

**NOTICE OF A  
REGULAR MEETING OF THE  
CALOPTIMA BOARD OF DIRECTORS'  
ONECARE CONNECT CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)  
MEMBER ADVISORY COMMITTEE**

**THURSDAY, JUNE 23, 2016  
3:00 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 May 26, 2016 Meeting of the OneCare Connect Member Advisory Committee (OCC 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 OneCare Connect 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**

None

**VI. CEO AND MANAGEMENT REPORTS**

- A. Chief Executive Officer (CEO) Update
- B. Chief Medical Officer Update

**VII. INFORMATION ITEMS**

- A. Supplemental Transportation Benefits
- B. Federal and State Budget and Legislative Update
- C. OCC Member Enrollment Update
- D. OneCare Connect Update
- E. OCC MAC Member Presentation on Overview of the Orange County Social Services Agency Adult Services Division
- F. OCC MAC Member Update

**VIII. COMMITTEE MEMBER COMMENTS**

**IX. ADJOURNMENT**

# MINUTES

## REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' ONECARE CONNECT CALMEDICONNECT PLAN (MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE

May 26, 2016

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on May 26, 2016, at CalOptima, 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Chair Patty Mouton called the meeting to order at 3:10 p.m., and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Ted Chigaros, Christine Chow, Gio Corzo, Josefina Diaz, Sara Lee, Patty Mouton, Lena Berlove (non-voting), Jorge Sole (non-voting), Erin Ulibarri (non-voting)

Members Absent: Donta Harrison, Susie Gordee, Sandy Finestone, George Crits M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director Program Implementation; Terrie Stanley, Executive Director Clinical Operations; Donald Sharps, M.D., Medical Director; Emily Fonda, M.D., Medical Director; Richard Bock, M.D., Deputy Chief Medical Officer; Arif Shaikh, Director Government Affairs; Albert Cardenas, Associate Director Customer Service; Becki Melli, Customer Service

### **MINUTES**

#### **Approve the Minutes of the April 28, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee**

*Action: On motion of Member Ted Chigaros, seconded and carried, the OCC MAC approved the April 28, 2016 minutes as submitted.*

### **PUBLIC COMMENT**

There were no requests for public comment.

### **REPORTS**

#### **Consider Recommending Board of Directors' Addition of Vice Chair position to the OneCare Connect Member Advisory Committee**

Chair Mouton announced that the Member Advisory Committee (MAC) voted to recommend to the Board of Directors' adding a Vice Chair position to the MAC. The Vice Chair would fill in at committee meetings or Board meetings if the Chair were unavailable. Chair Mouton reported that nominations for the Vice Chair position would begin at the subsequent OCC MAC meeting following Board approval.

**Action:**        *On motion of member Ted Chigaros, seconded and carried, the OCC MAC recommended Board consideration of the addition of a Vice Chair position to the OCC MAC.*

## **CEO AND MANAGEMENT TEAM DISCUSSION**

### **Chief Medical Officer (CMO) Update**

Richard Bock, M.D., Deputy Chief Medical Officer, reported on the rampant growth of opioid use since 2000 and the epidemic in Orange County. He noted that Orange County has the highest number of opioid related deaths of any county in California with over 1,000 opioid related deaths during the period of 2009-2013. In addition, this nation-wide problem caused more deaths from opioid overdoses last year than traffic accidents with over 290 million prescriptions written annually. Dr. Bock reported that CalOptima is tracking opioid utilization and working with physicians and pharmacies to track and monitor opioid prescriptions. There are new treatments available for opioid addiction.

### **Chief Financial Officer (CFO) Update**

Nancy Huang, Controller, provided a financial summary for March 2016. Ms. Huang reported that the enrollment summary for March 2016 showed an overall enrollment of close to 800,000 members, including almost 16,000 members in the OneCare Connect program. She added that 98percent of CalOptima's members are in Medi-Cal while the remaining two percent are in OneCare Connect, OneCare and PACE. Ms. Huang reported that the medical loss ratio is approximately 96 percent, which means that 96 cents of every dollar goes to health care.

## **INFORMATION ITEMS**

### **Behavioral Health Request for Proposal Update**

Edwin Poon, Director of Behavioral Health Services, provided a brief background on CalOptima's history with providing a behavioral health benefit. Mr. Poon explained that CalOptima began offering behavioral health benefits to OneCare members in January 2007, through the vendor Windstone Behavioral Health. In January 2014, the Medi-Cal line of business added managed care behavioral health benefits through College Health Independent Physician Association (CHIPA)/Beacon. In addition, CalOptima amended its contract with CHIPA/Beacon to include Autism Spectrum Disorder (ASD) Applied Behavior Analysis/Behavioral Health Treatment (ABA/BHT) benefits when the state transitioned ASD to CalOptima in September 2014. When OneCare Connect (OCC) was implemented in July 2015, Windstone contracted to provide managed behavioral health services to OCC members.

Mr. Poon reported that CalOptima is conducting a Request for Proposal (RFP) process to identify a potential behavioral health vendor that could contract for all lines of business. He added that one vendor would be preferable, but not a requirement. Mr. Poon stated that as the field of behavioral health continues to evolve, CalOptima needs a vendor that is on the leading edge of integration, population health, analytics, outcomes and value based reimbursement. CalOptima has an opportunity to enhance the overall health of its members through the effective management of its behavioral health benefits. The RFP selection team would include CalOptima management staff from clinical and operational areas and representatives from outside agencies. Mr. Poon announced that the Board of Directors' Finance and Audit Committee recommended including a member from each of the advisory committees to serve on the RFP selection team. In response, Chair Mouton asked if an OCC MAC member wanted to volunteer for the selection committee. Member Susie Gordee agreed to serve on the RFP selection team with Ted Chigaros as an alternate.

#### **Health Risk Assessment (HRA) - Interdisciplinary Care Team (ICT) - Individual Care Plan (ICP) Update**

Terrie Stanley, Executive Director, Clinical Operations, reported that the transition of over 12,000 individuals from OneCare to OneCare Connect in January 2016 generated almost 9,000 HRA bundles for the health networks and over 3,500 for CalOptima. The HRA bundle includes information, such as a completed HRA, initial care plan and recommended interventions for each member. A CalOptima nurse must review the HRA bundles assessing them for various quality measures. Ms. Stanley noted that over 87% of the bundles were returned in a timely manner. Upon review, the HRA scores are recorded in a report card and presented to the ICT and ICP. Ms. Stanley explained that Personal Care Coordinators (PCCs) are an important part of processing the HRA bundles, although they are not clinical staff. The PCCs recently convened for a meeting to discuss the HRA bundles and the process. Additional topics discussed at the meeting included updates on dementia, the nurse advice line, the initial health assessment (IHA) and community resources, such as 2-1-1.

*Chair Mouton announced that agenda items VII.B. Federal and State Budget and Legislative Update, VII.C. Member Enrollment Update, and VII.D. OneCare Connect Update would be deferred to the June 23, 2016 meeting.*

#### **Post Acute Care**

Ted Chigaros, Senior Vice President, Rockport Healthcare Services, explained Rockport is a contracted administrative support services company representing over 80 subacute/skilled nursing facilities (SNFs) in California and Texas. Rockport manages three SNFs in Orange County. Mr. Chigaros explained that nurses and other qualified personnel provide care 24 hours a day managing all the patients' needs from grooming and showering to laundry and meal preparation. Most facilities do not have private rooms. Of the 73 SNFs in Orange County, four do not participate in Medi-Cal and two do not participate in Medicare. Mr. Chigaros explained that SNFs are highly regulated. They must be certified by the Department of Health Care Services (CHCS) with an annual survey process and are monitored by the Office of Statewide

Health Planning and Development (OSHPD). Mr. Chigaros noted that the population residing in skilled nursing facilities is changing. In addition to the elderly, SNFs are now serving younger people, including those with behavioral/mental health problems, those with addiction issues and bariatric patients.

#### **Ombudsman Update**

Sara Lee, Supervising Attorney, Health Consumer Action Center (HCAC) Legal Aid Society of Orange County, shared examples of the issues and problems that OCC members experience when they lose Medi-Cal eligibility. She explained if an OCC member loses Medi-Cal, the Medicare premiums continue to be withdrawn from the member's social security check. In addition, the member must pay out of pocket for prescriptions and other necessary medical expenses. She noted that it takes time to resolve the issues for each member, but by working with the Ombudsman and CalOptima, a member has more time to fix the eligibility issue while retaining OCC coverage.

#### **Committee Member Updates**

Chair Mouton shared that the recent Town Hall received good reports. There was considerable interest in the OneCare Connect program. Member Jorge Sole noted that over 1,000 people attended the recent Senior Summit held in Laguna Woods. The evaluations indicated that the OneCare Connect presentation received a good response.

Member Sole will present on the Orange County Social Services Agency at the June OCC MAC meeting. Member Erin Ulibarri will present on the Orange County Office on Aging at the July OCC MAC meeting.

The next OneCare Connect MAC meeting is June 23, 2016 at 3:00 p.m.

#### **ADJOURNMENT**

Hearing no further business, Chair Mouton adjourned the meeting at 5:00 p.m.

*/s/ Cindi Reichert* \_\_\_\_\_

Cindi Reichert  
Program Assistant

*Approved: 6.23.2016*

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## MEMORANDUM

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**DATE:** June 2, 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

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### **Managed Care Organization (MCO) Tax Approval**

On May 17, the Centers for Medicare & Medicaid Services (CMS) signed off on California's MCO tax on health plans. This will enable the state to draw down much needed money to pay for the growing Medi-Cal program. The approval came after about two months of review by the federal government and just a few days after Gov. Jerry Brown had released the May Revision to his state budget proposal, which included revenue from the MCO tax. The tax will bring in an estimated \$1.1 billion for Medi-Cal in the coming fiscal year as well as allocate more money for programs that serve people with developmental disabilities.

### **May Revision of FY 2016–17 State Budget**

When Gov. Brown released the May Revision to the FY 2016–17 state budget on May 13, he reiterated his focus on ensuring that California is prepared for a potential economic slowdown or recession. Related to health care, the May Revision includes \$2.2 billion in federal funds for the new Medi-Cal 2020 waiver, increased General Fund spending of \$86.4 million (\$180.2 million total) for Behavioral Health Treatment, \$45.4 million (\$188.2 million total) to provide full-scope Medi-Cal benefits to undocumented children, and \$5 million to implement the new federal Medicaid managed care regulations. The May Revision also highlights the continued increase of Medi-Cal enrollees, going from 7.9 million in 2012–13 to a projected 14.1 million in 2016–17. That there was no specific mention in the May Revision of the Coordinated Care Initiative (CCI) is good news for our OneCare Connect program. It means the current policy on CCI remains in effect, thereby authorizing the continuation of OneCare Connect through January 1, 2018. The budget also includes \$1.1 billion in reduced General Fund spending due to passage of the aforementioned MCO tax. According to the May Revision, the MCO tax solidifies funding for Medi-Cal for the next three years.

### **PACE Modernization Act**

The Department of Health Care Services (DHCS) has proposed the PACE Modernization Act as part of a state budget trailer bill. The bill is largely supported by PACE advocates, including CalPACE and CalOptima, because, among other improvements, it aims to correct issues inherent in the PACE payment methodology. Today, PACE rates are based on fee for service (FFS), or what a senior's care would cost if there were no PACE center. The state then pays PACE centers 95 percent of that estimated cost. This current methodology has resulted in a geographic disparity in rates, as Southern California PACE programs receive substantially lower rates than

Northern California PACE programs. One potential reason for this disparity is the strong penetration of managed care in Southern California, which may result in insufficient FFS data. The trailer bill proposes a move to cost-based reimbursement based on the actuarially sound Rate Development Template process, which relies on utilization data. If passed, the PACE Modernization Act would go into effect January 1, 2017. Given that PACE rates are based on the calendar year, CalOptima could potentially see a change in PACE revenue next year under this new methodology. I will keep your Board informed about the status of this bill, which will be acted upon soon as part of the state budget process.

### **FY 2016–17 Budgets and Rates**

On May 19, CalOptima's FY 2016–17 Operating Budget and Capital Budget was presented to your Board's Finance and Audit Committee (FAC). Of note, CalOptima had received draft FY 2016–17 Medi-Cal rates from DHCS on April 29, and the financial impact of those rates was integrated into the proposed budgets. Significant changes to both the draft Medi-Cal Classic and Medi-Cal Expansion (MCE) rates are described below:

- **Medi-Cal Classic Rate Increase**

The draft FY 2016–17 Medi-Cal Classic rates reflect an aggregate 4 percent increase compared with rates in the prior fiscal year. Implementing the rate increase is a two-step process. First, the rates are integrated into CalOptima's budget, which is up for approval by your full Board this month. Then, CalOptima will develop a method to pass along the increase to providers and gain Board approval to enact the change. We anticipate bringing a rate increase implementation plan to your August meeting. Medi-Cal Classic members represent three-fourths of our overall Medi-Cal membership.

- **MCE Rate Decrease**

The draft FY 2016–17 MCE rates reflect a 4 percent reduction. Over the past several months, CalOptima had informed providers in advance that a reduction was coming. However, the reduction proposed in the draft rates is less than expected. CalOptima had previously thought that the reduced MCE rate would be near the current Temporary Assistance for Needy Families (TANF) adult rate. In a separate discussion on May 24 with DHCS rate team leaders, I addressed the status of MCE rates in general, noting that the newest reduction is the fifth decrease since MCE was implemented in January 2014. Leaders shared that the proposed rates are, for the first time, based on actual costs and trends of caring for the MCE population. Data used to calculate rates typically lags two years. The draft MCE rates for FY 2016–17 were developed using a 50/50 blend of data through the standard Rate Development Template and the proxy method of 75 percent TANF and 25 percent Seniors and Persons With Disabilities experience.

While the FAC acknowledged that the Medi-Cal rates were not final, the committee engaged in a thorough review and discussion, voting to approve both budgets. This clears the way to bring the budgets before your Board this month. For the next fiscal year, CalOptima's proposed operating budget is \$3.4 billion and capital budget is \$10.1 million.

### **Chief Network Officer Transition**

Chief Network Officer Javier Sanchez will be leaving CalOptima, effective Friday, June 3. CalOptima sincerely appreciates his service for the past eight years and is pleased he will remain in the local health care community, taking on a newly created executive role at CHOC Hospital.



To ensure a smooth transition, departments that previously reported to Javier, including Contracting, Provider Relations and Network Management, will report to Chief Operating Officer Ladan Khamseh. CalOptima plans to conduct an executive recruitment process.

### **Human Resources Update**

CalOptima is in the midst of the annual review process. Managers have completed written performance evaluations of their direct reports, and this month, the executive team will approve the performance ratings and ultimately the budgeted merit increases, effective in July. Beyond financial increases, CalOptima is also focused on development opportunities. The Human Resources Training and Education team recently brought in nationally recognized workforce expert Shirley Davis, Ph.D., for special presentations about implicit bias, diversity and inclusion. The sessions were available to CalOptima's leadership team as well as employees. The information was valuable and practical, and aimed at helping CalOptima enhance our workplace culture.

### **Employee Activities Committee (EAC) Scholarship Essay Contest**

In honor of CalOptima's 20th anniversary, the CalOptima EAC launched a scholarship essay contest as a new way to reflect employees' commitment to members. Applicants covered three topics in their essays: how CalOptima has helped them, why they are working toward a career in health care, and why they would make a good candidate for the award. First, second and third place winners were announced in May. They include a first-year pharmacy student at Chapman University, a high school senior headed to Hollins University on a pre-med path, and a mother of three enrolled in Cal State Fullerton's nursing program. The winning members shared the inspiring content of their essays on a video that I will show at your Board meeting. No public dollars were used; money for the one-time scholarships was raised through voluntary EAC fundraising activities. Further, the first-place winner of our local contest is now entered into a long-running national contest sponsored by the Association for Community Affiliated Plans. We expect to learn the outcome of that contest later this month.

### **Whole-Person Care (WPC)**

WPC Pilots are part of the new five-year 1115 Medicaid Waiver. These pilots will be funded by county dollars, which are matched with federal funds through intergovernmental transfers. On May 13, DHCS received approval from CMS on key documents related to the WPC Pilots, including the reporting requirements and application process. Now that the final application has been released, Orange County Health Care Agency, as the lead entity, will move forward with its plan to submit a response by the July 1 deadline. Staff is bringing an item to your June Board meeting that would allow CalOptima to be a participating entity with the county. As you know, WPC Pilots seek to better coordinate physical and mental health, and social services, in a person-centered manner through more efficient use of resources.

### **Key Meetings and Events**

Below are brief summaries of three key meetings and events during the past month:

- **South County Senior Summit**

On May 20, I spoke at the South County Senior Summit, which was hosted by Supervisor Lisa Bartlett. Reflecting the event's theme, "Aging Simplified," my presentation covered

OneCare Connect and PACE, and the ways those programs make health care easier and more personalized for seniors. My remarks were well received, with attendees asking questions about our programs during the Q&A panel and visiting our information table. CalOptima was a title sponsor of the event. News coverage by the Orange County Register included a mention of CalOptima and the value of our programs for seniors.

- **Meeting With DHCS Leadership**

At DHCS' request, I met with department leaders on May 24 to discuss the planned transition of the California Children's Services (CCS) program from the county to CalOptima. The meeting included Sarah Brooks, deputy director of Health Care Delivery Systems; Javier Portela, chief of Managed Care Operations; and Jacey Cooper, assistant deputy director of Health Care Delivery Systems. They shared that policy guidance will soon be released covering key areas of interest for CalOptima and our partners, such as the timeline for the transition and details regarding readiness assessments. CalOptima will continue to participate in regular meetings with all entities, including DHCS, Orange County Health Care Agency, CCS providers, and CCS families and advocates, as more details are shared regarding the transition.

- **Medi-Cal 50th Anniversary Celebration**

On May 24, in Sacramento, I attended DHCS' Medi-Cal 50th Anniversary Celebration. The event included opening remarks from Director Jennifer Kent, followed by a five-person panel discussing the topic, "Medi-Cal Matters." Panelists included C. Dean Germano, CEO of Shasta Community Health Center; Sen. Ed Hernandez, chair of the California Senate Health Committee and co-sponsor of the Medi-Cal expansion bill; John A. Pérez, Speaker Emeritus of California State Assembly and sponsor of the Medi-Cal expansion bill; Anne Schwartz, executive director of Medicaid and CHIP Payment and Access Commission; and Darrell Steinberg, State Senate president pro tempore (retired) and co-sponsor of the Medi-Cal expansion bill. The event also included the debut of the new Medi-Cal mobile app as well as the premiere of a 50th anniversary video.



A Public Agency

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# **OneCare Connect Supplemental Transportation Benefit**

**June 23, 2016**

**Albert Cardenas, Associate Director, Customer Service**

# What is Covered under Transportation Benefits?

- 30 One-way taxi trips per calendar year
- OneCare Connect covered health care related services
- Limited to a 10-mile radius from the OneCare Connect Service Area (Orange County Line)
- \$0 Copayment
- Service may require prior authorization
- Not suitable for members who are bedbound or in wheelchair\*

\*Non-Emergency Transportation Benefit is available for these members

# How Does the Member Access Transportation Benefits?

- American Logistics is the contracted vendor for CalOptima
- Members can schedule transportation by calling American Logistics at 1- 855-306-0509, 7 days a week from 8:00AM-5:00PM
- Members need to call at least 1 business day to schedule appointment
- Members can cancel a scheduled appointment by calling 2 hours before scheduled pick up

# Transportation Utilization YTD\*

- OneCare Connect Membership: 18,146
- Number of Members who utilized transportation: 2,158
- Percentage of Membership: 11.89%
- Total number of fares (Taxi Trips): 18,798

\*As of May 31<sup>st</sup> 2016

# Utilization by Type of Services

Month	Dialysis	Hospital	Doctor's Office	Pharmacy	Rehabilitation Therapy	Diagnostic Tests	# of Fares
Jan-16	1,251	2	2,301	216	38	7	3,815
Feb-16	1,310	0	2,158	171	21	0	3,660
Mar-16	1,560	0	2,314	154	26	0	4,054
Apr-16	1,670	0	1,911	221	20	0	3,822
May-16	1,655	2	1,575	196	19	0	3,447
<b>Totals</b>	<b>7,446</b>	<b>4</b>	<b>10,259</b>	<b>958</b>	<b>124</b>	<b>7</b>	<b>18,798</b>
<b>Percentage YTD</b>	<b>39.6%</b>	<b>0.02%</b>	<b>54.6%</b>	<b>5.1%</b>	<b>0.7%</b>	<b>0.04%</b>	

# Utilization by Age Group

## OneCare Connect Member Taxi Utilization by Age Group Year to Date (May) 2016

Age Group →	21-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+	Totals
# of Unique Passengers YTD	20	85	148	266	517	803	289	30	0	<b>2,158</b>
Cumulative Fares (Taxi Trips)	222	862	1,396	2,730	4,631	6,562	2,230	165	0	<b>18,798</b>





## UNOFFICIAL

### 2016 Orange County Open Primary Election Update/Results

For the Congressional, State Senate and State Assembly seats, the top two candidates, regardless of party affiliation, advance to the November general election. For the Board of Supervisors elections, the top two candidates advance to the November general election if no candidate receives more than 50% of the vote.

Please find below the list of federal, state and county legislative seats and the candidates that will be on the November general election ballot.

#### U.S. Congress

38th District	<b>Linda Sánchez</b> (D)	Ryan Downing (R)
39th District	<b>Ed Royce</b> (R)	Brett Murdock (D)
45th District	<b>Mimi Walters</b> (R)	Ron Varasteh (D)
46th District	Lou Correa (D)	<i>Bao Nguyen (D)/Bob Peterson (R)</i>
47th District	<b>Alan Lowenthal</b> (D)	Andy Whallon (R)
48th District	<b>Dana Rohrabacher</b> (R)	Suzanne Suvary (D)
49th District	<b>Darrell Issa</b> (R)	Doug Applegate (D)

#### California State Senate

29th District	Ling Ling Chang (R)	Josh Newman (D)
37th District	<b>John Moorlach</b> (R)	Ari Grayson (D)

#### California State Assembly

55th District	Gregg Fritchel (D)	<i>Phillip Chen (R)/Mike Spence (R)</i>
65th District	<b>Young Kim</b> (R)	Sharon Quirk-Silva (D)
68th District	Sean Jay Panahi (D)	<i>Steve Choi (R)/Harry Sidhu (R)</i>
69th District	<b>Tom Daly</b> (D)	Ofelia Velarde-Garcia (R)
72nd District	<b>Travis Allen</b> (R)	Lenore Albert-Sheridan (D)
73rd District	<b>William Brough</b> (R)	unopposed
74th District	<b>Matthew Harper</b> (R)	Karina Onofre (D)

#### Orange County Board of Supervisors

1st District	<b>Andrew Do</b>	Michele Martinez
3rd District	<b>Todd Spitzer</b>	unopposed

Incumbents are highlighted in **bold**



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# OneCare Connect Enrollment Update

**June 23, 2016**

**Belinda Abeyta, Director, Customer Service**

# Enrollment by Health Network\*

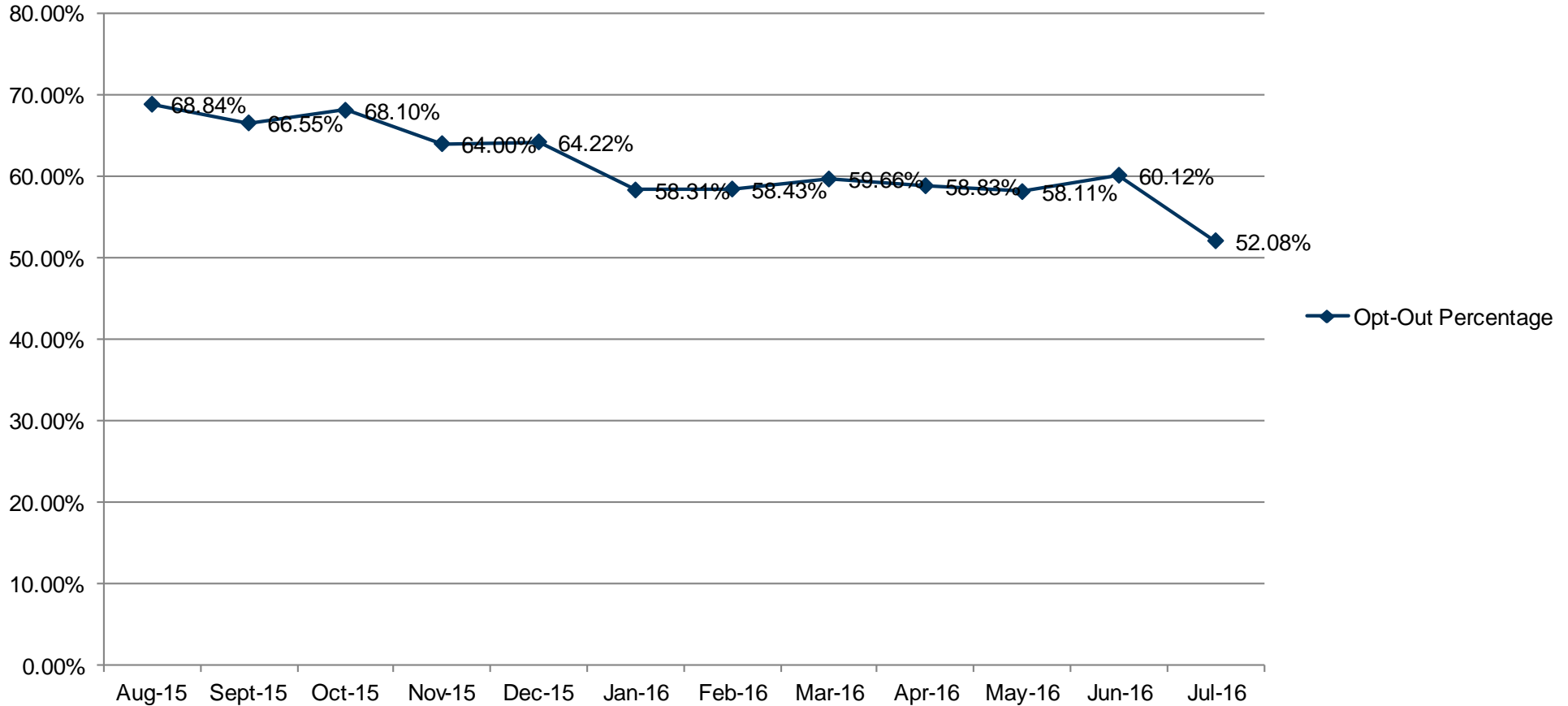
Health Network	Total Membership
Monarch	5,791
Prospect Medical Group	3,561
CalOptima Community Network	2,060
Family Choice Medical Group	2,039
Talbert	1,298
AMVI Care	772
UCMG	734
ARTA	684
Alta Med	574
Noble	555
Heritage – Regal	165
OC Advantage	137
Heritage – ADOC	61
<b>Total</b>	<b>18,431</b>
<b>* Enrollment as of 6/16/16</b>	

# Overall Enrollment

Month	End of Prior Month Enrollment	Passive Enrollment	Voluntary Enrollment	Reinstated/Re-Enrolled Enrollment	Beginning of Month Members	Disenrollment - Involuntary	Disenrollment - Voluntary	Ending Enrollment
July 2015	0	0	2		2	0	1	1
August 2015	1	868	83		952	4	185	763
September 2015	763	832	68		1,663	14	229	1,420
October 2015	1,420	945	117		2,482	9	322	2,151
November 2015	2,151	891	145		3,187	30	278	2,879
December 2015	2,879	1,340	218	1	4,438	35	556	3,847
January 2016	3,847	12,270	241	4	16,362	137	736	15,489
February 2016	15,489	1,261	174	3	16,927	138	726	16,063
March 2016	16,063	1,244	127	13	17,447	157	780	16,510
April 2016	16,510	1,136	122	17	17,785	151	701	16,933
May 2016	1,6933	1,089	134	22	18,178	81	729	17,368
June 2016	17,368	996	83	19	18466	0	0	18,446

Source: Facets pulled 6/16/16

# Opt-Out Rate



Source: CORE Report CC0136 Pulled 6/16/16

\* January 2016 excludes OneCare Crosswalk & LIS membership. Opt-Out Rate with OneCare & LIS included is 22.33%

# OCC Deeming

	In Deeming	Regained OCC Eligibility at the end of Deeming	Termed OCC at the end of Deeming	Regained Medi-Cal Eligibility 1 Month after Termed OCC	Regained Medi-Cal Eligibility 2 months after Termed OCC	Has not Regained Medi-Cal Eligibility after Termed OCC
<b>Nov-15</b>	20	5	15	7	3	5
<b>Dec-15</b>	23	4	19	3	9	7
<b>Jan-16</b>	85	21	64	0	25	39
<b>Feb-16</b>	81	23	58	2	16	40
<b>Mar-16</b>	104	30	74	7	14	53
<b>Apr-16</b>	88	23	65	1	0	64
<b>May-16</b>	109	31	78	3	0	75
<b>June-16</b>	106	31	78	3	0	0

Source: CORE Report OC0102 Pulled 6/13/16

# Long-Term Care Passive Enrollment

	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016
Number of LTC Facilities Onboarded:	4	6	5	6	5	5	6	13	58
Number of LTC Passive Enrollment notifications:	82	269	167	191	167	183	164	281	280
Number of LTC Passive Enrollment members excluded:	6	21	17	16	16	21	19	44	50
Number of LTC members who opted out:	44	180	85	101	97	144	84	41	93
Total number of LTC members enrolled:	32	68	65	74	54	18	61	196	137
LTC Opt-Out Rate for Passive Enrollment:	<b>53.7%</b>	<b>66.9%</b>	<b>50.9%</b>	<b>52.9%</b>	<b>58.1%</b>	<b>78.7%</b>	<b>51.2%</b>	<b>69.75%</b>	<b>48.9%</b>

Source: CORE Report OC0102 Pulled 6/16/2016



# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (November 2015) Total:</b>	<b>82</b>	<b>6</b>	<b>32</b>	<b>44</b>	<b>53.7%</b>
La Habra Convalescent Hospital	11	0	1	10	90.91%
Lake Forest Nursing Center	34	4	13	17	50.00%
New Orange Hills	7	0	7	0	0.00%
Orangegrove Rehabilitation Hospital	30	2	11	17	56.67%

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (December 2015) Total:</b>	<b>269</b>	<b>21</b>	<b>68</b>	<b>180</b>	<b>66.9%</b>
Anaheim Healthcare Center	78	7	18	53	67.95%
French Park Care Center	50	3	34	13	26.00%
Garden Park Care Center	43	6	1	36	83.72%
Gordon Lane Care Center	33	1	5	27	81.82%
Park Regency Care	33	2	4	27	81.82%
Sun Mar Nursing Center - Anaheim	32	2	6	24	75.00%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (March 2016) Total:</b>	<b>167</b>	<b>16</b>	<b>54</b>	<b>97</b>	<b>58.1%</b>
Palm Terrace Healthcare & Rehabilitation Center	6	0	1	5	83.33%
Park Anaheim Care Center	51	5	19	27	52.94%
Sea Cliff Healthcare Center	45	8	21	16	35.56%
South Coast Post Acute	43	2	0	41	95.35%
Victoria Healthcare Center	22	1	13	8	36.36%

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (April 2016) Total:</b>	<b>183</b>	<b>21</b>	<b>18</b>	<b>144</b>	<b>78.7%</b>
Capistrano Beach Care Center	23	1	8	14	60.87%
Flagship Healthcare Center	33	3	4	26	78.79%
Garden Grove Convalescent Hospital	52	5	2	45	86.54%
Leisure Court Nursing Center	48	7	0	41	85.42%
Seal Beach Health & Rehabilitation Center	27	5	4	18	66.67%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (May 2016) Total:</b>	<b>164</b>	<b>19</b>	<b>61</b>	<b>84</b>	<b>51.2%</b>
Fullerton Healthcare and Wellness Centre	39	6	17	16	41.03%
Knott Avenue Care Center	25	4	15	6	24.00%
Pacific Haven Subacute and Healthcare Center	26	4	4	18	69.23%
Parkview Healthcare Center	9	0	5	4	44.44%
Stanley Healthcare Center	17	1	3	13	76.47%
Windsor Gardens of Anaheim	48	4	17	27	56.23%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (June 2016) Total:</b>	<b>281</b>	<b>44</b>	<b>41</b>	<b>196</b>	<b>69.75%</b>
Advanced Rehab Center of Tustin	29	5	3	21	72.41%
Anaheim Crest Nursing Center	27	5	1	21	77.78%
Buena Park Nursing Center	19	2	0	17	89.47%
Chapman Care Center	17	2	8	7	41.18%
Extended Care Hospital of Westminster	23	2	0	21	91.30%
Greenfield Care Center of Fullerton	30	3	6	21	70.00%
Harbor Villa Care Center	26	6	0	20	76.92%
Huntington Valley Healthcare Center	28	4	4	20	71.43%
La Palma Nursing Center	16	3	3	10	62.50%
ManorCare Health Services - Fountain Valley	14	3	9	2	14.29%
Mission Palms Healthcare Center	28	4	5	19	67.86%
Newport Subacute Healthcare Center	23	5	2	16	69.57%
Pacific Haven Subacute and Healthcare Center	1	0	0	1	100.00%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility (July 2016) Total:</b>	<b>280</b>	<b>50</b>	<b>93</b>	<b>137</b>	<b>48.93%</b>
Advanced Rehab Center of Tustin	2	0	0	2	100.00%
Alamitos West Convalescent Hospital	13	4	2	7	53.85%
Alta Gardens Care Center	3	0	0	3	100.00%
Anaheim Crest Nursing Center	1	0	0	1	100.00%
Anaheim Healthcare Center	9	1	6	2	22.22%
Anaheim Terrace Care Center	3	0	2	1	33.33%
Beachside Nursing Center	5	0	2	3	60.00%
Buena Park Nursing Center	1	0	0	1	100.00%
Buena Vista Care Center	2	0	0	2	100.00%
Capistrano Beach Care Center	1	1	0	0	0.00%
Carehouse Healthcare Center	5	0	4	1	20.00%
Chapman Global Medical Center	4	0	1	3	66.67%
Country Villa Plaza Healthcare Center	8	0	3	5	62.50%
Coventry Court Health Center	14	2	3	9	64.29%
Crystal Cove Care Center	8	1	1	6	75.00%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility Cont. (July 2016) Total:</b>	<b>280</b>	<b>50</b>	<b>93</b>	<b>137</b>	<b>48.93%</b>
Extended Care Hospital of Westminster	2	0	0	2	100.00%
Flagship Healthcare Center	4	1	0	3	75.00%
Fountain Care Center	6	0	6	0	0.00%
Freedom Village Healthcare	3	0	2	1	33.33%
French Park Care Center	7	2	5	0	0.00%
Fullerton Healthcare and Wellness Centre	5	1	3	1	20.00%
Garden Park Care Center	1	0	1	0	00.00%
Gordon Lane Care Center	6	1	2	3	50.00%
Greenfield Care Center of Fullerton	1	0	1	0	00.00%
Harbor Villa Care Center	1	0	0	1	100.00%
La Habra Convalescent Hospital	5	1	2	2	40.00%
Laguna Hills Health & Rehabilitation Center	3	1	1	1	33.33%
Lake Forest Nursing Center	6	0	5	1	16.67%
Leisure Court Nursing Center	7	0	2	5	71.43%
ManorCare Health Services - Fountain Valley	1	0	1	0	0.00%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility Cont. (July 2016) Total:</b>	<b>280</b>	<b>50</b>	<b>93</b>	<b>137</b>	<b>48.93%</b>
Mesa Verde Post Acute Care Center	2	0	2	0	0.00%
Mission Palms Healthcare Center	1	0	0	1	100.00%
New Orange Hills	1	0	0	1	100.00%
Newport Subacute Healthcare Center	1	0	0	1	100.00%
Orange Healthcare and Wellness Centre	4	0	3	1	25.00%
Orangethrough Rehabilitation Hospital	5	1	2	2	40.00%
Pacific Haven Subacute and Healthcare Center	1	0	0	1	100.00%
Palm Terrace Healthcare & Rehabilitation Center	1	0	1	0	0.00%
Park Anaheim Health Care Center	6	1	3	2	33.33%
Park Regency Care	1	0	1	0	0.00%
Park West Care & Rehabilitation Center	1	0	1	0	0.00%
Regents Point-Windcrest	7	0	2	5	71.43%

Source: CORE Report OC0102 Pulled 6/16/2016

# LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
<b>Enrollment by Facility Cont. (July 2016) Total:</b>	<b>280</b>	<b>50</b>	<b>93</b>	<b>137</b>	<b>48.93%</b>
Sea Cliff Healthcare Center	4	0	4	0	0.00%
South Coast Global Medical Center	13	0	0	13	100.00%
South Coast Post Acute	1	0	1	0	0.00%
St Edna Subacute and Rehabilitation Center	3	0	3	0	0.00%
St Elizabeth Healthcare and Rehabilitation Ctr	1	1	0	0	0.00%
Stanley Healthcare Center	2	0	0	2	100.00%
Sun Mar Nursing Center - Anaheim	3	0	1	2	66.67%
Terrace View Care Center	6	2	2	2	33.33%
Town & Country Manor	9	1	1	7	77.78%
Tustin Care Center	21	21	0	0	0.00%
Victoria Healthcare Center	4	1	2	1	25.00%
Walnut Village Rehabilitation and Care Center	19	2	1	16	84.21%
West Anaheim Extended Care	5	0	0	5	100.00%
Windsor Gardens Care Center of Fullerton	20	4	9	7	35.00%
Windsor Gardens of Anaheim	1	0	0	1	100.00%

Source: CORE Report OC0102 Pulled 6/16/2016







**ORANGE COUNTY  
SOCIAL SERVICES AGENCY  
ADULT SERVICES**

Jorge L. Solé, Deputy Director  
OCC MAC - June 23, 2016



# Social Services Agency

Administrative  
Services

Children &  
Family  
Services

Family Self-  
Sufficiency

Adult Services  
and  
Assistance  
Programs

**Brigette McLellan**  
Deputy Director  
Assistance Programs

**Wendy Aquin**  
Division Director  
Adult Services  
and  
Assistance Programs  
(ASAP)

Medi-Cal

Cal-Fresh

APS

**Jorge L. Solé**  
Deputy Director  
Adult Services

IHSS



# **Adult Protective Services Protecting Orange County Elder and Dependent Adults**

**Program mandated by the State of California to accept and respond to allegations of elder and dependent adult abuse.**



# Definitions

**Elder** - Any person residing in the state of California age 65 or older. (Welfare and Institutions Code 15610.27)

**Dependent Adult** - Any person residing in the state, between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her abilities to carry out normal activities or to protect his or her rights or whose physical or mental abilities have diminished because of age. (Welfare and Institutions Code 15610.23)



## Guiding Value

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

## Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services even if their choices do not serve their best interest

Right to Self-Determination



# What does APS do?

- Receive reports of abuse allegations
- Investigate suspected abuse of elders and dependent adults
  - Works with Law Enforcement
  - Works with Psychiatric Emergency Team (5150)
  - Cross report penal code violations
- Provide crisis intervention
  - Suggest, persuade, and bargain with the victim to get help
  - Assess needs and link to services
  - Assist victims and their families in developing individual care plans
  - Recommend conservatorship to the Public Guardian
- Establish linkages with local community agencies to work as multidisciplinary teams
  - The APS social worker is often “The spoke in the wheel” or mediator of collateral services
- Provide limited follow-up services



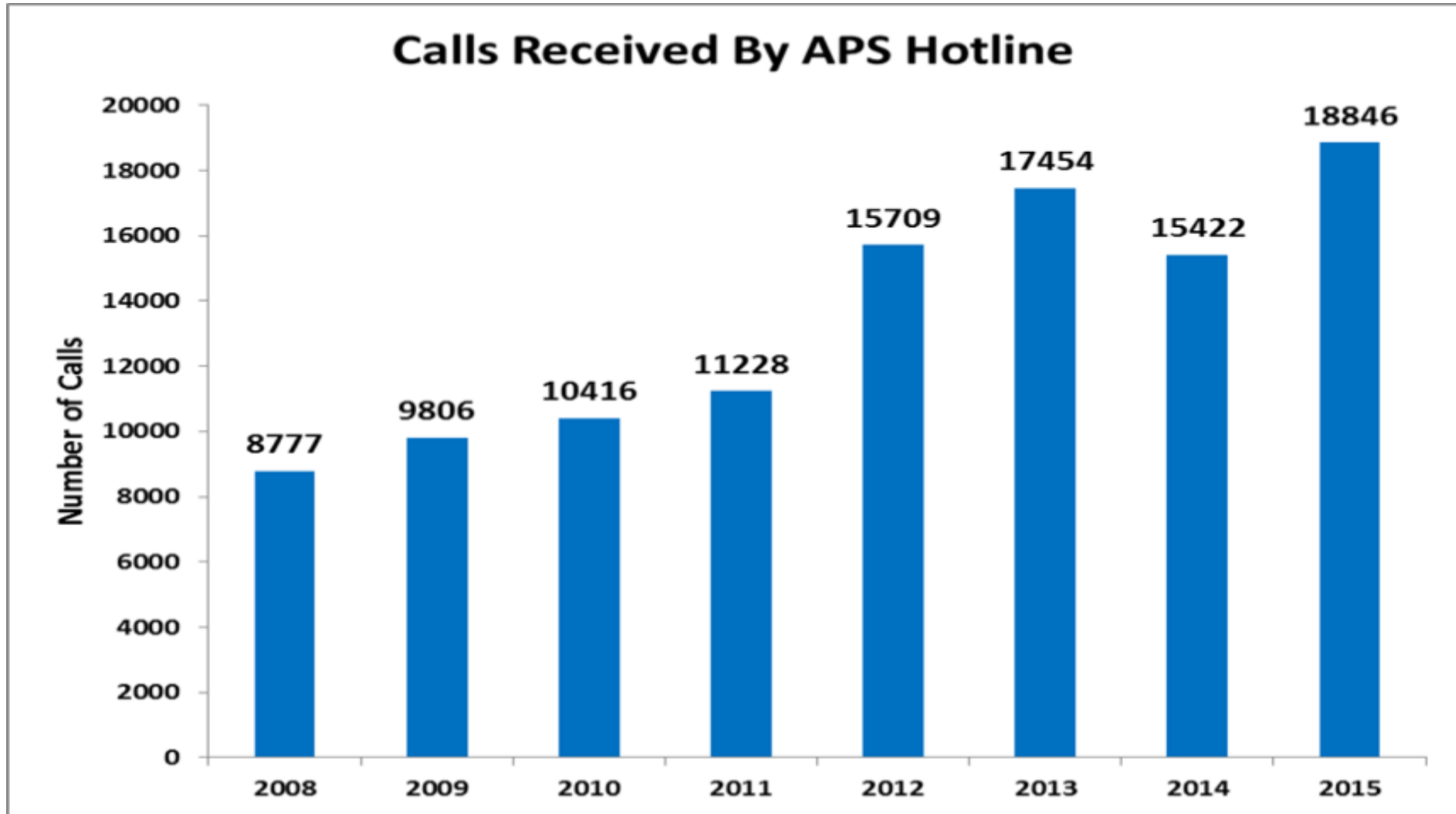
# APS may not...

- Enter the victim's home without permission
- Remove a person from their residence against their will
- Force a client to accept services



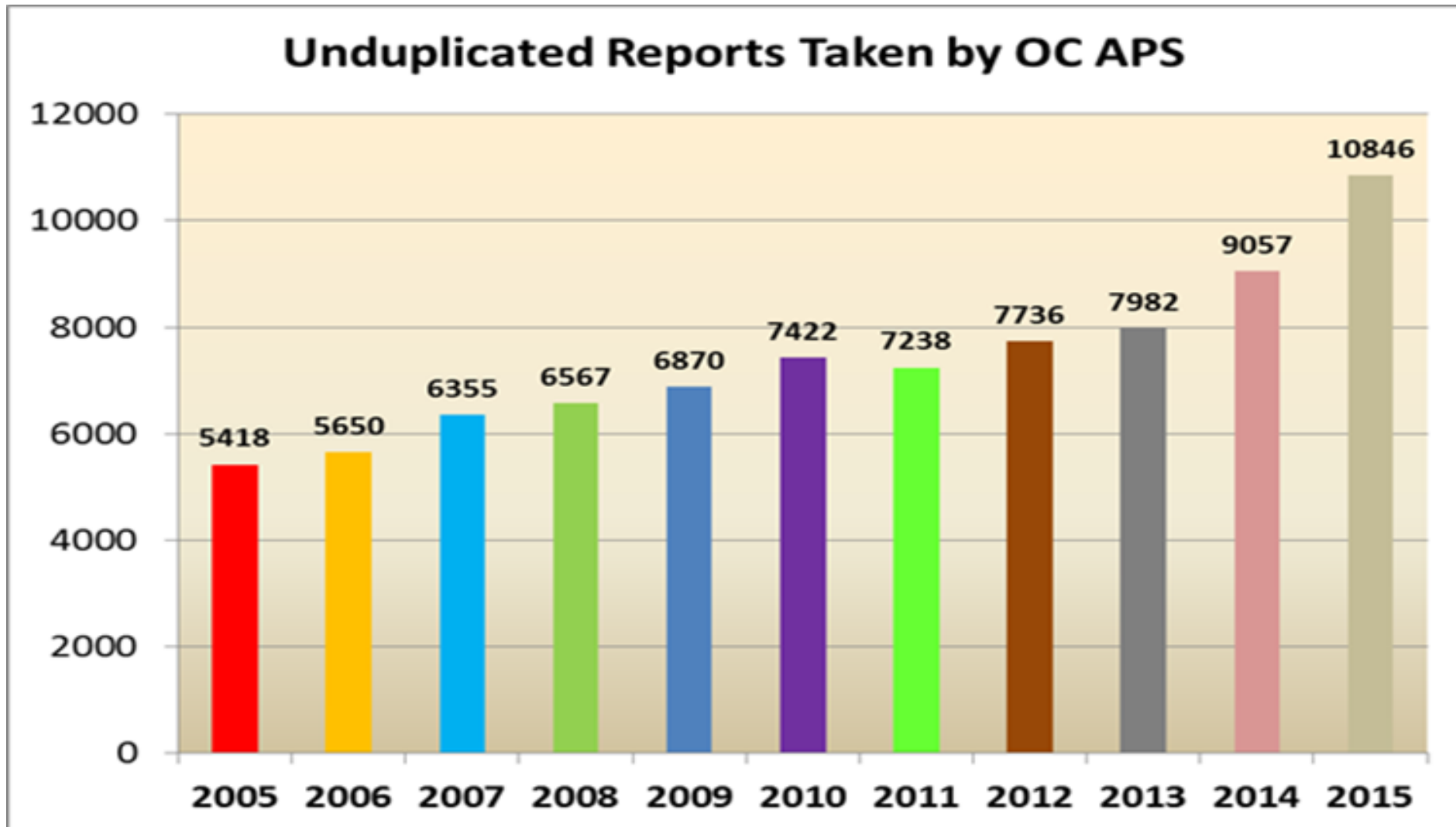
# APS Calls into the Registry

The number of calls received by APS Registry has increased 22% since 2014



# Elder and Dependent Adult Abuse Reports

The number of reports received by APS increased 100% from 2005 - 2015



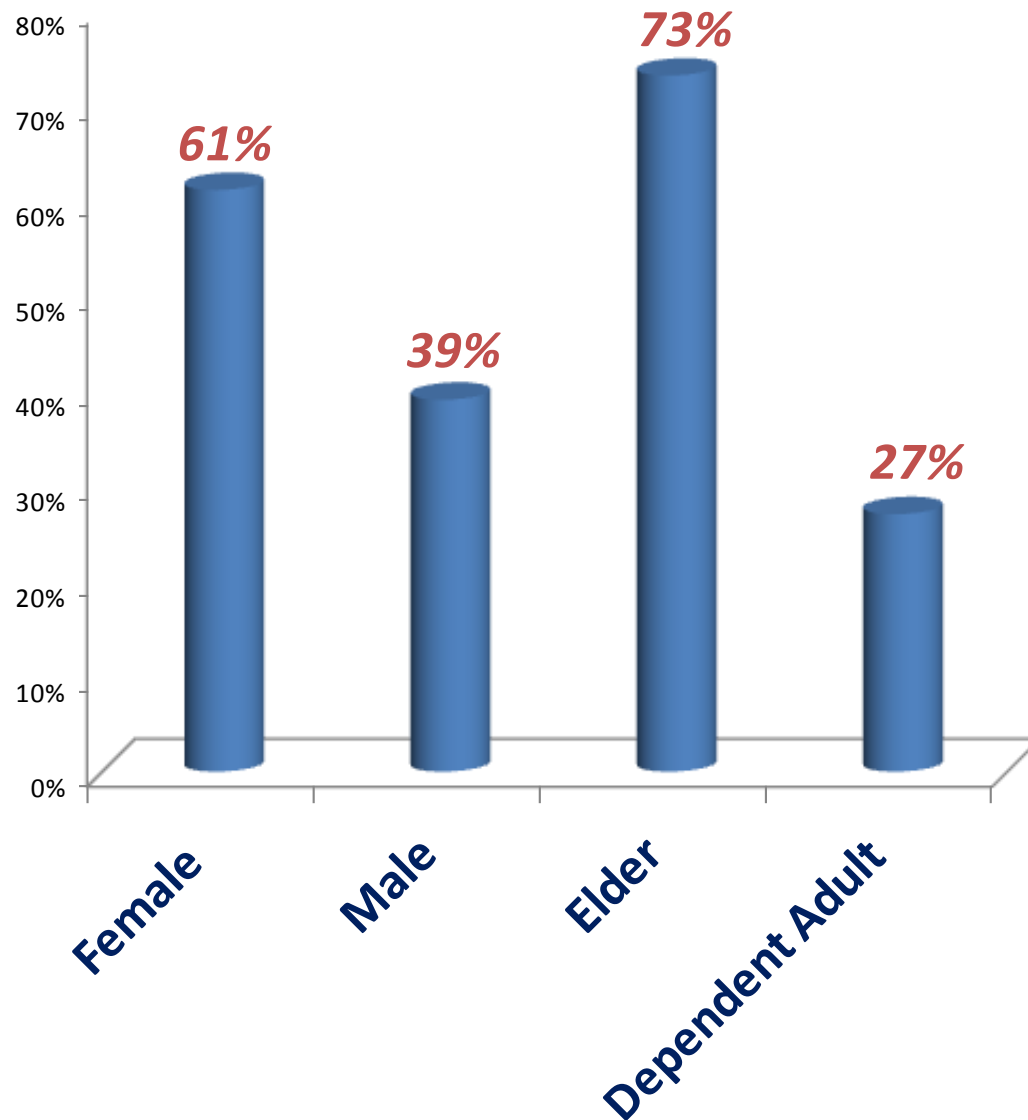
## Adult Abuse by Age 2015

The incidence of elder abuse increases significantly with age. Those age 85 and over are almost 6 times more likely to be suffering from abuse as those age 65-69.

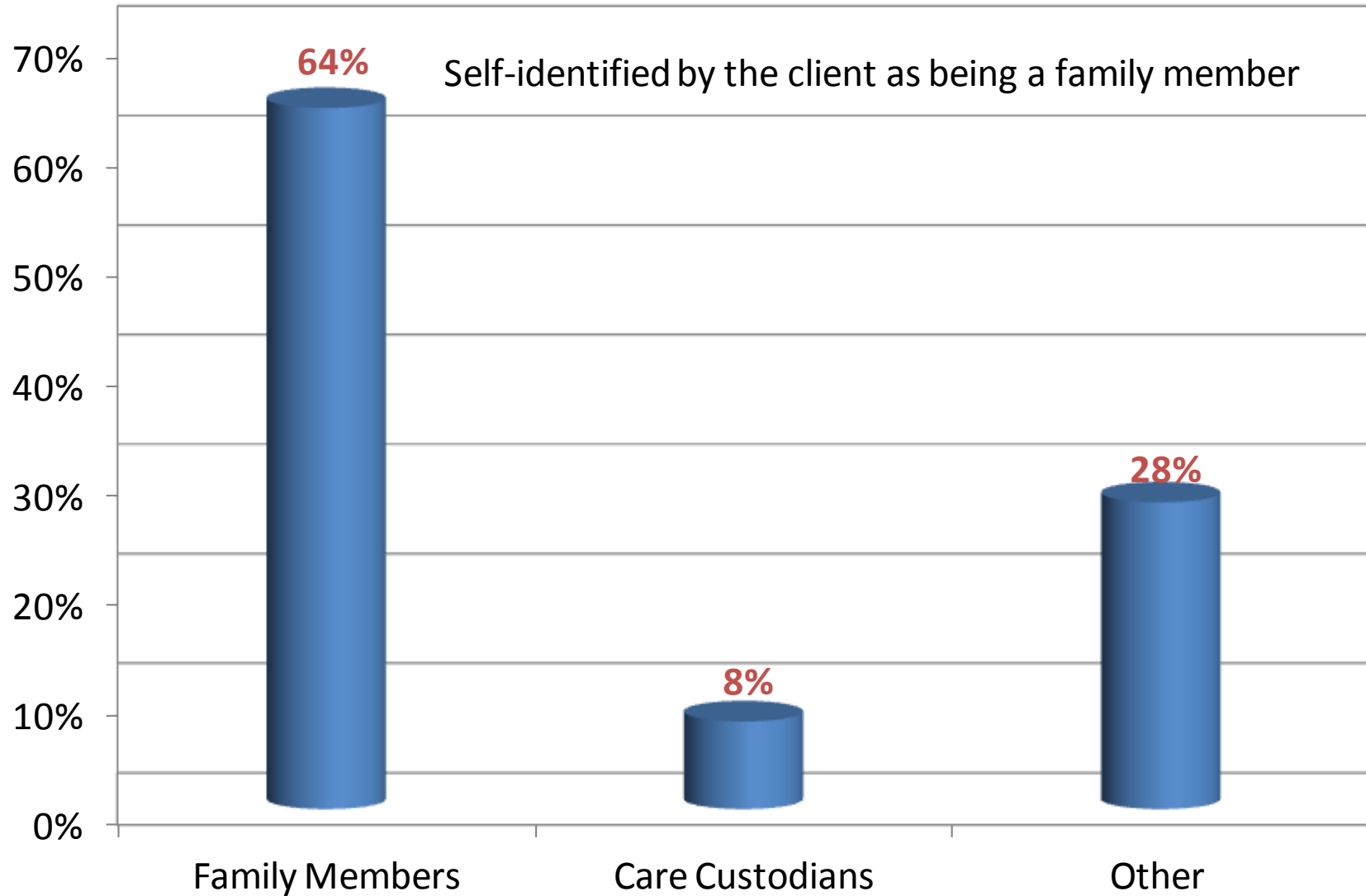
### Elder Abuse Reports by Age in Orange County 2015

Age	Unduplicated Victims	Population*	Incidence
65-69	1199	135,257	1:113
70-74	1243	97,511	1:78
75-79	1360	72,347	1:53
80-84	1628	53,473	1:33
85+	2658	56,619	1:21
Total	8088	415,207	1:51

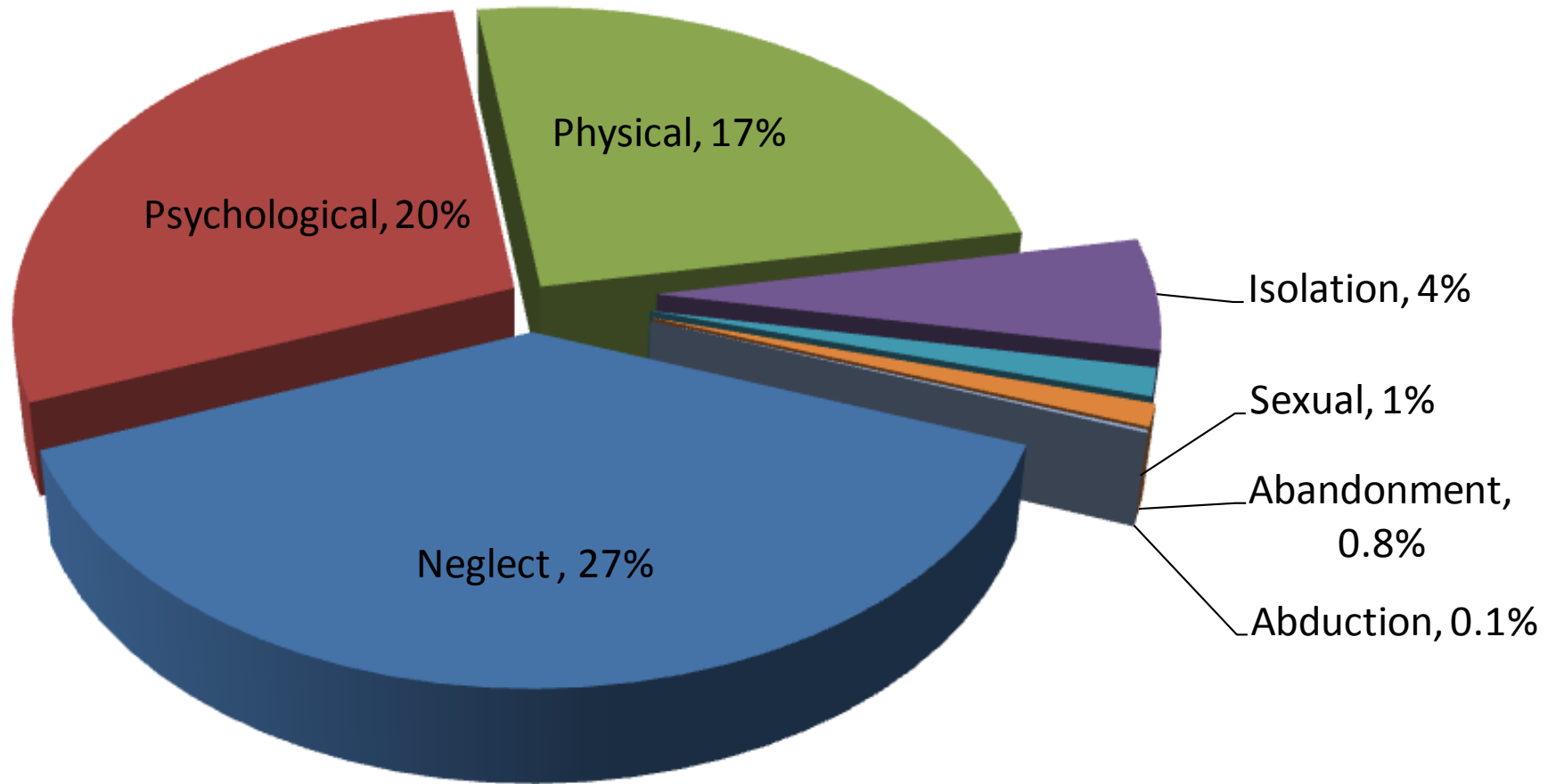
# Victim Profiles -2015



# Abuser Profiles - 2015

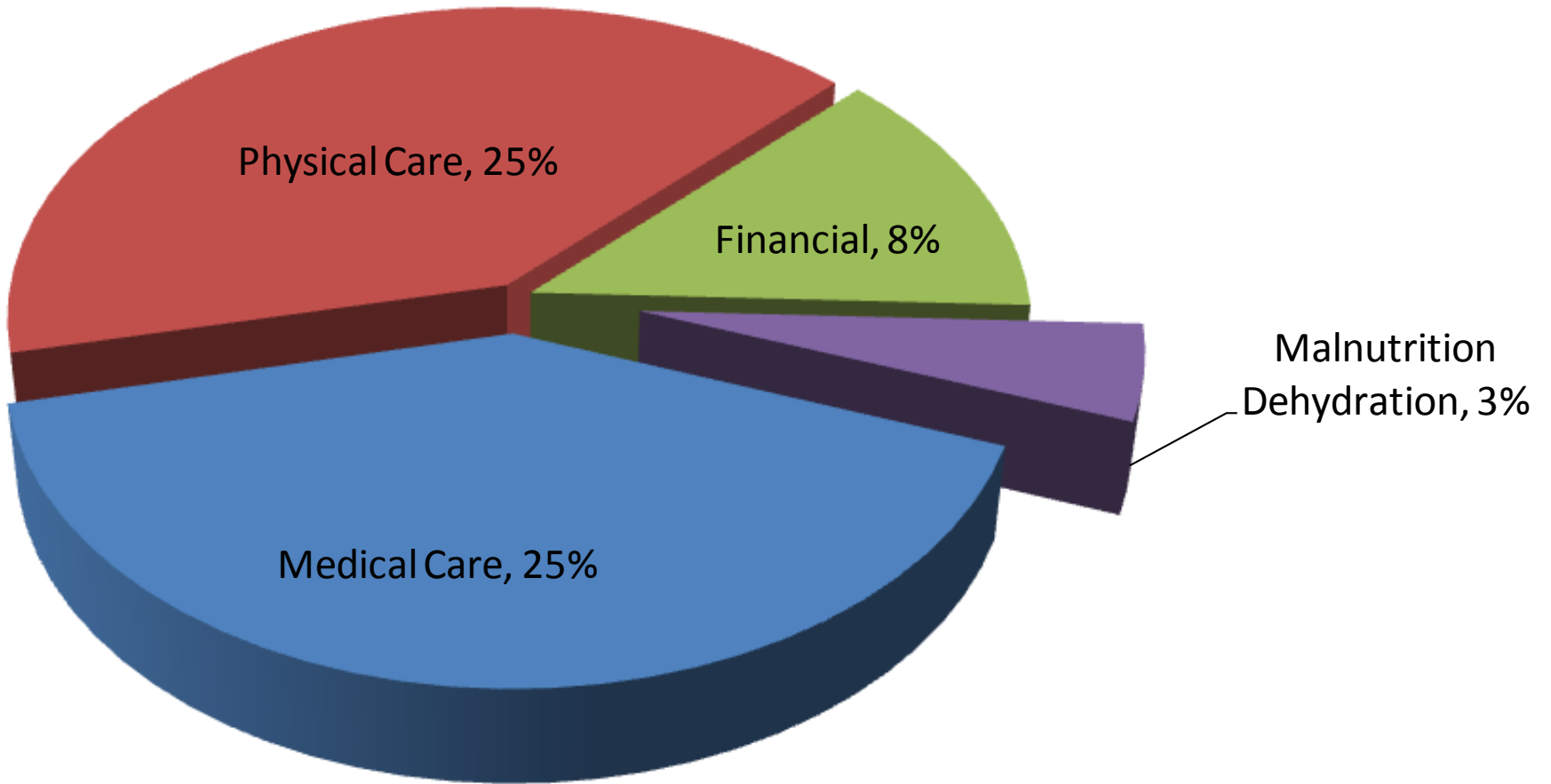


# Abuse Allegations by Others -2015



■ Neglect ■ Psychological ■ Physical ■ Isolation ■ Sexual ■ Abandonment ■ Abduction

# Abuse Allegations by Self - 2015



■ Medical Care   ■ Physical Care   ■ Financial   ■ Malnutrition/Dehydration



# APS Trends & Projections

- The **National Institute of Health** reports that since January 2011, 8,000 Baby Boomers turn 65 each day and this will continue for 18 years.
  - By 2030, 1 out of every 5 Americans will be 65 years or older or 20% of our total population.
- The **California State Department of Finance** projects a 16.8% increase in those ages 65 and older living in Orange County for the next five years.
- **SSA 5-year Projection:**
  - 7.54% average annual increase in reports
  - 4.6% average annual increase in cases



# In-Home Supportive Services

## **Taking Care of Aged, Blind and Disabled Persons in Their Own Home**

State program that helps pay for services provided to low-income elderly, blind or disabled individuals, including children, so that they can remain safely in their own home. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.



# Eligibility

- Aged (over 65)
- Blind
- Disabled
- Eligible for Medi-Cal
- Would be unable to remain safely in their own homes without assistance.



# General Medi-Cal Criteria

- Resources not in excess of \$2000 (\$3000 for a couple)
- SSI/SSP Recipients automatically meet financial requirements
- Persons who meet the SSI/SSP eligibility criteria except for income are eligible but may have to pay a share of cost
- There are exceptions to the rules (6V, etc.)



# Application Process

- Application Unit (AU) Social Workers take application over the phone
- AU reviews eligibility factors
- AU staff are multilingual
- Translation services available
- Application are given to unit supervisors to distribute to social workers



# Needs Assessment

- Social Worker performs the initial assessment in the Recipient's home
- Social Worker authorizes services needed and number of hours
- Reassessment required annually or when Recipient's condition or living situation has changed significantly
- The Recipient has the right to Appeal the Social Worker's decisions and an Administrative Law Judge rules on each case

# Establishing Need for Services

- Services are authorized based upon:
  - The Recipient's, authorized rep, parent/guardian's statement of needs
  - The Social Worker's observations
  - Medical records and physicians statement of needs
  - Other organizations serving the Recipient, e.g. Regional Center for the Disabled, Special Schools, CalOptima through CCI Liaisons





# Health Care Certification

- State Law requires that each person applying for IHSS provide a health care certification form to a licensed care professional (LCHP) before they can get IHSS
- A blank copy of Health Care Certification form (SOC 873) will be send to the applicant
- The applicant is responsible for making sure this form is completed and returned to the county within 45 days from the date the county worker requested it
- If this form is not received by the due date, the application will be denied





# Tasks Covered by IHSS

- **Domestic and Related Tasks (D&R)**

- Housekeeping
- Laundry
- Shopping for food/errands
- Meal preparation and clean up

- **Personal Care Tasks**

- Bathing
- Oral hygiene
- Dressing
- Ambulation
- Feeding
- Grooming
- Transfer
- Bowel and bladder care
- Giving medications
- Care of prosthetic devices
- Driving to medical appointments
- Repositioning/rubbing skin
- Respiration (non medical)
- Paramedical procedures (Dr. order)



# Time Per Task

- Each task is approved by the number of minutes it takes to complete
- It is estimated how many times per day, week or month the task is necessary and annualized
- There are guidelines for each task. Exceptions can be made but must be justified



# Tasks Not Covered by IHSS

- Transportation to social activities
- Care for pets
- Clean the garage or auto repairs
- Assist Recipient to fill out forms
- Assist Recipient with financial issues, such as writing checks, paying bills
- Provide services to family members or friends
- Visit or socialize with a Recipient
- Watering or caring for plants and landscaping



# Who Provides IHSS Services?

- There are 21,432 Providers in active status in Orange County
- About 70% of these Providers are relatives and many live with the Recipients
- IHSS provides payments to Care Providers at the rate of \$10.20 per hour
- The Recipient, the Recipient's guardian or authorized representative is the employer of records and hires, supervises and can terminate the provider



# IHSS Provider Payments

- Timesheets are signed by both the Provider and the Recipient and submitted to the processing center in Chico, CA on a bi-monthly basis
- IHSS provides payments to Providers at the rate of \$10.20 per hour
- Checks are issued and mailed directly to providers from the State of CA
- New timesheets are mailed from the Employment Development Department



# Public Authority (PA)

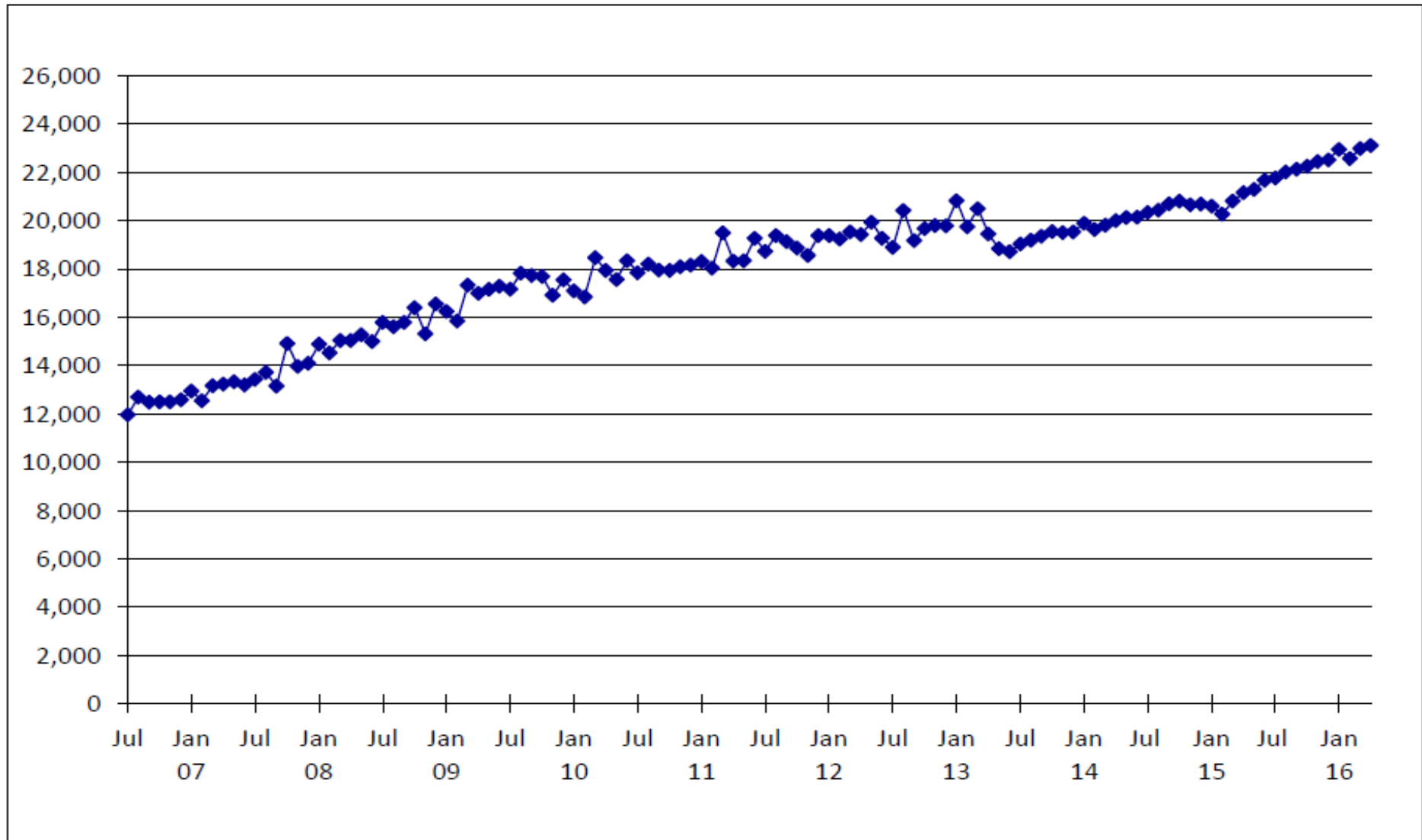
- For those without a care provider, the PA keeps a Registry of about 5,000 Providers
- When requested by a Recipient, PA sends several referrals and the Recipient hires the person of their choice
- The PA processes all new Providers:
  - Orientation, paperwork regarding their legal responsibilities
  - Fingerprinting and background check
  - Elder/child abuse or fraud convictions against the government as well as other felonies and some misdemeanors will make a potential Provider ineligible

# IHSS Stats (2015)

- Applications Received: 6,743
- Dispositions Completed: 6,909
- Authorized Cases: 26,350
- Providers in Active Status: 20,084
- Authorized Hours: 2,190,641
- IHSS-APS Common Clients: 95

# IHSS Trends

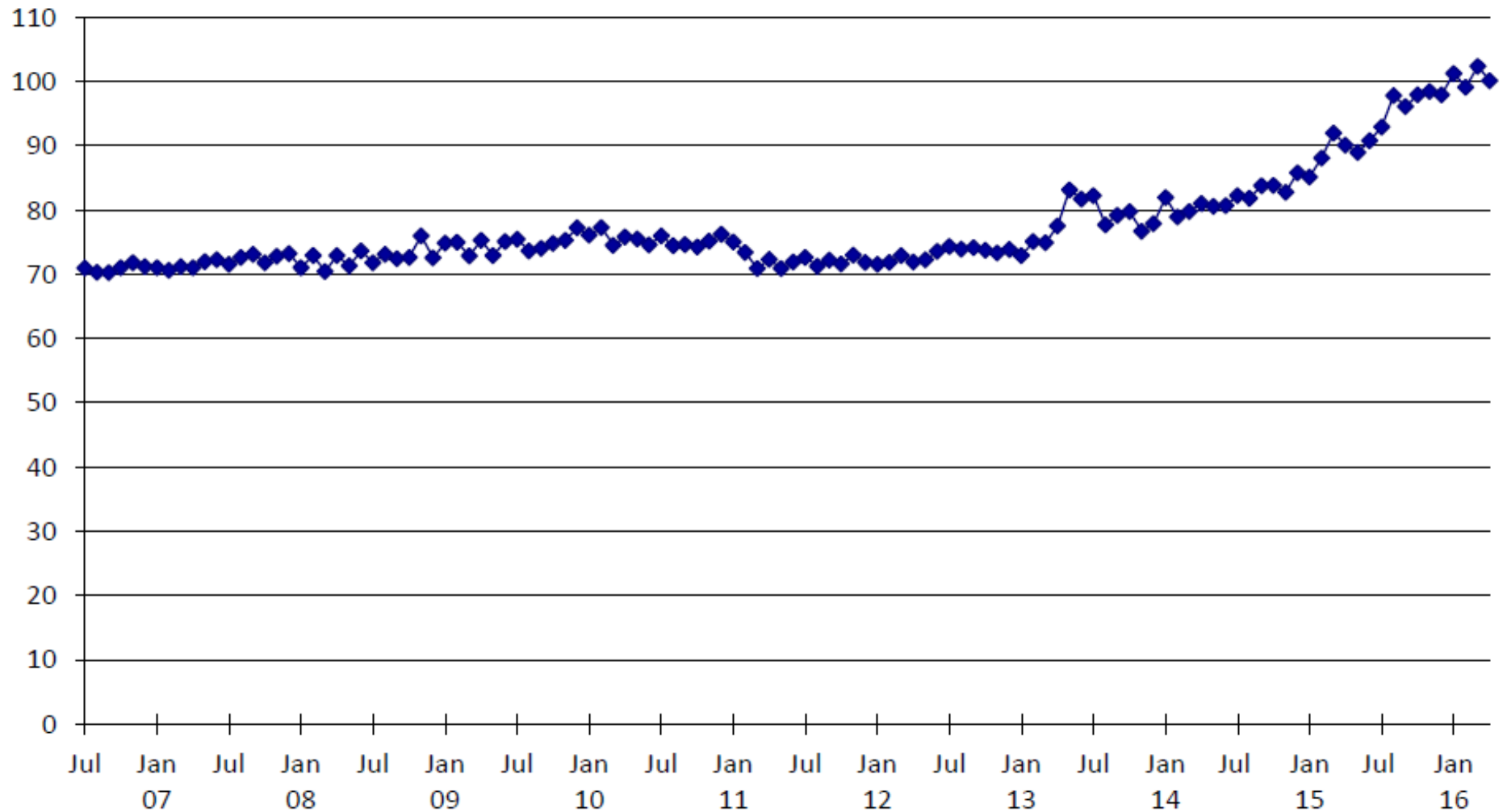
IN-HOME SUPPORTIVE SERVICES: PAID CASES





# IHSS Trends

IN-HOME SUPPORTIVE SERVICES: AVERAGE HOURS PER CASE



# IHSS Projections

- It is estimated that the number of authorized IHSS cases will increase 3.5% each year
- Implementation of Fair Labor Standards Act (FLSA) for Home Care Providers (January 2016)
  - Overtime hours
  - Travel time between recipients' homes
  - Waiting time with recipients such as at medical appointments.
- Has had an adverse effect on payments for providers due to errors completing timesheets
- IHSS accounting operations have been significantly impacted due to increased phone calls, multiple mailings, providers dropping in for assistance, timesheet corrections, and processing violations

# Resources

- APS Registry: (800) 451-5155
- IHSS Application Unit: (714) 825-3000
- Jorge Solé, Deputy Director – Adult Services  
(714) 825-3132
- Stacy Lindberg, APS Program Manager  
(714) 704-8200
- Stacy Lee, IHSS Program Manager  
(714) 825-3131



**QUESTIONS?**