



**NOTICE OF A
SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT CAL MEDICONNECT PLAN
(MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE
AND PROVIDER ADVISORY COMMITTEE**

**THURSDAY, OCTOBER 10, 2019
8:00 A.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITES 108 AND 109-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees 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. PUBLIC COMMENT

At this time, members of the public may address the Committees 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 Advisory Committees. When addressing the Committees, it is requested that you state your name for the record. Please address the Committees as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

IV. INFORMATIONAL ITEMS

A. [CalOptima Strategic Plan Update](#)

B. [Health Homes Program and Whole Person Care Program Comparison](#)

Notice of a Special Joint Meeting of the CalOptima
Board of Directors' Member Advisory Committee, OneCare Connect
Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory
Committee and Provider Advisory Committee
October 10, 2019
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V. COMMITTEE MEMBER COMMENTS

VI. ADJOURNMENT

MEMORANDUM

DATE: October 3, 2019

TO: CalOptima Board of Directors

FROM: Michael Schrader, CEO

SUBJECT: CEO Report

COPY: Sharon Dwiers, Interim Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

CalOptima Maintains High Quality Rating, Earning Recognition for the Sixth Year

For the past five years, September has brought CalOptima good news in the quality arena, and this year is no exception. Extending our track record as one of California's top rated Medi-Cal plans, CalOptima has earned a rating of 4 out of 5 in the National Committee for Quality Assurance (NCQA) Medicaid Health Insurance Plan Ratings 2019–2020. No other California Medi-Cal plan scored higher than a 4. Notably, we saw an improvement in the Consumer Satisfaction component of the rating to 2.5, with our Prevention rating at 4 and Treatment rating at 3.5. This comes on the heels of CalOptima's annual NCQA accreditation renewal at the Commendable level again. This level signifies that CalOptima meets or exceeds NCQA's rigorous requirements for clinical quality, member satisfaction and NCQA accreditation survey results. CalOptima's provider partners share in this recognition, and we thank them for serving our members with such a commitment to quality.

Strategic Planning Process Continues This Month With Advisory Committee Meeting

CalOptima is strengthening our 2020–22 strategic planning process by inviting feedback on the strategic priorities developed in August by the Board of Directors and executive team. On October 10, Chapman Consulting, CalOptima's strategic planning consultant, will lead a special joint session combining the membership of our four advisory committees: Member Advisory Committee, OneCare Connect Member Advisory Committee, Whole-Child Model Family Advisory Committee and Provider Advisory Committee. The group of up to 43 representatives will consider the current health care landscape in relation to the initial priority areas that pertain to members, value, stakeholders, sustainability and innovation. Chapman Consulting will integrate the community's feedback and bring a draft plan for Board review in November, with the intent of obtaining approval on a final plan in December.

CalOptima To Seek More Provider Feedback on Delivery System Study

At the Board's request, CalOptima is working on a comprehensive study of our health care delivery system, which is being conducted by Pacific Health Consulting. As part of the process, Pacific Health Consulting has made public presentations about the study background and methodology. However, CalOptima received considerable feedback from the provider community that more engagement is necessary to understand the study's analysis and possible recommendations that could affect physicians, hospitals and health networks. Therefore, I am working on an adjustment to our original project scope to allow for additional vetting by the provider community while still recognizing your Board's primary role as the requestor of the

study. To that end, Pacific Health Consulting has been invited to deliver an information item containing recommendations first at the November 7 Board meeting and then at the Provider Advisory Committee on November 14. Having presentations at both meetings will ensure ample feedback is collected before the Board takes action on the final report in December. Ensuring provider inclusion and involvement now will mean better results and greater acceptance of any delivery system changes your Board may consider in the future.

Orange County Community Indicators Report Tracks Health Care Trends

The 2019–20 edition of the Orange County Community Indicators report was released on September 19. CalOptima is one of five report sponsors, alongside Orange County Business Council, United Way, Children and Families Commission, and Orange County Community Foundation. Access to an online version is available [here](#). Starting on Page 89, the health section covers trends in Medi-Cal membership, health and fitness, chronic disease, mental health and substance abuse, as well as other topics.

Work on Homeless Health Initiatives Highlights Progress and Partnerships

CalOptima’s ongoing dedication to improving homeless health is evident in our efforts to raise awareness and respond to community needs. Below are summaries of several recent activities.

- *Clinical Field Team (CFT) Statistics:* In the four weeks from August 23 to September 19, CalOptima dispatched 73 CFTs to provide urgent-care-type services to individuals experiencing homelessness. In that same time, nine were referred to recuperative care. CalOptima is proud of the progress made in the past five months since launching the CFT program, and we thank our community health center partners for their service.
- *Targeted City-Based Outreach:* CalOptima was asked to support efforts in two cities: San Clemente and Fullerton. CalOptima partnered with the Orange County Health Care Agency’s Outreach and Engagement team at the San Clemente homeless encampment. Four CalOptima staff participated, calling out our South Orange County CFT partner, Families Together, to serve four patients on-site. Staff also assisted several CalOptima members with PCP changes, ID cards and transportation arrangements. Separately, CalOptima was present to support homeless individuals in need during Fullerton’s process of cleaning up a sidewalk encampment on Gilbert Street.
- *Provider Workgroup:* With meetings on September 10 and 24, CalOptima continued the Outreach and Navigation Workgroup to keep health network and hospital leaders informed about our homeless health efforts and to collaborate on enhancing the delivery model. The September 10 meeting featured a presentation about the Orange County Social Services Agency, including Medi-Cal enrollment and redetermination as well as other programs, such as CalFresh and CalWORKs. The September 24 event worked to identify priority areas and opportunities to improve clinical services.
- *CFT Presentations:* Directors Sloane Petrillo (Case Management) and Debbie Kegel (Strategic Development) continued their series of in-services about our CFT services to potential referral sources at shelters. In September, they provided educational presentations to staff at the Homeless Multiservice Center in Santa Ana and the Costa Mesa Bridge Shelter.
- *Shelter Tours:* CalOptima staff toured four facilities serving the homeless in September. These include two facilities in Laguna Beach operated by Friendship Shelter. In Anaheim, staff visited Broadway Recuperative Care and a micro-community (6-bedroom house), both operated by Illumination Foundation. The tours provided an opportunity to share information about CalOptima’s resources for the homeless population.

State Regulators Preparing to Debut California Advancing and Innovating Medi-Cal (CalAIM)

This month, the Department of Health Care Services (DHCS) is expected to unveil CalAIM, a multiyear initiative to implement overarching policy changes across all Medi-Cal delivery systems. Key goals are to reduce variation and complexity, to apply population health management strategies, and to improve outcomes through value-based initiatives. DHCS plans to conduct stakeholder engagement for both CalAIM and the renewal of the 1115 waiver, which expires at the end of 2020. Five stakeholder workgroups are being formed to address the following topics: population health management and annual health plan open enrollment; NCQA accreditation; enhanced care management and in-lieu-of services; behavioral health; and full integration pilots. CalOptima will carefully track CalAIM and participate as appropriate.

Orange County to Celebrate New Mental Health Resource at Groundbreaking

A groundbreaking ceremony for the Be Well OC Regional Mental Health and Wellness Campus on Anita Drive in Orange is planned for October 16. CalOptima contributed \$11.4 million toward services at the campus. Orange County supervisors and representatives from the sponsoring organizations, including CalOptima, have been invited to make brief remarks.

CalOptima Foundation Progressing Toward Dissolution by the End of 2019

The CalOptima Foundation Board approved dissolution of the Foundation on December 6, 2018. The dissolution is on track to be done by the end of 2019. CalOptima received a notice from the Attorney General's office on May 16 waiving objection to the dissolution of the Foundation assets. The notice, along with dissolution forms, were submitted to the California Secretary of State's office, and approval of dissolution is pending. Funds in the amount of \$2,866,910.23 were transferred to CalOptima on May 31, 2019. Staff is facilitating activities to prepare for the review of the final tax returns and audited financials. Below are next steps:

- Staff receives complete preparation of the Foundation final tax returns and audited financials (anticipated early November)
- Foundation FAC reviews final tax returns (anticipated for the November meeting)
- CalOptima Board reviews Foundation's audited financials, along with CalOptima's consolidated financials (anticipated for the December meeting)
- Staff files final tax return
- CalOptima receives confirmation of dissolution from the Secretary of State and final audited financials filed with the Attorney General

CalOptima

2020-2022 Strategic Plan

Joint Advisory Committee Meeting
October 10, 2019

Welcome & Introductions

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Meeting Overview & Goals

Discuss 2020-2022 Strategic
Plan Development

Review Interview Themes

Identify Key Priorities for
2020-2022 Strategic Plan

Strategic Plan Development Process

Interview CalOptima Board, Executive Staff, and Advisory Committee Chairs and Vice Chairs

Conduct CalOptima Board of Directors Strategic Planning Session

Complete Environmental Scan

Identify Themes & Priorities

Facilitate Joint Advisory Committee Meeting & Health Network Forum

Develop First Draft of 2020-2022 Strategic Plan

Present Draft Strategic Plan to CalOptima Board of Directors

Integrate Final Input and Comments

Present Final 2020-2022 Strategic Plan to CalOptima Board of Directors

Summary of Interviews: Priorities for 2020-2022

Population Health

- Develop specific priorities for each segment of member population
- Focus on preventive care & public health issues (SDOH, SUD)
- Integrate behavioral health

Partnerships

- Enhance engagement with community
- Continue to strengthen stakeholder relationships
- Increase collaboration with provider network

Increase Value & Improve Care Delivery

- Move to value-based purchasing framework
- Deploy innovative delivery models
- Utilize and improve IT and data/analytic capacity

Proactive Planning

- Anticipate likely CMS & DHCS priorities
- Identify local priorities and needs

Additional Input from Joint Advisory Committee Meeting and Health Network Forum

Environmental Scan Overview

CalOptima's Current Enrollment,
Products, and Role in the County

Federal Landscape & Strategic
Priorities

State Landscape & Major Policy
Initiatives

Orange County Landscape, Policy
Priorities & Concerns

2020-2022 Strategic Plan Discussion

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1

Innovate & Be Proactive

2

Expand CalOptima's Member-Centric Focus

3

Enhance Community Partnerships

4

Increase Value and Improve Care Delivery

5

Build Upon Strong Operational Excellence

Priorities and Objectives: 2020-2022 Strategic Plan

Strategic Plan Vision Discussion

Are there additional key priorities for CalOptima for 2020-2022?

How can CalOptima address the key priorities and known challenges and prepare to respond to additional changes in the dynamic health care landscape?

How should CalOptima evolve to meet the health care needs of its members and drive improvements in health care delivery?

Wrap-Up Discussion

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Next Steps



Athena Chapman currently serves as the President of Chapman Consulting where she provides strategic planning, meeting facilitation, and organizational support to a variety of health care related organizations. Previously, Ms. Chapman served as the Vice President of State Programs for the California Association of Health Plans (CAHP) where she represented California's health plans regulated by the Department of Health Care Services (DHCS).

Prior to joining CAHP in 2012, Ms. Chapman worked at the Medi-Cal Managed Care Division at the Department of Health Care Services, focusing on managed care quality, policy, oversight, and contracting. Ms. Chapman began her career in health care policy as Presidential Management Fellow with the Centers for Medicare and Medicaid Services (CMS), where she monitored the effective delivery of managed care programs for Medicaid and Medicare beneficiaries in the western region.

Ms. Chapman earned her master's degree in public policy from George Mason University and bachelor's degree in Sociology from the University of San Diego (Cum Laude).

Caroline Davis is a recognized health policy expert with more than 20 years of experience in health care financing, policy development and implementation at the federal, state and local levels, with an emphasis on Medicaid, Medicare, and programs for the uninsured. She has extensive experience with California's health programs for low-income populations, especially the state's Medicaid (Medi-Cal) program.

Ms. Davis was the Senior Policy Director for the Local Health Plans of California (LHPC) where she provided leadership and strategic direction to identify policy and advocacy positions for California's 16 locally based health plans as well as analysis of the operational impacts of Medi-Cal legislative and regulatory proposals.

Ms. Davis earned her master's degree in public policy from Duke University and her bachelor's degree (Cum Laude) from Carleton College.



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Whole Person Care (WPC) and Health Homes Program (HHP)

Joint Advisory Committee Meeting
October 10, 2019

WPC/Orange County Health Care Agency:

Melissa Tober-Beers, Strategic Project Manager

HHP/CalOptima:

Tracy Hitzeman, Executive Director, Clinical Operations

Candice Gomez, Executive Director, Program Implementation

Agenda and Goal

- Compare and contrast WPC and HHP
 - Background and Timeline
 - Eligibility and Enrollment
 - Services
 - Outreach and Engagement
 - Program Future
- Strengthen stakeholder understanding of the programs and the opportunities to serve members

Lead Entity

- WPC: The County of Orange, through the Health Care Agency, is the lead entity with CalOptima as a required partner



- HHP: CalOptima is the lead entity with assistance from the County of Orange and other agencies





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Background and Timeline

WPC Background

WHOLE PERSON CARE



What is It?

Whole Person Care (WPC) is the coordination of physical, behavioral health, and social services in a patient centered approach with the goals of improved health and well-being through more efficient and effective uses for Medi-Cal beneficiaries struggling with homelessness.

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WPC Timeline

- ❖ June 2016: OC Board of Supervisors pledges local matching funds of \$23.5 million
- ❖ October 2016: State approves a five-year pilot in Round 1
- ❖ January 2017: Hospital and clinic outreach and navigation begins
- ❖ June 2017: State awards \$7.5 million for Round 2
- ❖ July 2017: Recuperative care services begin
- ❖ August 2018: CalOptima adds \$10 million to recuperative care
- ❖ November 2018: WPC Connect goes live; provider on-boarding begins
- ❖ March 2019: All WPC participating entities are using WPC Connect
- ❖ May 2019: State awards \$21.5 million for Round 3

HHP Background

- HHP is a clinical program that manages and coordinates care for the highest risk Medi-Cal members
- HHP is operated by managed care plans, which choose whether to participate in the program
 - Community-Based Care Management Entities (CB-CMEs) engage beneficiaries and provide care management and care coordination services
 - Managed care plans and CB-CMEs also connect members to community and social service resources, including housing

HHP Timeline

October to
December 2019

- Board actions for contracting with health networks as CB-CMEs
- Readiness evaluations of CalOptima and health networks
- Community and provider education and engagement

January 2020

- Phase 1: HHP go-live for members with chronic conditions
- Outreach and engagement activities for HHP-eligible members

July 2020

- Phase 2: HHP go-live for members with SMI
- Outreach and engagement activities for HHP-eligible members



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Eligibility and Enrollment

WPC Eligibility

- ❖ CalOptima member experiencing homelessness for any length of time and has a medical need
- ❖ CalOptima member experiencing homelessness for any length of time and living with a Serious Mental Illness (SMI)

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WHOLE PERSON CARE DASHBOARD



PERIOD

WPC PROGRAM	Calendar Year				WPC YTD	
	2017	2018	2019	2020		
Unduplicated Enrollees - Receiving Svcs Each Year	3,153	6,654	5,934			
Unduplicated Enrollees - Newly Enrolled Each Year	3,153	4,212	2,754			10,119 Unique Individuals
COMPONENT						
Outreach, Navigation, Linkage:						
Hospitals & Clinics	2,432	5,828	5,412			4,557 Avg. Undup Enrollees
BHS Outreach & Engagement	366	557	280			401 Avg. Undup Enrollees
Shelter Care Providers	285	756	441			494 Avg. Undup Enrollees
Recuperative Care:						
	156	600	432			1,188 Admissions
	6688	19,908	18,242			44,838 Patient Days
	43 days	33 days	42 days			38 days Avg Length of Stay
Housing Supportive Services - BHS Clients						
Housing Navigation Services	0	18	48			66 Clients Housed
Housing Sustainability/Peer Mentoring	16	29	66			111 Enrollees
	0	31	45			76 Housed for 6+months

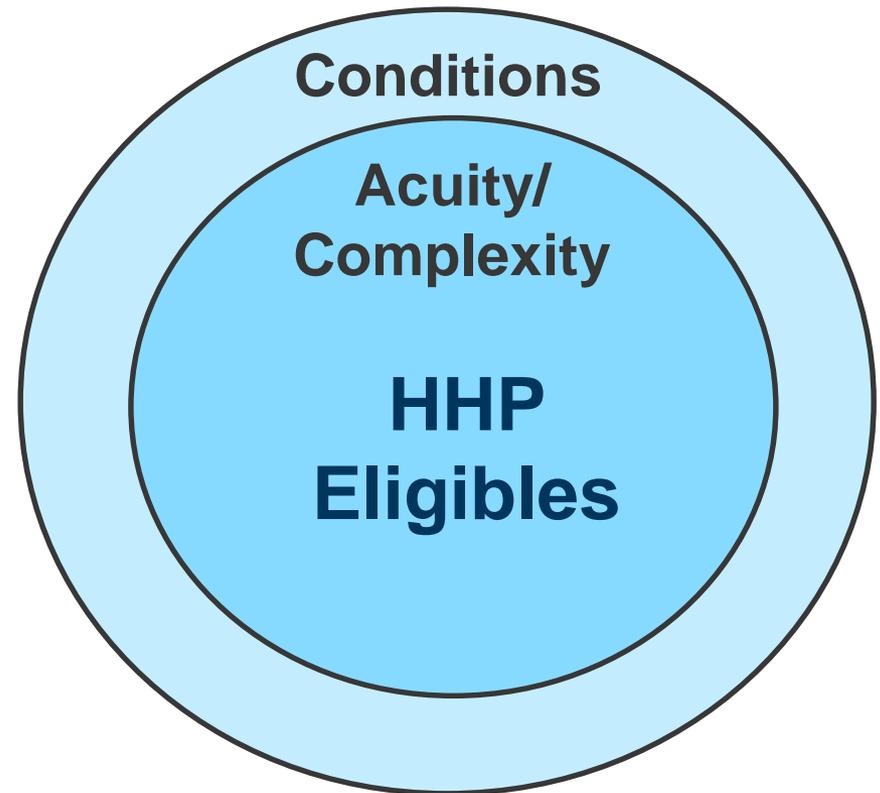
HIGHLIGHTS

- January, 2017 Hospital and Clinic Outreach & Navigation Services begin
- July, 2017 Recuperative Care Services Begin
- August, 2018 CalOptima agrees to add \$10 million to recuperative care funding
- November, 2018 WPC Connect goes live; provider on-boarding begins
- March, 2019 All WPC Participating Entities on WPC Connect
- May - June 2019 WPC Round Three Grant Proposal Approved at \$21.5 million
- August, 2019 Add new recuperative care programs and increase projected beds to 79,336
- October, 2019 Add Housing Supportive Services for Non- BHS Linked Clients
- Feb 2019 to Dec 2020 Continue to Collaborate with CalOptima for WPC and Health Home Crossover services

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HHP Member Eligibility

- Medi-Cal members eligible for HHP must meet condition and acuity criteria
 - Conditions/combination of conditions specified by DHCS
 - Chronic physical conditions; or
 - Substance use disorder (SUD); or
 - Serious mental illness (SMI)
 - Acuity/complexity:
 - Three specified conditions; or
 - One inpatient stay; or
 - Three ED visits in year; or
 - Chronic homelessness



CalOptima Eligibility and Projected Enrollment

- Number of eligible members: 30,000
 - Chronic conditions only
 - Behavioral health only
 - Combination
- Possible opt-in rate of 10%–25%: 3,000–7,500 members
 - Number of homeless (approximately 10% of eligible members are homeless): 300–750 members
- Enrollment comparisons
 - Inland Empire Health Plan (January 2019 go-live): 10%
 - Kern Health Systems (July 2019 go-live): 25%
 - DHCS projection: 20%

Potential HHP Members by Health Network (August 2019)

Health Network	Member Count	DHCS Opt-In Projection (20%)	CalOptima Opt-In Projection (15%)	CalOptima Opt-In Projection (10%)
AltaMed	2,390	478	359	239
AMVI	563	113	84	56
Arta Western	3,416	683	512	342
CCN/COD	7,377	1,475	1,107	738
CHOC	1,465	293	220	147
Family Choice	1,824	365	274	182
HPN-Regal	348	70	52	35
Kaiser	1,758	352	264	176
Monarch	5,199	1,040	780	520
Noble	1,213	243	182	121
Prospect	2,041	408	306	204
Talbert	1,414	283	212	141
United Care	1,233	247	185	123
TOTAL	30,143	6,029	4,521	3,014

Note: Member count may not include members overlapping with health networks within the same month



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Services

WPC Services

- ❖ Additional Behavioral Health Outreach and Engagement staff to work with WPC hospitals and clinics
- ❖ Community-based referral system to social supports, such as food, legal aid and clothing
- ❖ Emergency room notification system
- ❖ Hospital and clinic-based care navigation/coordination for clients living with mental illness
- ❖ Housing navigation and sustainability services, including peer support
- ❖ Personal Care Coordinators (CalOptima)
- ❖ Recuperative/medical respite care
- ❖ Supportive and linkage services by shelter bed providers
- ❖ WPC Connect – automated care coordination system

WPC Connect Care Coordination

- ❖ Reduce inappropriate or unnecessary ED visits/inpatient utilization
- ❖ Meet needs in real-time: social, medical and behavioral
- ❖ Increase readiness for Coordinated Entry process
- ❖ Improve/increase success in housing placement

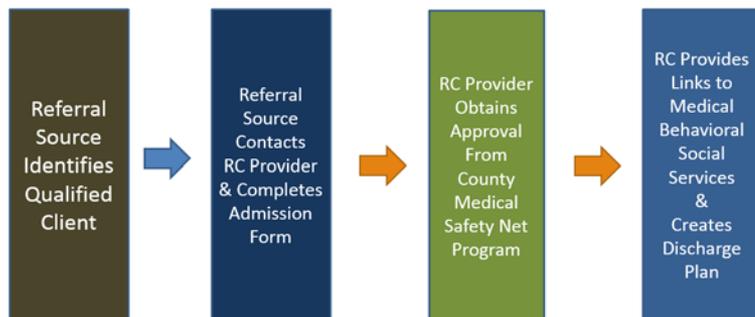


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Recuperative Care

- ❖ Goals: Comprehensive care plans, increased PCP visits, reduced ED visits and reduced inpatient stays
- ❖ Care: Up to 90 recuperative care days based on medical necessity
 - Homeless clients needing post-acute care
 - CalOptima members
 - Orange County residents
 - Too ill to recover on street, but not ill enough for hospitalized
 - Willing to be in a recuperative care facility
- ❖ WPC Round 3 Recuperative Care:
 - Adds 35,000 beds, include for people with mental illness, struggling with substance use, being released from jail or needing assistance with activities of daily living

Recuperative Care Process



Recuperative Care Services

Additional medical evaluation
Medications/medication directions
Care plan
Transportation
Post-hospital treatment
Specialty/follow-up appointments
Special diet
Health education

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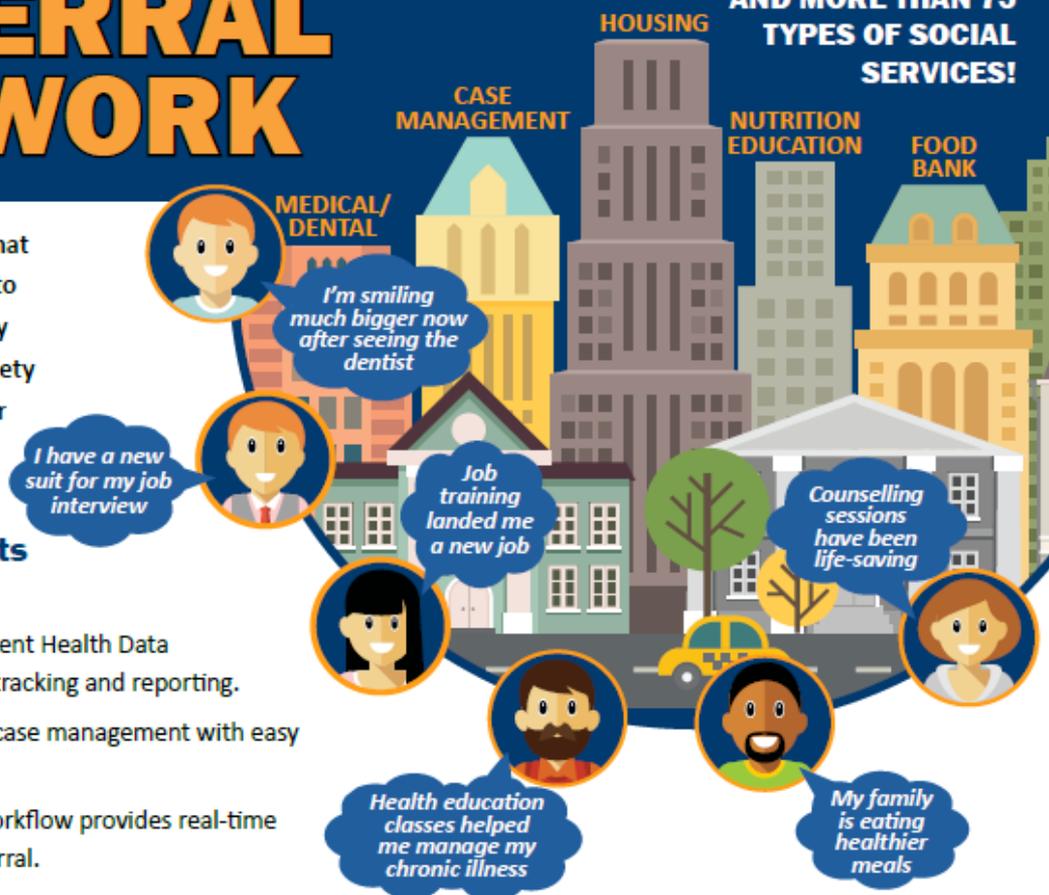
COMMUNITY REFERRAL NETWORK

FACILITATE REFERRALS FOR MEDICAL, DENTAL AND MORE THAN 75 TYPES OF SOCIAL SERVICES!

An easy-to-use tool that allows organizations to quickly and accurately refer clients for a variety of services in a matter of seconds.

System Benefits Include:

- ❖ Comprehensive Client Health Data Management, for tracking and reporting.
- ❖ Improved referral case management with easy user interface.
- ❖ Fully integrated workflow provides real-time status of each referral.



When a WPC beneficiary enters an Orange County, CA...



OR

Is referred through the OC Health Care Agency



CHAT-H Public Health Services Nurse

Behavioral Health Services (BHS) Outreach and Engagement (or other BHS program)



WPC Connect

Electronic system is notified and the beneficiary's care plan is created. The system has the capacity to share data across multiple providers.



Beneficiary is connected to wrap-around, applicable programs and services that may include:

1 Recuperative Care (24/7/365)



79,336 Total bed days through 2020
Includes Round 3 funding

2



One-on-One CalOptima personal care coordinator

3



Coordinated Entry into permanent supportive housing

4



Linkage to mental health and/or substance use disorder treatment

5

Community Referral Network



HHP Core Services

Services coordinated by
CB-CMEs



HHP In-Person Services

- In-person services provided by CalOptima, the health networks or a vendor include:
 - Health Needs Assessment completion
 - Care coordination activities
 - Accompaniment to key medical appointments
 - Housing navigation and sustainability
- Vendor
 - Health network may elect to use services provided by the CalOptima vendor
 - Accompaniment to key medical appointments
 - Housing navigation and sustainability
 - Vendor will extend the same contract terms to CalOptima and the health networks

HHP Delivery Model

- Leverage existing health network delivery system
 - Members can participate in HHP without needing to change their health network or PCP, consistent with Department of Health Care Services guidance
 - Health networks as CB-CMEs have access to all member information (e.g., records of ED visits, hospital stays, primary and specialty care, medications, care plans, community referrals, etc.)
 - CalOptima HHP rates are a modest supplement to standard capitation, which already includes care management activities
 - Startup time is reduced due to health networks' existing information systems, standard workflows and experienced staff



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Outreach and Engagement

WPC Connect Participating Entities

❖ Supportive Services

- Mercy House Kraemer
- United Way

❖ Behavioral Health Services

- BHS Outreach and Engagement
- Collette's Children's Home
- College Community Services

❖ Hospitals

- Anaheim Global
- Anaheim Regional Medical Center
- Chapman Global
- Kaiser (Anaheim and Irvine)
- Orange Coast Memorial
- Orange County Global
- Saddleback Memorial
- South Coast Global
- St. Joseph Hospital
- UCI Medical Center

❖ Recuperative Care

- Hurtt Family Medical
- Illumination Foundation
- Mom's Retreat

❖ Clinics

- Buena Park Community Clinic
- Central City Community Clinic
- Families Together
- Hurtt Family Medical
- Korean Community Services
- Livingstone
- North Orange County Regional
- Serve the People
- Share Our Selves
- Southland (VNCOC)

❖ Other

- CalOptima
- HCA-CHAT-H
- HCA-MSN Referral Team
- Monarch Health
- St. Joseph Heritage Shared

Services

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WPC Outreach

- ❖ Provided funding to hospitals and community clinics for Homeless Outreach Navigators
 - A total of 21.5 FTEs were funded
- ❖ Added four positions to Behavioral Health Services Outreach & Engagement (BHS O&E) team, also known as the Blue Shirts, to assist hospitals, community clinics and other WPC providers when linkage to BH services may be needed
- ❖ Funded a Personal Care Coordinator (PCC) position at CalOptima who assists clients directly with navigating CalOptima benefits
 - The PCC has provided phone assistance as requested by outreach team members and has also been out in the field at shelters and the community for care coordination meetings

HHP Outreach and Engagement

- CalOptima will prioritize outreach to HHP-eligible members based on:
 - Members who could benefit the most from increased care management, such as those with emerging risk for compounding health conditions
 - Members who are more likely to opt-in to HHP
 - Members who are experiencing homelessness

HHP Outreach and Engagement Strategies for Homeless

- For members experiencing homelessness, strategies include:
 - Personal care coordinator presence at shelters, recuperative care and known community “hot spots”
 - Education about HHP eligibility and referrals to Whole Person Care (WPC) partners, hospitals and community organizations
 - Telephone contact when a valid number is known
 - Consideration for in-person contact at a hospital for frequently hospitalized members

HHP/WPC Collaboration

- CalOptima is partnering with Orange County's WPC program to:
 - Develop criteria and a systematic approach to identify HHP-eligible members within the WPC population
 - Develop training for WPC providers to proactively identify members who meet HHP eligibility criteria and refer them to CalOptima for HHP eligibility approval
 - Leverage the services already developed by WPC for the HHP population
 - Align housing supportive services for HHP, WPC and Housing for a Healthy California

2019 Meeting Schedule

2/15/19
3/22/19
4/19/19
5/17/19
6/14/19
7/26/19
8/23/19
9/20/19
10/18/19
11/15/19
12/6/19

Some cancelled
due to
availability

HHP/WPC Collaboration (Cont.)

- WPC program:
 - Cannot duplicate services for beneficiaries also in HHP
 - Care coordination provided through HHP
- CalOptima staff will continue to collaborate with Orange County Health Care Agency, health networks and other stakeholders for Phase 2 of HHP, serving members with SMI and homelessness, consistent with DHCS requirements



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Program Future

Round 3 Initiatives

❖ WPC Connect and Homeless Data Integration Project

- Make enhancements to WPC Connect to make it easier to integrate and exchange data with systems, such as the Community Referral Network, Coordinated Entry System and other systems that support care coordination
- Support the County's Homeless Data Integration Project

❖ Bridge Programs with HHP

- Align various components of WPC with HHP for persons who are homeless:
 - Funding Core Care Coordinators that will mirror CB-CMEs
 - Funding housing navigators and housing sustainability services for persons who are not linked to Behavioral Health Services
 - Adding additional community clinics and hospitals as WPC Participating Entities

❖ Recuperative Care Programs

- Pilot recuperative care programs for the following populations:
- Behavioral Health Recuperative Care for people with chronic or acute medical issues who are also exhibiting behavioral health symptoms that preclude them from successfully participating in shelter or housing opportunities
- Jail-Release Recuperative Care for people recently released from jail who have been identified as having medical needs, living with SMI and/or SUD
- Recuperative care for people needing assistance with Activities of Daily Living (ADLs) while recovering

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Program Future

Initiative Name	Primary Objectives	Lead Entity	Outlook	Notes
HHP	<ul style="list-style-type: none"> • Improve care coordination for high-risk Medi-Cal members • Community-based approach that accounts for SDOH • Improve outcomes and decrease expenses for participants 	Managed Care Plan	Uncertain—continued state funding is contingent on HHP saving at least as much money as it costs to run	
WPC	<ul style="list-style-type: none"> • Coordination of physical health, and behavioral health, and social services in a patient-centered manner • Goals of improved health and well-being through more efficient and effective use of resources • Enhanced coordination and data-sharing among care entities, especially in service to homeless individuals 	County	Pilot program sunsets on 12/31/20	DHCS has stated that “sustainability path” for WPC efforts are through Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS) under California Advancing and Innovating Medi-Cal (CalAIM)

Program Future (Cont.)

Initiative Name	Primary Objectives	Lead Entity	Outlook	Notes
CaAIM	DHCS effort to implement overarching policy changes over many years, with the objectives of: <ul style="list-style-type: none"> • Simplifying and streamlining delivery systems • Identifying and managing member risk and needs through population health management • Improving quality and delivery system transformation through value-based initiatives and payment reform 	Managed Care Plan	<ul style="list-style-type: none"> • Will be unveiled on 10/29/19 • Multiyear DHCS initiative, beginning on 1/1/21 	DHCS is considering use of ECM and ILOS to afford flexibility to managed care plans to address community-specific needs, such as recuperative care