

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

**THURSDAY, JANUARY 11, 2018  
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](http://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 November 9, 2017 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. CEO AND MANAGEMENT REPORTS**

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

- D. Network Operations Update
- E. Federal and State Legislative Update

**VI. INFORMATION ITEMS**

- A. MAC Member Updates
- B. Behavioral Health In-House Transition Update
- C. Assisted Living Waiver Update
- D. Human Arc Overview

**VII. COMMITTEE MEMBER COMMENTS**

**VIII. ADJOURNMENT**

# **MINUTES**

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

November 9, 2017

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on November 9, 2017, at CalOptima, 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Chair Sally Molnar called the meeting to order at 2:36 p.m., and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Sally Molnar, Chair; Suzanne Butler, Sandy Finestone, Connie Gonzalez, Donna Grubaugh, Patty Mouton, Jaime Muñoz, Ilia Rolon, Christina Sepulveda, Christine Tolbert

Members Absent: Carlos Robles, Sr. Mary Therese Sweeney, Velma Shivers, Mallory Vega, Lisa Workman

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Dr. Richard Bock, Chief Medical Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Donald Sharps, MD, Medical Director; Michelle Laughlin, Executive Director, Network Operations; Sesha Mudunuri, Executive Director, Operations; Tracy Hitzeman, Executive Director, Clinical Operations; Belinda Abeyta, Director, Customer Service;

Chair Molnar introduced new MAC member, Ilia Rolon, Family Support representative.

### **MINUTES**

#### **Approve the Minutes of the September 14, 2017, Regular Meeting of the CalOptima Board of Directors' Joint Member Advisory Committee and Provider Advisory Committee (PAC)**

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

#### **Approve the Minutes of the September 14, 2017 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee**

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

## **PUBLIC COMMENT**

There were no requests for public comment.

*Chair Molnar reordered the agenda to hear item VII.C. Accessing and Monitoring Availability of Applied Behavioral Analysis (ABA) Providers.*

### **Accessing and Monitoring Availability of Applied Behavioral Analysis Providers**

Donald Sharps, M.D., Medical Director, Behavioral Health, discussed CalOptima's efforts to enhance Applied Behavioral Analysis (ABA) provider accessibility and availability upon the transition of behavioral health services to CalOptima, effective January 1, 2018. To address the access issue that began in January of this year with Magellan, CalOptima will determine provider availability by implementing a system that sends a blast email to providers to inquire about appointment availability. Additional information on new member cases will include age, special needs and preferred hours. From the responding providers, CalOptima will choose providers based on quality and claims data. CalOptima will also address the increased ABA service requests during the after-school hours of 3:00 p.m. to 5:00 p.m., which is a concern for all medical providers. Michelle Laughlin, Network Operations Executive Director, added that to date, CalOptima has approximately 85% of members covered for ABA providers and 44 of 72 contracts for the ABA vendors.

## **PRESENTATION**

### **Community Referral Network and Whole Person Care Overview**

Melissa Tober, Orange County Health Care Agency, provided an overview on Whole Person Care (WPC), which is a coordinated effort by physical, behavioral health and social services to improve health and well-being of homeless Medi-Cal beneficiaries. Ms. Tober explained that several collaborative partners in Orange County provide services to the target populations that include homeless persons and homeless persons living with a serious mental illness (SMI). In addition, WPC's services to the homeless and SMI populations include resources to seek out and secure housing opportunities, housing sustainability services, such as peer support, and outreach and engagement staff that work with WPC providers to link members to behavioral health services.

Roseann Peters, Lestonnac Free Clinic, presented on the Community Referral Network (CRN), which is a web-based referral system designed to facilitate collaborative relationships with community clinics, hospitals, and social service agencies to provide holistic care for their clients. CRN facilitates referrals, allowing organizations to quickly and accurately refer clients for a variety of services including medical, dental, and more than 75 types of social services. Ms. Peters explained that CRN creates awareness of underutilized services that are available to underserved populations.

## **CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION**

### **Chief Executive Officer Update**

Michael Schrader, Chief Executive Officer, reported on CalOptima's efforts to expand the Program of All-Inclusive Care for the Elderly (PACE) into South Orange County. Mr. Schrader explained that CalOptima is awaiting approval from the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to expand the service area. Approval of an expanded service area is contingent upon strategies being in place to provide the PACE model of care countywide.

### **Chief Medical Officer Update**

Dr. Richard Bock, Deputy Chief Medical Officer, reported that CalOptima will begin administering the Medi-Cal behavioral health benefit and ABA therapies effective January 1, 2018.

Dr. Bock reported that the Pharmacy department is working on the new CMS regulations regarding medication therapy management and the DHCS requirements for drug utilization review. CalOptima is also continuing the opioid reduction initiatives in conjunction with the Orange County Health Care Agency, to provide treatment to those who are already addicted to opioids through medication assisted treatment.

Dr. Bock reported that CalOptima received commendable accreditation from the National Committee for Quality Assurance (NCQA) and was rated the top Medi-Cal managed care plan in California.

Dr. Bock reported that CalOptima is finalizing the pay-per-value distributions to qualifying health networks and physicians within the CalOptima Community Network to help incentivize and reward them for their performance in quality improvement.

### **Chief Operating Officer (COO) Update**

Ladan Khamseh, COO, reported that CalOptima mailed approximately 1,300 letters to members with Medicare Part B as part of the annual Qualified Medicare Beneficiary (QMB) program. In collaboration with the Social Security Administration and the Social Services Agency, CalOptima outreaches to members with Medicare Part B to provide information on how they could potentially qualify for Medicare Part A.

### **Network Operations Update**

Michelle Laughlin, Executive Director, Network Operations, reported that CalOptima is currently at 85% coverage of behavioral health providers for the transition. She added that most members that use ABA services will be able to retain their provider. In addition, CalOptima is currently working on the continuity of care letters of agreement, informing members that they can remain with the same provider if their existing provider will accept CalOptima's rates.

### **Federal and State Legislative Update**

Phil Tsunoda, Executive Director, Public Affairs, reported that that the House of Representatives voted to reauthorize the Children's Health Insurance Program (CHIP) for an additional five years. CalOptima currently has approximately 109,000 children that are members through the CHIP program. Funding for the CHIP program expired at the end of September and Congress has been working to reauthorize funding for the program. The bill is now in the U.S. Senate for consideration. Mr. Schrader sent a letter of support from CalOptima to California's two US senators urging their support to reauthorize funding for the CHIP program. CalOptima asked for MAC's support to reach out to California's senators to ensure Senate passage.

### **INFORMATION ITEMS**

#### **MAC Member Updates**

Chair Molnar reported that based on MAC's input at the Special MAC meeting on September 14, 2017, the Whole Child Model Family Advisory Committee (WCM FAC) will include two (2) to four (4) community representatives and seven (7) to nine (9) family members.

Chair Molnar asked MAC members if they were interested in convening another Joint MAC/PAC meeting in early 2018. Upon MAC members concurrence, Chair Molnar asked for volunteers to serve on an ad hoc to develop the agenda. Chair Molnar and Members Patty Mouton and Christine Tolbert agreed to serve.

Chair Molnar reported that MAC is on track with the FY 2017-18 MAC Goals & Objectives, which were established to align with the CalOptima Strategic Plan.

#### **CalOptima Cultural and Linguistics Services Overview**

Carlos Soto, Manager, Cultural and Linguistics Services (C&L), provided an overview of CalOptima's C&L department. Mr. Soto reported on C&L goals and objectives for FY 2017-2018.

#### **Healthcare Effectiveness Data and Information Set (HEDIS) 2017 Results Update**

Kelly Rex-Kimmet, Director, Quality Analytics, provided an overview of CalOptima's performance based on 2016 HEDIS results across all lines of business. In general, CalOptima showed improvement in quality with declining scores in member experience.

DHCS requires CalOptima to maintain a minimum performance level on several clinical measures and CalOptima has met or exceeded all of them. This was the baseline year for OneCare Connect. Ms. Rex-Kimmet reported that next steps include implementing strategies on low performing areas. She added that member and provider incentive pilot projects focused on women's health screenings will continue through the end of the year. CalOptima's goal is to maintain or exceed the current NCQA commendable accreditation rating and top Medi-Cal managed health care plan in California.

**Palliative Care Update**

Tracy Hitzeman, Executive Director, Clinical Operations, reported that per Senate Bill 1004, DHCS is required to establish standards and provide technical assistance to ensure delivery of palliative care services by managed care plans, effective January 1, 2018. Ms. Hitzeman explained that palliative care is defined as patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. In addition, palliative care addresses physical, intellectual, emotional, social and spiritual needs and facilitates patient autonomy, access to information and choice. Health networks will be responsible for all SB 1004 palliative care services for their assigned members. CalOptima anticipates additional guidance from DHCS mid-November to include reporting requirements and quality measures. In addition, CalOptima is awaiting approval on its policies and procedures.

**ADJOURNMENT**

Chair Molnar announced that the next MAC meeting is Thursday, January 11, 2018 at 2:30 p.m.

Hearing no further business, Chair Molnar adjourned the meeting at 4:00 p.m.

/s/ Eva Garcia  
Eva Garcia  
Administrative Assistant

*Approved: January 11, 2018*

# 2017 Year-End Federal Activity: Medicaid Impacts

There was a flurry of congressional activity in the last several months of 2017 that will affect the Medicaid program and CalOptima. The two most impactful legislative actions, H.R. 1 (the Tax Cuts and Jobs Act) and H.R. 1370 (Continuing Resolution of FFY 2017-18 funding), are summarized below.

## I. H.R. 1: Tax Cuts and Jobs Act

H.R. 1, officially referred to as the Tax Cuts and Jobs Act, was signed into law by President Trump on December 22, 2017, and amends portions of the Internal Revenue Code that address corporate and individual tax rates and deductions. While most of its income tax-related provisions are effective January 1, 2018, the elimination of the penalty associated with the Affordable Care Act's individual mandate is effective December 31, 2018.<sup>1</sup>

### Background and Basic Provisions

The bill's most significant change is a reduction of the corporate income tax rate from 35 to 21 percent, effective January 1, 2018. Congress' Joint Committee on Taxation estimates that this will increase the federal deficit by almost \$1.4 trillion over ten years, which accounts for the majority of H.R. 1's economic impact.<sup>2</sup>

Both the federal deficit increase and the elimination of the individual mandate penalty in 2019 will have health care impacts, with most estimates predicting overall health care coverage losses ranging from five million fewer insured (S&P Global) to 13 million fewer insured (CBO) over ten years.<sup>3</sup>

### Medicaid/CalOptima Impact

The CBO anticipates that one million fewer people will enroll in Medicaid in 2019 due to the elimination of the individual mandate penalty. By 2027, this number is expected to rise to five million.

In addition, the less immediately quantifiable, but potentially more harmful impact to the Medicaid program could be related to the Tax Bill's increase of the federal deficit. In short, the greater the federal deficit, the greater the pressure on legislators to reduce federal spending. Some lawmakers have already signaled their intention to explore the possibility of reducing Medicare and Medicaid appropriations – 15 and 11 percent of the federal budget respectively<sup>4</sup> – as part of future efforts to reduce the federal deficit.<sup>5</sup> It is likely that efforts to reduce federal Medicaid and Medicare spending will proceed through the 2019 federal budget process as budget reconciliation legislation.

At this point, it is difficult to quantify the Tax Bill's potential impacts on CalOptima. It is possible that Orange County residents potentially eligible for Medi-Cal may choose not to enroll without the impetus of the individual mandate's penalty. California could potentially enact its own state-based mandate, similar to that of Massachusetts, among other measures, to encourage the young and healthy to obtain health care. There has been discussion in the state legislature's health committees and among health care industry leaders regarding this topic. Staff will continue to track and analyze these discussions as well as federal budget negotiations for potential impact to CalOptima.

### Vote

Overall, the vote on H.R. 1 in the House was 224 yeas to 201 nays. The Orange County House delegation was divided on the tax bill. Reps. Mimi Walters and Ed Royce voted for H.R. 1 and Reps. Darrell Issa, Dana Rohrabacher, Alan Lowenthal, Lou Correa and Linda Sanchez all voted against the bill. In the U.S. Senate, the vote was split down party lines, with 51 Republican yeas and 48 Democratic nays. Both Sens. Dianne Feinstein and Kamala Harris voted against the bill.

## II. The 2017-18 Federal Budget: Current Spending Levels Continued

H.R. 1370, a continuing resolution (CR) signed into law by the President on December 22, 2017, funds the federal government at current levels through January 19, 2018. The CR also allocates \$2.85 billion to the Children's Health Insurance Program (CHIP), which will fund the program for the first half of the federal fiscal year, until March 31, 2018.

However, the stopgap spending bill does not address several outstanding health policy and fiscal issues, such as funding for CHIP beyond March, cost sharing reductions associated with both federal and state individual marketplace exchanges<sup>6</sup> and the status of Deferred Action for Childhood Arrivals (DACA) recipients. These issues may be dealt with by January 19, when Congress will again be faced with the need to pass spending legislation or face the potential of a federal government shutdown.

### CalOptima Impact

Without further Congressional action on CHIP and DACA, CalOptima could potentially experience reductions in membership and funding. More than 112,000 CalOptima

## 2017 Year-End Federal Activity: Medicaid Impacts (continued)

members access care through CHIP. These are children whose family income is between 101 and 266 percent of the federal poverty level. Without a longer-term reauthorization of CHIP funding, some states, including California, will have to bear the burden of a federal fiscal shortfall.

Additionally, CalOptima has approximately 13,000 members who are DACA recipients. These individuals qualify for full scope Medi-Cal through CalOptima by virtue of their DACA status. In the absence of further congressional action, some of these members may lose Medi-Cal eligibility as they lose their DACA status and revert to undocumented status. DACA adults (over the age of 19) will lose CalOptima membership should they revert to undocumented status. DACA children (under 19) who revert to undocumented

status will maintain their CalOptima membership due to SB 75, state legislation that extended full scope Medi-Cal coverage to undocumented children. Staff will continue to track DACA and CHIP related developments and assess Orange County impacts as Congress nears the January 19 deadline to address federal spending issues.

### Vote

The vote on H.R. 1370 in the House was 231 yeas to 188 nays. Reps. Mimi Walters, Ed Royce, Darrell Issa, and Dana Rohrabacher voted for the bill and Reps. Alan Lowenthal, Lou Correa and Linda Sanchez all voted against. The Senate voted 66 to 32 in favor of the CR, with both Sens. Feinstein and Harris voting against the bill.

## About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities in Orange County. Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. As one of Orange County's largest health insurers, we provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare- Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan), and the Program of All-Inclusive Care for the Elderly (PACE).

If you have any questions regarding the above information, please contact:

### Phil Tsunoda

*Executive Director, Public Policy and Public Affairs*  
(714) 246-8632; ptsunoda@caloptima.org

### Shamiq Hussain

*Senior Policy Analyst, Government Affairs*  
(714) 347-3208; shussain@caloptima.org

### Arif Shaikh

*Director, Public Policy and Government Affairs*  
(714) 246-8418; ashaikh@caloptima.org

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## Endnotes

<sup>1</sup> HR 1, Part VIII, Sec. 11081(b)

<sup>2</sup> \$1.389 trillion increase in the federal deficit - Joint Committee on Taxation and Penn Wharton Budget Model

<sup>3</sup> S&P Global, "U.S. Tax Reform: Repeal Of The Health Insurance Mandate Will Save Less Than Expected, And Will Not Support The Current Insurance Market," Nov. 17, 2017

<sup>4</sup> See Center on Budget and Policy Priorities, <https://www.cbpp.org/research/federal-budget/policy-basics-where-do-our-federal-tax-dollars-go>; and Kaiser Family Foundation, "Facts on Medicare Spending and Financing," available at: <https://www.kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>

<sup>5</sup> "Ryan says Republicans to target welfare, Medicare, Medicaid spending in 2018" Washington Post, December 6, 2017, available at: [https://www.washingtonpost.com/news/wonk/wp/2017/12/01/gop-eyes-post-tax-cut-changes-to-welfare-medicare-and-social-security/?utm\\_term=.9887a098c84f](https://www.washingtonpost.com/news/wonk/wp/2017/12/01/gop-eyes-post-tax-cut-changes-to-welfare-medicare-and-social-security/?utm_term=.9887a098c84f)

<sup>6</sup> "Senator Susan Collins' (ME) has postponed until 2018 her efforts to pass CSR and reinsurance (payments to insurers to help pay claims for high-cost enrollees) bills. Her support for the tax bill was predicated upon support for these two bills, see <http://www.modernhealthcare.com/article/20171220/NEWS/171229990>



**CalOptima**  
Better. Together.

# **2018 Medi-Cal Behavioral Health Implementation Update**

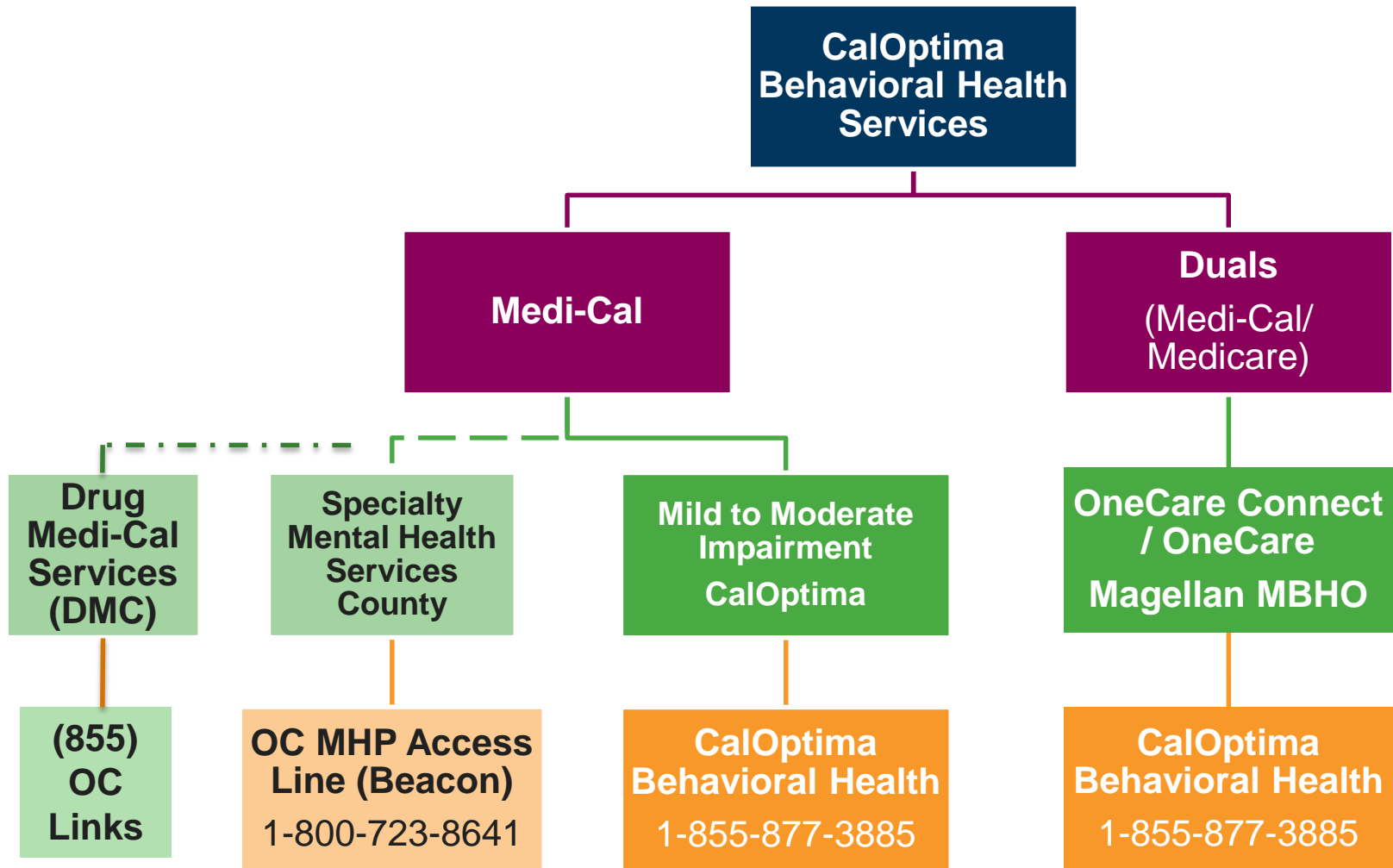
# CalOptima Behavioral Health Integration Status Update (Effective 1/1/2018)

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- CalOptima has transitioned the management for Medi-Cal Behavioral Health (BH) from Magellan
- All members continue to access BH services by calling the CalOptima BH Line at **855-877-3885**
- New call center and clinical team located at CalOptima
- Medi-Cal BH benefits remain the same

Program	2017	2018
Medi-Cal	Magellan	<b>CalOptima</b>
OC/OCC	Magellan	Magellan

# CalOptima BH Services (Effective 1/1/2018)



# CalOptima BH Member/Provider Support

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- Behavioral Health Integration
  - 2 Managers (1 BCBA, 1 Licensed Clinician)
  - 1 Supervisor (Licensed Clinician)
  - 5 Licensed Clinicians
  - 8 Liaison Specialists
  - 3 BCBA's
- Customer Service
  - 1 Supervisor
  - 7 Customer Service Representatives
- Provider Relations
  - 1 Supervisor
  - 3 Provider Relations Representatives
- Additional staff in UM, Claims, Contracting, and IS

# Medi-Cal Network and Transition of Care (1/4/18)

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- **Medi-Cal Network Development — Behavioral Health (BH) Practitioners Only**
  - 554 targeted providers
  - For continuity, focus was on 421 providers with 14,966 members
    - Claims June 1 - December 29, 2017
  - Represents 87 percent of providers and 90 percent of members
- **Medi-Cal Network Development — Applied Behavior Analysis (ABA) Provider Groups**
  - 72 targeted providers
  - For continuity, focus was on 64 providers with 2,322 members who have current open authorizations
  - Represents 83 percent of providers and 93 percent of members

# Medi-Cal Network and Transition of Care (cont.)

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- Single-case agreement is available to allow members to continue to see their BH providers
- 257 Continuity of Care requests as of 1/4/18
  - 55 in progress
  - 61 resolved due to successful contracting
  - 24 resolved due to successful Letter of Agreement (LOA)
  - 117 member's had their provider declined LOA
    - Two providers predominantly
    - Members are being linked to new providers

# CalOptima BH Line

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- The BH Line was successfully transferred from Magellan in the evening of Friday 12/29/17
- Carenet provides after hours and weekend coverage
- CalOptima Customer Services (CS) and BH staff begin BH Line operation on 1/2/18
- Day One summary:
  - Approximately 220 calls
  - Average speed of answer was 34 sec (was meeting the goal of < 30 sec until the last hour of the day)
  - CS has since updated staff work schedule to meet the demands
  - Approximately 55 calls were transferred to BH clinicians
- OC/OCC calls are routed to Magellan for triage

# Applied Behavior Analysis (ABA)

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## 2017 Claims Data

- 2,241 members had ABA paraprofessional services
- 535 members had an ABA Functional Behavior Analysis FBA evaluation
  - Average 46 FBAs per month
- 389 members had a Comprehensive Diagnostic Exam (CDE)
  - Average 32 CDEs per month
  - 94% of CDEs by 4 Providers

# Referral for BH Services (Effective January 2017)

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Call **CalOptima Behavioral Health** at:

**855-877-3885**

For screening and referral to mental health services.  
This number is available 24 hours a day, 7 days a week.

TTY/TDD: **800-735-2929**

# CalOptima's Mission

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





## Assisted Living Waiver

The Assisted Living Waiver (ALW) is a Home and Community-Based Services (HCBS) waiver that was created by legislation that directed the California Department of Health Care Services (DHCS) to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit.

The pilot program was determined to be successful during the first three years in a limited trial in three counties. In March 2009, the Centers for Medicare and Medicaid Services approved a waiver renewal for an additional five years and expansion of the program into additional counties. A five year waiver renewal was effective March 1, 2014.

**To be eligible** to receive services as an ALW Participant, an individual must meet all of the following ALW eligibility criteria:

- Age 21 or older;
- Have full-scope Medi-Cal eligibility with zero share of cost;
- Have care needs equal to those of Medi-Cal-funded residents living and receiving care in Nursing Facilities;
- Willing to live in an assisted living setting as an alternative to a Nursing Facility;
- Able to reside safely in an assisted living facility or public subsidized housing;
- Willing to live in an assisted living setting located in one of the following counties providing ALW services: **Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.**

The goal of the ALW is to:

- 1) facilitate a safe and timely transition of Medi-Cal eligible seniors and persons with disabilities from a nursing facility to a community home-like setting in a Residential Care Facility (RCF), an Adult Residential Care Facility (ARF), or public subsidized housing, utilizing ALW services; and
- 2) offer eligible seniors and persons with disabilities, who reside in the community, but are at risk of being institutionalized, the option of utilizing ALW services to develop a program that will safely meet his/her care needs while continuing to reside in a RCF, ARF, or public subsidized housing.

### [Medi-Cal Member Enrollment Information](#)

### [Provider Enrollment Information](#)

### [Provider Resources, Forms, and Memorandums](#)

### [Additional Program Resources:](#)

- [Assisted Living Waiver Fact Sheet](#)
- [List of RCFE Facilities](#)
- [Care Coordination Agencies](#)
- [Description of Public Subsidized Housing](#)
- [List of Public Subsidized Housing Agencies](#)
- [Assisted Living Waiver Amendment Approval Letter](#)
- [Assisted Living Waiver, effective 3/01/14 to 2/28/19](#)

### RESOURCES

- [About DHCS](#)
- [ACA Questions & Answers](#)
- [Affordable Care Act \(ACA\)](#)
- [All Programs & Services](#)
- [Calendar of Events](#)
- [DHCS A-Z Index](#)
- [Laws & Regulations](#)
- [Medi-Cal Waivers](#)
- [Privacy & HIPAA](#)
- [Stakeholder Engagement Initiative](#)
- [Steps to Medi-Cal](#)

### RELATED LINKS

- [California Health and Human Services Agency](#)
- [Denti-Cal Website](#)

- [Health Care Options Website](#)
- [Medi-Cal Provider Website](#)
- [Welltopia](#)



## THE ASSISTED LIVING WAIVER (ALW) PROGRAM

- *Making affordable housing with personal and health-related services available to seniors and individuals with disabilities*
- *Maximizing dignity, privacy, independence and autonomy*
- *Providing an alternative to long-term care placement in a nursing home*

The ALWP is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. The program provides specified benefits to eligible seniors and persons with disabilities. Medi-Cal reimburses for the services provided to residents enrolled in the ALW, however, the resident is responsible to pay for their own room and board. For 2017, for those with SSI income of \$1,158.37, room and board is \$1,026.37 and those with income of \$1,178.37 or greater, room and board is \$1,046.37.

The ALW is an alternative to long-term placement in a nursing facility and is presently available in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma. The ALW is currently enrolling beneficiaries residing in skilled nursing facilities and in the community, into licensed Residential Care Facilities (RCF) and Public Subsidized Housing (PSH).

### DETERMINING MEDI-CAL ELIGIBILITY

Assisted Living Waiver (ALW) eligible individuals are those who are enrolled in Medi-Cal and meet the level of care provided in a nursing facility due to their medical needs. Individuals with Medi-Cal benefits that include a share of cost may not be enrolled in the ALW. Please contact your local county office to obtain information about how to apply for Medi-Cal benefits. Please note: the state does not determine eligibility for Medi-Cal benefits.

### DETERMINING LEVEL OF CARE ELIGIBILITY

Determination of care needs is done by registered nurses (RN) employed by a Care Coordination Agency (CCA). A list of ALW CCAs for each of the participating counties is available on our website. Click on the Care Coordination Agencies link and contact one of the CCAs in your county of residence to request an assessment. A pre-screening "assessment" will be done over the phone before an appointment is set up for the actual assessment.

## **Assisted Living Waiver Program---Care Coordinator Agencies**

### **Access TLC Home Health Care (Los Angeles and Orange Counties)**

18747 Sherman Way, Suite 104

Reseda, CA 91335

(818) 551-1900 (800) 852-9887 FAX (805) 517-1621

Shelley Chilton, Administrator

[cca@accesstlchomehealth.com](mailto:cca@accesstlchomehealth.com)

### **Archangel Home Health Inc. (Los Angeles, San Bernardino, and Riverside Counties)**

16446 Woodruff Ave., Suite A

Bellflower, CA 90706

(562) 861-7047 FAX (562) 861-7069

Kyung Sik (Daniel) Suh

[archangelhhinc@yahoo.com](mailto:archangelhhinc@yahoo.com)

Gregory Cascante

[gcascante@archangelhomehealth.com](mailto:gcascante@archangelhomehealth.com)

### **Blossom Ridge Care Coordinating Agency (Sacramento County)**

777 Campus Commons Road, Suite 200

Sacramento, CA 95825

Office: (800) 991-6147 FAX (800) 991-6147

Rick Lunsford, CEO

Stephanie Collins, ALW Program Coordinator

[stephanie@blossomridge.net](mailto:stephanie@blossomridge.net)

[www.BlossomRidge.net](http://www.BlossomRidge.net)

### **Elder Options, Inc. (Sacramento County)**

82 Main Street

Placerville, CA 95667

(530) 626-6939 FAX (530) 626-5105

Carol Heape

Liz Caldwell

[liz@elderoptionsca.com](mailto:liz@elderoptionsca.com)

### **Guidant Care Management (Formerly Always Best Case Management (ABCM)) (Sacramento, San Joaquin, and Los Angeles Counties)**

1406 Blue Oaks Blvd., Suite 150

Roseville, CA. 95630

(877) 919-0539 / FAX (844) 494-6302

Mark Smith, Program Director

Kim Ayling, Program Coordinator

[info@guidantcare.com](mailto:info@guidantcare.com)

[www.guidantcare.com](http://www.guidantcare.com)

**Home and Health Care Management (Sacramento and San Joaquin Counties)**

1398 Ridgewood Drive

Chico, CA

(530) 343-0727 FAX (530) 895-1703

Julie Lehmann, RN, DOPS

[jlehmann@homeandhealthcaremgmt.com](mailto:jlehmann@homeandhealthcaremgmt.com)

**Huntington Home Care (Los Angeles, Orange, San Bernardino, San Diego, and Riverside Counties)**

2555 E. Colorado Blvd., Suite 400 H

Pasadena, CA 91107

(626) 623-1003 FAX (877) 405-6991

Sergio Blancas, Program Manager

[sergio@huntingtonhomecare.com](mailto:sergio@huntingtonhomecare.com)

**Huntington Hospital Senior Care Network (Los Angeles County)**

100 W. California

Pasadena, CA 91105-3010

(626) 397-3400

Patty Watson-Swan, RN, BSN, Community Nursing Supervisor

Judith Whitaker, LCSW, Clinical Supervisor

[HSCNALW@huntingtonhospital.com](mailto:HSCNALW@huntingtonhospital.com)

**Infinity Care Services, Inc. (San Joaquin County)**

1045 N El Dorado St., Suite #6

Stockton, CA 95202-1323

(209) 264.0300 FAX (209) 751-1644

Grace Rowe

[growe@infinitycares.com](mailto:growe@infinitycares.com)

**Institute on Aging (Santa Clara County)**

17555 Peak Ave., Suite #100

Morgan Hill, CA 95037-1755

(408) 474-0679 FAX (408) 889-8193

Susan Fent, Regional Director of Community Living Services, Santa Clara County

[www.ioaging.org](http://www.ioaging.org)

**Institute on Aging (San Mateo County)**

701 Gateway Blvd.

South San Francisco, CA 94080-0701

(650) 285-6432 FAX (650) 963-4699

Amy Scribner, Regional Director of Community Living Services, San Mateo County

[www.ioaging.org](http://www.ioaging.org)

**Jewish Family Services (Los Angeles County)**

12821 Victory Blvd

North Hollywood, CA 91606

(818) 769-0560

Heather Angel, MSW

[hangel-collin@ifsla.org](mailto:hangel-collin@ifsla.org)

**Libertana Home Health Care** (Fresno, San Bernardino, Riverside, Los Angeles, and San Diego Counties)

5805 Sepulveda Blvd, Suite 605

Sherman Oaks, CA 91411

(818) 902-5000 (800) 750-1444 FAX (919) 902-5008

Jonathan Istrin, Executive Director

Denise Ambayec

[dambayec@libertana.com](mailto:dambayec@libertana.com)

Nidia Garcia

[ngarcia@libertana.com](mailto:ngarcia@libertana.com)

Angelica Toledo

[atoledo@libertana.com](mailto:atoledo@libertana.com)

**Media Home Health** (Los Angeles, Orange, and San Bernardino Counties)

225 East Broadway, Suite 111

Glendale, CA 91205-1008

(818) 536-7468 FAX (818) 536-7493

Zhanna Sherman, President

[mediahomehealth@yahoo.com](mailto:mediahomehealth@yahoo.com)

**NorCal Care Coordinator Agency** (Alameda, Contra Costa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara and Sonoma Counties)

6060 Sunrise Drive, Suite 3350

Citrus Heights, CA 95610-7099

Debbie Brooke (916) 385-2784

Yolanda Nixon (925) 519-6100

FAX (916) 512-3473

Debbie Brooke and Yolanda Nixon, Owners

[dbrooke@norcalcca.com](mailto:dbrooke@norcalcca.com)

[Yolanda@norcalcca.com](mailto:Yolanda@norcalcca.com)

**Partners in Care Foundation** (Kern, Los Angeles, Riverside, San Bernardino, San Diego)

732 Mott St., Suite 150

San Fernando, CA 91340-4241

(818) 837-3775 FAX (818) 837-3799

Sara Atkins, Senior Director

[saraatkins@picf.org](mailto:saraatkins@picf.org)

Shamael Ali

[sali@picf.org](mailto:sali@picf.org)

[www.picf.org](http://www.picf.org)

**Rehab Services of Northern California** (Contra Costa County)

490 Golf Club Rd.

Pleasant Hill, CA 94523-1553

(925) 682-6330 FAX (925) 682-6375

Kashaari Howard, Program Manager

[khoward@rsnc-centers.org](mailto:khoward@rsnc-centers.org)

**Senior Care Solutions Inc.** (Sacramento County)  
8910 Sunset Ave., Suite B  
Fair Oaks, CA 95628-6591  
(916) 965-5565 FAX (916) 965-5547  
Carol Kinsel, Owner/Geriatric Care Manager  
[ckinsel@seniorcs.com](mailto:ckinsel@seniorcs.com)

**Star Nursing, Inc.** (Alameda, Contra Costa, Fresno, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Sonoma, Kern, Orange, Santa Clara, San Francisco, and San Mateo Counties)  
2795 E. Bidwell St., Suite 100-102  
Folsom, CA 95630-6480  
(916) 542-1445 FAX (877) 687-7400  
Nancy, Debi, Lisa, Ana, Program Directors  
[care@starnursing.com](mailto:care@starnursing.com)

**The Caring Connection** (Los Angeles County)  
10727 White Oak Ave., Suite 206  
Granada Hills, CA 91344  
(818) 368-5007  
Devin Letzer, Program Director  
[Devin@thecaringconnection.com](mailto:Devin@thecaringconnection.com)  
[deb@thecaringconnection.com](mailto:deb@thecaringconnection.com)



**CalOptima**  
Better. Together.

# Human Arc Overview

**Belinda Abeyta**

**Director, Customer Service**

# Overview

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- CalOptima Provides Monthly Data Files to Human Arc
- Human Arc Identifies Members who may Potentially Qualify for the Supplemental Security Income (SSI) Program
- Referral to Human Arc
- Human Arc Outreach
  - Introduction Letter to Member
  - Assist with Application Process

# Overview

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- Application Review Process
  - No Cost to Member
  - 6-9 Months
  - Assist with Appeal Process
- Approval of Application
  - SSI Program
  - Aid Code Conversion

# CalOptima's Mission

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