's enrollment continues to be the largest in the country.

MRMIB implemented eleven new standard monthly PCIP reports in April, adding to the six that were implemented last month. These reports are in the Board's meeting packet and will be posted to the MRMIB website on a monthly basis.

Mr. Figueroa asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience.

Beth Abbott, Director of Administrative Advocacy for Health Access, asked if staff anticipated that recently announced federal rules eliminating use of a provider letter as proof of a pre-existing condition would have an impact on PCIP enrollment. Ms. Casillas noted that these federal rule changes apply only to programs administered by the federal government and not to states like California that administer their own PCIPs. Additionally, the federally-administered program

permits exceptions that allow children under age 19 to continue to use a provider letter to establish eligibility. She said Massachusetts and Vermont are also allowed to continue using the provider letter as they are guaranteed issue states. Ms. Casillas indicated that, in addition to the change regarding the provider letter, the new federal rules no longer compensate agents and brokers for a successful subscriber enrollment.

Mr. Figueroa asked if any clarifying information on this issue was posted to the MRMIB website. Ms. Casillas said that it had not, but that staff would do so.

The PCIP Enrollment Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_9.a_PC_IP_Enrollment_Report_for_March_2012.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 9.b, the Administrative Vendor Performance Report. The administrative vendor met all performance standards in March for application processing, appeals, data transmissions and the toll-free line, as well as all quality and accuracy standards for application processing, adjudication of appeals and electronic transactions to plan partners for the month of February. There were no benefit appeals in February and one was received in March.

Mr. Figueroa asked if there were any questions or comments from the Board. Ellen Wu asked Mr. Sanchez to share the revised PCIP outreach plan.

Mr. Sanchez reminded the Board that at the previous Board meeting, Ms. Wu had asked staff to look into providing additional outreach in Asian languages. Mr. Sanchez indicated that staff was working with the administrative vendor to translate the program guide into Cantonese, Mandarin and Vietnamese, and was conducting targeted outreach to organizations that work strongly with Asian communities statewide. Additionally, staff will be adding paid advertising in Asian language newspapers and print media.

Mr. Figueroa asked if there were any questions or comments from the audience. There were none.

The PCIP Administrative Vendor Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_9.b._%20PCIP_Adm_Vendor_Board_Report_March_2012.pdf

Third Party Administrator Performance Report

Mary Watanabe reported on Agenda Item 9.c, the Third Party Administrator Performance Report. The third party administrator met all performance standards for the month of March. There was one Independent External Review during the month of March that successfully moved through the process. A second IER has been received, which will be reported next month.

Mr. Figueroa asked if there were any questions or comments from the Board or audience. There were none.

The PCIP TPA Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_9.c.TPA_Performance_Report.pdf

Other Program Updates

Ellen Badley reported on Agenda Item 9.d, Other Program Updates. Ms. Badley reported that the federal Centers for Medicare and Medicaid Services approved a benefit change and the previous week to maintain consistency with a federal policy letter issued last year. Instead of covering a newborn only during the mother's hospitalization (generally 48 hours for vaginal delivery or 96 hours following Cesarean Section), a newborn will be covered for up to 60 days post-partum under the mother's enrollment. This will give the family more time to obtain other coverage for the infant. Ms. Badley indicated that MRMIB will issue a letter of instruction detailing implementation to the PCIP Third Party Administrator.

Mr. Figueroa asked if there were any questions or comments from the Board or the audience. There were none.

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Anjonette Dillard reported on Agenda Item 10.a, the MRMIP Enrollment Report. As of April 1, enrollment was 6,051 and the program continues to be open to applicants. Subscriber demographics remain comparable to those reported in previous months.

The MRMIP Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_10.a.MRMIP_Board_Report_Summary_for_June_2011.pdf

Administrative Vendor Performance Report

Ms. Dillard reported on Agenda Item 10.b, the Administrative Vendor Performance Report. She said the administrative vendor had met all standards for application and call center requirements. A total of 4,042 calls were received during the month.

Mr. Figueroa asked if there were any questions or comments from the Board or audience on either Agenda Item 10.a or 10.b. There were none.

The MRMIP Administrative Vendor Performance Report chart is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_10.b.MRMIP_Adm_Vendor_Perf_for_June_2011.pdf

Other Program Updates

There was no business presented under Agenda Item 10.c, Other Program Updates.

HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

Ms. Casillas reported on Agenda Item 11, Healthcare Reform Under the Affordable Care Act. She said MRMIB continues to partner with the California Health Benefit Exchange and the Department of Health Care Services in commenting on marketing plans being developed by contractor Ogilvy Public Relations. Ogilvy's report is due to the Exchange on April 30, and will provide recommendations on what the Exchange board should seek in a marketing plan in order to develop a Level II grant request.

DHCS has begun to engage stakeholders on Assembly Bill 1296, which designated DHCS as lead, in consultation with MRMIB and the Exchange, in developing a single application for Medi-Cal, HFP, the Exchange and a Basic Health Program, if the latter is developed and implemented in California. AB 1296 also requires DHCS to streamline and coordinate all eligibility rules and requirements for these programs, in consultation with MRMIB, the Exchange and stakeholders. There is stakeholder engagement in all of these activities. Irma Michel has been brought in to assist and to represent MRMIB in these activities.

On March 23, the U.S. Health and Human Services Agency and CMS published both final and interim Medicaid and CHIP rules on eligibility, enrollment, renewals, public availability of program information and coordination across the insurance affordability programs. Comments are due by May 7, and MRMIB staff is coordinating its review and comments with DHCS. On March 27, HHS also published its final and interim final rules on insurance exchanges. These rules mainly affect the exchanges. Comments are due by May 11.

There is an effort to coordinate comments among DHCS, MRMIB and the Exchange to show collaboration among the state entities regarding healthcare reform implementation issues.

The Exchange IT solicitation is still in process. Staff finished proposal reviews and provided input to the steering committee.

Mr. Figueroa asked if there were any questions or comments from the Board or the audience. There were none.

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment and Single Point of Entry Report

Sarah Soto-Taylor reported on Agenda Item 12.a, the HFP Enrollment and Single Point of Entry Report. For the month of March, HFP enrollment reached 869,937. This included slightly more than 27,000 new subscribers, or 3,800 more

new subscribers than last month. This continues an upward trend in new HFP enrollment that began in January. There were no notable changes in demographic statistics with regard to subscriber ethnicity, gender, counties of enrollment or spoken language. More than 27,000 applications were processed through SPE last month with more than one-third of those received through Health-e-App. Half of those were public users and the majority used the English version of the online tool. The majority of all applications processed through SPE were completed without the use of a Certified Application Assistant and most were forwarded to HFP.

Mr. Figueroa asked if there were any questions or comments from the Board or the audience. There were none.

The HFP Enrollment and Single Point of Entry Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_12.a_HFP_March_2012_Summary.pdf

Administrative Vendor Performance Report

Ms. Soto-Taylor reported on Agenda Item 12.b, the HFP Administrative Vendor Performance Report. For the month of March, the vendor met all performance standards of application processing and toll-free performance standards for Single Point of Entry (SPE). For HFP, the vendor met all performance standards for eligibility determination, program reviews and appeals, data transmissions and the toll-free line standards. For February, the vendor met all quality and accuracy performance standards for SPE and HFP.

Mr. Figueroa asked if there were any questions or comments from the Board or the audience. There were none.

The HFP Administrative Vendor Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_12.b_HFP_Adm_Vendor_QA_2012_03.pdf

Advisory Panel Update

Under Agenda Item 12.c, Jack Campana, ex-officio Board member and Chairman of the Healthy Families Advisory Panel, reported that at the February meeting of the Advisory Panel, members had an extensive discussion regarding the fact that HFP mental health referrals through the health plans totaled less than 2 percent. The panel discussed ways to increase referrals and use of best practices in providing mental health services to children. Mr. Campana recommended the Board look at a possible pilot program that would coordinate services with multiple agencies, including schools. Mr. Campana said an examination of best practices would be important in preparation for a pilot.

Mr. Figueroa asked if there were any questions or comments from the Board. Hearing none, he noted that this has been an issue in which the Board has been interested and that, in the past, the Board has questioned what the appropriate level of mental health service usage should be.

Mr. Campana indicated that a report by the Substance Abuse and Mental Health Services Administration noted that at least half of adults with a diagnosed mental illness began exhibiting behaviors of that illness prior to age 14; this information directly relates to mental health services for children. Mr. Figueroa said he believed it was the strong desire of the Board to see something happen in this area. He asked whether staff could present additional information at the next Board meeting.

Ms. Casillas said staff could work on the topic and had already had follow-up conversations with Drs. Arroyo and Beck, Mr. Campana, the County Mental Health Directors Association and others in preparing the annual utilization report. Ms. Casillas indicated that MRMIB was not pleased with the results and the low numbers in the published report. She said staff would develop ideas on how to put more focus and on the issue of mental health services and discuss the possibility of a pilot in a given area with one or more plans; the pilot could be broad-based, including SED, or could be conducted within the structure of the mental health services benefits that are currently the responsibility of HFP health plans.

Mr. Figueroa asked if there were any questions or comments from the audience. There were none.

2010 Cultural and Linguistic Services Survey Report

Mary Watanabe reported on Agenda Item 12.d, the HFP 2010 Cultural and Linguistic Services Survey Report. The report provides a summary of services provided by HFP health, dental and vision plans to meet the cultural and linguistic needs of Limited English Proficient (LEP) subscribers during the 2009-10 benefit year. The survey is just one of the tools HFP uses to monitor services provided to LEP subscribers. Other tools include consumer surveys, including CAHPS (Consumer Assessment of Healthcare Provider System) and D-CAHPS (Consumer Assessment of Dental Plans). The consumer surveys administered in 2010 show that 13 percent of parents needed an interpreter to speak to their children's doctors and 28 percent needed an interpreter to speak to their children's dentists. Nearly 80 percent of parents reported that they usually or always got an interpreter when they need one.

The survey also showed that most plans provide interpreter services using a telephone language line, internal staff or outside contractor. The plans use one or more methods to ensure the proficiency of translators and providers, including audits, certifications, secret shopper calls and monitoring subscriber complaints and grievances. Most plans inform providers of the subscriber's preferred written language and all plans require their providers to document language needs and requests for interpreter services in the subscriber's medical record. Several plans are using the results of other quality monitoring activities to identify disparities within HFP and using this information in their quality improvement projects.

Over the years, these survey results have shown staff that the mechanisms are in place to provide interpreter services, but it is still unclear how many families need

interpreter services by language, how these services are provided and the cost, indicating some challenges with the survey tool. The goal is to understand whether LEP subscribers know how to access services and to understand the barriers they experience in receiving language assistance and culturally competent care. In the next year, staff would like to look at other strategies for answering this question and determine what other options are available beyond the survey.

Ms. Watanabe noted that the report presented at the Board meeting has minor revisions from what was sent to Board members in advance. She indicated that a copy of that earlier report is available to the public upon request.

Mr. Figueroa asked if there were any questions or comments from the Board.

Ms. Wu said she appreciated staff's looking into other ways of directly asking the subscribers about their experiences in addition to the information that is a self-reported by the plans. This last survey was the first time the plans were asked to report the number of interpreter requests and the cost. Ms. Wu stated that there had been insufficient data on these two issues and that this is unfortunate because there are matching federal funds if California can show how much it spends on language services. Ms. Wu asked if staff could work with plans on these issues.

Mr. Figueroa added that conducting the survey was a substantial commitment in resources and time for staff. He expressed his appreciation to staff and to plans for incorporating what they had learned. Mr. Figueroa said he hoped staff would share this information with the California Health Benefit Exchange and other interested parties who would like to see how HFP plans are performing, the data required and how MRMIB uses the data to make future improvements.

Mr. Figueroa asked if there were any questions or comments from the audience.

Ms. Abbott complimented the Board for its diligence on this issue, but said she was unimpressed with telephone interpretation services for people in medical settings. She said persons who provide this service do not necessarily have health training and the results are often not satisfactory. Ms. Abbott noted that, while telephone interpretation services were better than nothing, she believed video medical interpretation was superior.

Ms. Wu said the most ideal situation is having the provider speaking the same language as the patient. However, an in-person interpreter is the best option. She said her organization has tried to have plans or providers establish a protocol describing when they use in-person versus phone or video medical interpretation, depending on the complexity and severity of the reason for the visit.

The 2010 Cultural and Linguistic Services Survey Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_12.d_2010_Cultural_and_Linguistic_Services_Survey_Report.pdf

Other Program Updates

There were no Other Program Updates.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Enrollment Report

Ms. Dillard reported on Agenda Item 13.a, the AIM Enrollment Report. There were 1,052 new subscribers in March for a total enrollment of 7,039. The majority of subscribers continue to be Latina and the percentage of enrollment in specific counties did change notably. The top three counties continue to be Los Angeles, San Diego and Orange, which together comprise 51 percent of AIM subscribers. Health plans enrollment did not change significantly compared to the previous months.

The AIM Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_13.a_AIM_Mar_2012_summary.pdf

Administrative Vendor Performance Report

Ms. Dillard reported on Agenda Item 13.b, the AIM Administrative Vendor Performance Report. The vendor met standards in all seven areas of performance. Mr. Figueroa noted a large enrollment spike for the month. He asked if there were any questions or comments from the Board or audience. There were none.

The AIM Administrative Vendor Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_13.b_AIM_Adm_Vendor_Perf_Mar_2012_Summary.pdf

Updated 2011-12 Plan Coverage Area Grid

Mr. Lee reported on Agenda Item 13.c, the Updated 2011-12 Plan Coverage Area Grid for AIM. The grid reflects what was reported at the last Board meeting, that all AIM plan contracts were extended through September 30, 2012. Mr. Figueroa thanked staff and participating plans for the hard work in reaching this result.

The AIM Updated 2011-12 Plan Coverage Area Grid is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_041912/Agenda_Item_13c.pdf

Other Program Updates

There was no business presented under Agenda Item 13.d, Other Program Updates.

The meeting was adjourned at 12:31 p.m.