

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

**THURSDAY, DECEMBER 22, 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. 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 17, 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. CEO AND MANAGEMENT REPORTS

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

VI. INFORMATION ITEMS

- A. OneCare Connect MAC Member Updates
- B. OCC MAC Member Presentation on Orange County Advanced Care Planning Project
- C. Multipurpose Senior Services Program (MSSP) Overview
- D. Personal Care Coordinator (PCC) Member Notices
- E. OneCare Connect Update
- F. Federal and State Legislative Update

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

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

November 17, 2016

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on November 17, 2016, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:02 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Rev 1-03-2017

Members Present: Ted Chigaros, **Christine Chow**, Josefina Diaz, John Dupies, Sandy Finestone, Susie Gordee, Donta Harrison; Sara Lee, Patty Mouton, Erin Ulibarri (non-voting)

Members Absent: ~~Christa Chow~~, Gio Corzo, Lena Berlove (non-voting), Adam Crits (non-voting), Jorge Sole (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Caryn Ireland, Executive Director, Quality Analytics; Arif Shaikh, Director Government Affairs; Dr. Donald Sharps, Medical Director, Medical Management; Tracy Hitzeman, Interim Executive Director, Clinical Operations; Dr. Emily Fonda, Medical Director; Dr. Richard Bock, Deputy Chief Medical Officer; Cheryl Meronk, Director Strategic Development; Belinda Abeyta, Director Customer Service; Becki Melli, Staff to OCC MAC

MINUTES

Approve the Minutes of the October 27, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: On motion of Member Sandy Finestone, seconded and carried, the OCC MAC approved the October 27, 2016 minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Medical Officer (CMO) Update

Richard Bock, M.D., Deputy Chief Medical Officer, provided several updates on medical affairs. The implementation of Magellan Health, Inc. as the selected Managed Behavioral Health

Organization (MBHO) is moving forward with an effective date of January 1, 2017. Dr. Bock announced that in October, the Orange County Board of Supervisors recognized CalOptima for being California's top Medi-Cal plan for the third year in a row, according to the National Committee for Quality Assurance's (NCQA) Medicaid Health Insurance Plan Ratings 2016–2017. The CalOptima Board of Directors recommended that staff coordinate with the Orange County Health Care Agency on efforts to ameliorate the opioid epidemic by outreaching to physicians to develop measures that report on the highest prescribers. In addition, efforts are needed to focus on the growing e-cigarette trend among middle school and high school children.

INFORMATION ITEMS

OCC MAC Member Updates

Chair Mouton thanked the committee members for completing the Annual Compliance Training courses, as required by the Centers for Medicare and Medicaid Services (CMS). Chair Mouton announced that she would be presenting the OCC MAC presentation on the Orange County Advanced Care Planning Project at the December 22, 2016 meeting. Member Susie Gordee volunteered to present at the January 26, 2017 meeting.

Chair Mouton announced that the South County Adult Day Services Center would open the week after Thanksgiving and private tours could be arranged. She also announced that Alzheimer's Orange County is hosting a Holiday Open House on December 15, 2016.

OCC MAC Member Presentation on Quarterly Ombudsman Update

Sara Lee, Health Consumer Action Center/Legal Aid Society of Orange County, reported that the Legal Aid Society of Orange County (LASOC) receives direct referrals from CalOptima regarding OneCare Connect (OCC) members that lose Medi-Cal. LASOC continues to educate dual eligible and OCC members on OCC benefits, billing issues, complying with the renewal process and resolving Medi-Cal eligibility issues. LASOC also educates beneficiaries on member rights and LASOC's role as the Ombudsman to assist with member issues. Ms. Lee noted that many members need information and education on the role of the Personal Care Coordinator (PCC).

Intergovernmental Transfer (IGT) Expenditure Update

Cheryl Meronk, Director, Strategic Development, presented an update on CalOptima's IGT expenditure plan. Ms. Meronk explained that the IGT process enables CalOptima to secure additional federal revenue to increase the historically low Medi-Cal managed care rates paid to CalOptima. The increased rate payment funds provide enhanced services for Medi-Cal beneficiaries. The IGT funds available to CalOptima each year are contingent upon the availability of eligible local government dollars that will be used by the state as the required match for the federal Medicaid dollars. Ms. Meronk explained that the first IGTs had one local partner in the transaction, which was the University of California, Irvine, but IGT 5 will have five funding partners. She added that CalOptima's share for IGTs 1-5 is approximately \$47.96 million. The Centers for Medicare & Medicaid Services (CMS) requires CalOptima to report on how the health plan will spend its share of the funds. For IGTs 4 and 5, funding categories were developed by a special workgroup of the Member and Provider Advisory Committees, with

additional recommendations from the CalOptima Board. These funding categories include the following: Adult Mental Health; Children's Mental Health; Childhood Obesity; Strengthening the Safety Net; Improving Children's Health; and Pilot Program Planning and Implementation. Ms. Meronk reported that the proposed IGT expenditure plan will be presented at the December 1, 2016 CalOptima Board meeting for consideration.

CalOptima Strategic Plan Update

Ms. Meronk provided the committee with an update on CalOptima's draft Strategic Plan for 2016-2019. Ms. Meronk explained that CalOptima staff developed strategic priorities and a draft framework on the Strategic Plan in late 2015. In addition, an ad hoc of the three advisory committees convened to provide input that was incorporated into the draft plan. Following the reorganization of the CalOptima Board, CalOptima updated the draft plan, including three new strategic priorities, which are innovation, value, and partnerships and engagement. Ms. Meronk noted that the Mission and Vision statements would remain unchanged. The updated draft of the Strategic Plan will be presented to the CalOptima Board for consideration at the December 1, 2016 meeting.

Update on Personal Care Coordinators

Sloane Petrillo, Interim Director, Case Management, explained that Personal Care Coordinators (PCCs) are specialized staff assigned to assist with the completion of Health Risk Assessments (HRAs) and serve as a point of contact for the members. Every OCC member has an assigned PCC that acts as a liaison between the member, the providers, the health network and CalOptima. Ms. Petrillo noted that the PCC is experienced in working with seniors and/or people with disabilities and are knowledgeable about health care service delivery and managed care. The essential duties of the PCC are to guide members in understanding and accessing benefits, scheduling and participating in Interdisciplinary Care Team (ICT) meetings, assisting members with preventive care goals, scheduling of appointments, and facilitating referrals to community resources. Ms. Petrillo reported that the PCC service ratio is one PCC to 400 members.

Managed Behavioral Health Organization Update

Donald Sharps, MD, Medical Director, Behavioral Health, reported that the CalOptima Board approved Magellan Health, Inc. as the selected Managed Behavioral Health Organization (MBHO) to provide behavioral health services for CalOptima members, effective January 1, 2017. CalOptima has been working with Magellan on several implementation steps, including network development, continuity of care, and access to the CalOptima Behavioral Health Line. Dr. Sharps noted that Magellan has an existing Medicare provider network, and that approximately 65 percent of the Medi-Cal providers for the current MBHO are contracted with Magellan's network. CalOptima anticipates that most members will be able to retain their existing providers. Dr. Sharps added that CalOptima is committed to pursuing continuity of care for all members who meet the criteria. He noted that beneficiary notices would be mailed at least 30 days prior to January 1, 2017 to members who might need to change providers. Magellan will establish a dedicated call center with a single toll-free number for all CalOptima members. Magellan's call center will provide a one-step process for eligibility verification, screening, referral to providers and care management support.

Federal and State Legislative Update

Arif Shaikh, Director, Government Affairs, provided an update on the status of California's Coordinated Care Initiative (CCI). Mr. Shaikh reported that the Department of Finance (DOF) has statutory authority to eliminate CCI if it does not result in cost savings for the state. The FY 2017-2018 State Budget proposal will reveal whether DOF will keep the program or eliminate it. If the DOF decides to eliminate the program, CCI will wind down during calendar year 2017. CalOptima has been actively engaged in a multi-pronged advocacy campaign with key state officials for the program to continue.

Mr. Shaikh reported that CalOptima would be monitoring policy proposals released by the new Presidential Administration, including Medicaid block grants. It is too early to speculate what changes might affect CalOptima's programs, most notably, Medicaid expansion, which was part of the Affordable Care Act (ACA). Mr. Shaikh noted that Kamala Harris would be replacing Barbara Boxer in the United States Senate.

ADJOURNMENT

Hearing no further business, Chair Mouton adjourned the meeting at 3:53 p.m.

Cynthia Reichert

Cynthia Reichert
Program Assistant

Approved as corrected: 12.22.2016

MEMORANDUM

DATE: December 1, 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

Election Impact on the Affordable Care Act

Last month's election raises important questions about the Affordable Care Act (ACA) in general and more specifically California's expansion of Medi-Cal and the respective future of each. Like many other health plans, CalOptima is monitoring and working to assess potential impacts regarding preliminary information coming from our associations as well as other principal stakeholders. These sources are cautioning against undue speculation and recommend a watchful approach until more formal plans are put forward. To date, two main themes that may affect CalOptima have arisen: 1) The future of the federal financing obligation of the Medicaid expansion (MCE) population (Medi-Cal expansion in California) and 2) Potential changes to the structure of the federal Medicaid program. With regard to Medi-Cal expansion, please note that irrespective of what the new Administration and Congress may decide on MCE funding, Mercer, the state's actuarial consultant, anticipates that MCE rates will continue their downward trajectory toward Temporary Assistance for Needy Families (TANF) – or, “Medi-Cal classic” – rates in the coming year based on the continuing trend in utilization data from the MCE population. The second theme that has emerged is the overall makeup of the Medicaid program, specifically whether the program will be converted into a block grant program or potentially a per-capita cap system. Regardless, given the complexity of these and other important issues as well as the political climate in Washington, D.C., it is anticipated that there will be numerous discussions and debates in 2017 with any substantive changes not occurring until late 2017 or 2018 at the earliest. CalOptima staff continues to engage in discussions and will continue to keep your Board abreast of any significant developments.

Orange County Delegation

The November general election also produced several changes regarding representation for Orange County. At the federal level, there will be two new representatives in Washington, D.C. for the county. Kamala Harris was elected to succeed Sen. Barbara Boxer and will begin her 6-year term in 2017. In the House of Representatives, all of the Orange County incumbents were re-elected. In addition, former Supervisor, Assembly Member and State Senator Lou Correa won the seat previously held by Loretta Sanchez. In Sacramento, there are several changes to note. It is still too close to call regarding the State Senate seat previously held by Bob Huff, as Ling Ling Chang and Josh Newman remain only several hundred votes apart with several thousand ballots still left to count. However, State Senator John Moorlach easily won his re-election bid. In the State Assembly, incumbent Assembly Members Daly, Brough, Harper and Allen were all re-

elected to another 2-year term; while Phillip Chen, Dr. Steven Choi and Sharon Quirk-Silva won new terms representing Orange County in the Assembly.

There were three (3) ballot measures of interest to CalOptima. Propositions 52, 55 and 56 were all approved by California voters. All the initiatives are expected to have a potential significant, positive impact on Medi-Cal funding. Proposition 52 will permanently extend the Hospital Quality Assurance Fee (QAF) — which was set to expire January 1, 2018. The QAF reimburses hospitals for the uncompensated cost of providing care to Medi-Cal beneficiaries and the uninsured. Since the majority of the fee revenue is designated for Medi-Cal funding, it is matched with federal dollars and then disbursed back to hospitals. Proposition 55 will extend the personal income tax on wealthy individuals (those earning more than \$250,000 annually - originally in place through Proposition 30) for an additional 12 years through 2030. While these dollars are not specifically earmarked for the Medi-Cal program, they are designed to bolster the state general fund, which could create downstream positive impacts on the Medi-Cal program. Separately, Proposition 56 will increase the state excise tax on cigarettes by \$2 per pack, from 87 cents to \$2.87, on April 1, 2017. It will also extend its application to e-cigarettes. A large portion of the revenue raised by the expanded tobacco tax will be designated for supplementing the state's Medi-Cal budget. The non-partisan Legislative Analyst's Office estimates that Medi-Cal will receive \$710 million to \$1 billion in Proposition 56 funding in FY 2017–18.

Strategic Planning Follow-up

The November Board meeting included a strategic planning workshop at which we heard from DHCS Director Jennifer Kent about the trends, opportunities and challenges facing the Medi-Cal program. Bobbie Wunsch, of Pacific Health Consulting group, facilitated Board discussion about the strategic direction CalOptima should take to respond to the evolving health care environment and strengthen our position as a valued asset in our community. Four primary themes emerged from the workshop discussion by the CalOptima Board: 1) the need to address behavioral health and substance abuse (opioid epidemic) issues, 2) provider access/availability and collaboration, 3) understanding the needs of our members and community, and 4) need for delivery system integration/reform. Staff has integrated the Board feedback and suggestions into the details of the updated Strategic Plan to ensure that our priorities and strategies address these areas. The updated final draft of the calendar year 2017-2019 Strategic Plan is being presented for adoption by your Board in December.

IGT Update

The IGT Ad Hoc met to review and discuss the Reallocation and Expenditure Plan for Intergovernmental Transfer (IGT) 1 through 5 Funds. Board members Alex Nguyen, Scott Schoeffel and Supervisor Do provided feedback and their recommendations were incorporated into the IGT Expenditure Plan. Action items recommended by the ad hoc include approval of the expenditure of \$12.8 million in internally initiated projects that are a high priority and time-sensitive, and conducting a comprehensive Member Health Needs Assessment which may take approximately 9 months to complete, from the selection of a consultant to completion of the assessment. The results of the Member Health Needs Assessment will be the driving factor in the determination of projects to be funded with approximately \$15 million in IGT Community Grant

dollars. Distribution of these dollars will be achieved through a competitive grant RFP award process.

State Budget Uncertainty Regarding Future of OneCare Connect

Cal MediConnect (OneCare Connect in Orange County) includes 11 health plans in six counties. CalOptima launched OneCare Connect in July 2015. As part of the enabling statute that established Cal MediConnect, the legislature gave the Department of Finance (DOF) authority to eliminate the program if it does not result in cost-savings for the state. Last year, there was concern amongst the health plans that Cal MediConnect would be eliminated, since the governor mentioned that the program had not met enrollment goals. CalOptima, along with other health plans, worked closely with the California Association of Health Plans (CAHP) to advocate with key state officials to continue the program for another year. We communicated to state officials that the program enjoys high levels of member satisfaction, and, while enrollment numbers may not be ideal, these programs take time to see results. While Cal MediConnect was given another year to continue, this January there is yet again a possibility of elimination.

Along with other CEOs, I have worked closely with key influencers in Sacramento to reiterate the value of OneCare Connect. We have provided data that shows positive trends in health care outcomes. We also received more than 50 letters of support for the continuation of OneCare Connect from providers; member advocates, community-based organizations, and elected officials across the county. With the release of the governor's 2017-18 state budget proposal in January, we will learn if the program will continue or be eliminated. If the program is eliminated, it will likely wind down during the 2017 calendar year, and we will explore options with the federal Centers for Medicare & Medicaid Services (CMS) and the state Department of Health Care Services (DHCS) to ensure that OneCare Connect members continue to receive coordinated benefits through other programs.

OneCare Connect Television Taping

On November 7, I was interviewed on Little Saigon TV. Hosted by local doctors, Dr. Toan Tran and Dr. Dillion Tran, the hour-long program focused on OneCare Connect and aired in both English and Vietnamese languages.

Member Advisory Committee Recruitment

As you know, the Member Advisory Committee advises the CalOptima Board of Directors and staff on issues pertaining to CalOptima's members. The MAC meets bi-monthly and is currently seeking a candidate who works with Orange County's foster children population. This seat will have an effective term through June 30, 2018. With your extensive base of community stakeholders, I wanted to pass the information along to you for assistance in recruiting. Please refer candidates to our website ([link](#)) for information and to download the application. The deadline is December 16th.

The Orange County **POLST** Coalition

...more than just
the “**PIPs**”

Patty Barnett Mouton



CARE
SUPPORT
CURE

1-844-373-4400
www.alzoc.org



Goals & Purpose

- Provide leadership in Orange County, California on Advance Care Planning
- Educating on issues related to EOL and ACP:
 - consumers and community groups
 - health care professionals
 - medical groups
 - hospitals
 - SNFs & RCFEs/ALFs
 - hospice, home care and health agencies
 - legal & fiduciary professionals and
 - faith communities

Our Mission



Our mission is to be a catalyst for timely Advance Care Planning and appropriate use of the POLST document by building community awareness and providing validated education for consumers and professionals.

CARE
SUPPORT
CURE

Orange County POLST Coalition

Our Vision:
That every serious ill person
receive medical treatments
that are congruent with their
expressed goals, values, and
priorities.



2009

Formed in 2009

Stakeholders: Health Plans, Medical Groups, Hospitals, EMS, SNFs, RCFEs/Assisted Living Buildings, Hospice & Home Health Agencies, senior care
Grass roots effort:

Advance Care Planning Community Education - OC Aging Services Collaborative & NOCSC with funding from SCAN, CHF, Hoag Center for Healthy Living, VITAS Community Connection foundation



CARE
SUPPORT
CURE

Orange
County
POLST
Coalition
progress
2009
through
2015

Estimates for persons attending advance care planning and/or POLST events since inception:

FY2009 – 150 attendees

FY2010 – 225 attendees

FY2011 – 100 attendees

FY2012 – 400 attendees

FY2013 – 275 attendees

FY2014 – 800 attendees

FY2015 – 1720 attendees

FY2016 - 1838 attendees

FYTD17 - 527

How did we do it?

- Community collaboration
- Checked our collective egos at the door
- Left no stone unturned
- Asked, asked and asked for sponsorship support
- Creative use of social media

We go
anywhere and
everywhere a
site will host
an ACP
presentation



Have you had the "Conversation?" Important Choices for Living and Dying

Brought to the community by the Orange County Aging Services Collaborative, Hoag Center for Healthy Living, and the OC POLST Coalition.

This FREE Community Education Class will discuss how you can anticipate and identify your wishes, and ensure those wishes are honored.

This Class will Answer:

- How do I record my wishes in the event I cannot speak for myself?
- How do I start the conversation with loved ones and my doctor?
- What is a POLST form?
- What makes an Advance Directive form legal?

Instructor: Patty Barnett Mouton, Vice President, Outreach & Advocacy Alzheimer's Association, Orange County Chapter

Wednesday, September 30, 2015

Location and times:

St. Timothy Catholic Church

9:30 – 11:00 a.m. or 6:30 – 8:00 p.m.

29102 Crown Valley Pkwy. Laguna Niguel, CA 92677



RSVP to: Cynthia Okialda at cokialda@alz.org or call 949.757.3776

No charge to attend. Reservations are required. Refreshments will be served.

Curriculum provided by the Coalition for Compassionate Care of California. Activities made possible with funding from SCAN Health Plan and Hoag Center for Healthy Living.

Orange County
Aging Services
COLLABORATIVE

hoag
Center for
Healthy Living

Orange County
POLST
Coalition



Have you had the "Conversation?" Palliative Care

Important Choices for the Continuum of Care

Brought to the community by the Orange County POLST Coalition, Hoag Center for Healthy Living, and the Orange County Aging Services Collaborative.

This FREE Community Education Class will discuss when Palliative Care is appropriate, how you can anticipate and identify your wishes, and ensure those wishes are honored.

This Class will Answer:

- What is Palliative Care?
- What is the difference between Hospice and Palliative Care?
- How do I record my wishes in the event I cannot speak for myself?
- How do I start the conversation with loved ones and my doctor?
- What is a POLST form?
- What makes an Advance Directive form legal?

Instructor: Mona El-Kurd LCSW, ACHP-SW
CARES Outpatient Social Worker
Hoag Memorial Hospital Presbyterian

Tuesday, January 19, 2016

Vivante on the Coast 1:30pm-3:30pm

1640 Monrovia Avenue, Costa Mesa, CA 92627

RSVP: Cynthia Okialda at Cynthia.okialda@alzoc.org or call 949.757.3776
Reservations are suggested. No charge to attend. Refreshments will be served.

Brought to the community with support from Sanctuary Hospice

Curriculum provided by the Coalition for Compassionate Care of California. OC Advance Care Planning Initiative funded by Hoag Center for Healthy Living.

Orange County
POLST
Coalition

hoag
Center for
Healthy Living

Orange County
Aging Services
COLLABORATIVE

Alzheimer's
ORANGE COUNTY

Alzheimer's | ORANGE COUNTY



Join the Conversation

Advance Care Planning Important Choices for Living and Dying

Brought to the community by the Orange County Aging Services Collaborative (OCASC), North Orange County Senior Collaborative, and the OC POLST Coalition.

This FREE Community Education Class will Answer:

- How do I record my wishes in the event I cannot speak for myself?
- How do I start the conversation with loved ones and my doctor?
- What is a POLST form?
- What makes an Advance Directive form legal?

Who should attend?

Anyone over the age of 18. Everyone over age 18 should have an Advance Directive. This program will answer your questions and provide appropriate tools.

Instructor: Teresa LeLeux, MSG, MHA

October 16, 2014

Location and time:

Vivante' on the Coast | 11:30 a.m. – 1:00 p.m.

1640 Monrovia Ave., Costa Mesa, CA 92627 949.629.2100

RSVP to: shelly.lee@stioe.org or call 714.446.5145

Curriculum provided by the Coalition for Compassionate Care of California. Activities funded by the California Healthcare Foundation and SCAN Health Plan.

Orange County
Aging Services
COLLABORATIVE



POLST
ORANGE COUNTY
POLST Coalition



CARE
SUPPORT
CURE

2010
“Exclusive”
trainings
6 hours
with CEUs
2 staff per
agency

100
attendees

OC PARTNERS IN POLST

Join the team of POLST Community Educators!

POLST Community Educators will be trained to teach their respective staff members, to make public presentations, and to initiate the POLST conversation with frail seniors.

Physician Orders for Life Sustaining Treatment (POLST)

Each participating agency is invited to send two (2) representatives to this training class.

Date: Thursday, April 1, 2010

Time: 8:30 am -3:30 pm

Location: Alzheimer's Association

Orange County Chapter

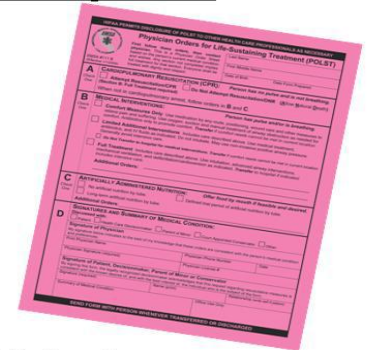
17771 Cowan, Suite 200

Irvine 92614



Certificates for 6 hours of training will be awarded participants. Lunch will be served.

Approval is pending for continuing education credit from Calif. Dept. of Social Services for RCFE Administrator re-certification. Provider approved by the CA Board of Registered Nursing, Provider Number 14757 for 6 contact hours. This course meets the qualification for 6 hours of continuing education credit for MFTs and/or LCSWs as required by the CA Board of Behavioral Sciences, PCE 1384. NHAP approval is pending.



RSVP & Questions:

Maxine Marcus, Health Educator
Monarch HealthCare
949-923-3437 or
mmarcus@mhealth.com

There is no charge to attend this program thanks to an educational grant underwritten by Heritage Memorial Services.



Monarch HealthCare®
A MEDICAL GROUP, INC.



alzheimer's association®
the compassion to care, the leadership to conquer

Learn more at www.CApolst.org

POLST Physicians' Orders for Life Sustaining Treatment

“POLST: It Starts with a Conversation” California POLST Education Program

Program Description:

POLST: It Starts with a Conversation - The California POLST Education Program is a two-day train-the-trainer course using the standardized California POLST training curriculum. It includes a series of educational modules and interactive exercises designed to provide an understanding of the POLST Paradigm, as well as how to

POLST: It Starts with a Conversation - The California POLST Education Program is a two-day train-the-trainer course using the standardized California POLST training curriculum. It includes a series of educational modules and interactive exercises designed to provide an understanding of the POLST Paradigm, as well as how to complete the form to reflect a patient's wishes. The training also provides opportunities for attendees to develop skills for facilitating meaningful conversations with patients and their families about POLST and goals of care, and ideas for implementing POLST within communities and training other individuals.

Who should attend:

The education program is designed for:

- Organizations and communities/coalitions initiating a POLST program
- Individuals/coalitions who will be educating professional healthcare staff and/or the community about POLST, including: nursing, social service, chaplains and other interested staff from skilled nursing and acute care hospitals, emergency medical services, home health and hospice

April 29-30, 2010

9:30am-4:30pm (April 29); breakfast at 9:00am

8:30am-3:30pm (April 30); breakfast at 8:00am

Alzheimer's Association, Orange County Chapter

17771 Cowan, Suite 200, Irvine 92614 (949) 955.9000

Registration

CCCC Member Rate = \$169 per person CCCC Member Rate = \$209 per person

Non-Member Rate = \$199 per person. Non-Member Rate = \$239 per person

Fee must accompany registration form. Registration includes training materials, continuing education credit, and breakfast and lunch on both days of the training. *A limited number of partial scholarships are available through a grant from the California HealthCare Foundation.* Contact CCCC at (916) 489-2222 or info@finalchoices.org

Continuing Education Credit

Full attendance at the education sessions is a prerequisite for receiving professional continuing education credit. Attendees must sign in at the training and include their professional license number. Certificates of attendance will be available.

Nursing – Provider approved by the California Board of Registered Nursing, Provider #CEP 15403, for 11.5 contact hours.

Social Work – This course meets the qualifications for 11.5 hours of continuing education credit for MFTs and /or LCSWs as required by the California Board of Behavioral Sciences.

Nursing Home Administrators – This course has been submitted to the Nursing Home Administrator Program (NHAP) for 11.5 NHAP/P credits. CCCC is an approved NHAP provider.

CME – The Riverside County Medical Association (RCMA) is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. RCMA takes responsibility for the content, quality and scientific integrity of this CME activity. RCMA designates this educational activity for a maximum of 11.5 AMA PRA Category 1 Credits™.

2010
finding every
opportunity
for
partnership
with CCCC

2010 Community Conversations event

You are Invited...

To join in a community conversation about important issues at the end-of-life for families living with Alzheimer's and related dementias. Discussion will include:

- advanced care planning,
- treatment options and medical decisions, and
- hospice and palliative care.

Who can benefit? Family caregivers and healthcare professionals

Program: Facilitated expert panel of physicians, nurses, attorneys and caregivers with time for Q & A. Following the panel discussion, there is an educational session for families and caregivers on specific advanced care planning tools recommended for people with Alzheimer's disease and related dementias, and an opportunity for family and professional caregivers to inform the commission that will craft the California State Plan for Alzheimer's Care.

When: Monday, May 10, 2010

10:00 am – Check-in and refreshments

10:30 am – 12:30 pm – Presentation and Q&A

12:30 pm – 1:00 pm – Light lunch

1:00 pm – 2:30 pm – Educational program for families and professional caregivers

Where: Alzheimer's Association, Orange County Chapter office

17771 Cowan, Suite 200, Irvine, CA 92614


Purpose of the meeting: to inform development of the Alzheimer's Disease State Plan. In response to the expected doubling in the number of Californians living with Alzheimer's by 2030, California health and aging leaders have embarked on development of an Alzheimer's Disease Plan to enable California to prepare. With the generous support of Archstone Foundation, we are able to sponsor this forum to guide plan development and recommendations on end of life care for those living with this disease.

RSVP: 949-757.3703 or via e-mail andrew.eng@alz.org

Hosted by:

alzheimer's  association®

the compassion to care, the leadership to conquer

 Coalition for
Compassionate Care
of California

Made possible by a grant from Archstone Foundation

2010 recruiting the “PIPs”

churches
service clubs
RCFE family
nights
senior centers

OC PARTNERS IN POLST NEED YOU!

We are looking for a team of **CHAMPIONS** to alert Orange County to the Physician Orders for Life Sustaining Treatment (POLST)
A physician order that provides direction for a range of medical treatments at life's end.

You have been invited to join a team representing:

- Senior centers and community organizations
- Providers of social services to older adults and their families
 - Retirement and assisted living facilities
- Providers of services for the frail or chronically ill

Come out for the TEAM!

Your goal will be to learn about the POLST and identify appropriate trainers for certification as POLST educators for the community.

Date: Tuesday, February 2, 2010

Time: 1:30-3:00 pm

Location: Monarch HealthCare
11 Technology Drive,
Irvine 92618

RSVP & Questions:

Maxine Marcus, Health Educator
Monarch HealthCare
949-923-3437 or
mmarcus@mhealth.com

NEVER PERMIT DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY
Physician Orders for Life-Sustaining Treatment (POLST)

Section A: CARDIOPULMONARY RESUSCITATION (CPR)
☐ Attempt Resuscitation (CPR) ☐ Do Not Attempt Resuscitation (DNR)
 (When not in cardiopulmonary arrest, follow orders in B and C) ☐ Patient has no pulse and is not breathing.

Section B: MEDICAL INTERVENTIONS
☐ Comfort Measures Only: Use measures for any pain, pressure, or distress. Do not use life-sustaining measures. ☐ Patient has no pulse and is not breathing.
☐ Limited Additional Interventions: Use measures for any pain, pressure, or distress. Do not use life-sustaining measures. ☐ Patient has no pulse and is not breathing.
☐ Full Treatment: Use measures for any pain, pressure, or distress. Do not use life-sustaining measures. ☐ Patient has no pulse and is not breathing.

Section C: ARTIFICIALLY ADMINISTERED NUTRITION
☐ No artificial nutrition by tube ☐ Artificial nutrition by tube ☐ Patient has no pulse and is not breathing.

Section D: SIGNATURES AND SUMMARY OF MEDICAL CONDITION
 Signature of Physician: _____
 Signature of Patient, Guardian, or Representative: _____
 Date: _____



Monarch HealthCare®
A MEDICAL GROUP, INC.

**Innovative
Hospice Care®**
VITAS®



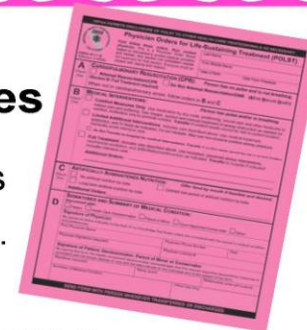
Advancing, Activating, Advancing on Aging

alzheimer's association®
the compassion to care, the leadership to conquer

2011

Come learn about the **POLST** at **Irvine Adult Day Health Services**

The little **PINK** document that assures
your End-of-Life choices will be honored.



The POLST:

- Physician's Orders for Life Sustaining Treatment
- Begins with a conversation
- Allows for informed medical treatment options
- Is signed by the patient and the doctor
- Legal in State of California
- Accepted in **ALL** medical/emergency venues

Join us to learn about this new document and how
it can help frail people ensure their end-of-life care
wishes are honored.

Speaker: Patty Barnett Mouton
Vice President, Outreach & Advocacy
Alzheimer's Association, Orange County Chapter

Date: Thursday, February 10, 2011

Time: 3:00pm – 5:00pm

Place: Irvine Adult Day Health Services
20 Lake Road, Irvine, CA 92604
(Adjacent to the Lakeview Senior Center)

Seating is limited. Please place your reservation by calling,
(949) 262-1123 or email us at smoran@irvineadhs.org



Sponsored in part by support from:



alzheimer's 
association

2012



You are cordially invited to an important presentation on the use of the **POLST** document (Physicians Orders for Life Sustaining Treatment) for Attorneys, CPAs, Professional Fiduciaries and other professionals



Who can benefit from having a completed POLST? Why is POLST important when an Advance Directive and/or other Advance Care Planning tools are available?

Faculty: Judy Citko, JD, Executive Director, Coalition for Compassionate Care of California
Vincent Nguyen, DO, CMD, Director, Palliative CARES Program, Hoag Memorial Hospital Presbyterian

Alzheimer's Association, Orange County Chapter
17771 Cowan, Suite 200, Irvine, CA 92614
Wednesday, November 7, 2012
5:30-8:00 pm

light supper will be served courtesy of



There is no charge to attend this program.

Please RSVP by November 1, 2012 to Thanh To at tto@alz.org or 949.757.3709

MCLE credit, Board of Accountancy credit and continuing education for Fiduciaries courtesy of **COUNCIL ON AGING** ORANGE COUNTY

Made possible through support from:



CARE SUPPORT CURE

2013

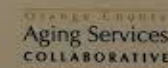
Orange County
Aging Services
COLLABORATIVE



Orange County Faith Leaders Conference: Care at Life's End

Friday, October 11, 2013
8:30 a.m. – 4:30 p.m.

Hoag Hospital Conference Center
Newport Beach, CA



2013

Orange County Faith Leaders Conference: Care at Life's End

Program Agenda

Friday, October 11, 2013

8 – 8:30 a.m.	Breakfast and Registration
8:30 – 9 a.m.	Welcome, Introductions, Setting the Stage Vincent D. Nguyen, DO, CMD Ms. Patty Mouton
9 – 9:30 a.m.	Opening Reflection Rabbi Susan Conforti
9:30 – 10:30 a.m.	End of Life Care: Reconcilable Differences Vincent D. Nguyen, DO, CMD
10:30 – 10:45 a.m.	Morning Break and Reading
10:45 – 11:45 a.m.	Advance Care Planning: Choices for Living and Dying Lee-Anne Godfrey, RN
11:45 – 12:15 p.m.	Meditation - Loss Exercise Ms. Shawna Henry
12:15 – 1:15 p.m.	Luncheon and Reading
1:15 – 3:15 p.m.	Being with the Dying Rev. Don Oliver, Ph.D. Father Joseph Nguyen
3:15 – 3:30 p.m.	Afternoon Break
3:30 – 4:00 p.m.	Last Hours of Living Carolyn Kanow, RN, MAB
4:00 – 4:30 p.m.	Next Steps Ms. Patty Mouton
4:30 p.m.	Closing Reading Rabbi Susan Conforti

2014

OC Advance Care Planning Initiative



2015

BEING MORTAL

FRONTLINE

"Hope is not a plan"
- Atul Gawande

Community Screening and Discussion September 14, 2015

- 5:30 pm: Light supper served. *Please complete the pre-event survey*
6:00 pm: Welcome Patty Barnett Mouton and Dr. Vincent Nguyen, DO, CMD
Christine Chow, MSG
6:10 pm Film Screening
7:00 pm break (10 minutes)
7:10 pm Panel Discussion and Audience Questions and Comments

Distinguished Panelists

Father Rick Byrum,	Chaplain, the Covington
Felicia Cohn, PhD,	Bioethics Director, Kaiser Permanente Orange County
Louise Della Bella, MN;RN, ACNS-BC, NEA-BC	Executive Director for Care Management / Social Services and Palliative Care Services at Saddleback Memorial Hospital in Laguna Hills & San Clemente
Aaron Kheriaty, MD	Associate Clinical Professor of Psychiatry, Director, Medical Ethics Program University of California Irvine School of Medicine
Lowell Kleinman, MD	Medical Director, Memorial Care Palliative Care Program

Being Mortal is brought to the OC community through a grant from the California Healthcare Foundation and collaboration between Hoag Center for Healthy Living, the OC POLST Coalition and the Orange County Aging Services Collaborative.



Thank you to our title sponsor, VITAS Community Connection.

Special thanks to our community partners for providing the refreshments this evening.



Alzheimer's | ORANGE COUNTY

BEING MORTAL

FRONTLINE

"Hope is not a plan"
- Atul Gawande

Community Screening and Discussion Program

November 19, 2015

Our Lady Queen of Angels Catholic Church
6:15 p.m. – 8:00 p.m.

Please Complete the Pre-Event Survey

- 6:15 pm Welcome Lisa Nollette, Director of Adult Faith Formation
Vincent Nguyen, DO, CMD Medical Director,
Hoag CARES Palliative Care Program
Introduction of Survey Patty Barnett Mouton, Vice President
Outreach and Advocacy,
Alzheimer's Association Orange County

- 6:25 pm Film Screening
7:15 pm BREAK (10 minutes)
Please Complete the Post-Event Survey
7:25 pm Panel Discussion
Audience Questions and Comments

Distinguished Panelists

Reverend Kerry Beaulieu	Pastor, Our Lady Queen of Angels
Mona El-Kurd, LCSW, ACHP-SW	CARES Outpatient Social Worker, Hoag Hospital
Kristyn Fazzalero, LCSW, ACHP-SW	Manager, CARES Program & Oncology Support Services, Hoag Hospital
Nicole Shirilla, MD	Palliative Care & Hospice Medicine, UC Irvine Medical Center, Palliative Care, Hoag Memorial Hospital Presbyterian

Expert panel discussion will be moderated by
Vincent Nguyen, DO, CMD Medical Director, Hoag CARES Palliative Care Program

Being Mortal is brought to the OC community through grants from Hoag Community Benefit Program and the California Healthcare Foundation. The project is a collaboration between Hoag Center for Healthy Living, the OC POLST Coalition and the Orange County Aging Services Collaborative.



Thank you to our title sponsor, VITAS Community Connection.



CURE

2016 and beyond

- 11 “Being Mortal” screenings FYTD
- 25+ community ACP presentations
- 5 Conversation Café™ events around National Healthcare Decisions Day, April 16, 2017
- Research project measuring changes in behavior, IRB approved
- Additional clinical and professional education on POLST updates and best practices



CalOptima
Better. Together.

Multipurpose Senior Services Program (MSSP)

December 22, 2016

Jim Pijloo, LCSW
MSSP Site Director
Long-Term Services and Supports

MSSP

- **The primary objective of MSSP** is to avoid or delay the premature placement of people in nursing facilities while fostering independent living in the community.
- MSSP case management lowers the state's chronic health care costs by arranging home-based services for frail elders on Medi-Cal whose physical or mental disabilities make them eligible for nursing home placement.

MSSP Program Requirements

Who is eligible?

- A person must meet all of the following requirements:
 - Age 65 or older
 - Receiving Medi-Cal with eligible aid code and without share of cost
 - Certifiable for placement in a nursing facility
 - Residing in Orange County as a CalOptima member
 - Appropriate for care management services
 - Able to be served within MSSP's cost limitations
 - Services must be provided at a lower cost than for nursing home placement. Under federal rules, cost must not exceed 95 percent of nursing home costs.

Who Can Make Referrals to MSSP?

- Applicant Referral Process
- MSSP Contracted Capacity
- Intake Screening
- MSSP Wait List

MSSP Care Management Services

- Home-based care management
- Coordination with the client's support system
- Intensive case management services to eligible members and their families to enable members to remain in their own homes
- **Types of services**
 - Informal
 - Referred
 - Purchased

MSSP Referred Services

- In-Home Supportive Services (IHSS)
- Community-Based Adult Services (CBAS)
- Home-delivered meals (Meals on Wheels)
- Medi-Cal covered incontinence supplies
- Housing allowances (HUD)
- Social Security benefits (SSI)
- Legal Aid Society
- City-funded programs
- Medicare covered services: home health, hospice, durable medical equipment (DME), medications, etc.
- Medi-Cal covered services: out-of-home respite, incontinence supplies, portable ramps, grab bars, etc.

MSSP Purchased Services

- Emergency response unit and pendant (Link to Life)
- Homemaker chore supplemental services
- Personal care supplemental services
- Diet-compliant, home-delivered meals
- Oral nutritional supplements (Ensure and Glucerna)
- Handyman services
- In-home respite
- Transportation (taxi and transportation escort)
- Other items:
 - Weekly pill box, handheld shower hose, bath mat, sharps container, “reacher,” fan, emergency preparedness kit and appliances (microwave, refrigerator, stove, washer or dryer)

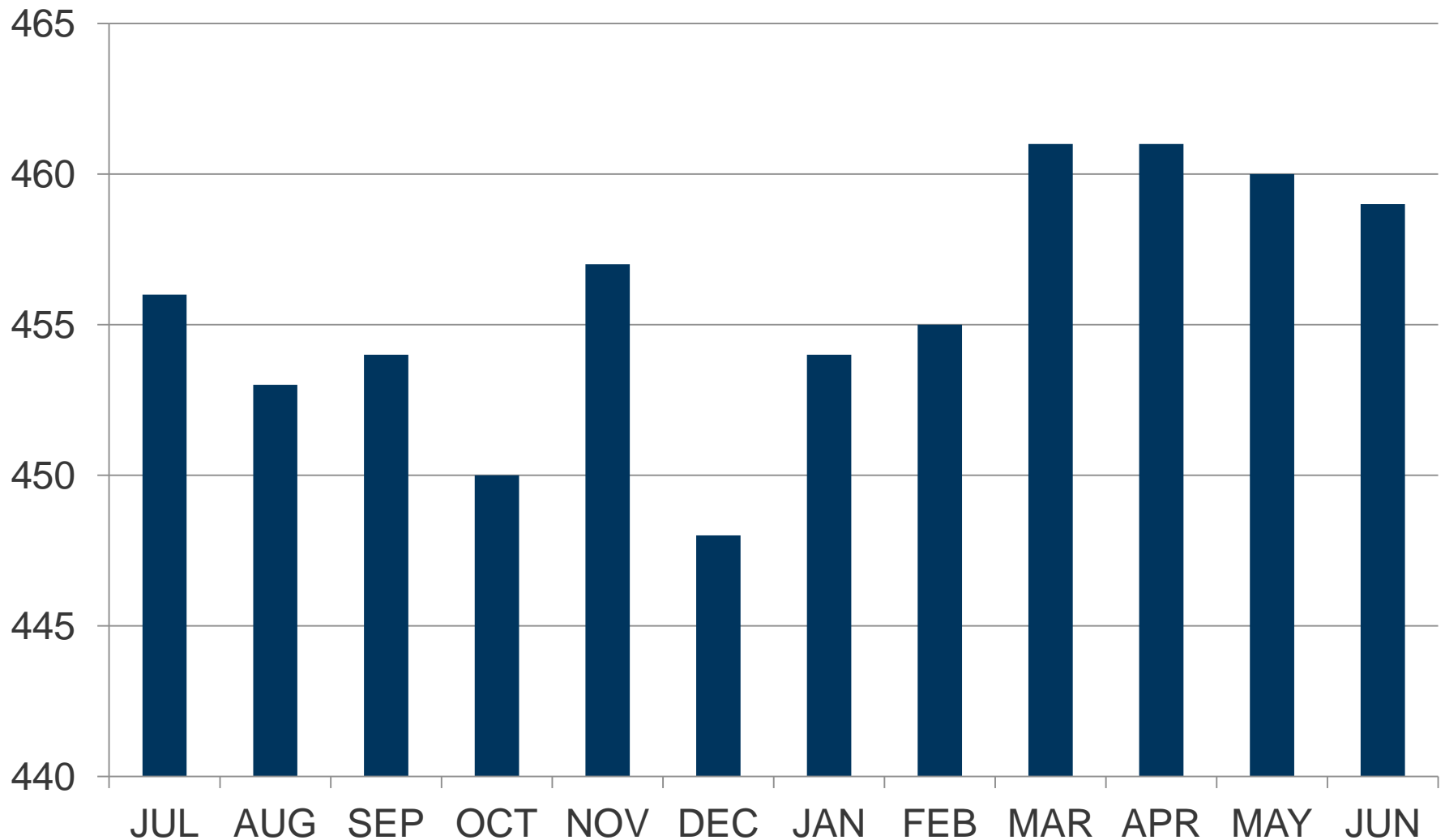
MSSP Transition

- California's Coordinated Care Initiative (CCI) & Cal MediConnect (CMC)
- Medi-Cal Managed Long-Term Supports and Services (MLTSS)
- One Care Connect and MSSP
- MSSP Projected Transition (1/1/18)

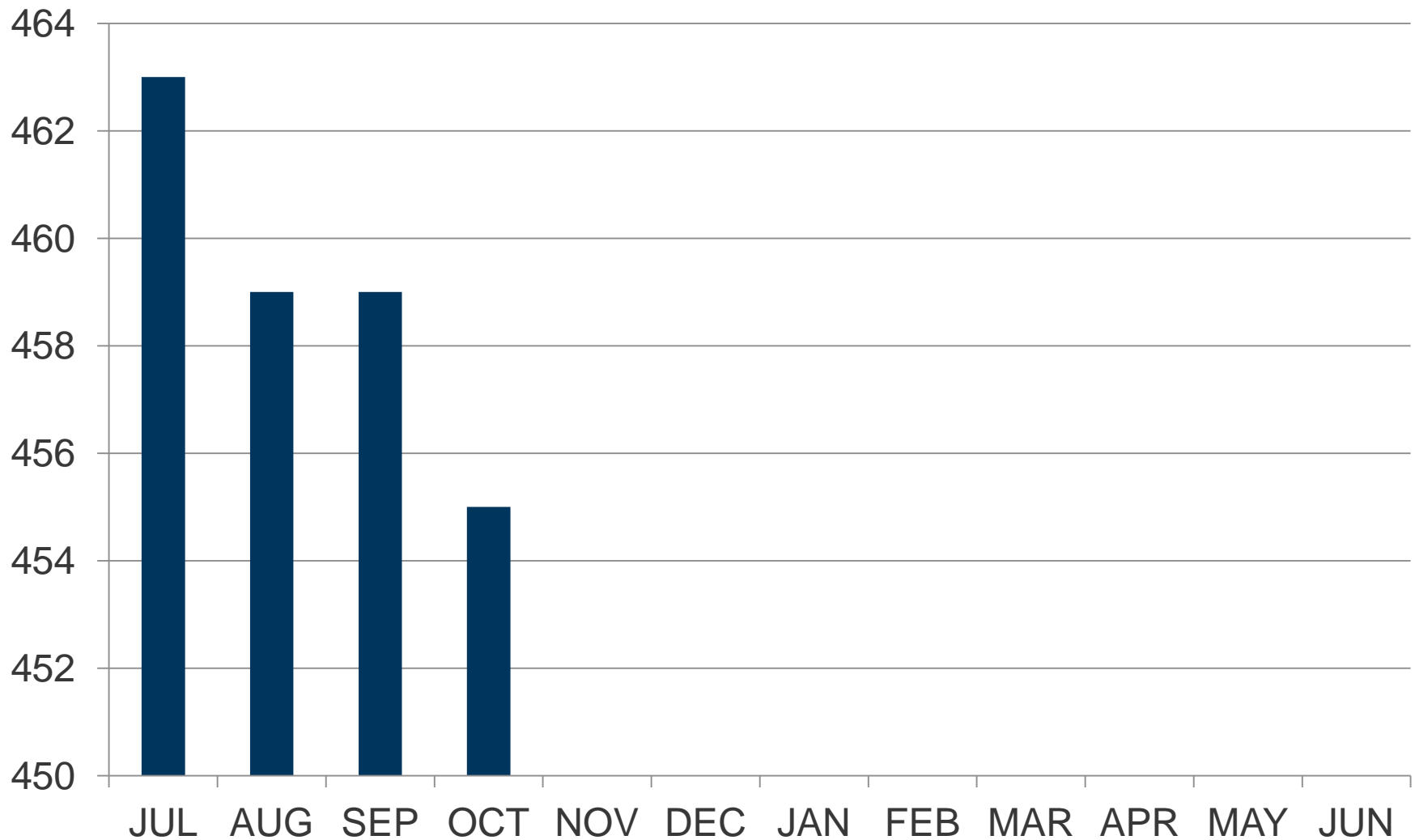
MSSP Statistics

- MSSP site funded for 455 clients per month
- FY 2015–16: 455 per month. Served 2679 members
- Active client count average: 461 per month for FY 2016–17 (Oct 2016)
- MSSP wait list count (November 2016): 110
- MSSP wait list average time prior to admission: 100 days from date of referral received
- Admission Average: 10 per month
- Terminations Average: 10 per month

MSSP FY 15–16 Monthly Client Count



MSSP FY 16–17 Monthly Client Count



Summary & Questions?

CalOptima's Mission

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal

CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

CalOptima

Better. Together.



A Public Agency

OneCare Connect

CalOptima

Better. Together.



A Public Agency

PACE

CalOptima

Better. Together.

2017 Orange County Legislative Delegation Membership Breakdown

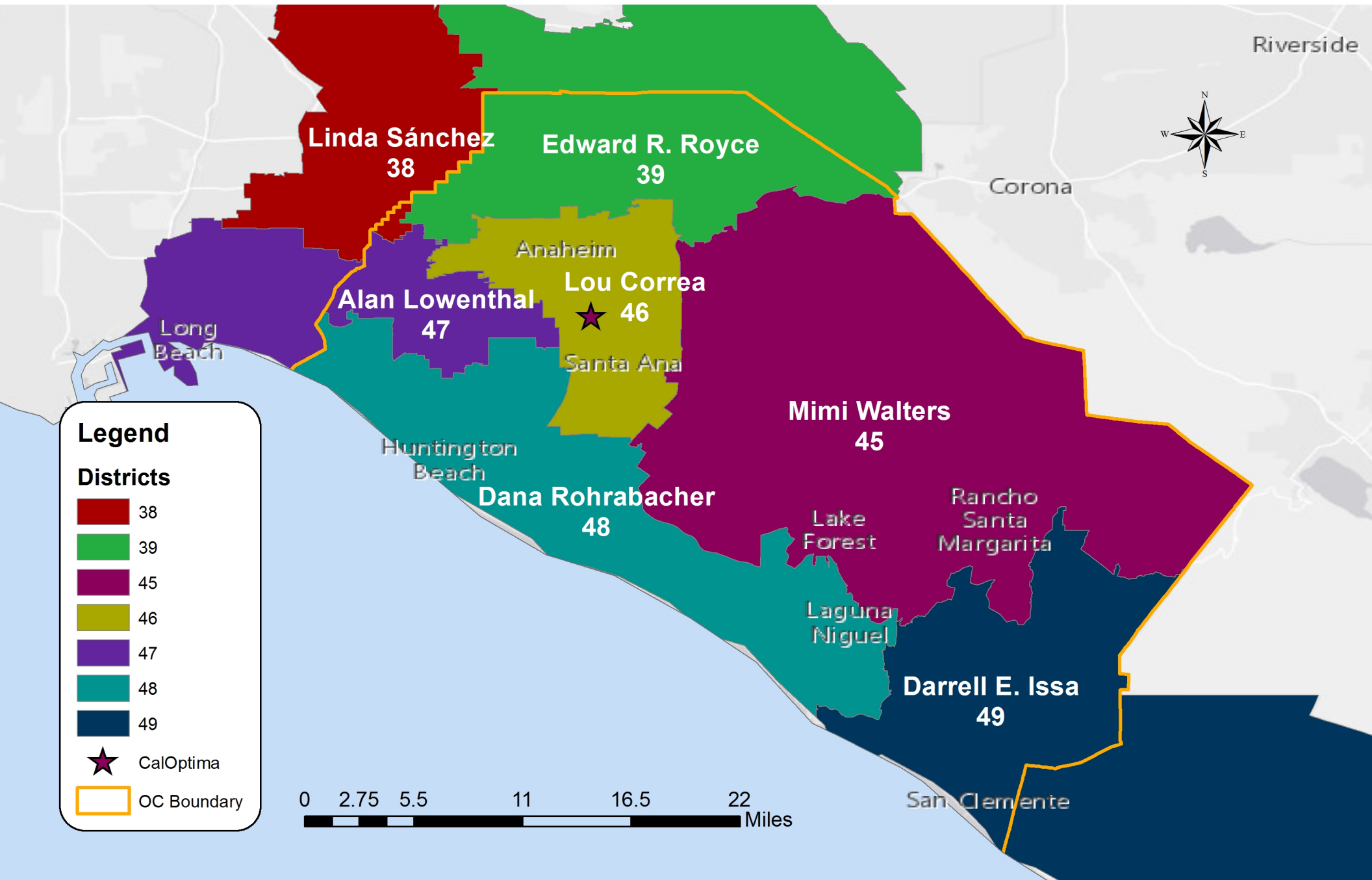
District - Legislative Representative		CalOptima Members in District	OC District Population	% CalOptima Membership in OC District
U.S. Congress				
District	Representative			
38th	Linda Sánchez*	2,764	13,906	19.9%
39th	Ed Royce*	99,349	444,487	22.4%
45th	Mimi Walters	127,558	771,550	16.5%
46th	Lou Correa	304,027	738,410	41.2%
47th	Alan Lowenthal*	105,990	295,368	35.9%
48th	Dana Rohrabacher	112,705	724,082	15.6%
49th	Darrell Issa*	22,942	173,176	13.2%

California State Senate				
District	Representative			
29th	Josh Newman*	161,960	684,460	23.7%
32nd	Tony Mendoza*	24,497	66,065	37.1%
34th	Janet Nguyen*	338,439	892,128	37.9%
36th	Pat Bates*	62,881	469,097	13.4%
37th	John Moorlach	187,558	953,526	19.7%

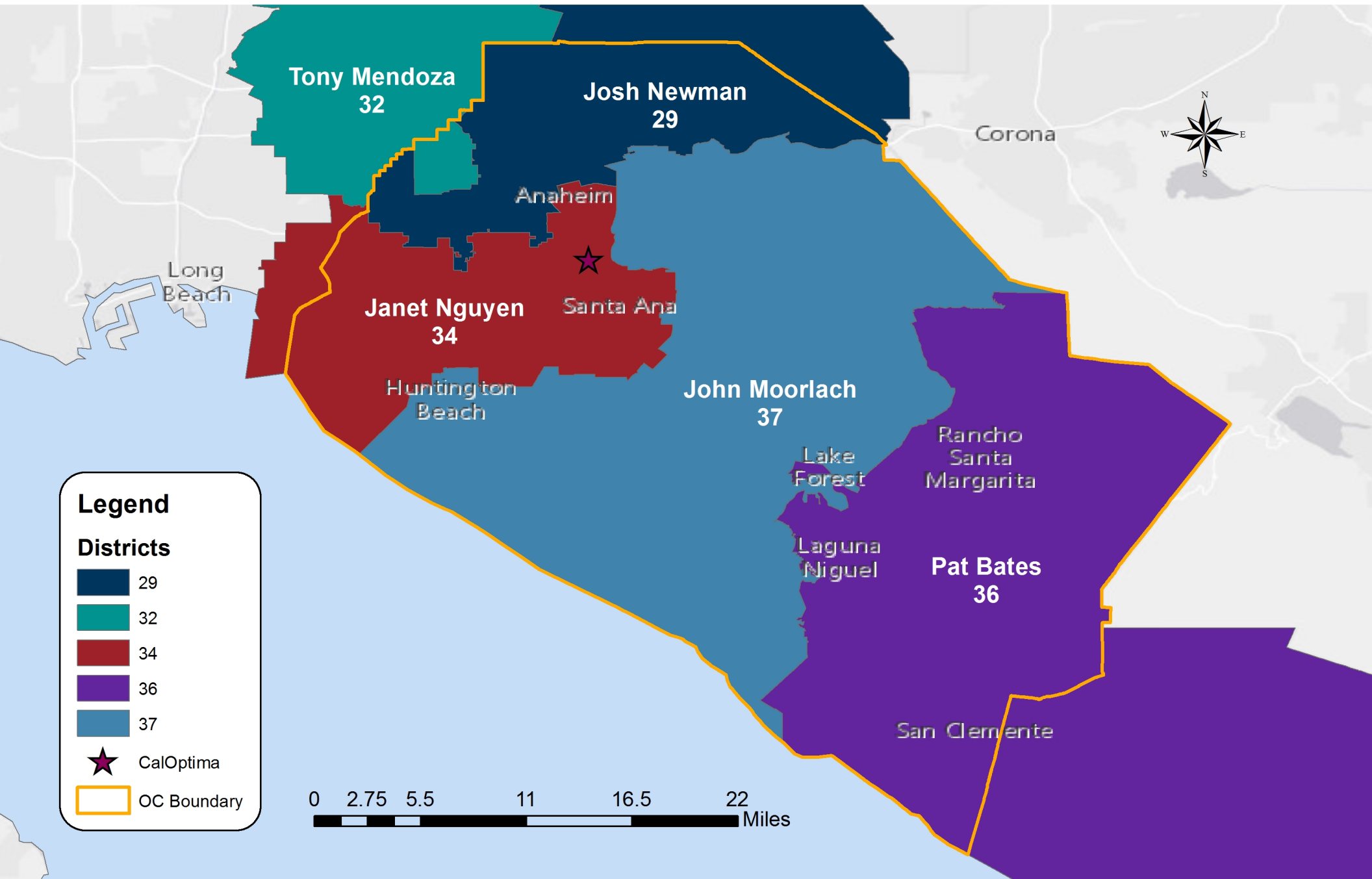
California State Assembly				
District	Representative			
55th	Phillip Chen*	41,701	221,909	18.8%
65th	Sharon Quirk-Silva	118,127	463,936	25.5%
68th	Steven S. Choi	124,044	472,380	26.3%
69th	Tom Daly	208,289	471,282	44.2%
72nd	Travis Allen	156,779	478,751	32.7%
73rd	William Brough	62,881	467,350	13.5%
74th	Matthew Harper	63,514	476,491	13.3%

Orange County Board of Supervisors				
District	Representative			
1st	Andrew Do	255,855	613,490	41.7%
2nd	Michelle Steel	117,687	607,130	19.4%
3rd	Todd Spitzer	132,724	590,603	22.5%
4th	Shawn Nelson	189,862	610,310	31.1%
5th	Lisa Bartlett	79,207	588,699	13.5%

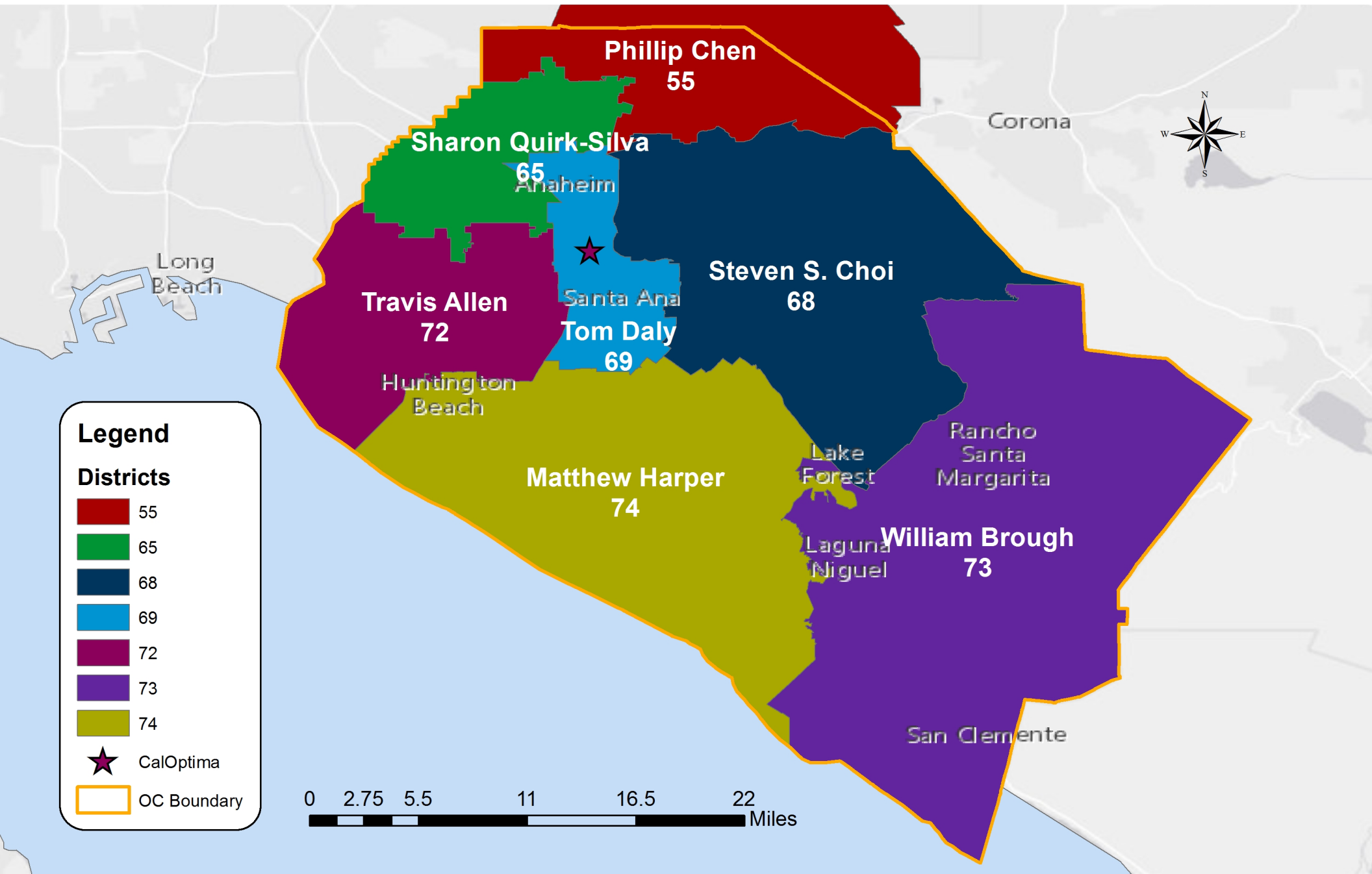
U.S. 114th Congressional Districts, Orange County (CA), 2017



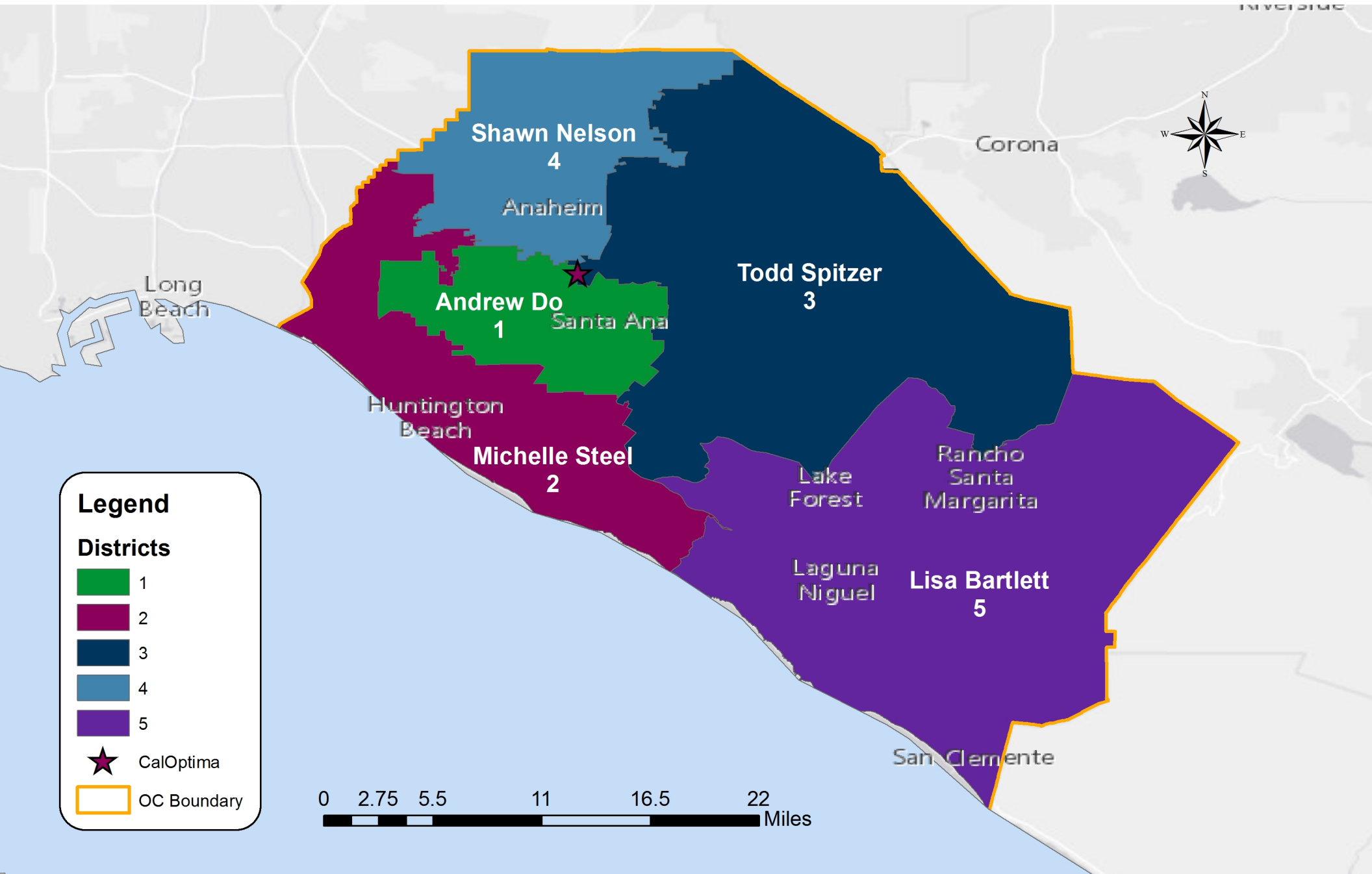
California State Senate, Orange County (CA), 2017



California State Assembly, Orange County (CA), 2017



Supervisory Districts, Orange County (CA), 2017



Date November 21, 2016

Dear

As a member of _____ you are assigned to a Care Coordination team to help you with your health and wellness goals. We are writing to express our concern about not being able to reach you by phone.

I am asking you or a family member to call me at _____. It is important that we speak with you to discuss your health care needs and care goals. The Basic team members include:

- RN Case Manager
- RN Case Manager Medical Director and PCP
- Social Worker
- Case Management Coordinator

I am your Case Management Coordinator. We would like to review your care plan and health goals. This program is free and voluntary. We will close your case until we hear back from you. Refusal to participate in the Care Management Program does not impact your benefit or access to care. You can contact us at any time to assist you.

If you are hearing impaired, call _____ (speech to speech relay service).

I am available Monday through Friday from 8 a.m. to 5 p.m. I look forward to speaking with you soon.

Sincerely,

Case Manager Coordinator

Dear Member:

Can you read the information sent by _____ If not, we can have somebody help you
read it. For help, please call the _____ Customer Service department at _____
or toll-free at _____ . TDD/TTY users can call _____ . The
Customer Service department is here to help you Monday through Friday, from 8:30 a.m. to 5:00 p.m.

Estimado Miembro:

¿Puede leer la información que le envía _____ ' Si no, nuestro personal le puede ayudar a
leerla. Para solicitar ayuda, por favor llame al Departamento de Servicios para Miembros _____
_____ . Usuarios de la línea TDD/TTY
pueden llamar al _____ El Departamento de Servicios para
está disponible para ayudarle de lunes a viernes, de 8:30 a.m. a 5:00 p.m.

Kính gửi thành viên:

Quý vị có đọc được thông tin mà _____ đã gửi đến cho quý vị không? Nếu không, chúng
tôi có người giúp quý vị đọc những thông tin này. Để được giúp đỡ, xin vui lòng gọi Văn Phòng Dịch
Vụ của _____ ở số điện thoại _____ số điện thoại miễn phí _____
Thành viên sử dụng máy TDD/TTY có thể gọi số _____ Văn phòng Dịch vụ
làm việc từ thứ Hai đến thứ Sáu, 8:30 a.m. giờ sáng đến 5:00 p.m. chiều.

عضو گرامی:

آیا می‌توانید اطلاعاتی را که از طرف _____ فرستاده شده بخوانید؟ اگر نمی‌توانید، ما افرادی را داریم که
می‌توانند برای خواندن آن به شما کمک کنند. لطفاً برای دریافت کمک با بخش خدمات مشتریان _____ به شماره
تلفن _____ یا شماره رایگان _____ تماس بگیرید. اعضای که از TDD/TTY استفاده می‌کنند
می‌توانند با شماره _____ تماس بگیرند. بخش خدمات مشتریان _____ از دوشنبه تا جمعه از
ساعت 8:30 صبح الی 5:00 بعد از ظهر در خدمت شماست.

회원님께:

가 보내드린 정보를 읽으실 수 있으십니까? 만약 도움이 필요하시면,
저희가 도와드릴 수 있습니다. 도움이 필요하시면, _____ 고객 서비스 부서 번호
_____ 또는 무료 번호 _____ 로 전화하십시오. TDD/TTY 사용자는
_____ 고객 서비스 부서는 월요일부터
금요일, 오전 8:30 a.m.시부터 오후 5:00 p.m. 분 사이에 귀하를 도와드립니다.

عزيزي العضو:

هل تستطيع قراءة المعلومات المرسلة لك من مُنْزِلِك هَلْتَكْبِر " ؟
إذا لم تستطع قراءتها، فلدينا طاقم يستطيع أن يساعدك على قراءتها. للمساعدة اتصل بقسم خدمة عملاء مُنْزِلِك هَلْتَكْبِر على
أو على الرقم المجاد ، يمكن لمستخدمي أجهزة التواصل للصم والآلات المبرقة
الحديثه الاتصال على . قسم خدمة عملاء مُنْزِلِك هَلْتَكْبِر هنا لمساعدتك من الاثنين إلى الجمعة في الفترة
من 8:30 صباحًا إلى 5:00 مساءً.

親愛的會員:

您能否能夠閱讀 郵寄給您的信息？若您無法閱讀，我們有工作人員可以幫
助您。尋求閱讀幫助，請致電 客戶服務部電話 或免費電話
• 有聽力或語言障礙的會員（TDD/TTY）請致電
客戶服務部將於週一至週五早上 8:30 a.m. 至下午 5:00 p.m. 為您提供幫助。



12/05/2016

MEMBER TEST

Dear MEMBER TEST,

As a Medi-Cal member, you have a Personal Care Coordinator (PCC) assigned to you. You can call this person at any time if you have questions or service needs. Your PCC will also call from time to time to check in with you.

Your Care Plan is a summary of your health care goals and is included with this letter. Please look it over carefully. Please keep the Care Plan for your records and share it with your doctors.

Your PCC may be reached 8:00 – 5:00 p.m., Monday – Friday at _____ if you:

1. Have questions about your Care Plan.
2. Go to the hospital or if your health changes.
3. Need hours of operation for the closest Urgent Care location.
4. Need information about community programs.
5. Getting a ride to the doctor.
6. Questions about your benefits.

If you have any questions, concerns or need help with any of the following you may call CalOptima directly and ask for a customer service representative:

1. Questions about prescription medicine and pharmacy benefits.
2. Changing your medical group or doctor.
3. Billing and claims issues.



4. Questions about out-of area medical care.

5. Complaints, grievances and appeals.

Additional Information

For emergencies, call 911. For urgent or after hours care, please call your doctor for instructions.

Sincerely,

Jane Doe
Personal Care Coordinator

Date November 21, 2016

Dear ,

As a member of are assigned to a Care Coordination team to help you with your health and wellness goals. We are writing to express our concern about not being able to reach you by phone.

I am asking you or a family member to call me at . It is important that we speak with you to discuss your health care needs and care goals. The Basic team members include:

- RN Case Manager
- RN Case Manager Medical Director and PCP
- Social Worker
- Case Management Coordinator

I am your Case Management Coordinator. We would like to review your care plan and health goals. This program is free and voluntary. We will close your case until we hear back from you. Refusal to participate in the Care Management Program does not impact your benefit or access to care. You can contact us at any time to assist you.

If you are hearing impaired, call or ! (speech to speech relay service).

I am available Monday through Friday from 8 a.m. to 5 p.m. I look forward to speaking with you soon.

Sincerely,



CalOptima
Better. Together.

12/07/16

Dear Member:

— would like to invite you to attend our meeting on Wednesday, December 14, 2016 from 1:00 pm - 2:00 pm in regards to your Health Care Management. This meeting will include your Primary Care Physician, Medical Director, Nurse Case Manager, Care Coordinator, Social Worker, and Pharmacist.

The purpose of the Program is to provide an intense level of care management services to our members with health conditions that place them at increased risk for declining health. Please let us know if you would like someone to represent you and speak on your behalf.

We would like you to join us in the meeting on Wednesday, December 14, 2016 from 1:00 pm - 2:00 pm through these options below:

- ☐ West, Suite , CA one: (714)
- ☐ Unable to attend but you may call me and can join by phone
- ☐ I am unable to attend or participate in this meeting.
- ☐ I choose not to attend

We look forward in spending this time with you so that we can provide you with the level of care to meet your healthcare needs.

Sincerely,

Patient Care Coordinator
Phone: (714)

Case Manager
Phone: (714)

Add CO LOGO

Add IPA LOGO

Date

Name

Address Line 1

Address Line 1

Dear Mr. Last Name:

Thank you for finishing your health survey for CalOptima. Your answers have been or will be shared with your doctor and medical group.

Our Care Team will meet soon to plan for all your health care needs. The plan will include care and resources to help you stay as healthy as possible. It is important that you are part of this meeting. Please contact us by no later than < date > so we can arrange a Care Team meeting at a time that is agreeable to you.

As a CalOptima member, you have a Personal Care Coordinator assigned to you. You can call this person if you have questions regarding health care or service needs. Please feel free to call your Personal Care Coordinator **PCC First and Last Name** at **(714) 000-0000** at any time.

We at CalOptima and HN Name_ will work with your doctor to make sure you get the best care possible! Your Personal Care Coordinator will also call you from time to time to check in on you.

Your health is our number one priority!



December 20, 2016

Test OCC Member
505 City Parkway West
Orange, CA 92868

Member Name:	Test OCC Member	CIN #:	ALT123OCC
Date of Birth:	05/10/1945		

Dear Test OCC Member:

My name is [redacted] I am a Personal Care Coordinator at OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) . I have been trying to contact you by phone, but have not been able to reach you.

It is my job to help you manage your health care needs. I will work with your health care providers to make sure you get the treatment that is right for you. Working as a team, I can help guide you through the health care system.

Please contact me when you receive this letter. I would like to talk to you about your care. I can be reached during business hours Monday through Friday at [redacted] .

I look forward to hearing from you.

Sincerely,

OneCare Connect Clinical Department

OneCare Connect is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

This information is available for free in other languages and formats like Braille or audio CD.

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Thông tin này thì có sẵn miễn phí bằng nhiều thứ tiếng và hình thức khác như chữ nổi cho người khiếm thị Braille hoặc đĩa CD âm thanh.

این اطلاعات به زبان ها و فرمت های دیگر، مانند خط برجسته مخصوص نابینایان (بریل) و CD صوتی بطور رایگان قابل دسترس می باشد.

이 정보는 무료로 점자 또는 오디오 CD같은 다른 형식이나 다른 언어로 받아 보실수 있습니다.

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OneCare Connect Enrollment Update

Daily Membership Counts for OneCare Connect

Report for: 12/19/2016

Health Network		12/19/16
Alta Med Health Services - OCC	SRG69DB	574
AMVI Care - OCC	PHC58DB	609
ARTA Western Health Network - OCC	SRG66DB	617
CalOptima Community Network - OCC	CODCNDB	1,856
Family Choice Physician Group - OCC	SRG81DB	1,909
Heritage - Regal Medical Group	HMO15DB	187
Heritage-ADOC Medical Group - OCC	HMO14DB	72
Monarch Family Physician Group - OCC	SRG53DB	5,409
Noble Mid-Orange County - OCC	SRG64DB	452
OC Advantage - OCC	PHC35DB	118
Prospect Medical Group Inc - OCC	SRG63DB	3,168
Talbert Physician Group - OCC	SRG52DB	1,236
United Care Medical Group - OCC	SRG67DB	647
Total		16,854