NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE

THURSDAY, NOVEMBER 10, 2016
2:30 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES
A. Approve Minutes of the July 14, 2016 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

IV. PUBLIC COMMENT
At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS
A. Consider Recommendation of Candidate for Recipients of CalWORKs Representative
B. Consider Recommendation for MAC Chair and Vice Chair

VI. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Report
B. Chief Medical Officer Update
C. Chief Operating Officer Update

VII. INFORMATION ITEMS

A. MAC Member Updates
B. MAC Member Presentation on State Council on Developmental Disabilities
C. Intergovernmental Transfer (IGT) Expenditure Update
D. CalOptima Strategic Plan Update
E. Program of All Inclusive Care for the Elderly (PACE) Update
F. Member Notices
G. Federal and State Legislative Update

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

July 14, 2016

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on July 14, 2016, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Chair Mallory Vega called the meeting to order at 2:37 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Mallory Vega, Chair; Suzanne Butler; Connie Gonzalez; Donna Grubaugh; Gene Howard; Sally Molnar; Velma Shivers; Sr. Mary Therese Sweeney; Christine Tolbert; Lisa Workman

Members Absent: Sandy Finestone; Victoria Hersey; Patty Mouton; Christina Sepulveda

Others Present: Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director, Program Implementation; Caryn Ireland, Executive Director Quality Analytics; Arif Shaikh, Director, Government Affairs; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service

MINUTES

Approve the Minutes of the May 12, 2016 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: ***On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted.***

PUBLIC COMMENT
There were no requests for public comment.

Chair Vega welcomed MAC's new member Christine Tolbert, Persons with Special Needs Representative. Chair Vega also recognized the MAC members that were reappointed for another term, including Christina Sepulveda, Children's Representative; Lisa Workman, Consumer Representative; Gene Howard, Foster Children Representative; Velma Shivers, Long-Term Care (LTC) Representative; Sally Molnar, Medically Indigent Persons' Representative; and Sr. Mary Therese Sweeney, Persons with Mental Illness Representative.

PRESENTATIONS
Kathleen Kolenda, Vice President Adult Day Services, Easter Seals, presented an overview on Easter Seals' programs and rebranding campaign. Ms. Kolenda explained that one of the fastest growing programs at Easter Seals is serving children with Autism. Recent legislation requires health

care providers to assist persons diagnosed with Autism Spectrum Disorder (ASD) in obtaining necessary therapies. Easter Seals is a clinical service provider for all therapy services for ASD in California. They also collaborate with the Regional Center of Orange County (RCOC) to serve individuals with intellectual disabilities, which is the Adult Day services portion of Easter Seals. In addition, Easter Seals offers a senior program that supports seniors with age related challenges. Easter Seal provides support for living options, residential service, and group home arrangements.

CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, reported that with the passage of Senate Bill 75, children under 19 years of age became eligible for full-scope Medi-Cal benefits regardless of immigration status, as long as they meet all other eligibility requirements. Approximately 6,000 members transitioned into full-scope Medi-Cal with CalOptima on June 1, 2016. CalOptima anticipates an additional 2,400 members will transition in July.

Ms. Khamseh reminded the committee that July is the last month of passive enrollment for the OneCare Connect program. After July, members must voluntarily enroll in OneCare Connect.

INFORMATION ITEMS

MAC Member Updates

Chair Vega announced that MAC is currently recruiting for a candidate to represent Recipients of CalWORKs' as this seat was recently vacated. Application information is available on the CalOptima website.

Health Network Minimum Enrollment Requirement

Ms. Khamseh reported that CalOptima is reviewing its minimum enrollment requirement for health networks (HNs) to maintain at least 5,000 members, following the first 12 months after initial member enrollment. This policy, which affects Medi-Cal HNs and the CalOptima Community Network (CCN), is designed to ensure the viability of HNs, support administrative efficiencies and stabilize the delivery system. A few new networks from CalOptima's recent HN expansion may require additional time to achieve the minimum enrollment requirement. Upon discussion of allowing HNs' an extension of the minimum enrollment timeframe, the Provider Advisory Committee (PAC) supported a recommendation to the Board to extend the timeframe to a maximum of 30 months. Following a robust discussion, MAC members concurred with PAC to support the recommendation to the CalOptima Board to extend the health network minimum enrollment timeframe to a maximum of 30 months, contingent upon the health network's performance and meeting operational requirements.

Health Education and Cultural and Linguistic Group Needs Assessment

Pshyra Jones, Director, Health Education and Disease Management, reported on Health Education's Group Needs Assessment (GNA). Ms. Jones explained that the Department of Health Care Services (DHCS) requires Medi-Cal managed care plans to conduct GNAs to identify members' needs,

including gaps in services, health education and cultural and linguistic (C&L) programs and resources. In addition, the GNA must address the following areas: special needs of seniors and persons with disabilities; special health care needs of children and adults; needs of members with limited English proficiency; and needs of members from diverse cultural and ethnic backgrounds. The goal of the GNA is to improve the members' health outcomes by evaluating health risks, identifying health needs, prioritizing health education and C&L services and enhancing quality improvement programs. CalOptima mailed over 18,000 surveys in June 2016. Once the results are in, CalOptima will be able to evaluate the data for health related trends within the community, identify areas for collaboration with providers and community agencies, and develop short-term and long-term action plans.

California Children's Services: Whole-Child Model

Candice Gomez, Executive Director, Program Implementation, presented on the California Children's Services (CCS) redesign update, which is now being called the Whole-Child Model. CCS is a statewide program providing medical care, case management, physical therapy, occupational therapy and financial assistance for children meeting eligibility criteria. Eligibility includes the following criteria: children aged 21 years and under; must meet specific medical conditions; must meet Medi-Cal or CCS financial eligibility; and have a medical condition that is eligible for the Medical Therapy Program (MTP). CCS funding is through county, state and federal money. There are approximately 13,000 children currently enrolled in CCS and approximately 90% of them are CalOptima members. Ms. Gomez explained that the state is proposing transitioning the fee-for-service CCS program into managed care under the Whole-Child Model. Health plans will be responsible for case management, care coordination, provider referral, and service authorization. The state will transition CCS to county organized health systems in a phased in approach starting 2017, with CalOptima expected to be phased in January 2018. Health plans will also have financial risk for the Medi-Cal members. The county will remain responsible for eligibility determination, the MTP and have administrative and financial responsibility for non-Medi-Cal children. Ms. Gomez reported that DHCS would conduct a comprehensive review and assess CalOptima's readiness using the same standards as apply to the Knox Keene plans.

Intergovernmental (IGT) Update

Cheryl Meronk, Director, Strategic Development, provided an update on IGT funding. Ms. Meronk explained that IGT 4 funding was $6.96 million and the Board approved five priority-funding areas for IGT 4: adult mental health; children's mental health; reducing childhood obesity, strengthening the safety net; and improving children's health. In addition, consideration was given to planning and implementing programs required under the Health Homes and the 1115 Waiver whole person care pilot initiatives.

Ms. Meronk stated that CalOptima is partnering with five entities within the community this year: University of California, Irvine; Orange County Health Care Agency; City of Newport Beach Fire Department; City of Orange Fire Department; and Children's and Family Commission. CalOptima anticipates approximately $16 Million for IGT 5. CalOptima staff will be working collaboratively with the funders and advisory committees on specific expenditure recommendations once the final IGT 5 amount to CalOptima has been confirmed by DHCS.

In response to Member Sally Molnar's question about the use of IGT funds for ongoing budget line items at CalOptima, Ms. Meronk confirmed that the funds are more suited for one time only special projects, capital expenditures, and general enhancement of services that do not extend current budget expenses. Ms. Meronk indicated that CalOptima may carry over funding that was previously allocated. Therefore, CalOptima is in the process of spending IGT 1, 2, and 3 funds.

Federal and State Budget and Legislative Update

Arif Shaikh, Director, Government Affairs, announced that Governor Brown signed the California FY 2016-17 State Budget into law on June 27, 2016. The budget reflects General Fund savings of $1.1 billion related to the passage and approval of the Managed Care Organization (MCO) tax. The MCO tax is a health care financing program used by California to access federal matching dollars. The new MCO tax takes effect July 2016, and runs for three years through June 2019. Among other significant impacts, the MCO tax revenue will facilitate the continuation of the Coordinated Care Initiative (CCI), contingent on improvements in enrollment, the restoration of In-Home Supportive Services (IHSS) service hours and the allocation of increased funding for programs serving people with developmental disabilities. With the approval of the MCO tax, the budget authorizes CCI (CalOptima's OneCare Connect program) through January 1, 2018. However, the Administration continues to share its concerns regarding participation rates in the program. If participation rates in the program are not improved by January 1, 2017, CCI could cease operating effective January 1, 2018. CalOptima will continue working with state and federal regulators, as well as health care stakeholders, to identify strategies to increase enrollment in OneCare Connect. The budget allocates $3.7 million from the General Fund to restore acupuncture as a covered Medi-Cal benefit beginning July 1, 2016. The acupuncture benefit was eliminated in 2009 as part of the state's response to the 2008 recession. CalOptima is awaiting guidance from DHCS on how the restoration of this benefit will be implemented. CalOptima's PACE center has the second lowest state reimbursement rates. The state association, CalPACE, is working on finding ways to improve the reimbursement rates and the overall program. CalPACE has also been working with DHCS on ways to update and modernize the program.

ADJOURNMENT

Hearing no further business, Chair Vega adjourned the meeting at 4:37 p.m. The next MAC meeting is scheduled on September 8, 2016 at 2:30 p.m.

/s/ Cindi Reichert
Cindi Reichert
Program Assistant

Approved: 11/10/2016

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MEMORANDUM

DATE:	November 3, 2016
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Strategic Planning Session
As previously announced, CalOptima's November Board meeting will be abbreviated to allow time for your Board to participate in a session dedicated to the agency's next three-year strategic plan. Facilitator Bobbie Wunsch has asked that each Board member prepare for the discussion by bringing answers to the following questions:

- How can CalOptima be best prepared to respond to the evolving health care environment and strengthen our position as a valued asset in our community?
- What big ideas do you have that staff should consider as they move toward implementation of the new CalOptima strategic plan and priorities?

Thank you in advance for your insight and guidance on the 2016–19 Strategic Plan.

Information Security Matter
On October 14, CalOptima notified approximately 56,000 current and former members about a security matter involving their protected health information (PHI). In August, a departing employee downloaded data, including PHI, to an unencrypted USB flash drive. Shortly after leaving the agency, the former employee returned the drive. CalOptima is cooperating with local law enforcement and health plan regulators on the investigation of this matter. While we are still investigating, CalOptima does not believe the information was shared. The downloaded PHI included member names, demographic information and other health-plan related information. Social Security numbers were also included for some of the affected members. CalOptima established a toll-free number to respond to questions. In addition, CalOptima is offering no-cost, triple-bureau credit monitoring services to affected adult members and a separate free service for affected child members, so parents can monitor whether a fraudulent credit file exists in the child's name. To protect against this type of incident in the future, CalOptima immediately implemented several additional safeguards and security standards. CalOptima was also required to inform the media, and four publications wrote articles. At this time, members are beginning to respond by calling Customer Service or enrolling in credit monitoring. I will keep your Board informed as we work to resolve the matter and strengthen our member protections even further.

Real Estate Development Rights
On November 17, your Board's Finance and Audit Committee (FAC) will receive an informational update about CalOptima's real estate development rights. A consultant engaged via Request for Proposal, Glen Allen, president of Newport Real Estate Services Inc., will make

a detailed presentation regarding the options available to CalOptima with regard to developing the land currently in use as a parking lot for 505 City Parkway West. After the FAC vets the information, the next step will be for the full Board to hear the presentation in December.

California Association of Health Plans (CAHP)
In October, CAHP held its annual conference in Palm Desert to bring together nearly 50 public and private health plans that operate in California. The conference featured more than a dozen sessions covering key industry topics. I spoke as part of a three-person panel addressing the future of Medi-Cal. Inland Empire Health Plan CEO Brad Gilbert, M.D., discussed integrating behavioral and physical health and his plan's effort to administer behavioral health directly. Toby Douglas, the former director of the Department of Health Care Services (DHCS) and now the senior vice president of Medicaid solutions for Centene, spoke about Medicaid activities in other states. I shared my vision of where Medi-Cal is going by focusing on seniors. In the past, Medi-Cal was built for moms and babies. Currently, Medi-Cal is addressing high-acuity populations with multiple chronic conditions and behavioral health issues. But the future is seniors, and I emphasized that serving seniors may require moving beyond Medi-Cal. Because everyone ages differently and most people prefer to continue living at home, seniors need to have many options before long-term care, options such as Community-Based Adult Services, In-Home Supportive Services, Program for All-Inclusive Care for the Elderly and others.

Coordinated Care Initiative (CCI)
CalOptima continues to participate in the CCI Sustainability Workgroup, a collaborative effort among CCI health plans organized by CAHP. The workgroup remains focused on demonstrating the value of the CCI and its associated Cal MediConnect plans, including CalOptima's OneCare Connect. This is of particular importance now, given that the FY 2017–18 state budget is being formulated for January, and there is attention on whether the CCI has delivered the anticipated financial savings. By statute, the CCI can be terminated if it doesn't realize cost savings. The workgroup recently launched a statewide advocacy campaign, and I will be meeting with state officials in the coming weeks to share OneCare Connect success stories. In addition, to demonstrate to the governor that broad interest in maintaining the CCI exists, the advocacy campaign also engaged stakeholders to send letters of support. In less than a week, CalOptima stakeholders generated nearly 30 letters to the governor from key influencers, such as elected officials, provider groups, community-based organizations and associations.

Whole Person Care (WPC) Pilot
In late October, DHCS approved Orange County's application to participate in the WPC pilot program, which aims to better coordinate health care and social services for the local homeless population. The program will be funded by the county, with matching federal dollars, for a total of $23.5 million in spending over the five-year pilot. The Orange County Health Care Agency (HCA) will be the lead entity on the program, and CalOptima will be a participating entity. HCA plans to convene a WPC Collaborative to begin implementation work after the county's agreement with the state is finalized.

Board of Supervisors Recognition
On October 25, CalOptima was honored by the Orange County Board of Supervisors for our National Committee for Quality Assurance (NCQA) rating as the top Medi-Cal plan in California for the third year in a row. I was pleased to accept a resolution that highlights our agency's achievement on behalf of the Orange County residents who are our members.

Legislative Luncheon
On October 28, CalOptima welcomed nearly 50 representatives from elected offices and other stakeholder groups to a Legislative Luncheon. At the luncheon, I was presented with a special joint State Senate and State Assembly Resolution in recognition of CalOptima's NCQA rating as the top Medi-Cal plan in California. During the program, I shared information that explained the background and significance of the NCQA honor. Further, since this was the first luncheon since your new Board was installed in August, I provided details about the structure of your new Board. The program concluded with Director of Government Affairs Arif Shaikh reviewing federal and state legislation that will impact CalOptima in the near future.

Joint Medical Audit
CalOptima received notice that DHCS and Department of Managed Health Care (DMHC) will audit Medi-Cal and OneCare Connect in February 2017. The regulators intend to audit Medi-Cal for Seniors and Persons with Disabilities services and OneCare Connect for Medicaid-based services. Both audits are triannual and will be conducted by DMHC on behalf of DHCS. DMHC also stated that its audit will coincide with DHCS' annual medical audit of Medi-Cal.

Key Meetings
- CAHP Board Meeting and Dinner: The CAHP Board of Directors gathered October 11 for a meeting with featured guests Sen. Ed Hernandez, chair of the Senate Health Committee, and Assemblyman Jim Wood, chair of the Assembly Health Committee. After the meeting at dinner, I interacted further with both elected officials who are likely to play important roles in future health policy-making. While I had met with them on other occasions, the CAHP dinner provided an opportunity to reinforce that CalOptima is a leader in the state's primary health plan association.
- Hospital Association of Southern California (HASC): On October 19 at the final meeting of the HASC-sponsored Medi-Cal Task Force, the group narrowed down the priority issues to pursue at the local level. From among a list of 14 recommendations, five areas emerged as most important, including physical/behavioral health integration, workforce development, care coordination for high-acuity populations, data exchange/technology, and ongoing collaboration among hospitals, clinics, physician groups and health plans. As the next step, local HASC organizations will bring together community partners to identify areas of action, so we can expect to continue this valuable work through the Orange County HASC office.
- Department of Managed Health Care (DMHC): DMHC Director Shelley Rouillard and her team visited CalOptima on October 21. The meeting was part of DMHC's effort to engage with health plans across the state to discuss its mission to protect consumers' health care rights and ensure a stable delivery system, and highlight regulatory priorities now and in the future. One main topic was DMHC's goal to better understand risk-sharing arrangements and improve oversight of risk-bearing organizations. My general presentation about CalOptima

included discussion of our delegated model and contracting methods. I suggested that DMHC staff were welcome to learn more about our risk-sharing arrangements and oversight through on-site training, and Director Rouillard expressed interest in this opportunity. Further, she expressed appreciation for other elements of my presentation, including the discussion of the diverse backgrounds of our chief executives in areas ranging from commercial insurance and county government to regulatory agencies. In all, it was a positive meeting that positioned CalOptima as a strongly managed agency that puts quality care for members first.

- UCI Health: On October 24, as part of a continuing series of meetings, Chet Uma, Ladan Khamseh, Richard Bock, M.D., and I met with the leadership team from UCI Health, including CEO Howard Federoff, CFO Jay Sial and others. UCI leaders are interested in collaborating with CalOptima to explore ideas that address the hospital's reimbursement and capacity for Medi-Cal members.

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Managed Behavioral Health Organization Update

Member Advisory Committee
November 10, 2016

Donald Sharps, MD
Medical Director, Behavioral Health Services

Status Update

- On September 1, 2016, the CalOptima Board approved Magellan as the selected managed behavioral health organization (MBHO).
- On October 3, 2016, after the contract was signed, implementation began.
- On January 1, 2017, Magellan will go live.

Key Implementation Steps

- Network development
- Continuity of care
- CalOptima Behavioral Health Line

Medi-Cal Network Development

- Magellan has an existing Medicare provider network and a commercial Autism provider network in Orange County.
- Regarding **Medi-Cal Network Development progress**
  - Approximately 65 percent of current MBHO's Medi-Cal providers are currently contracted with Magellan's network.
  - For those providers, their 2016 MBHO claims represent ~ 76 percent of current MBHO's Medi-Cal members.
  - Approximately 85 percent of current MBHO's active ABA cases are seen by providers currently in Magellan commercial network.
- Harry Best, MBA, CPA
  - Senior Director, National Provider Network Management

Continuity of Care (COC)

- Most members are anticipated to be able to retain their existing providers.
- CalOptima is committed to pursuing COC for all members who meet the criteria as outlined in the All Plan Letter 15-019 and CalOptima Policy GG.1325.
- Honor all existing/ongoing COC agreements that are already in place.
- Beneficiary notice will be mailed to those who might need to change providers at least 30 days prior to January 1, 2017

CalOptima Behavioral Health (BH) Line

- Single toll-free number for all CalOptima members
  - 855-877-3885
- Process to call for referrals will remain the same
- Calling toll-free number is a one-step process for eligibility verification, screening, and referral to providers
- No change in BH benefits for Medi-Cal or Duals
- Magellan will establish a dedicated call center in Orange County which will include care management support for CalOptima members and providers

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

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Medi-Cal
A Public Agency
CalOptima
Better. Together.

OneCare (HMO SNP)
A Public Agency
CalOptima
Better. Together.

OneCare Connect
A Public Agency
CalOptima
Better. Together.

PACE
A Public Agency
CalOptima
Better. Together.

State Council on Developmental Disabilities
Orange County Office

2000 East Fourth Street, Suite 115
Santa Ana, CA 92705

Phone: (714) 558-4404
Facsimile: (714) 558-4704
www.scdd.ca.gov
http://www.scdd.ca.gov/orangecounty.htm

Agency Overview

Who We Serve…

- Developmental disability is defined as a mental and/or physical impairment that occurs before age 22 (under federal law) and substantially limits at least three areas of these areas:
  - Self-care
  - Expressive or receptive language
  - Learning
  - Mobility
  - Capacity for independent living
  - Economic self-sufficiency
  - Self-direction

- Developmental disability includes:
  - Intellectual Disability
  - Autism
  - Epilepsy
  - Cerebral Palsy
  - A condition closely related to <u>or</u> requires treatment similar to that required for persons with an intellectual disability

Who We Are – Agency Overview

- Twelve Regional Offices in California (formerly Area Boards)
  - The Orange County Regional Office serves Orange County residents
  - 12 member Regional Advisory Committee
- Area Boards were changed to Regional Offices (2015), which assist to carry out the SCDD mission and State Plan objectives.

- State Council on Developmental Disabilities
  - Federally funded independent state agency
  - Created by State law in 1969, as part of the Lanterman Developmental Disabilities Services Act
  - SCDD is part of the Developmental Disabilities Network as outlined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000.
  - Ensures people receive the services and supports they need
  - Board consists of 31 individuals appointed by the governor
  - At least 60% of board membership are individuals with developmental disabilities and family members

Mission/Vision

Mission

The Council advocates, promotes and implements policies and practices that achieve self-determination, independence, productivity and inclusion in all aspects of community life for Californians with developmental disabilities and their families.

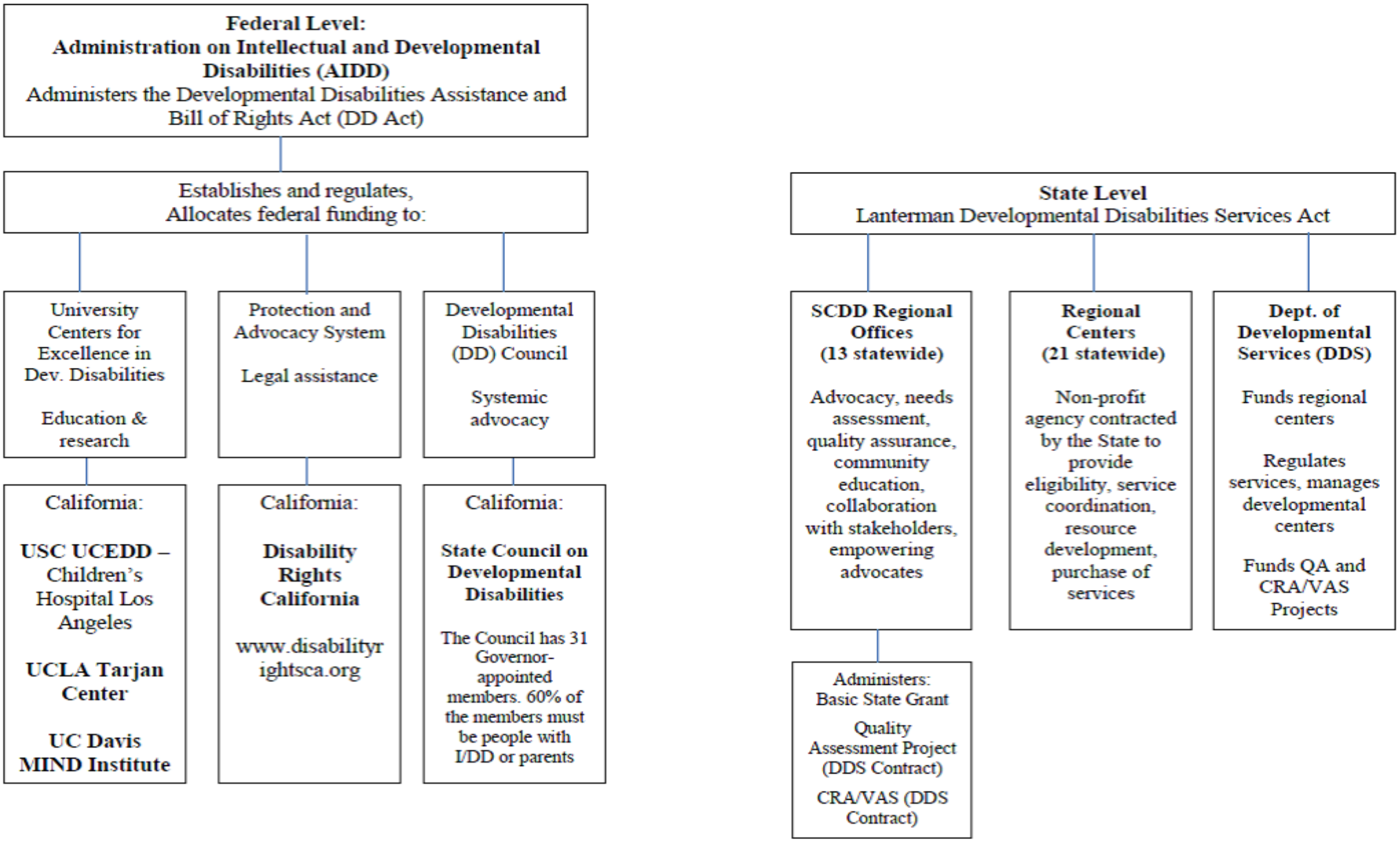
Vision

Californians with developmental disabilities are guaranteed the same full and equal opportunities for life, liberty, and the pursuit of happiness as all Americans.

State Plan

- State Plan
  - Federal law requires the Council to identify ways to improve and increase services for individuals and their families, which is done through a State Plan
    - http://www.scdd.ca.gov/stateplan.htm
  - State Plan Objectives
    - Self-Advocacy
    - Employment
    - Housing
    - Health and Safety
    - Early Intervention, Education, Transition & Post-Secondary Education
    - Formal and Informal Community Supports

System Overview: How the State Council and Regional Offices are Set-Up and Funded



State-Funded Projects

- Quality Assurance Project
  - Monitors systemic issues impacting regional center consumers living in the community using specific core indicators, which are standard measures used across states to assess the outcomes of services provided to individuals and families
  - Administered by San Diego Regional Office
  - National Core Indicators (NCI) model
- Clients' Rights Advocacy
  - Monitors the legal, civil, and service rights of Fairview Developmental Center residents
- Volunteer Advocacy Services
  - Provides representation for residents at Fairview Developmental Center, and those transitioning into the community who are unrepresented by family or conservators

Basic State Grant

CORE ACTIVITIES & PRIORITIES

WIC 4540-4541

Welfare & Institutions Code § 4540

- The state council, established pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.)), shall do all of the following:
  - (a) Serve as an advocate for individuals with developmental disabilities and, through council members, staff, consultants, and contractors and grantees, conduct advocacy, capacity building, and systemic change activities.
  - (b) Develop and implement the state plan
  - (c) Serve as the official agency responsible for planning the provision of the federal funds allotted to the state under Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.), by conducting and supporting advocacy, capacity building, and systemic change activities.
  - (d) Prepare and approve a budget
  - (e) To the extent that resources are available, implement the state plan by conducting activities including, but not limited to, all of the activities specified in paragraphs (1) to (11), inclusive. (*noted on subsequent slide)*

Regional Advisory Committee (RAC)

- Per statute, the role of the RAC is to:
  - Advise SCDD and its RO on local issues and identify and provide input regarding local systemic needs within its communities;
  - Provide input and be a source for data for the SCDD to consider in the formulation of the state plan;
  - Provide public information programs for consumers, families, professional groups, and the general public to increase professional and public awareness of areas identified within the state plan;
  - Engage in other activities as requested by SCDD.
  - The RAC may make recommendations to the Council.

Activities / Services Provided (BSG)

- Community outreach
- Training
- Technical assistance
- Capacity building
- Supporting and educating communities
- Facilitating interagency collaboration
- Eliminating barriers to community services
- Systemic change advocacy
- Monitor legislation
- Encouraging self-advocacy and citizen participation
- Informing policymakers
- Demonstrating new approaches to services and supports
- Protecting and advocating for consumer rights
- Advise of appeal rights
- Encouraging development of needed services

BSG Activities/Highlights

- SCDD staff and Help Me Grow (HMG) Orange County are partnering to connect families to developmental services and resources to enhance the development, behavior, and learning of children birth through five years.
  - *HMG is part of a nationwide network and the hope is that this collaboration can be replicated in other States in order to improve the service delivery system and help parents' access needed services and supports.

- SCDD Orange County Staff collaborates with Regional Center of Orange County (RCOC) to address the POS disparity in Orange County and the use of $11.0 million in general funds that regional centers will receive to implement plans to reduce disparities in the provision of services to underserved populations.

- SCDD Orange County staff continues to facilitate for two self-advocacy groups in Orange County (Anaheim and Santa Ana). The self-advocacy meetings are intended for self-advocates (persons with disabilities) to learn leadership and independence skills, learn about State laws and policies on disabilities, and how to make real changes within the community.

BSG Activities/Highlights

- SCDD Orange County is monitoring and collecting data from the school districts in Orange County regarding the Fair Labor Standards Act (FLSA) Rule 71 on internship programs (ages 16-22). This rule states that students cannot do the same/similar type of work as other employees, thus benefitting the employer, at a for profit business without receiving minimum wage compensation. Most school districts in Orange County feel that how they presently provide workability does not fall within the test.

- SCDD Orange County Office is working with Court Appointed Special Advocates (CASA) of Orange County and Orange County Children & Family Services to begin a collaboration that will systemically address youth with developmental disabilities aging out of foster care system that are left with few resources to assist them in becoming successfully included in the community (suspected I/DD, lack of documentation, records, consistent medical treatment).

BSG Activities/Highlights

- In collaboration with its community health partners, SCDD facilitates and hosts a bimonthly Health Care Task Force Members to address the critical lack of appropriate and timely care for dually-diagnosed Orange County residents in need of behavioral healthcare crisis intervention, services, and placement.

- SCDD Orange County Office continues to sponsor and collaborate with Fiesta Educativa Orange County, an agency primarily serving monolingual Spanish-speaking families with resources, training, and education so they are empowered to effectively advocate for their children with disabilities.

- Pending MOU with Team of Advocates for Special Kids (TASK), the local Parent Training and Information Center (PTI), to help identify trends regarding the types of services and supports special education students need, but are not receiving, in order to change practices to improve the educational system within the county, and educate the parents and students throughout the process.

Capacity-Building Through Workshops

Regional Center Presentations

- “Understanding POS Guidelines”
- “Regional Center Intake & Eligibility”
- “Preparing for your IPP”
- “Self-Determination”
- “Getting Regional Center Services Through Your IPP”
- “Living Options for Persons with Developmental Disabilities”
- “Regional Center Fair Hearings”
- “Regional Center Services for Adults”
- “Understanding the Budget Reductions to Regional Centers”

Capacity-Building Through Workshops

Special Education Presentations

- "Preparing for your IEP"
- "Successful Inclusion Strategies" – Special Education
- "Making Sense of the IEP – review of IEP forms and documents"
- "Early Intervention to School Services: Transitioning at Age 3"
- "Accommodations, Modifications, and Classroom Strategies"
- "Transition to Adulthood"
- "Life After High School"

Capacity-Building Through Workshops

Child Care Presentations

- "Resources & Accommodations for Toddlers with Autism in Day Care"
- "Learning Environments that Foster Inclusion of Children with Disabilities"
- "Legal Responsibilities for Inclusive Childcare"
- "Access Resources & Services for Children with Special Needs"
- "Successful Inclusion Strategies: Including Kids with Disabilities in Daycare Environments"
- "Accommodations, Modifications, and Daycare Strategies"

Capacity-Building Through Workshops

Other Presentations

- “Assistive Technology Funding Sources”
- “Public Benefits & Community Resources”
- “Let’s Get Prepared: Tools for Emergency Preparedness”
- “IHSS: Eligibility, Services, and Preparing for your Assessment”
- “Social Security Disability Benefits”
- “Self-Advocacy and You”
- “Employment First/Competitive Integrated Employment”
- “Affordable Housing Options”

Collaborations / Collaborative Partners

- Orange County Adult Transition Task Force (OCATTF)
- Health Care Task Force
- Orange County Employment Advocacy Network (OCEAN)
- Disability Rights Workshop
- Fiesta Educativa OC
- Ready OC Corporate Advisory Council
- RCOC Criminal Justice Task Force
- RCOC Housing Committee
- Post-Secondary Education Transition Consortium (PSETC)
- Orange County Childcare Inclusion Collaborative
- CalOptima Community Alliances Forum Planning Committee
- CCLD Collaborative
- Children's Home Society
- OC Child Care Planning Development Council

and many more!

Accessing SCDD Orange County Office Services

- By telephone - (714) 558-4404
- By website – www.scdd.ca.gov
- At our office - 2000 East Fourth Street, Suite #115
  Santa Ana, CA 92705
  (by appointment only)

Thank You!

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IGT Update & Expenditure Plan

Member Advisory Committee
November 10, 2016

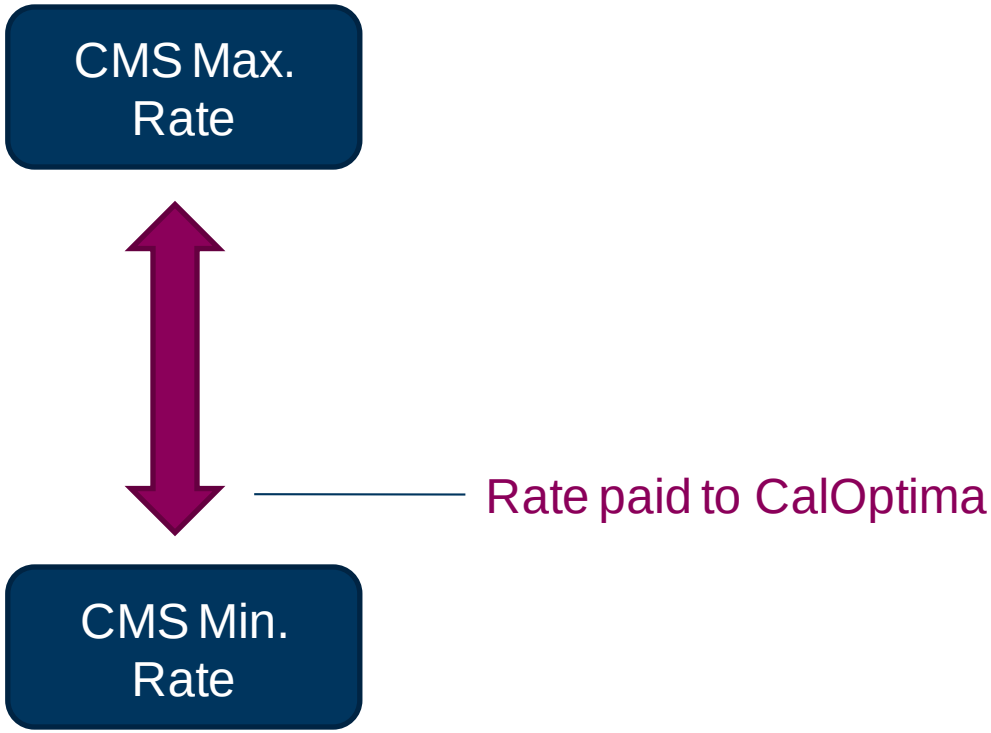
Cheryl Meronk
Director, Strategic Development

Intergovernmental Transfers (IGT) Background

- Medi-Cal program is funded by state and federal funds
- IGT process enables CalOptima to secure additional federal revenue to increase California's low Medi-Cal managed care capitation rates
- Funds must be used to deliver enhanced services for the Medi-Cal population

Low Medi-Cal Managed Care Rates

- CMS approves a rate range for Medi-Cal managed care
- California pays near the bottom of the range



IGT Funds Availability and Process

- Available pool of dollars based on difference paid to CalOptima and the maximum rate
- Access to IGT dollars is contingent upon eligible government entities contributing dollars to be used as match for federal dollars
- Funds secured through cooperative transactions among eligible governmental funding entities, CalOptima, DHCS and CMS

CalOptima Share Totals for IGT 1–5

IGTs	CalOptima Share
IGT 1	$12.52 M
IGT 2	$8.60 M
IGT 3	$4.88 M
IGT 4	$6.96 M
IGT 5	≈$15.00 M
Total	**$47.96 M***

**Estimated total*

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IGT 1 Status*

Project	Budget	Balance	Notes
Personal Care Coordinators	$3,850,000	$110,000	Complete by 2/28/2017
Case Management System	$2,099,000	$3,500	Completed
Strategies to Reduce Readmissions	$533,585	$443,000	Complete by 12/1/2016
Program for High-Risk Children	$500,000	$500,000	Complete by 10/31/2018
Telemedicine	$1,100,000	$1,100,000	To be reallocated
Case Management System Consulting	$866,415	$218,000	Complete by 12/31/2017
OCC PCC Program	$3,550,000	$2,085,000	Complete by 2/28/2017
Total	**$12.5 M**	**$4.4 M**	**Total Reallocation Amount: $1.1 M**

**As of 8/31/2016*

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IGT 2 Status*

Project	Budget	Balance	Notes
Facets System Upgrade & Reconfiguration	$1,250,000	$265,000	Complete by 12/31/2016
Security Audit Remediation	$101,000	$0	Completed
Continuation of COREC	$1,000,000	$517,000	Complete by 6/30/2017
OCC PCC Program	$2,400,000	$2,400,000	Complete by 3/31/2018
Children's Health/ Safety Net Services	$1,300,000	$126,000	Complete by 5/31/2017
Wraparound Services	$1,400,000	$487,000	Complete by 11/1/2017
Recuperative Care	$500,000	$318,500	Complete by 3/1/2017
Provider Network Management Solution	$500,000	$500,000	To be reallocated
Project Management	$100,000	$17,000	Complete by 9/30/2016
PACE EHR System	$50,000	$1,000	Complete by 12/31/2016
Total	**$8.6 M**	**$4.6 M**	**Total Reallocation Amount: $0.5 M**

**As of 8/31/2016*

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IGT 3 Status*

Project	Budget	Balance	Notes
Pay for Performance for PCPs	$4,200,000	$4,200,000	To be reallocated
Recuperative Case (Phase 2)	$500,000	$500,000	Complete by 6/30/2018
Project Management	$165,000	$165,000	Complete by 12/31/2017
Total	**$4.8 M**	**$4.8 M**	**Total Reallocation Amount: $4.2 M**

**As of 8/31/2016*

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IGT 4 Status*

Project	Budget	Balance	Notes
Unallocated Funds	$6,960,000	$6,960,000	To be allocated
Total	**$6.9 M**	**$6.9 M**	**Total Allocation Amount: $6.9 M**

**As of 8/31/2016*

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IGT 5 Status*

Project	Budget	Balance	Notes
Unallocated Funds	≈$15,000,000	≈$15,000,000	To be allocated
Total	**≈$15 M**	**≈$15 M**	**Total Allocation Amount: ≈$15 M**

**Not yet received*

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Total Funds to Reallocate or Allocate

IGT	Funds Available
IGT 1	$1.1 M
IGT 2	$0.5 M
IGT 3	$4.2 M
IGT 4	$6.9 M
IGT 5	≈$15.0 M
Total	**$27.7 M***

**Estimate dependent on total IGT 5 amount*

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IGT Approved Funding Categories*

- Adult Mental Health
- Children's Mental Health
- Childhood Obesity
- Strengthening the Safety Net
- Improving Children's Health
- Pilot Program Planning & Implementation

**IGTs 4 and 5 only*

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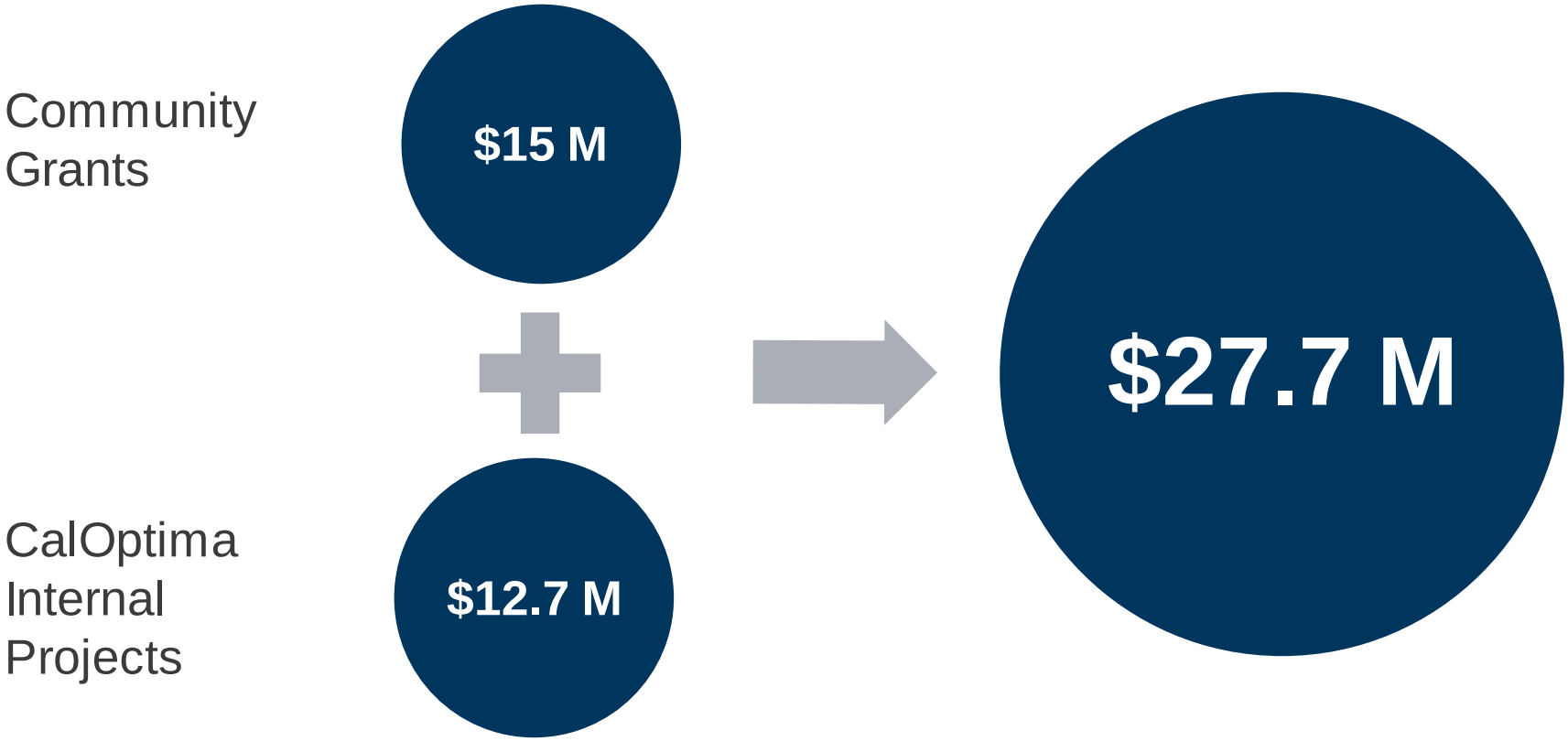
Purpose of IGT Funds

- Funds must be used to deliver enhanced services for the Medi-Cal population



External Community Grant Support

- Orange County's Medi-Cal delivery system relies heavily on safety net system
  - Community health centers
  - Community-based organizations

- Support helps to fill gaps in services and improve health outcomes for CalOptima members
  - Improve health equity
  - Address social determinants of health
  - Improve access to services

Recommended External Community Grants Expenditure and RFP Process

Funding Category	Amount	RFP Project Examples
Adult Mental Health	$3 M	Expand access to rehabilitation/day services; promote substance use prevention; increase homeless support services in the community; improve coordination of services
Children's Mental Health	$3 M	Advance screening and assessment of mental health; broaden community-based education and support; expand access to services
Strengthening the Safety Net	$3 M	Improve quality through expanded access to services and prevention screenings (e.g., breast/cervical cancer, HPV, etc.); improve data integration and reporting for clinics; expand access to specialty care
Childhood Obesity	$3 M	Promote nutrition education, prevention and intervention services as well as physical activity through school-based programs, parent education and provider offices; provide healthy food access
Improving Children's Health	$3 M	Increase vaccinations; launch asthma management programs; increase nutrition education; provide healthy food access

IGT Timeline

Date	Activity
September 15	FAC Update and Review
September 21	QAC Update and Review
November 10 and 17	PAC/MAC/OCC MAC Review
November 14	IGT Ad Hoc
December 1	Board of Directors IGT Anticipated Expenditure Plan Presentation
January–June 2017	Development and Release of Community Grant RFPs

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

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OneCare (HMO SNP)
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OneCare Connect
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Strategic Planning Update

Member Advisory Committee Meeting
November 10, 2016

Cheryl Meronk
Director, Strategic Development

Mission and Vision Remain Constant

Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

Vision

To be a model public agency and community health plan that provides an integrated and well-coordinated system of care to ensure optimal health outcomes for all our members

2017–19 Strategic Planning Timeline

Oct 2015	Nov 2015	Dec 2015	Oct 2016	Nov 2016	Dec 2016
Strategic Plan facilitation for executives and directors	**Strategic Priorities and Framework drafted; input sought from managers/ directors**	**Draft Framework shared; MAC/PAC/ OCC MAC input**	Board update and review draft Strategic Framework	Board input and review of draft Strategic Plan	Final Strategic Plan for Board approval Strategic Plan rollout and implementation plan

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2017–19 Strategic Planning Inputs

- Enrollment Data by Network, LOB
- Advisory Committee Feedback (Ad Hoc)
- Employee Engagement Data
- Leadership Input (SWOT)
- Community Needs Assessment
- Current Mission, Vision, Values and Plan
- Health Care Environment (payment reform, growth, care delivery changes)

Ad Hoc Feedback

- Collaborate directly with providers, including considering direct pay- for-performance initiatives where appropriate
- Ensure the Provider Advisory Committee (PAC) is considered a key stakeholder in the objectives on provider collaboration
- Ensure that “expanding access” is incorporated into objectives for provider/plan collaboration
- Ensure CalOptima is a thought partner in the evaluation of community-based or provider pilots by sharing data to support evaluation and impact analysis
- Continue to seek direct member engagement and input into proposed pilots, programs and services
- Collaborate with community-based organizations on advocacy issues impacting members, providers and the community

Draft Strategic Framework

Innovation	Value	Partnerships and Engagement
Pursue innovative programs and services to optimize member access to care	*Maximize the value of care for members by ensuring quality in a cost effective way*	*Engage providers and community partners in improving the health status and experience of our members*
1. Delivery System Innovation 2. Program Integration 3. Program Incubation	1. Data Analytics 2. Pay for Value 3. Cost Effectiveness	1. Provider Collaboration 2. Member Engagement 3. Community Partnerships 4. Shared Advocacy

BUILDING BLOCKS

Workforce Performance	Financial Strength
Attract and retain an accountable and high performing workforce capable of strengthening systems and processes	*Provide effective financial management and planning to ensure long-term financial strength*

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Board Discussion

- How can CalOptima be best prepared to respond to the evolving health care environment and strengthen our position as a valued asset in our community?

- What big ideas do you have that staff should consider as they move toward implementation of the new CalOptima strategic plan and priorities?

2017–19 Strategic Planning Timeline

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Next Steps

- Board approval of final Strategic Plan
- Staff development of Year 1 implementation plan
- Communication and rollout

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PACE

Program of All-Inclusive Care for the Elderly

PRESENTATION TO MAC – November 10, 2016

Rena Smith, MPA
Director

What is PACE

- Community-based program that provides all necessary medical and social services to seniors
- A “one-stop shop” that makes health care easier
- First and only PACE program in Orange County
  - Located at 13300 Garden Grove Blvd., Garden Grove
- California has 13 PACE programs, serving approximately 5,790 individuals
- Nationally, there are 119 PACE programs in 31 states

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Eligibility

- To be eligible, a person must:
  - Be age 55 or older
  - Reside in our PACE service area
  - Meet California nursing facility level of care requirements, after an assessment by CalOptima PACE staff and state approval
  - Be able to live safely in community

PACE in the continuum of care

Traditional Provider

Home & Community Services

Nursing Home

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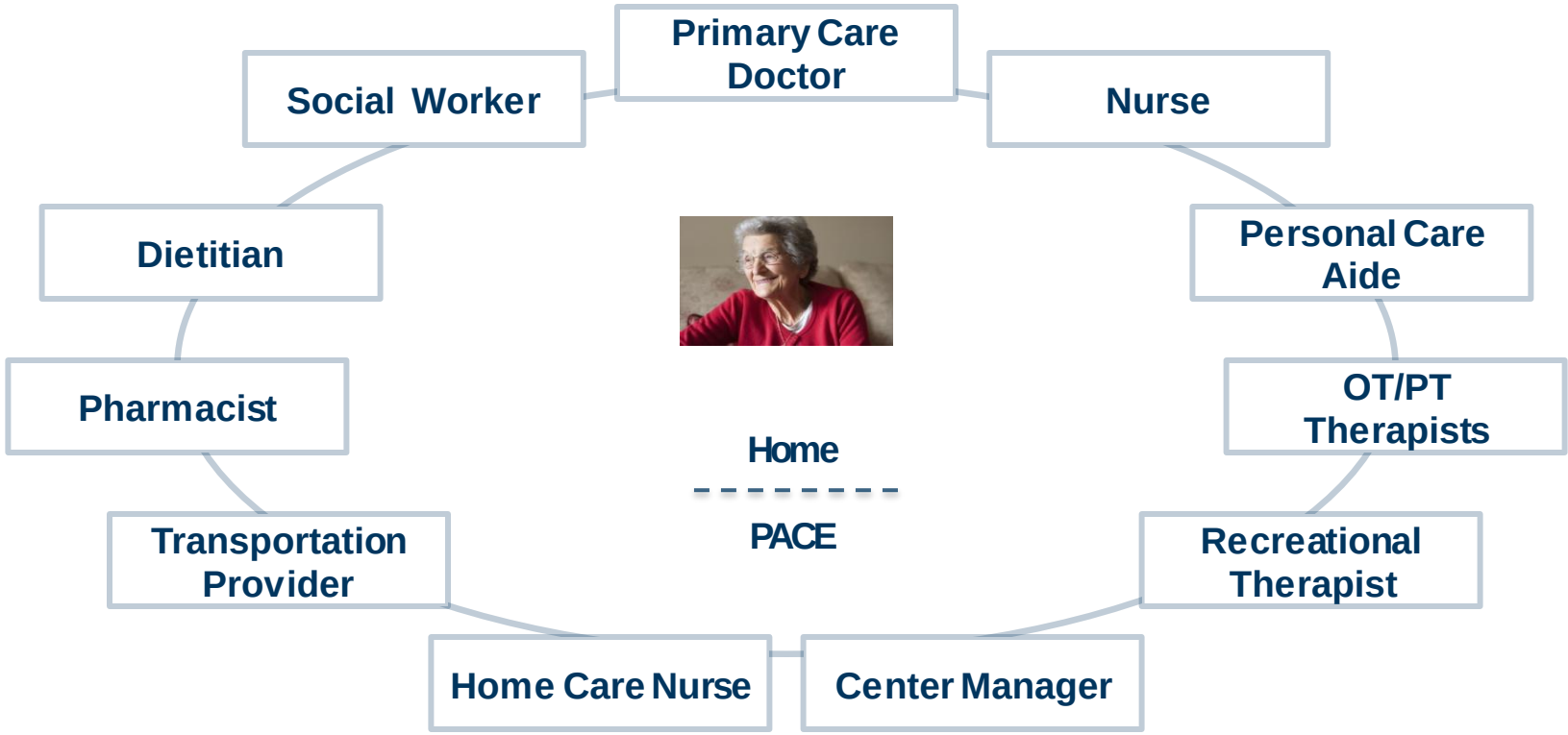
What can PACE offer

- CalOptima PACE offers an option to help keep seniors in their homes and maintain their independence.
- CalOptima PACE changes the way care is delivered.
  - Seniors can come to the CalOptima PACE center and get their medical and social needs met.
  - An Interdisciplinary Team (IDT) of health care professionals provides individualized care.

What is CalOptima IDT?

- CalOptima PACE IDT is a team of health care professionals that provides services for each PACE participant.



What services does PACE cover

- ✓ Onsite Medical Clinic
- ✓ Activity/Day Center
- ✓ Transportation (*Home to Center to Home*)
- ✓ Rehabilitation (*Physical/Occupational Therapy*)
- ✓ Meals and Healthy Eating Tips
- ✓ Home Care
- ✓ Medicines
- ✓ Medical Equipment
- ✓ Hospital Care
- ✓ Long-Term Care

Our PACE Center

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Miscellaneous

- Opened October 1, 2013 with 2 participants
- As of November 1, 2016, we have 183 participants
  - Net growth of approximately 5 new participants monthly
- Diagnoses include Stroke, Diabetes, Parkinson's, Mental Health
- Average age is 73 years old
- Languages spoken include Vietnamese, Spanish, Tagalog, Chinese, Korean, English, and others

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How Much Does PACE cost

- For those with Medicare and Medi-Cal (with no Share of Cost), all CalOptima PACE services are covered at no cost.
- Those with Medicare and Medi-Cal (with a Share of Cost) must pay their own Share of Cost monthly.
- Those who have only Medicare pay a monthly premium to take part in CalOptima PACE. They will also be responsible for a premium for Medicare Part D drugs.
- For those who have Medi-Cal only (with no Share of Cost), all CalOptima PACE services are covered at no cost.

Further Information

- CalOptima PACE Information
  - General Information
    - 714-468-1100
  - Enrollment Coordinator
    - 714-468-1070

- CalOptima PACE Center Hours
  - Monday–Friday, 8 a.m. to 4:30 p.m.

- PACE Information
  - www.caloptima.org

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