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

THURSDAY, APRIL 22, 2021
3:00 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-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.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged <u>not</u> to attend the meeting in person. As an alternative, members of the public may:

1) **Listen to the live audio at +1 (914) 614-3221 - Access Code: 377-701-112 or**
2) **Participate via Webinar at:**
   https://attendee.gotowebinar.com/register/9220827081706016012
   rather than attending in person. Webinar instructions are provided below.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. **APPROVE MINUTES**
    A. Approve Minutes of the March 11, 2021 Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

    B. Approve Minutes of the March 11, 2021 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee

IV. **PUBLIC COMMENT**
    At this time, members of the public may address the OneCare Connect Member Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V. **REPORTS**
    A. Consider Approval of FY 2021-2022 OneCare Connect Member Advisory Committee Meeting Schedule
    B. Consider Recommendation of OneCare Connect Member Advisory Committee Slate of Candidates

VI. **CEO AND MANAGEMENT REPORTS**
    A. Chief Executive Officer Update
    B. Chief Operating Officer Update

VII. **INFORMATION ITEMS**
    A. OneCare Connect Member Advisory Committee Updates
    B. COVID-19 Update
    C. CalOptima 2020-2022 Strategic Plan Discussion
    D. California Advancing and Innovating Medi-Cal (CalAIM) Update
    E. Federal and State Legislative Update

VIII. **COMMITTEE MEMBER COMMENTS**

IX. **ADJOURNMENT**

WEBINAR INFORMATION

1. **Please register for the OneCare Connect Member Advisory Committee Meeting on April 22, 2021 3:00 PM PDT at:**

   https://attendee.gotowebinar.com/register/9220827081706016012

   After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

   Note: This link should not be shared with others; it is unique to you.

   Before joining, be sure to check system requirements to avoid any connection issues.

2. **Choose one of the following audio options:**

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

   United States: **+1 (914) 614-3221**
   Access Code: **377-701-112**
   Audio PIN: Shown after joining the webinar

MINUTES

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

March 11, 2021

A Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on March 11, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 8:00 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Patty Mouton, Chair; Keiko Gamez, Vice Chair; Meredith Chillemi; Gio Corzo; Josefina Diaz; Sandra Finestone; Eleni Hailemariam, M.D. (non-voting); Sara Lee;
Members Absent:	Mario Parada; Donald Stukes
Others Present:	Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Tasha Millspaugh, Information Services Coordinator

MINUTES

Approve the Minutes of the October 22, 2020 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)

Action: ***On motion of Member Meredith Chillemi, seconded and carried, the Committee approved the minutes of the October 22, 2020 meeting by a roll call vote. (Motion carried 7-0-0; Voting Members Parada and Stukes absent)***

Approve the Minutes of the December 10, 2020 Special Joint Meeting of the CalOptima Board of Directors' Board Advisory Committees

Action: ***On motion of Member Gio Corzo, seconded and carried, the Committee approved the minutes of the December 10, 2020 meeting by a roll call vote. (Motion carried 7-0-0; Voting Members Parada and Stukes absent)***

PUBLIC COMMENT

There were no requests for public comment

INFORMATION ITEMS

OCC MAC Member Updates
Chair Mouton notified the Committee that the annual recruitment would begin on March 15, 2021 and noted that the Representing Members with Disabilities, Representing Members of Ethnic and Cultural Community, In-Home Supportive Services Representative and Member or Family Member Representatives (2 seats) would be scheduled for recruitment as the term for these seats would expire on June 30, 2021. She reminded the members that they must reapply to be considered for reappointment if their seat was up for recruitment.

ADJOURNMENT
Chair Mouton reminded the members that there was a special joint meeting immediately following this meeting and that the next regular OCC MAC meeting is scheduled for April 22, 2021 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 8:10 a.m.

/s/Cheryl Simmons
Cheryl Simmons
Staff to the Advisory Committees

Approved: April 22, 2021

MINUTES

SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT
CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE,
PROVIDER ADVISORY COMMITTEE AND
WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

March 11, 2021

A Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and Whole-Child Model Advisory Committee (WCM FAC) was held on Thursday, March 11, 2021 via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER
OCC MAC Chair Patty Mouton called the meeting to order at 9:05 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee
Members Present: Christine Tolbert, Chair; Maura Byron; Sandy Finestone; Connie Gonzalez; Jacqueline Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Melisa Nicholson; Kate Polezhaev; Sr. Mary Terese Sweeney; Steve Thronson; Mallory Vega

Members Absent: Linda Adair; Pamela Pimentel, Vice Chair

OneCare Connect Member Advisory Committee
Members Present: Patty Mouton, Chair; Keiko Gamez, Vice Chair; Gio Corzo; Josefina Diaz; Sandy Finestone; Sara Lee;

Members Absent: Meredith Chillemi; Eleni Hailemariam, M.D. (non-voting); Mario Parada; Donald Stukes

Provider Advisory Committee
Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Alpesh Amin, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D., Tina Bloomer, WHNP; Donald Bruhns, Andrew Inglis, M.D.; Jena Jensen; Teri Miranti; Alex Rossel; Loc Tran, Pharm.D.; Christy Ward

Members Absent: John Kelly, M.D.; Peter Korchin

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Whole-Child Model Family Advisory Committee

Members Present: Brenda Deeley, Vice Chair; Maura Byron; Sandra Cortez-Schultz; Monica Maier; Malissa Watson

Members Absent: Kristen Rogers, Chair; Cathleen Collins; Jacque Knudsen; Kathleen Lear; *WCM FAC did not achieve a quorum.*

Others Present: Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D., Interim Chief Medical Officer; Gary Crockett, Chief Counsel; Belinda Abeyta, Executive Director, Operations; Tracy Hitzeman, Executive Director Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Rachel Selleck, Executive Director, Public Affairs; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Debra Kegel, Director, Strategic Development; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Customer Service

PUBLIC COMMENT
There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update
Richard Sanchez, Chief Executive Officer, welcomed the members of the Board Advisory Committees and updated the members on the current status of COVID-19 and the vaccination efforts that were on-going. He noted that the Third Party Administrator (TPA) for the COVID vaccines had changed to Blue Shield for the State of California. Mr. Sanchez also briefly discussed the CalAIM submission that CalOptima plans to submit by July 2021.

Chief Medical Officer Update
Emily Fonda, M.D., Interim Chief Medical Officer, updated the committees on the current COVID-19 pandemic and discussed the vaccine incentives roll-out, with an emphasis on the homeless population in Orange County.

INFORMATION ITEMS

Facilitated Discussion Regarding Strategic Plan Implementation
Rachel Selleck, Executive Director, Public Affairs and Debra Kegel, Director, Strategic Development discussed CalOptima's Strategic Plan update and the directive from the Board to

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the Committees. Ms. Selleck introduced Athena Chapman and Caroline Davis of Chapman Consulting who facilitated a session with all of the committee members in attendance on four initiatives: Health Equity, Social Determinants of Health, Service Delivery Model and Behavioral Health. Committee members participated in a questions and answer dialogue on all four initiatives. Both MAC and PAC will again review these initiatives at their respective April 8, 2021 meetings.

Orange County COVID Response to Older Adult Infections
Helene Calvet, M.D., Deputy Medical Director, Orange County Health Care Agency (OCHCA) and Patty Mouton, Vice President, Alzheimer's Orange County presented on how the OCHCA and Alzheimer's Orange County worked together to open a COVID care unit at the Fairview Developmental Center in Costa Mesa. Teaming together they were able to treat seniors with Alzheimer's and other related dementia who tested positive for COVID-19.

CalAIM Update
Pallavi Patel, Director, Process Excellence presented on the current status of CalAIM. Ms. Patel noted that the CalAIM pilot will begin on January 1, 2022 and will span a five year period through 2027. She noted that CalAIM's main goal was to improve member and provider experience, move Medi-Cal to a more consistent and seamless system and improve quality outcomes, reduce health disparities and drive delivery system transformation and innovation. CalAIM will also expand the Enhanced Care Management (ECM) benefit which intensifies care management and builds on the current Whole Person Care (WPC) pilot and the Health Homes Program (HHP) for high-need Medi-Cal beneficiaries.

Federal and State Legislative Update
Jackie Mark, Sr. Policy Advisory, Government Affairs provided an update on legislative items that were of interest to the committees. She referred the members to the handout in their materials that gave more in-depth information.

COMMITTEE MEMBER UPDATES

OCC MAC Chair Patty Mouton on behalf of the MAC Chair welcomed Linda Adair to the MAC as the new Medi-Cal Beneficiaries Representative and announced that the next regular MAC meeting was scheduled for April 8, 2021 at 2:30 PM. Chair Mouton also reminded everyone that committee recruitment would begin on March 15, 2021.

Chair Mouton also reminded the OCC MAC members that their next meeting was scheduled for April 22, 2021 at 3:00 PM. She also reminded the members about the committee's recruitment also opened on March 15, 2021.

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PAC Chair Dr. Junie Lazo-Pearson announced that the next PAC meeting was scheduled for April 8, 2021 at 8:00 AM. She also told the PAC that she would be reaching out to the members about presenting at upcoming PAC meetings and also reminded the PAC members about the upcoming recruitment.

Chair Patty Mouton on behalf of WCM FAC Chair announced that the next WCM FAC meeting would be held on April 27, 2021 at 9:30 AM. She also reminded the members about the upcoming recruitment and asked the members to assist with the recruitment of Authorized Family Member Representatives.

ADJOURNMENT
There being no further business before the Committees, OCC MAC Chair Mouton adjourned the meeting at 11:35 a.m.

/s/ Cheryl Simmons___
Cheryl Simmons
Staff to the Advisory Committees

Approved by PAC: April 8, 2021
Approved by MAC: April 8, 2021
Approved by OCC MAC: April 22, 2021

OneCare Connect

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Better. Together.

Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Member Advisory Committee
FY 2021-22 Meeting Schedule

August

Thursday, August 26, 2021 at 3:00 PM
Conference Room 109-N or Virtual

October
Thursday, October 28, 2021 at 3:00 PM
Conference Room 109-N or Virtual

December
*Special Joint Meeting
Thursday, December 9, 2021 at 9:00 AM
Conference Room 109-N or Virtual

February
Thursday, February 24, 2022 at 3:00 PM
Conference Room 109-N or Virtual

April
Thursday, April 21, 2022 at 3:00 PM
Conference Room 109-N or Virtual

June
Thursday, June 23, 2022 at 3:00 PM
Conference Room 109-N or Virtual

Regular Meeting Location and Time
CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
3:00 p.m. – 5:00 p.m.

All meetings are open to the public. Interested parties are encouraged to attend.

*Special Joint Meeting

MEMORANDUM

DATE: March 24, 2021

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Chief Executive Officer

SUBJECT: CEO Report — April 1, 2021, Board of Directors Meeting

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

CalOptima Names Emily Fonda, M.D., Chief Medical Officer
I am pleased to announce that Emily Fonda, M.D., has been promoted to Chief Medical Officer. Dr. Fonda is a highly respected physician and valued member of the CalOptima organization. She has been with CalOptima for more than seven years as a Medical Director, Deputy Chief Medical Officer and most recently as Interim Chief Medical Officer. During this time, she has contributed to many successful projects and initiatives that have enabled CalOptima to lead California in Medi-Cal quality. Previously, she was in private practice for nearly 20 years and held leadership positions with multiple health care organizations, including Hoag Memorial Hospital, while also completing her Master of Medical Management degree at the University of Southern California.

Strategic Initiatives Take Shape With Input From Board Advisory Committees
As directed by your Board, on March 11, Chapman Consulting and CalOptima Strategic Development staff facilitated a discussion during the joint meeting of the Board advisory committees. The discussion focused on four strategic initiative categories highlighted at your February Board meeting: Health Equity, Social Determinants of Health, Service Delivery Model and Behavioral Health. During the meeting, committee members provided feedback on the purpose statements for the four categories and potential initiatives. Staff will revise and enhance the purpose statements based on committee members' feedback and plans to continue the discussion at the April committee meetings. Staff expects to share an update at the June 3 Board meeting.

CalOptima's COVID-19 Response Continues as Vaccination Efforts Accelerate
CalOptima has intensified communication activities to encourage vaccination against COVID-19, and staff is approaching this priority using a variety of methods. Below are summaries of selected efforts on vaccination and other issues related to the pandemic.
- *Texting Campaign:* CalOptima's COVID-19 vaccine mobile texting program will launch on March 24. Texts will be sent in all threshold languages to all health network members. The Department of Health Care Services-approved message is as follows: *Hello from CalOptima. The COVID-19 vaccine has been approved by the nation's top medical experts to be safe and effective. Access to the vaccine will be based on risk and COVID-19 exposure. The vaccine will be provided at no cost to you. Stay informed. Keep wearing your mask. [For information on COVID-19 Vaccine Resources](#). Reply Help for help or STOP to unsubscribe. Message and*

data rates apply. The campaign will continue with texts that address the eligible tiers for vaccination and where to get vaccinated.

- *"Explainer" Video Series:* CalOptima debuted the first of a new animated video series that explains important COVID-19 topics in an easy-to-understand format. The [video](#) breaks down how to receive a CalOptima Health Reward for getting vaccinated. It is posted on our website and was distributed via social media. The next "explainer" video will address post-vaccination safety.

- *Social Media Advertising Campaign*: In late March, CalOptima launched digital ads on social media platforms, including Facebook (16 ads), Instagram (16 ads) and YouTube (8 ads). The ads target women, people 35–54 years old, Latinos and African Americans, which are groups known to have more vaccine hesitancy. The ad concepts share that COVID-19 vaccines are safe and effective, can help a person connect with family sooner, and are good for the community.

- *Kid Healthy COVID-19 Vaccination Education*: On March 18, Medical Director Miles Masatsugu, M.D., participated in a COVID-19 vaccination information session on Zoom and Facebook Live sponsored by Kid Healthy, a nonprofit organization based in Santa Ana focused on reducing childhood obesity. The event was geared toward parents to encourage vaccination and address vaccine hesitancy in Kid Healthy's largely Latino audience.

- *Nursing Home Webinar:* As part of our Orange County Nursing Home COVID-19 Infection Prevention program, UCI infectious disease experts presented a webinar to address advanced vaccine questions. More than 60 nursing home representatives attended the March 10 event. Like prior webinars, it is posted on the program's website [here](#).

- *Vaccine Equity Pilot Program:* As of March 23, CalOptima has collaborated with the Orange County Health Care Agency to directly allocate approximately 44,500 doses of COVID-19 vaccine to community health centers and health network providers. CalOptima has asked health networks to report vaccine administration within 24 hours to the California Immunization Registry and aim for 100% vaccine utilization within each week.

- *PBS Public Service Announcements:* Based on CalOptima's previous PBS sponsorship related to preventive health care, PBS invited us to partner with the Y on three public service announcements focused on senior isolation during COVID-19. Taped on March 18, these spots feature Edwin Poon, Ph.D., director of Behavioral Health Services, offering strategies to support seniors' mental health. The messages will debut in April.

- *Media Coverage:* The February 22 print edition of national magazine Modern Healthcare featured information and photographs about CalOptima's PACE Without Walls program within a larger story about COVID-19. A similar article also ran on the magazine's website.

Board to Receive California Advancing and Innovating Medi-Cal (CalAIM) Presentation
CalAIM is a multiyear initiative to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing delivery system, program and payment reforms that reduce complexity and increase flexibility. At your April 1 Board meeting, Rachel Selleck, Executive Director, Public Affairs, will provide an overview of the initiative and CalOptima's possible approach to the CalAIM programs that will be implemented first, Enhanced Care Management (ECM) and In Lieu of Services (ILOS), which both have a proposed effective date of January 1, 2022. Further, staff have been raising awareness about CalAIM among CalOptima's provider and community partners. This will culminate in a stakeholder meeting being planned for May.

Virtual Legislative Update Engages Elected Officials' Staff, Other Partners
On March 12, CalOptima's Government Affairs department hosted a Virtual Legislative Update for members of the Orange County delegation and CalOptima's Board advisory committees. Nearly 40 staffers from elected officials' offices and advisory committee members attended for an update regarding CalOptima's COVID-19 response, legislative priorities and process for handling constituent issues.

Partnership Aims at Expanding CalFresh Enrollment, Increasing Awareness About CalOptima in Orange County
CalOptima is collaborating with the Orange County Social Services Agency (SSA) to increase awareness about Medi-Cal and CalFresh benefits. Staff recently learned that Orange County enrollment in CalFresh runs lower than the state average by approximately 10%. While CalFresh has stricter income levels and immigration status requirements, most CalOptima members would typically meet CalFresh eligibility criteria. Strategies being considered are outreach to members/participants, communication to community-based organizations and providers, and education for member-facing CalOptima and health network staff. Access to healthy food is a challenge that has only increased during the pandemic. We look forward to partnering with SSA to address this social determinant of health.

Restrictive 2019 Federal Public Charge Rule to Be Set Aside
On March 15, the U.S. Department of Homeland Security announced that it will return to using policies in place before the 2019 Public Charge Final Rule. That means immigrants can seek and accept medical care, food assistance and public housing without consequences related to public charge. U.S. Citizenship and Immigration Services will not consider participation in Medi-Cal (except for long-term care), public housing or CalFresh as part of the public charge determination. Testing, treatment and preventive services for COVID-19, including vaccines, are not considered for public charge purposes. California health and human services leaders issued a joint statement in response to the federal public charge changes.

COVID-19 Update

OneCare Connect Member Advisory Committee
April 22, 2021

Emily Fonda, M.D., MMM
Chief Medical Officer

COVID-19 Efforts in Progress

○ Member Incentive Implementation

  ▪ Number of gift cards sent

○ Member Vaccination Strategy

  ▪ Number of members vaccinated

  ▪ Blue Shield update

Vaccine Eligibility

- As of March 15:
  - Ages 16-64 at highest risk of COVID
    - Cancer, severe kidney, heart or lung disease, Down's syndrome, organ transplant (weakened immune system), pregnancy, Sickle cell, obesity (BMI>40), Diabetes or severe disabilities
  - Public transit workers, including airport and commercial airline workers
  - Individuals working or living in a high-risk congregate setting
    - Homeless shelter, behavioral health facility, detention facility
- As of April 1
  - Those over 50
- As of April 15
  - Those over 16

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

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CalOptima 2020–2022 Strategic Plan Discussion

OneCare Connect Member Advisory Committee

April 22, 2021

Joint Advisory Meeting Overview

- ○ March 11, 2021, meeting recap
  - Provided brief overview of the 2020–2022 Strategic Plan development process and currently tracked initiatives
  - Gathered live feedback on purpose statements on four of the eleven categories
  - Provided opportunity to submit additional feedback via email on all the 11 categories
- ○ Today's objectives
  - Review gathered feedback.
  - Provide revised purpose statements.
  - Seek additional feedback specific to projects/initiatives for consideration.

Health Equity

○ Purpose statement

- ■ Identify opportunities to proactively address health disparities and promote health equity to ensure ~~for~~ all CalOptima members receive the supports they need while developing structure and processes to implement a health equity framework in CalOptima ~~all~~ programs and services

○ Priorities

- ■ Health equity framework
- ■ Population health equity analysis and interventions

○ Other priorities for consideration

- ■ Segmented data trends report/dashboard

Social Determinants of Health

- Purpose statement
  - Assess and address health-related social needs, such as conditions in the environment that affect a wide range of health, functioning and quality-of-life outcomes and risks for members; and that influence member health outcomes, include targeted strategies and interventions that drive improvements in health

- Priorities
  - CalAIM In Lieu of Services (ILOS)
  - Homeless Health Initiatives

- Other priorities for consideration
  - None received

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Service Delivery Model

- ○ Purpose statement
  - Maximize funding for care delivery, increase access to quality services, promote efficiency and drive innovative collaborations among the different systems of care to promote an integrated service experience for members.
- ○ Priorities
  - CalAIM planning and implementation
  - Virtual care strategy
  - OneCare network build for 2023
- ○ Other priorities for consideration
  - Full integration of multiple services (beyond Behavioral Health)
  - Educate all providers on referral processes
  - Expand member education and awareness of services available through CalOptima and others

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Behavioral Health

- Purpose statement
  - Increase access to and awareness of behavioral health (BH) services for CalOptima members while supporting efforts for a full physical and BH integration model and continue enhancing coordination of efforts with County.

- Priorities
  - BH integration
  - Expansion of BH network

- Other priorities for consideration
  - Screenings and evaluation for targeted populations
  - Interventions specific to support members with Intellectual/ Developmental Disabilities (I/DD), including BH carve-out
  - BH education and awareness for members

Back to Agenda

Feedback for Other Categories

- Clinical operations
  - None received
- Community engagement
  - Inclusion of stakeholders serving the broader Asian and Pacific Islanders (API) community
- COVID-19 response
  - Orange County COVID-19 Nursing Home Prevention Program
  - Efforts to vaccinate members who are isolated at home
- Employee support
  - None received

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Feedback for Other Categories (cont.)

○ Member access

  - Report on initiatives and efforts that highlight adult day services as a vital resource that supports the continuum of care model.

  - Consider adult day services in advocacy efforts.

  - Include strategy and establish workgroup to develop goals for aging population.

○ Organizational operations

  - None received

○ Quality improvement

  - Quality awareness campaign for members

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Next Steps

- ○ Complete feedback gathering process with Advisory Committees.

- ○ Share feedback on other priorities for consideration.
  - ▪ Discuss with internal subject matter experts (e.g., similar projects in progress, feasibility)

- ○ Develop initiatives when applicable.

- ○ Present vetted initiatives to Board for approval.

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Strategic Plan Initiative Categories
Draft Purpose Statements

Introductory: The draft purpose statement is the goal for each category that will guide CalOptima in developing and prioritizing initiatives.

BEHAVIORAL HEALTH*

Increase access and awareness of behavioral health services for CalOptima Members while supporting efforts for a full physical and behavioral health integration model, and continue enhancing coordination of efforts with County. Initiatives under this category include:

- *Behavioral Health Integration (BHI) Incentive Program**: Administer and oversee the application, awards, implementation and reporting processes of the BHI Program created by DHCS to fund behavioral health integration projects. The objective of the incentive program is to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in the Medi-Cal managed health care plan's provider network. CalOptima received 27 applications from 14 organizations; of which 12 applications (7 entities) were selected by the DHCS.

- *Behavioral Health (BH) Network Expansion**: Expand BH network to include providers currently in the County's Administrative Service Organization (ASO) network to support members transitioning between levels of care from County's ASO outpatient mental health services program to CalOptima's mild-to-moderate BH program.

- *BH Ad Hoc Workgroup Coordination*: Expand collaborative opportunities and build a synergistic relationship among the Coalition of Orange County Community Health Centers, their member community health centers and CalOptima to promote health equity of the most vulnerable populations in Orange County, specific to mental health and substance use disorder treatment services.

- *BHI Redesign*: Develop, document and improve departmental processes for BHI due to transition of care services for OneCare and OneCare Connect from Magellan to CalOptima as of January 1, 2020, and assist with redesign of BHI department organization and internal team processes to improve member experience. **SUBMITTED COMPLETION IN 2021**

Suggested Priorities for Consideration:

- Increase screenings and evaluation for people that have gone undiagnosed (i.e. youth and elder).
- Focus on people with intellectual/development disabilities and mental health issues.
- Add carve out to behavioral health focused on people with intellectual/developmental disabilities.
- Add a BH awareness and education component to inform members of services, providers and language availability.

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

CLINICAL OPERATIONS

Ensure internal processes, policies and practices adhere to clinical guidelines, regulatory compliance and contractual obligations and continue to effectively communicate with stakeholders as applicable. Initiatives under this category include:

- *Enhance Real-Time Monitoring*: Implement formalized real-time and near real-time monitoring processes with standards development for tracking, trending, feedback and remediation of utilization management activities.

- *Medi-Cal Pharmacy Benefit Carve-Out*: Carve out Medi-Cal pharmacy benefits to Medi-Cal Fee for Service, ~~effective April 1, 2021~~. Excluded from the carve-out are OneCare, OneCare Connect, Program of All-Inclusive Care for the Elderly (PACE) and physician-administered drugs.

- *Pediatric Integrated Care Survey*: Pilot the implementation of a family-reported survey instrument, developed by Boston Children's Hospital, that measures family experience of care integration in a subset of the Whole Child Model (WCM) population. Both CalOptima and CHOC Health Alliance are participants in the initiative, which will inform quality improvement and interventions to improve integration of services for WCM members.

- *Pharmacy Benefit Management*: Negotiate contract with current PBM for dates of service starting January 1, 2022, or pursue a Request for Proposal (RFP) depending on outcome of contract negotiations. Initiative would ensure quality and efficient administration of pharmacy benefit for members in our Medicare programs. Note: Contract with MedImpact was extended through 2024. **COMPLETE 12/31/2020**

  Suggested Priorities for Consideration:

  None provided

COMMUNITY ENGAGEMENT

Engage with providers, CalOptima advisory committees and community stakeholders to build synergistic collaboration to strengthen the system of care and improve health outcomes for shared segments of the most vulnerable population of the County. Initiatives under this category include:

- *CalOptima Collaboration in the Community*: Provide targeted outreach and education projects/activities to (1) increase engagement and collaboration with providers and community stakeholders; and (2) engage our advisory committees and other community stakeholders to identify members' needs, community health issues, priorities and opportunities.

- *Quarterly Safety Net Meetings*: Provide a platform for CalOptima and the Coalition of Orange County Community Health Centers to convene on a quarterly basis with a shared strategic agenda to identify opportunities for both organizations to partner and provide value to ongoing health care initiatives.

- *Vietnamese Leadership Collaborative*: Identify key stakeholders serving the Vietnamese community and launch the Vietnamese Leadership Collaborative to lead and address health care issues impacting our Vietnamese membership.

Suggested Priorities for Consideration:

- Inclusion of stakeholders serving the broader Asian and Pacific Islanders (API) community.

COVID-19 RESPONSE

Respond collaboratively, proactively and effectively to our members, staff, providers, community partners and others during the pandemic, and adjust to the fluidity of our current health care environment. Initiatives under this category include:

- *Community Stakeholder Outreach and Engagement During COVID-19 Pandemic*: Provide targeted outreach activities/projects to (1) serve as a reliable source of resource information to community stakeholders; (2) share information about CalOptima and Medi-Cal through virtual platforms; and (3) support community stakeholder sponsored events with information materials and branded items.

- *COVID-19 Pandemic Response*: Respond efficiently and proactively to our staff, providers, community partners and others during the pandemic, and adjust as necessary to the resulting regulatory changes from our federal, state and local partners.

- *COVID-19 Vaccination Member Health Rewards Program*: Administer the Board-approved COVID-19 vaccination member health rewards program which goal is to encourage members, through the provision of nonmonetary gift cards, to get the COVID-19 vaccination.

- *PACE Virtual Care*: Provide a technology platform for PACE providers and clinicians to connect virtually with PACE participants to meet current COVID-19 physical distancing requirements. **COMPLETE 11/24/2020**

- *COVID-19 Supplemental Payment Increase*: Provide a temporary, short-term supplemental payment increase of 5% to health networks, hospitals and CCN providers in recognition of the strain that the pandemic has placed on networks and providers.

- *Orange County COVID-19 Nursing Home Prevention Program*: Engage nursing homes to undergo intensive COVID-19 infection prevention training to provide greater depth and assurance of infection prevention, develop a toolkit and implement training to improve the infection prevention readiness for COVID-19 surge across OC nursing homes.

Suggested Priorities for Consideration from Joint Advisory Committee Members:

None provided

EMPLOYEE SUPPORT

Strengthen internal employee support systems and tools to promote operational excellence and maintain employee satisfaction. Initiatives under this category include:

- *Emergency Mass Notification System*: Provide CalOptima a vehicle to help protect, alert and communicate with CalOptima employees at times of need and/or during emergencies.

- *HR Learning Management System and eLearning Content RFP and Implementation*: Implement a new learning management system for CalOptima University employee training, development and education programs. Contracted vendor on target for implementation mid-2021.

Suggested Priorities for Consideration:

None provided

HEALTH EQUITY*

Identify opportunities to proactively address ~~health~~ disparities and promote equity ~~for all CalOptima members~~ to ensure all CalOptima members get the supports they need while developing structure and processes to implement a health equity framework in CalOptima programs and services ~~all programs~~. Initiatives under this category include:

- *Health Equity Framework*: Refine structure and process to support health equity work across all programs.

- *Population Health Equity Analysis and Interventions*: Complete a comprehensive population segment analysis of CalOptima's diverse ethnic membership and identify health disparities to develop short and long-term interventions to promote health equity.

Suggested Priorities for Consideration:

- Continue to report and enhance visibility of utilization trends on segmented data (i.e. race, ethnicity, age, gender, etc.), including disease prevalence, utilization cost, provider and specialty care access.
- Continue to report on HEDIS scores.

MEMBER ACCESS

Expand access to covered services and programs that address existing access gaps and unmet member needs. Initiatives under this category include:

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *Long-Term Care at Home*: Provide members with greater access to skilled care at home and facilitate transition from the hospital and skilled nursing facility to home, subject to DHCS approval of its proposed LTCH initiative. Note: LTSS collaborated with DHCS and managed care plan stakeholders to assess the program design and provide structure feedback. On August 26, 2020, DHCS terminated the development of the LTCH program based on the inability to reach agreement with the Administration on a design process. **CLOSED 8/26/2020**

- *Preventive Care Outreach (Outbound Call Campaign per All Plan Letter 19-010)*: Contact all Medi-Cal beneficiaries under age 21 who have not used, or who have underutilized, preventive care services available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and encourage these beneficiaries to use EPSDT services.

  Private Duty Nursing—Case Management Responsibilities for Medi-Cal Eligible Members: Ensure Medi-Cal eligible members under the age of 21 know their right to PDN benefits, which fall under the EPSDT services. Note: Notices were sent to families with members under 21. **COMPLETE 11/30/2020**

Suggested Priorities for Consideration:

- Include any initiatives/efforts that highlight Adult Day Services as a vital resource that supports the continuum of care model.
- Include strategy that addresses the Master Plan for Aging.

ORGANIZATIONAL OPERATIONS

Maximize administrative costs, ensure compliance with laws and regulations, promote efficiency and standardized business processes and continue to communicate any areas of impact to applicable stakeholders. Initiatives under this category include:

- *Communications Support*: Provide supportive communication strategies, messaging and materials for various strategic initiatives identified by other departments.

- *Department of Health Care Services Health Network Certification*: Monitor and certify CalOptima's subcontracted networks pursuant to regulatory standards and requirements set forth by DHCS, including time and distance standards, timely access, mandatory provider types and provider to member ratios. CalOptima is in the process of identifying network deficiencies, reviewing results with networks and updating policy accordingly. Note: In March 2022, CalOptima will submit documentation verifying that its networks have met the adequacy standards per DHCS guidance.

- *E-Signature Change Healthcare/Adobe*: Improve efficiencies for providers and CalOptima through Adobe e-signature functionality for provider contracts produced by CalOptima's Contracting Department. **COMPLETE 7/31/2020**

- *Intergovernmental Transfer Drawdown Process*: Work with DHCS and participating governmental entities to facilitate the transfer of public funds in order to access the highest federally allowable reimbursement rate for Orange County. IGT funds are part of CalOptima's operating income/expenses and must be used for Medi-Cal covered services for the Medi-Cal population.

- *Non-Contracted Ground Emergency Medical Transportation*: Provide additional funding to non-contracted GEMT providers that service Medi-Cal beneficiaries to support quality improvement efforts through the Quality Assurance Fee.

- *Organizational Support for Regulatory Guidance Implementation*: Facilitate multidepartment activities related to new regulatory requirements to support compliance and organizational policy and process alignment, while ensuring uninterrupted member care. Examples include: Cost Avoidance and Post-Payment Recovery for Other Health Coverage (OHC) (All Plan Letter 20-010); CMS Part C and D Final Rule Requirements (OneCare, OneCare Connect and PACE); D-SNP (OneCare) Contract Year 2021 Provisions; and Medi-Cal Contract Amendment Implementation.

- *PACE Encounters*: Develop end-to-end process for PACE encounters. This process begins with capture of center-based services and ends with validation and monitoring. This will ensure that all encounters are submitted and reported accurately to support CMS risk adjustment for Medicare payments.

- *Provider Experience Value Stream Enhancement*: Facilitate improvement of interdepartmental processes that impact the provider experience and satisfaction including onboarding, letters of agreement, contract uploads and agreement updates, quality monitoring, and provider dispute resolutions.

- *Provider Trust Exclusion Monitoring*: Streamline the required exclusion monitoring review process and implement a workflow that will reduce likelihood of Medicare and Medi-Cal fraud and meet regulatory compliance.

Suggested Priorities for Consideration:

None provided

QUALITY IMPROVEMENT

Maximize pay for value and quality improvement programs and incentives as well as interoperability to improve access to and help inform decisions regarding health care services, health outcomes and member satisfaction. Initiatives under this category include:

- *Office Ally Electronic Health Record Implementation*: Build repository of member EHR data from Office Ally providers to close member data gaps for population health management,

reduce provider abrasion by requesting fewer medical records for quality related review (HEDIS, PQIs), and assist with turnaround time for Utilization Management denials.

- *Post-Acute Infection Prevention Quality Initiative*: Reduce the spread of multi-drug resistant organisms in long-term care facilities and hospital admissions/readmissions through the administration of topical products to reduce bacteria on the body that can produce harmful infections.

- *Interoperability Implementation*: Implement a hosted health data exchange solution that supports improved access to health information across the continuum of care so that members and caregivers may have timely and complete health information to make informed decisions about their care.

Suggested Priorities for Consideration:

- Launch quality awareness campaign specific to ensure members know what quality healthcare should look like.

SERVICE DELIVERY MODEL*

Maximize funding for care delivery, increase access to quality services, promote efficiency and drive innovative collaborations among the different systems of care to promote an integrated service experience for members. Initiatives under this category include:

- *California Advancing and Innovating Medi-Cal (CalAIM) Planning and Implementation**: Develop a strategy and business plan to explore implementation of the DHCS CalAIM initiative. CalAIM is a multi-year initiative which seeks to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing delivery system, program and payment reforms. Initially released in late 2019 but put on hold due to the pandemic, the renewed proposal revitalizes Enhanced Care management and In Lieu of Services (ILOS) and calls for implementation on January 1, 2022.

- *Directed Payments*: Operationalize DHCS' Directed Payments programs (Physician Services, Hyde, Developmental Screening Services, Adverse Childhood Experiences Screening, Value-Based Payment and Family Planning Services) to incentivize specific providers for specific services using Proposition 56 (Tobacco tax) funds.

- *OneCare Network Build for 2023**: Build a OneCare provider network to support continuity and access to care for members participating in OneCare Connect who are expected to transition to OneCare in 2023. As a plan under the Cal MediConnect demonstration project, OneCare Connect is due to sunset at the end of 2022, at which time it is anticipated that existing OneCare Connect members will transition to OneCare. Board authority will be requested as needed.

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *RFP for Provider Data Management Solution System*: Issue an RFP to select a vendor, upon Board approval, to produce an integrated provider/partner data system that will merge existing systems used by CalOptima. These systems include Core Administration, Provider Contracts, Provider Credentialing, and Care Management, as well as several inbound and out bound provider data processes. The new system will collect data and apply business rules to reconcile and resolve discrepancies before sharing the provider data between systems. The end goal is a single provider data management platform that will be the internal source of truth for all CalOptima provider data with full interoperability.

- *Virtual Care Strategy**: Improve member access and convenience by (1) supporting use of virtual visits during COVID-19 and beyond; (2) contracting with specialty providers with a virtual care focus for CCN members; (3) contracting with a vendor offering virtual visits including after-hours access for acute non-emergency medical conditions and behavioral health conditions; (4) contracting with a vendor offering eConsults for CCN members and PCPs through CalOptima-contracted specialists; and (5) establishing member texting.

Suggested Priorities for Consideration:

- Simplify referral process for members and providers.
- Include and promote full integration of multiple services (i.e. vision, dental, physical and behavioral health).
- Include an education component to train and educate providers and members
- Include tracking of efforts on care coordination especially for OCC and Dual eligible members.

SOCIAL DETERMINANTS OF HEALTH*

Assess and address health-related social needs, such as conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks for members; and include targeted strategies and interventions to drive improvements in health. Initiatives under this category include:

- *CalAIM ILOS**: Implement alternatives to service options under the CalAIM proposal and work collaboratively with providers, members, county and community stakeholders to address the combined medical and social determinants of health needs of members. (See CalAIM Planning and Implementation initiative under Service Delivery Model)

- *Homeless Health Initiative-Clinical Field Team Pilot**: Meet the immediate urgent care needs of individuals experiencing homelessness throughout the county wherever they may be located. These on-call urgent care services are provided by contracted community health centers that serve members and others regardless of insurance status. By the end of the pilot, establish a sustainable program to continue these services.

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *Homeless Health Initiative-Homeless Response Team**: Provide a dedicated team of case managers and care coordinators to administer the CFT pilot. HRT responsibilities include staffing the call line; making dispatches to contracted providers; scheduling, reporting and coordinating with community organizations, providers and health networks; developing relationships with homeless service providers; and engaging members and homeless service providers in the community.

- *Homeless Health Stakeholder Engagement*: Facilitate Homeless Health Stakeholder Engagement Strategy sessions to solicit input on outreach, engagement strategies and best practices from key homeless advocates and stakeholders who have an established presence in the community.

- *ILOS – Recuperative Care Request*: Develop a business case for implementation of recuperative care as an ILOS when no longer available under the Whole Person Care pilot. This will include collaboration with the county to leverage WPC experience and the prior DHCS CalAIM proposal. CalOptima will seek authorization from the Board of Directors prior to a formal application to DHCS to authorize recuperative care as an in lieu of service. **CLOSED 1/8/2021**

- *Intergovernmental Transfer Community Grants*: Provide oversight and report grant activity progress and achieved outcomes made toward the grants' goals and objectives. The CalOptima Board of Directors authorized the allocation of IGT funds toward community grants. Twelve community grants were awarded in the following categories: Adult Dental Services, Children's Dental Services, Children's Mental Health Services, Food Distribution Services for Children and Families, Primary Care Services and Social Determinants of Health, and Increase Access to Medication-Assisted Treatment.

Suggested Priorities for Consideration:

None provided

California Advancing and Innovating Medi-Cal (CalAIM)

Advisory Committees

April and May 2021

Rachel Selleck, Executive Director, Public Affairs

Background

Whole Person Care

(2016–21)

- Lead Entity: County of Orange
- Services:
  - Housing Navigation and Sustainability (includes housing deposits)
  - Recuperative Care

Health Homes Program

(2020–21)

- Lead Entity: CalOptima
- Services:
  - Comprehensive Care Management*
  - Housing Navigation and Sustainability

California Advancing & Innovating Medi-Cal (CalAIM)

(2022–27)

- Target Implementation Phase 1: January 2022
- Lead Entity: CalOptima
- Services:
  - Enhanced Care Management**
  - Phase 1 In Lieu of Services (ILOS):
    - Housing Transition Navigation Services
    - Housing Tenancy and Sustaining Services
    - Housing Deposits
    - Recuperative Care

* Comprehensive Care Management: Care management addressing primarily clinical needs

** Enhanced Care Management: Care management addressing both clinical and nonclinical needs

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Note: Concurrently planning for Phase 2 ILOS services to launch in July 2022.

Background (cont.)

○ CalAIM Enhanced Care Management (ECM) benefit intensifies care management and builds on current Whole Person Care (WPC) pilot and Health Homes Program (HHP) for high-need Medi-Cal beneficiaries

○ January 2021: Department of Health Care Services (DHCS) released revised CalAIM proposal

○ Expands Medi-Cal Managed Care Plans' responsibilities and provides opportunities for enhanced care

Primary Goals of CalAIM

○ Improve member and provider experience

○ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

○ Improve quality outcomes, reduce health disparities and drive delivery system transformation and innovation

Back to Agenda

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CalAIM Initiatives

Initiatives	Implementation Date
Enhanced Care Management (ECM) Benefit	January 2022
In Lieu of Services (ILOS)	January 2022
Plan Incentive Payments	January 2022
Shared Risk/Savings (Seniors and Persons With Disabilities/Long-Term Care Blended Rate)	January 2023
Discontinue Cal MediConnect and Require Dual Eligible Special Needs Plans	January 2023
Population Health Management Program	January 2023
Regional Managed Care Capitation Rates	January 2024
National Committee for Quality Assurance (NCQA) Accreditation[1]	January 2026
Full Integration Plans[2]	January 2027

[1] CalOptima is already NCQA accredited and a top-rated plan in California
[2] CalOptima status: BH partially integrated; dental not integrated

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Enhanced Care Management (ECM)

○ Implement a single, intensive and comprehensive ECM benefit

 ▪ Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries

○ Build upon current WPC and HHP delivery systems

○ Use phased implementation approach

Date	Population
January 2022	Existing WPC/HHP and other required target populations
July 2022	Additional target populations

ECM Target Populations

○ Children and youth with complex conditions

○ Individuals experiencing chronic homelessness with complex conditions

○ High health care system utilizers

○ Nursing facility residents

○ Individuals at risk for institutionalization:

- Who are either eligible for long-term care; and

- With serious mental illness (SMI), children with serious emotional disturbance (SED) or substance use disorder (SUD) with co-occurring chronic health conditions

○ Individuals transitioning from incarceration

Note: WPC and HHP members overlap within these target populations; ECM target populations are subject to change, per DHCS guidance

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CalOptima's ECM Proposal

○ To align with CalAIM expectations of integrating WPC and HHP under ECM:

   ▪ Leverage HHP Community-Based Care Management Entities (CB-CMEs) to serve as ECM providers to ensure seamless transition

      • Delegate ECM to health networks as they act as CB-CME for HHP

○ Allows members to stay with their health network and minimizes care disruption

○ **Funding**: Anticipate State funding

In Lieu of Services (ILOS)

○ Definition of ILOS

  ■ Flexible wrap-around services

  ■ Authorized and identified in the state's Medi-Cal Managed Care Plan contracts

  ■ Optional for both the plan to offer and the beneficiary to accept

  ■ Provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission, emergency department use or delay in discharge

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DHCS ILOS Options

1. Housing Transition Navigation Services	8. Nursing Facility Transition/Diversion to Assisted Living Facilities
2. Housing Deposits	9. Community Transition Services/Nursing Facility Transition to a Home
3. Housing Tenancy and Sustaining Services	10. Personal Care and Homemaker Services
4. Short-Term Post-Hospitalization Housing	11. Environmental Accessibility Adaptations (Home Modifications)
5. Recuperative Care (Medical Respite)	12. Meals/Medically Tailored Meals
6. Respite Services	13. Sobering Centers
7. Day Habilitation Programs	14. Asthma Remediation

Refer to Appendix J: In Lieu of Services Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations
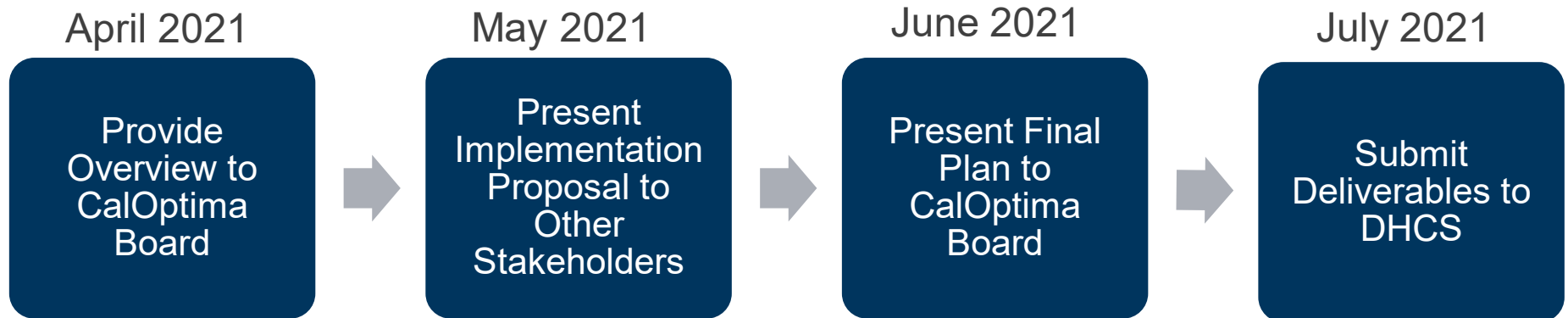
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CalOptima's ILOS Proposal

○ To maintain continuum of services, CalOptima (as a carve-out) to offer the following ILOS services currently provided under WPC and HHP (Phase 1):

- Housing Transition Navigation Services** (WPC, HHP)
- Housing Tenancy and Sustaining Services** (WPC, HHP)
- Housing Deposits (WPC)
- Recuperative Care (Medical Respite) (WPC)

○ **Service Providers**: Maintain current providers (through Letters of Agreement or contracts) while RFPs are developed

○ **Funding**: IGT/Reserve monies (no anticipated State funding) until savings are realized

** Currently delegated to health networks through HHP

Next Steps

April 2021

Provide Overview to CalOptima Board

May 2021

Present Implementation Proposal to Other Stakeholders

June 2021

Present Final Plan to CalOptima Board

July 2021

Submit Deliverables to DHCS

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

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 454 Rodriguez	**Provider Supplemental Payments:** Would allow the Department of Managed Health Care (DMHC) to require health plans to provide supplemental payments and/or nonmonetary support to providers during and for 60 days after a public health emergency or disaster declaration. DMHC may require health plans to provide rate increases, one-time payments, interest-free loans, personal protective equipment, and/or other equipment and business expenses. Plans must include any payments in their medical loss ratio calculation as a direct patient care expense.	02/08/2021 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose
SB 242 Newman	**Provider Reimbursement for Medically Necessary Equipment:** Would allow physicians and dental providers to be reimbursed for medically necessary equipment to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace. Reimbursable equipment would include personal proactive equipment, infection control supplies, testing and diagnostic supplies, contact tracing, or other related information technology expenses. The reimbursement rates would be determined by the Department of Health Care Services (DHCS).	01/21/2021 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 77 Petrie-Norris	**Jarrod's Law:** States the intent of the author to introduce legislation that would require DHCS to administer a licensing process for inpatient and outpatient substance use disorder treatment programs that are not otherwise required to be licensed under current law.	12/07/2020 Introduced	CalOptima: Watch
AB 822 Rodriguez	**Emergency Psychiatric Observations:** Would add outpatient psychiatric observation services as a covered Medi-Cal nonspecialty mental health benefit, when necessary, for emergency psychiatric treatment. Medi-Cal managed care plans (MCPs) would be required to reimburse the observing provider.	02/16/2021 Introduced	CalOptima: Watch
AB 942 Wood	**Medically Necessary Services:** Similar to SB 279, would allow Medi-Cal to provide reimbursement for clinically appropriate and covered behavioral health benefits before a diagnosis.	02/17/2021 Introduced	CalOptima: Watch
AB 988 Bauer-Kahan, Berman, Chiu, Quirk-Silva, Ting	**988 Crisis Hotline:** No later than July 16, 2022, would implement the state's 988 Crisis Hotline using the digits 9-8-8 established by federal law as the National Suicide Prevention Lifeline. The 988 Crisis Hotline would connect individuals experiencing a mental health crisis with suicide prevention and mental health crisis counselors.	02/18/2021 Introduced	CalOptima: Watch

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Better. Together.

Orange County's
Community Health Plan

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 75 Bates	**Southern California Fentanyl Task Force:** Would establish the Southern California Fentanyl Task Force, under the direction of the Attorney General, to identify strategies to combat the fentanyl crisis. The task force would include representatives from the California Department of Justice (DOJ), California Highway Patrol and each county within Southern California. Would require the task force to hold its first meeting by July 1, 2022, and issue a report of its findings and recommendations to the Legislature and DOJ by January 1, 2025.	02/15/2021 Introduced	CalOptima: Watch
SB 106 Umberg	**Mental Health Services Act (MHSA) Focus Populations:** States the intent of the author to introduce legislation that would update the MHSA to further address individuals with mental illness who are also experiencing homelessness or are involved in the criminal justice system. Updates to the MHSA would also address early intervention efforts for youth experiencing a mental illness.	01/05/2021 Introduced	CalOptima: Watch
SB 221 Wiener	**Timely Access to Care:** Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment—in alignment with the current time frame for the initial appointment. Although this bill would modify the Knox-Keene Act, which does not apply to CalOptima, DHCS would be expected to align standards in the Medi-Cal managed care contracts in accordance with current practice.	01/13/2021 Introduced	CalOptima: Watch
SB 279 Pan	**Medically Necessary Services:** Similar to AB 942, would allow Medi-Cal to provide reimbursement for clinically appropriate and covered behavioral health benefits before a diagnosis.	01/29/2021 Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 875 Wood	**CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS):** Similar to SB 256, would require ECM to be added as a covered benefit for Medi-Cal beneficiaries. This would include the coordination of all primary, acute, behavioral, oral, and long-term services and supports (LTSS). Additionally, would require a Medi-Cal MCP to list available ILOS on its website and in the beneficiary handbook as well as share data with DHCS related to beneficiary utilization of ILOS. ILOS offered by the health plan must be incorporated into DHCS' methodology for calculating the MCP's capitation rate.	02/17/2021 Introduced	CalOptima: Watch
AB 1160 Rubio	**Medically Tailored Meals:** Would allow Medi-Cal MCPs to offer medically tailored meals to beneficiaries as an ILOS, effective January 1, 2022.	02/18/2021 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 256 Pan	**CalAIM ECM and ILOS:** Similar to AB 875, would require ECM to be added as a covered benefit for Medi-Cal beneficiaries. This would include the coordination of all primary, acute, behavioral, oral, and LTSS. Additionally, would require a Medi-Cal MCP to list available ILOS on its website and in the beneficiary handbook as well as share data with DHCS related to beneficiary utilization of ILOS. ILOS offered by the health plan must be incorporated into DHCS' methodology for calculating the MCP's capitation rate.	**01/26/2021** Introduced	CalOptima: Watch
RN 21 08858 Trailer Bill	**CalAIM:** Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, for which implementation requires changes in state law.	**02/01/2021** Published on the Department of Finance website	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include a food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, CHIP and Medicaid, as a mandatory benefit.	**01/04/2021** Introduced	CalOptima: Watch
AB 114 Maienschein	**Rapid Whole Genome Sequencing:** Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least 1 year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.	**12/17/2020** Introduced	CalOptima: Watch
AB 342 Gipson	**Colorectal Cancer Screenings and Colonoscopies:** Effective January 1, 2022, would require health plans to provide no-cost coverage for all colorectal cancer screenings and laboratory tests recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, would prohibit health plans from imposing cost sharing on colonoscopies for those between 50 and 75 years of age. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.	**01/28/2021** Introduced	CalOptima: Watch
AB 797 Wicks	**Infertility Treatment:** Effective January 1, 2022, would require all health plans to provide coverage for infertility treatments, including in vitro fertilization, to any beneficiary who is unable to reproduce. Would also remove coverage exemptions for religiously affiliated health plans and employer sponsors.	**02/16/2021** Introduced	CalOptima: Watch
SB 245 Gonzalez	**Abortion Services:** Would prohibit a health plan from imposing a deductible, coinsurance, copayment or Medi-Cal cost-sharing on all abortion services, including any follow-up care, provided as of January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.	**01/22/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 306 Pan	**Sexually Transmitted Disease (STD) Home Test Kits:** Would require health plans to provide coverage and reimbursement for at-home, FDA-approved STD test kits and any associated laboratory fees. Subject to funding by the State Legislature, would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception.	**02/04/2021** Introduced	CalOptima: Watch
RN 21 05566 Trailer Bill	**Delayed Suspension of Medi-Cal Adult Optional Benefits:** Would delay the suspension of certain Medi-Cal adult optional benefits, which are currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch
RN 21 05595 Trailer Bill	**Delayed Suspension of Medi-Cal Postpartum Care Extension:** Would delay the suspension of Medi-Cal postpartum expanded eligibility, which is currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Postpartum expanded eligibility allows Medi-Cal beneficiaries who receive pregnancy-related services and are diagnosed with a mental health condition, to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy. Upon the discontinuation of postpartum expanded eligibility on December 31, 2022, postpartum care would terminate 60 days after the last day of pregnancy.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office previously projected this expansion would cost approximately $900 million General Fund (GF) in 2019–20 and $3.2 billion GF each year thereafter, including the costs of In-Home Supportive Services.	**12/07/2020** Introduced	CalOptima: Watch
AB 112 Holden	**Inmate Eligibility Extension:** Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one year of elapsed incarceration to three years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three years after their status as a juvenile has ended. While Medi-Cal benefits and payments would still be suspended throughout incarceration, as required by federal law, this bill would allow inmates to remain Medi-Cal eligible for a longer period before termination. The lengthened eligibility period would allow more inmates to immediately reinstate their benefits upon release, rather than initiate the standard redetermination process.	**12/17/2020** Introduced	CalOptima: Watch
AB 470 Carrillo	**Elimination of Asset Consideration:** States the intent of the author to introduce legislation that would prohibit the consideration of an individual's assets when determining Medi-Cal eligibility.	**02/08/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 56 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million GF, $21 million federal funds) for approximately 25,000 undocumented seniors. In-Home Supportive Services are estimated to cost $13 million GF.	12/07/2020 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 685 Maienschein	**Claims Processing Timeline:** Would shorten the timeline for health plans to process submitted claims from 30 days to 15 days. The separate timeline for health maintenance organizations (HMOs) would remain at 45 days.	02/16/2021 Introduced	CalOptima: Watch
AB 862 Chen	**Medi-Cal Emergency Medical Transportation Reimbursement Act:** Would impose a quality assurance fee (QAF) for each emergency medical transport provided by an emergency medical transport provider, beginning July 1, 2022. Would require DHCS to calculate the annual QAF for a specified program period at least 150 days before the start of the fiscal year. The bill would also redefine "emergency medical transport provider" to mean any provider of emergency medical transports, except during the entirety of any Medi-Cal managed care rating period.	02/17/2021 Introduced	CalOptima: Watch
AB 1050 Gray	**Medi-Cal Beneficiary Communications Consent:** Would amend the application for Medi-Cal benefits to include a written consent to receive all forms of communications from DHCS, county welfare departments, MCPs, and providers regarding the beneficiary's care or benefits.	02/18/2021 Introduced	CalOptima: Watch
AB 1082 Waldron	**California Health Benefits Review Program (CHBRP) Extension:** Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from $2 million to $2.2 million, beginning July 1, 2022.	02/18/2021 Introduced	CalOptima: Watch
AB 1107 Boerner Horvath	**In-Network Ground Emergency Medical Transportation (GEMT):** Effective January 1, 2022, would require health plans covering GEMT to include those services as an in-network benefit.	02/18/2021 Introduced	CalOptima: Watch
AB 1131 Wood	**Health Information Exchange:** Would require health plans, hospitals, medical groups, testing laboratories and nursing facilities to participate in a health information exchange network, no later than January 1, 2023, to increase access to electronic health records for every patient and beneficiary.	02/18/2021 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1162 Villapadua	**Claims Processing Timeline; Prior Authorizations During Emergency:** Would shorten the timeline for health plans to process submitted claims from 30 days (or 45 days for HMOs) to 20 days for all health plans. Additionally, would allow DMHC to suspend health plan requirements for prior authorizations in any county where a declared state of emergency has impacted beneficiaries or providers.	02/18/2021 Introduced	CalOptima: Watch
AB 1355 Levine	**Independent Medical Review (IMR) System:** Would require DHCS to establish an IMR system for Medi-Cal MCPs, effective January 1, 2022. The bill would also provide every Medi-Cal beneficiary filing a grievance with access to an IMR.	02/19/2021 Introduced	CalOptima: Watch
AB 1400 Kalra, Lee, Santiago	**California Guaranteed Health Care for All:** Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards, including CHIP, Medi-Cal, ancillary health care or social services covered by regional centers for people with developmental disabilities, Knox-Keene, and Medicare.	02/19/2021 Introduced	CalOptima: Watch
SB 250 Pan	**Prior Authorization "Deemed Approved" Status:** Beginning January 1, 2023, would require a health plan to review a provider's prior authorization requests to determine eligibility for "deemed approved" status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if their number of denied prior authorizations requests (which were not appealed or were lost upon appeal) are both within a certain range of the average numbers for the same specialty in the same region. Every two years, the plan would audit 10% of the provider's records to redetermine qualification for "deemed approved" status.	01/25/2021 Introduced	CalOptima: Watch CAHP: Oppose
RN 21 08473 Trailer Bill	**Delayed Proposition 56 Suspensions:** Would delay the suspension of certain value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, DHCS would suspend payments after spending a total of $95 million. For all other VBP programs, DHCS would suspend payments on July 1, 2022.	02/04/2021 Published on the Department of Finance website	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 523 Nazarian	**Program of All-Inclusive Care for the Elderly (PACE) Flexibilities:** Would make permanent specified PACE program flexibilities instituted, on or before January 1, 2021, in response to the state of emergency caused by COVID-19.	02/10/2021 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 540 **Petrie-Norris**	**PACE Enrollment Process:** Would seek to increase enrollment for PACE organizations. However, this would: ■ Exempt current PACE participants from enrolling in a Medi-Cal MCP; ■ Permit PACE to be listed as a Medi-Cal/Medicare plan choice, similar to the existing two-plan model; ■ Delay mandatory or passive enrollment into MCPs by up to 60 days for new Medi-Cal beneficiaries age 55 and over or who express interest in PACE; and ■ Require DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment. Of note, a PACE organization may provide care for a potential participant at their own financial risk while that individual is being assessed for PACE eligibility.	**02/10/2021** Introduced	CalOptima: Watch
AB 911 **Nazarian**	**Master Plan on Aging LTSS:** Similar to SB 515, would establish the California LTSS Benefits Board. This Board would be required to establish a subcommittee that would provide ongoing recommendations for the Master Plan on Aging.	**02/17/2021** Introduced	CalOptima: Watch
AB 1083 **Nazarian**	**Senior Affordable Housing Nursing Pilot Program:** Would require the California Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the counties of Los Angeles, Orange, Riverside, Sacramento and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse to work at three senior citizen housing developments in each county. The registered nurse would be required to provide health education, navigation, coaching and care to residents.	**02/18/2021** Introduced	CalOptima: Watch
SB 515 **Pan**	**Master Plan on Aging LTSS:** Similar to AB 911, would establish the California LTSS Benefits Board. This Board would be required to establish a subcommittee that would provide ongoing recommendations for the Master Plan on Aging.	**02/17/2021** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 671 **Wood**	**Disease Management Payment for Specialty Drugs:** Would allow DHCS to provide a supplemental disease management payment to contracted pharmacies for dispensing specialty drugs to ensure beneficiary access.	**02/12/2021** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 278 **Flora**	**Medi-Cal Enrollment for Podiatrists:** Would apply current Medi-Cal provider enrollment processes for a physician to a doctor of podiatric medicine. This would require DHCS to process applications from podiatrists within 90 days instead of 180 days as well as allow podiatrists to use the short form application and change of location options.	**01/19/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 882 **Gray**	**Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program:** Effective January 1, 2022, would restrict eligibility for loan payment assistance under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which is currently available to recently graduated physicians and dentists who serve Medi-Cal beneficiaries, to only those who practice in federally designated health professional shortage areas. Would indefinitely extend the program beyond its current termination date of January 1, 2026.	**02/17/2021** Introduced	CalOptima: Watch
SB 365 **Caballero**	**Medi-Cal Provider Electronic Consultation (E-Consult) Service:** Would require Medi-Cal reimbursement for any specialist provider, including a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), who provides an e-consult service to a requesting provider treating a Medi-Cal beneficiary. This may include assessing health records, providing feedback and/or recommending a further course of action. DHCS would be required to establish a reimbursement rate consistent with federal Medicare policy.	**02/10/2021** Introduced	CalOptima: Watch

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 265 **Petrie-Norris**	**Laboratory Services Reimbursement:** Would remove the current requirement that DHCS cannot reimburse Medi-Cal fee-for-service providers for clinical laboratory or laboratory services at a rate that exceeds 80% of the lowest maximum allowance established by the federal Medicare program for the same service. Federal legislation enacted in 2018 established new Medicare rates for lab services, which resulted in automatic cuts to Medi-Cal reimbursement rates that are now often below the cost of service.	**01/15/2021** Introduced	CalOptima: Watch
SB 316 **Eggman**	**FQHC Reimbursement:** Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that does not allow an FQHC to be reimbursed for mental or dental and physical health visits on the same day; a patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit (through the member's primary care provider) and a mental health or dental visit as two separate visits, regardless of whether the visits were at the same location on the same day. As a result, a patient would no longer be required to wait for 24 hours between medical and dental or mental health services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	**02/04/2021** Introduced	CalOptima: Watch LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 Rivas, Luz	**Bring California Home Act:** Would create the Bring California Home Fund in the State Treasury to fund a statewide homelessness solutions program. Funds would be derived from specified rate increases and other adjustments in the personal income tax and corporate income tax structures. Would authorize the Homeless Coordinating and Financing Council and the Department of Housing and Community Development to jointly administer the funds to applicants, including counties, cities and developers, for the purpose of reducing the number of individuals experiencing homelessness. Eligible uses of funding would include rental assistance, landlord incentives, housing navigation services, and the development and operation of permanent affordable housing and transitional housing projects.	12/07/2020 Introduced	CalOptima: Watch
AB 362 Quirk-Silva	**Homeless Shelter Safety:** States the intent of the author to introduce legislation that would require homeless shelters receiving certain grants to comply with health and safety regulations to improve the shelters' condition.	02/01/2021 Introduced	CalOptima: Watch
AB 369 Kamlager	**Presumptive Eligibility and Street Medicine Payment:** Would require DHCS to apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Hospitals would be permitted to determine presumptive eligibility. Would also require DHCS to establish a Medi-Cal fee-for-service payment system to reimburse providers who deliver on-street medical services to individuals experiencing homelessness. Such services would not need to be provided by or require a referral from an assigned primary care physician. DHCS would issue a benefits identification card to those receiving services, but providers would not be required to verify the identity of the individual at the time of service. Additionally, would prohibit DHCS from requiring prior authorization or other utilization management of any services related to COVID-19, including testing, treatment, and prevention, through January 1, 2026.	02/01/2021 Introduced	CalOptima: Watch
AB 1009 Bloom	**Farm to School Food Hub Program:** Would establish the Farm to School Hub Program within the California Department of Food and Agriculture. The program would incentivize the creation of third-party "farm to food hubs" to distribute food from local farms to public schools, food banks, and other public and nonprofit organizations. Grants of $150,000 each would be awarded to nine hubs by December 15, 2022; grants of $5 million each would be awarded to three hubs by December 31, 2023.	02/18/2021 Introduced	CalOptima: Watch
AB 1372 Muratsuchi	**Temporary Shelters:** Would require every city or county to provide every person who is experiencing homelessness with temporary shelter, access to mental treatment, and resources for job placement and training until the individual is placed in permanent housing. If the use of a temporary shelter is unavailable, that city or county would be required to provide a rent subsidy to that individual.	02/19/2021 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 17 Pan	**Office of Racial Equity:** Would create the independent Office of Racial Equity to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government. Each state agency, including DHCS, would be required to implement a Racial Equity Plan in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.	12/07/2020 Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.	01/19/2021 Introduced	CalOptima: Watch
S. 150 Cortez Masto	**Ensuring Parity in Medicare Advantage for Audio-Only Telehealth Act of 2021:** Would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage plans during the COVID-19 public health emergency.	02/02/2021 Introduced	CalOptima: Watch
AB 32 Aguiar-Curry	**Telehealth Payment Parity and Flexibilities:** Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse its contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Likewise, clinics must be reimbursed by Medi-Cal for telehealth services at the same rate as in-person services. Would also allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic. DHCS would be required to establish an advisory group to guide the development a long-term Medi-Cal telehealth policy.	12/07/2020 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 935 Maienschein	**Behavioral Health Telehealth Consultation Program:** Would create a provider-to-provider telehealth consultation program for use when assessing mental health and/or providing mental health treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2022. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	**02/17/2021** Introduced	CalOptima: Watch
RN 21 08394 Trailer Bill	**Medi-Cal Telehealth Proposal:** Would modify, extend or expand certain telehealth flexibilities adopted by DHCS during the COVID-19 pandemic to be incorporated into permanent law. Would allow FQHCs and RHCs to establish a patient within its federal designated service area through audio-visual telehealth. However, health care providers would be prohibited from establishing a patient through audio-only telehealth or other non-audio-visual telehealth modalities. Would also require DHCS to specify the Medi-Cal-covered health care benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates. Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**CARING for Kids Act:** Would permanently extend authorization and funding of the Children's Health Insurance Program (CHIP) and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.	**01/04/2021** Introduced	CalOptima: Watch
AB 382 Kamlager	**Whole Child Model (WCM) Program Stakeholder Advisory Group:** Would extend the duration of the California Children's Services Advisory Group, which is currently scheduled to end on December 31, 2021, for an additional two years through December 31, 2023.	**02/02/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 393 **Reyes**	**Early Childhood Development Act of 2020:** Effective immediately, would require the California Department of Social Services (CDSS) to conduct an evaluation of emergency childhood services provided during the COVID-19 public health emergency, including the following: ■ Availability of crisis childcare services ■ Availability of COVID-19 testing and personal protective equipment ■ Vaccination prioritization and distribution ■ Cleaning of childcare centers ■ Payment to family childcare homes during state-mandated closures ■ Foster care programs CDSS would be required to submit its findings and associated recommendations to the State Legislature by October 1, 2021.	02/02/2021 Introduced	CalOptima: Watch
AB 1117 **Wicks**	**Healthy Start: Toxic Stress and Trauma Resiliency for Children Program:** Would establish the Healthy Start: Toxic Stress and Trauma Resiliency for Children Program (Program). The Program would award grants to qualifying schools, local educational agencies (LEAs), and other entities serving students, to fund support services for students and their families. Grants awarded would be for no more than $500,000 each and matched by the grantee with $1 for each $2 awarded. Would also require the State Department of Education and DHCS to establish the Children's Coordinated Services Response Team to encourage the integration of children's services at the local level and to promote community resiliency.	02/18/2021 Introduced	CalOptima: Watch
SB 428 **Hurtado**	**Adverse Childhood Experiences Screenings (ACEs):** Would require a health plan to provide coverage for ACEs.	02/12/2021 Introduced	CalOptima: Watch
SB 508 **Stern**	**Mental Health Coverage at Schools:** Would authorize an LEA to have an appropriate mental health professional provide brief interventions at a school campus, when necessary, for all referred students, including students with a health care service plan, health insurance, or coverage through a Medi-Cal MCP, but not those covered by a county mental health plan. This bill would also allow the behavioral health services provided by the LEA to be conducted via telehealth.	02/17/2021 Introduced	CalOptima: Watch
SB 682 **Rubio**	**Childhood Chronic Health Conditions:** Would require the California Health and Human Services Agency, the Governor's office, and the Office of Health Equity to address and reduce racial disparities in children with chronic health conditions by 50% by 2030.	02/19/2021 Introduced	CalOptima: Watch

*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans
CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: March 10, 2021

2021 Federal Legislative Dates

January 3	117th Congress, First Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	First Session adjourns

2021 State Legislative Dates*

*Due to COVID-19, 2021 State Legislative dates have been modified

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

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

Legislative Platform

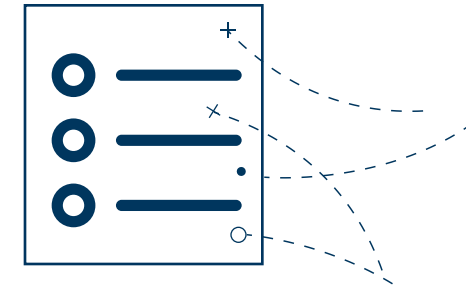2021–22

CalOptima

A Public Agency

Better. Together.

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About CalOptima

Mission

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

Vision

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

CalOptima Programs

Medi-Cal (California's Medicaid Program):

For low-income children, adults, seniors and people with disabilities. Most Medi-Cal members have incomes up to 138 percent of the federal poverty level.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan):

For people who qualify for both Medicare and Medi-Cal, combining Medicare and Medi-Cal benefits. Also included are benefits for worldwide emergency care, dental care (through the Medi-Cal Dental Program), vision care and fitness. Other benefits are transportation to medical services and a Personal Care Coordinator. To become a member of OneCare Connect, an individual must be age 21 and older, live in Orange County, have both Medicare Parts A and B and Medi-Cal, and must not be receiving services from a regional center.

OneCare (HMO SNP):

A Medicare Advantage Special Needs Plan (D-SNP), provides comprehensive care for low-income seniors and people with disabilities such as people who have specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease (ESRD), HIV/AIDS, chronic heart failure, or dementia), and who are dually eligible for Medicare and Medi-Cal. Most of the dually eligible individuals CalOptima serves are enrolled in OneCare Connect, but CalOptima continues to operate OneCare because not all members are eligible for OneCare Connect due to specific federal and state regulatory requirements.

Program of All-Inclusive Care for the Elderly (PACE):

A long-term comprehensive health care program that helps older adults remain as independent as possible. PACE coordinates and provides all needed preventive, primary, acute and long-term care services so seniors can continue living in their community. PACE provides all the acute and long-term care services covered by Medicare and Medi-Cal. CalOptima PACE has a state-of-the-art facility in Garden Grove, California, that meets the vast majority of participant needs on site, from physical therapy to doctor appointments.

As of December 2020, CalOptima has approximately 806,000 members:
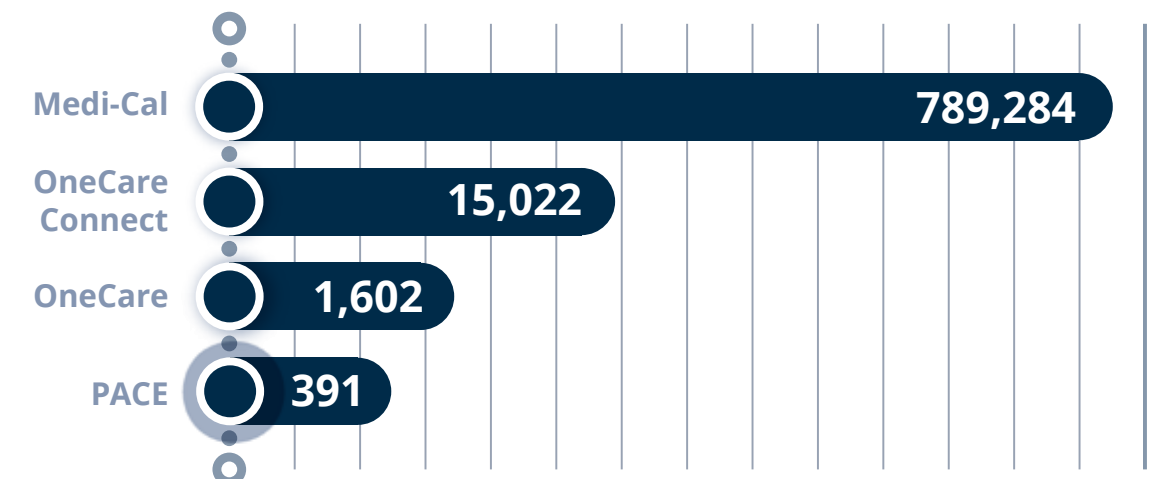
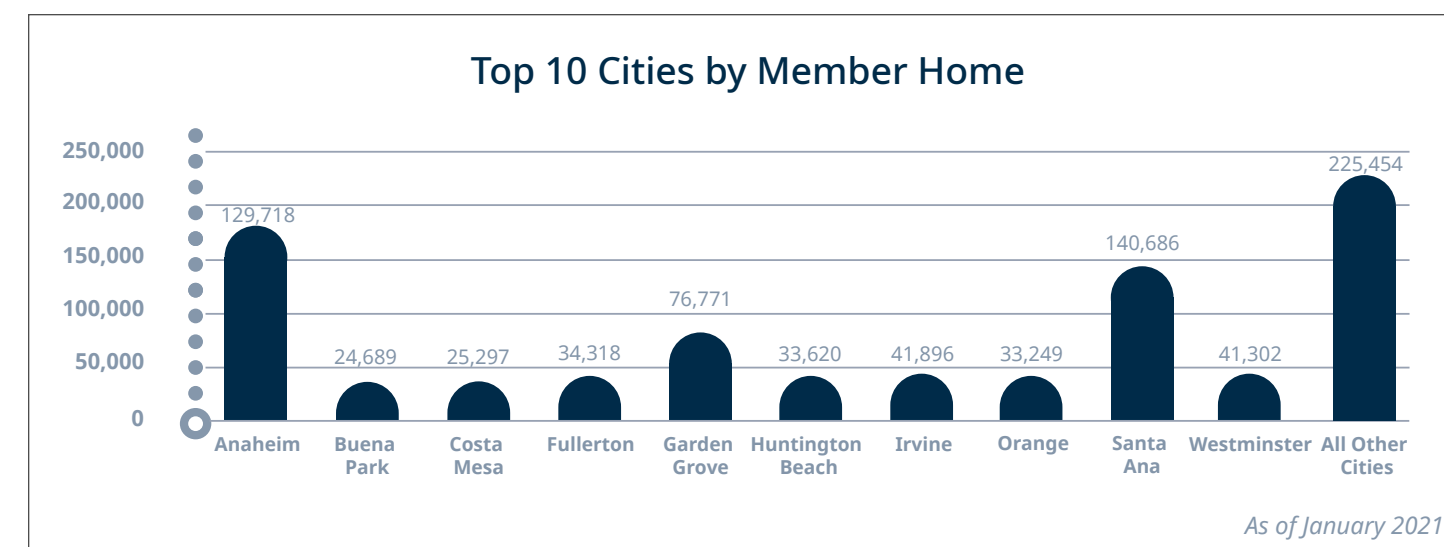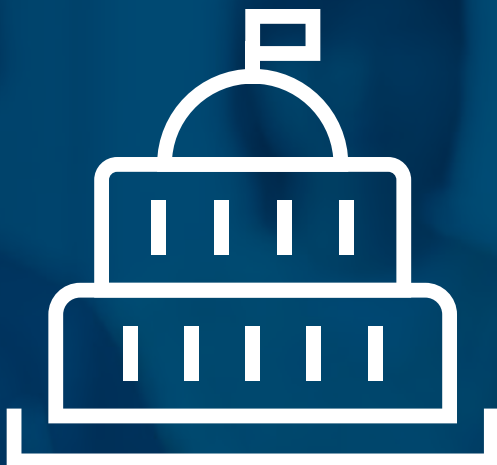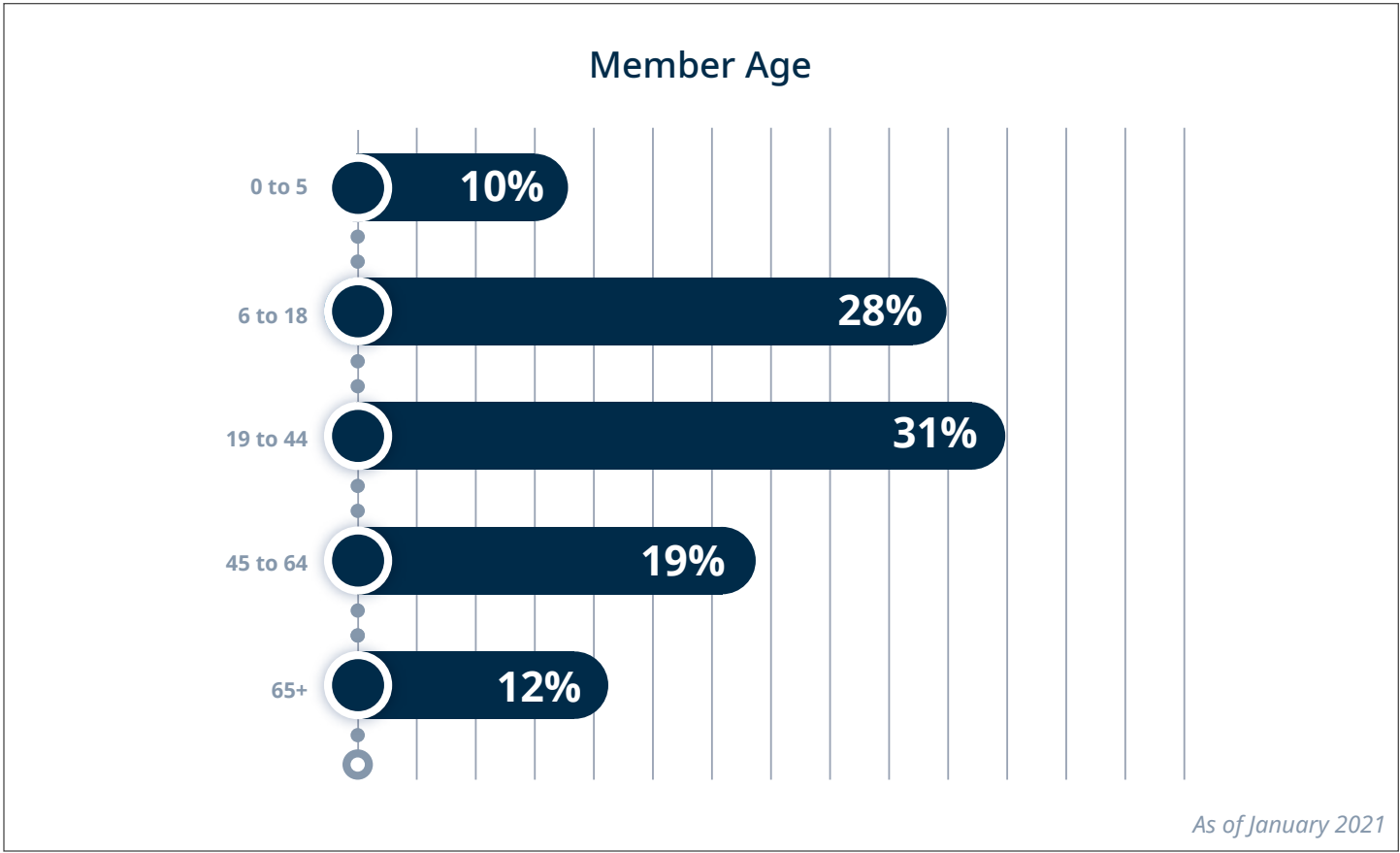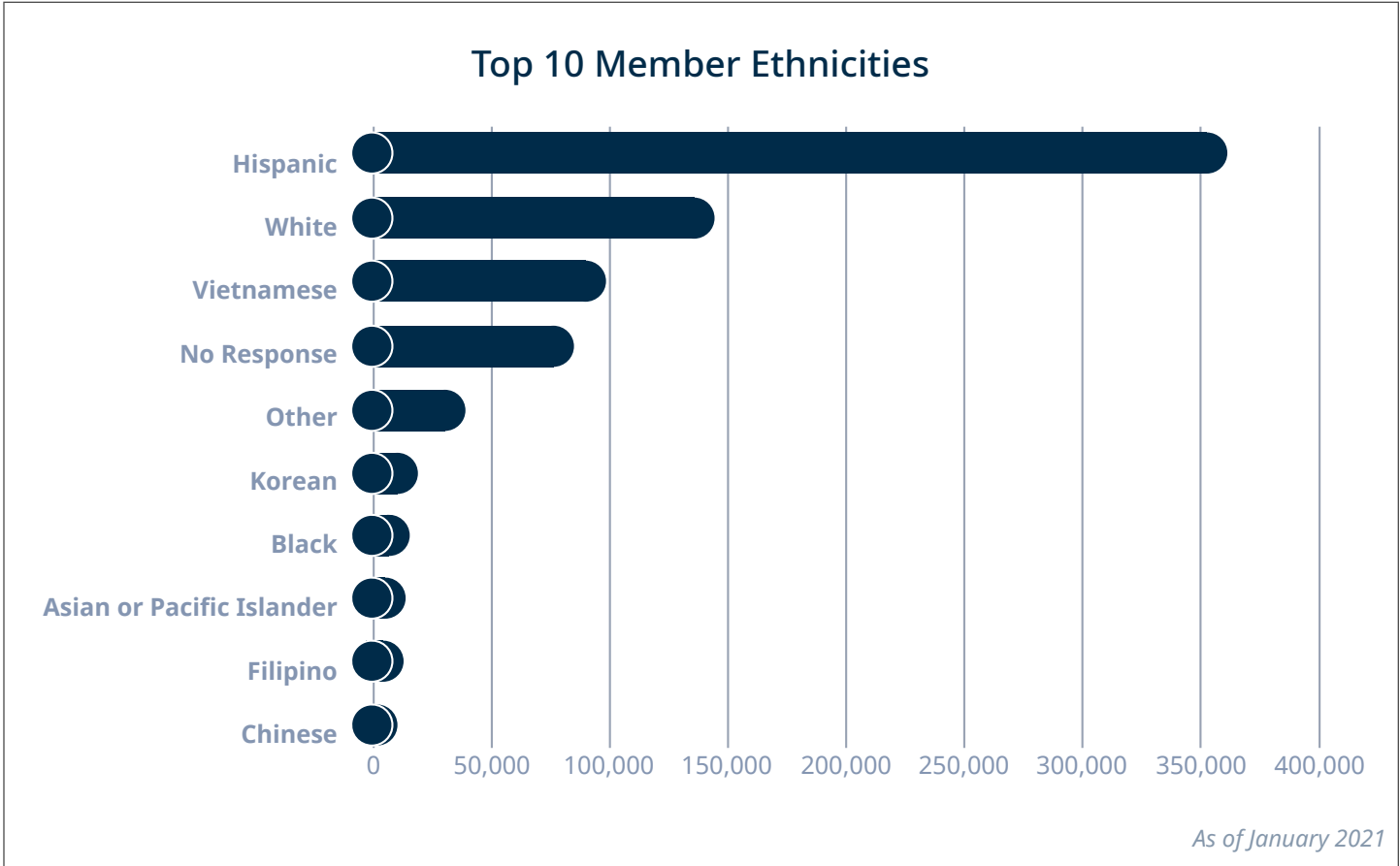| Program	Members
Medi-Cal	789,284
OneCare Connect	15,022
OneCare	1,602
PACE	391

Overview

Political Landscape

Federal and state health care policies continue to address the COVID-19 pandemic while strengthening and transforming the Medicaid program. Improving care for California's youth and older adult populations, increasing access to behavioral health services, utilizing telehealth, and working to end homelessness are among the top priorities. The Centers for Medicare & Medicaid Services is responsible for setting federal regulatory policies, overseeing Medicare and Medicaid, and funding California's Medi-Cal program, while Congress sets legislative priorities. Additionally, the California Department of Health Care Services and the State Legislature will continue to shape the future of health care in California during the 2021–22 legislative session.

CalOptima is an integral part of the health care sector and business community in Orange County. As the sole Medi-Cal plan in the county, CalOptima is in a unique position to impact care delivery and partner with County agencies and other stakeholders to improve access to quality care for all members. Through federal, state and local advocacy, CalOptima will continue to respond to the public health emergency and focus on policy areas such as social determinants of health, telehealth, behavioral health and access to quality care.

CalOptima Demographic Information

As a County Organized Health System (COHS), CalOptima is the community-based health plan for Orange County's low-income individuals and families. More than 800,000 people - 1 in 4 Orange County residents - depend on CalOptima for access to health care.
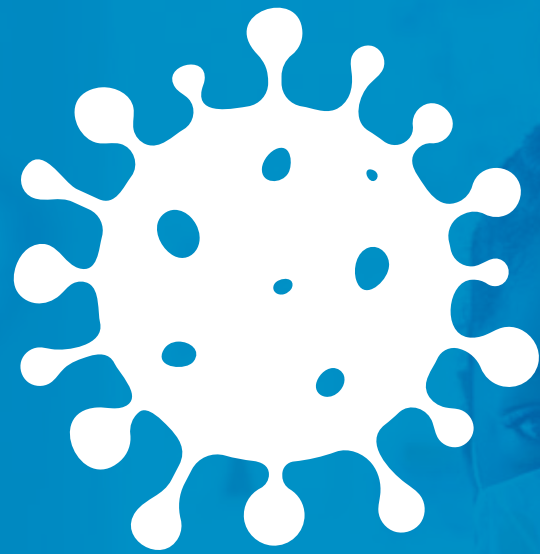
Platform Overview

CalOptima's 2021–22 Legislative Platform reflects the need to be responsive to a wide variety of federal, state and local legislative priorities and issues.

Top 10 Cities by Member Home

City	Members
Anaheim	129,718
Buena Park	24,689
Costa Mesa	25,297
Fullerton	34,318
Garden Grove	76,771
Huntington Beach	33,620
Irvine	41,896
Orange	33,249
Santa Ana	140,686
Westminster	41,302
All Other Cities	225,454

As of January 2021

Top 10 Member Ethnicities

Ethnicity	
Hispanic	(bar to ~360,000)
White	(bar to ~145,000)
Vietnamese	(bar to ~100,000)
No Response	(bar to ~85,000)
Other	(bar to ~20,000)
Korean	(bar to ~18,000)
Black	(bar to ~12,000)
Asian or Pacific Islander	(bar to ~12,000)
Filipino	(bar to ~10,000)
Chinese	(bar to ~8,000)

x-axis: 0 50,000 100,000 150,000 200,000 250,000 300,000 350,000 400,000

As of January 2021

Member Age

Age	Percentage
0 to 5	10%
6 to 18	28%
19 to 44	31%
45 to 64	19%
65+	12%

As of January 2021

Legislative Priorities

The 2021–22 Legislative Platform focuses on key issues that directly impact Medi-Cal managed care and CalOptima members and stakeholders.

- Response to COVID-19
- California Advancing and Innovating Medi-Cal (CalAIM)
- Social Determinants of Health
- Youth Services
- Older Adult Services
- Medi-Cal Managed Care: Operations and Administration

Note: Because the Legislative Platform is approved early in the legislative process, CalOptima may modify priorities as the session progresses.

Response to COVID-19

Legislative Actions

Support legislation that advances care, treatment and services related to the COVID-19 public health emergency.

- **Behavioral Health (BH) in Response to COVID-19:** Support increased incentives and reimbursement for pediatric BH providers, in response to social isolation, distance learning and loss brought upon by the COVID-19 pandemic.

- **Provider Support:** Support efforts to ensure that providers have adequate funding, personal protective equipment and other resources to deliver care and meet members' health needs during the COVID-19 public health emergency.

- **Testing:** Support efforts to ensure that members have equitable access to COVID-19 diagnostic testing services at no cost.

- **Vaccine Distribution:** Support policies to ensure that members have equitable access to COVID-19 vaccines in a timely manner and at no cost, and that plans have access to vaccine administration data.

CalOptima Daily Member COVID-19 Cases

Response to COVID-19

The COVID-19 pandemic has significant health and financial impacts on CalOptima members, providers, health networks and stakeholders. CalOptima members are medically and financially vulnerable, and they overwhelmingly reside in communities that have been hardest hit by the pandemic. As of January 2021, approximately 8,000 CalOptima members have tested positive for COVID-19, 3,400 members have been hospitalized, and nearly 450 members have died. In addition to having an impact on members' physical health, COVID-19 has impacted their mental health as well. It is anticipated that there will be an ongoing increase in behavioral health-related services as a result of the pandemic. CalOptima will continue to play a vital role in closing this health equity gap by ensuring timely, no-cost access to testing, treatment and vaccination for members. Likewise, CalOptima's contracted providers and health networks are critical partners in delivering these services to CalOptima members.
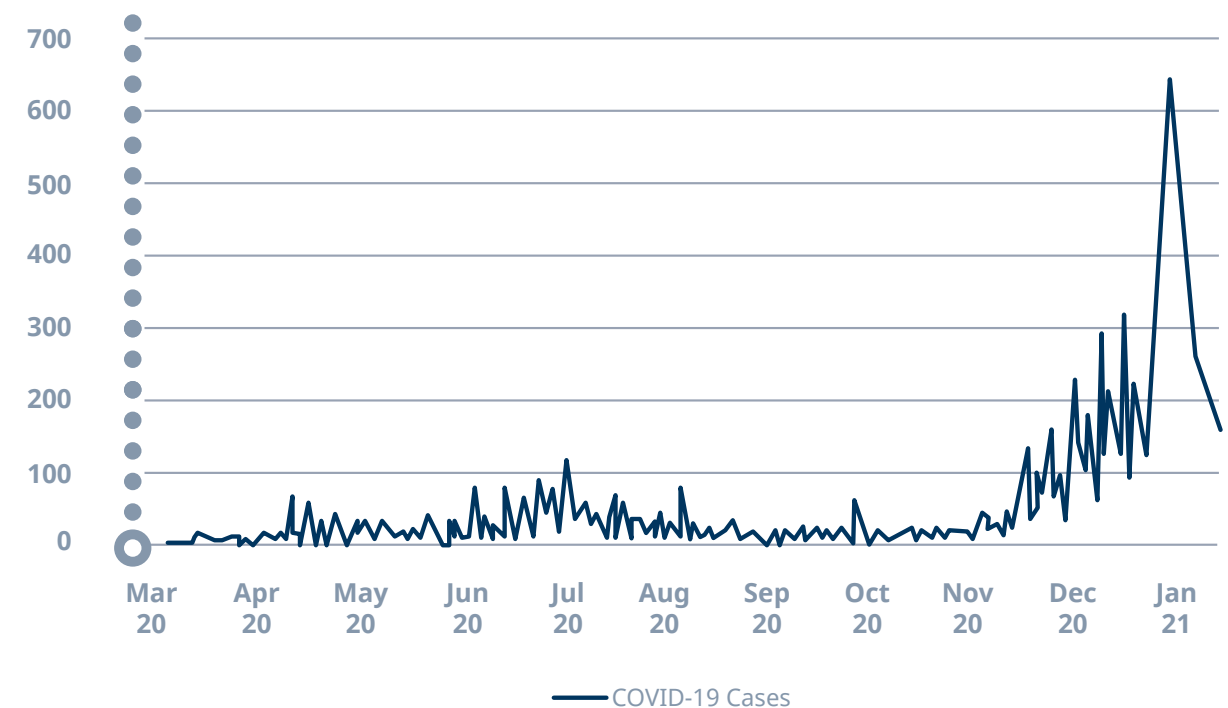
California Advancing and Innovating Medi-Cal (CalAIM)

On January 8, 2021, DHCS released its formal proposal for CalAIM, a multiyear initiative to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, program and payment reforms. While the COVID-19 pandemic delayed the 2020 CalAIM proposal, Governor Newsom's Proposed State Budget includes $1.1 billion for Fiscal Year (FY) 2021–22 and $1.5 billion for FY 2022–23 to implement CalAIM.

CalAIM

Legislative Action

Support legislation and regulatory policies and proposals for CalAIM initiatives that benefit CalOptima's members relating to Enhanced Care Management, In Lieu of Services, Dual Eligible Special Needs Plan, Population Health Management, and Full Integration.

Enhanced Care Management and In Lieu of Services

The Whole-Person Care (WPC) program was authorized by CMS and DHCS as a pilot program within the Medi-Cal 2020 Waiver. Orange County's WPC program focuses on Medi-Cal members experiencing homelessness. Shortly after the launch of WPC, CalOptima launched Phases 1 and 2 of the Health Homes Program (HHP), which promotes access to the full range of physical, behavioral and social services for members with complex needs. California plans to incorporate segments of the WPC and HHP programs into CalAIM and transition these pilot programs into new statewide benefits that provide a broader platform for Medi-Cal members. In partnership with the Orange County Health Care Agency and community-based organizations, CalOptima is exploring proposals within CalAIM's Enhanced Care Management and In Lieu of Services initiatives.

Legislative Actions

- **Enhanced Care Management (ECM)**
  - → Support legislation and regulatory policies regarding ECM services, including the clarification of eligible populations.
- **In Lieu of Services (ILOS)**
  - → Support legislation and regulatory policies regarding ILOS services, including the clarification of eligible populations.
  - → Support legislation and regulatory policies to ensure ILOS program outcomes are in alignment with ECM, WPC, and HHP.

CalAIM

Dual Eligible Special Needs Plan

OneCare Connect (OCC) is CalOptima's Cal MediConnect program that combines Medicare and Medi-Cal benefits into one health plan. Due to delivery system carve-outs, Cal MediConnect plans were never able to integrate the full range of Medi-Cal benefits. Since CalOptima launched OCC as a pilot program on July 1, 2015, it has been extended over the years by both state and federal authorities. However, it is currently scheduled to end on December 31, 2022. CalAIM proposes to transition members into Dual Eligible Special Needs Plans (D-SNP) by January 1, 2023. CalOptima is evaluating the impact of moving approximately 14,700 OCC members into OneCare, CalOptima's D-SNP. Additionally, the CalAIM proposal has yet to determine if CMS or the plans will manage the transition of members into a D-SNP.

Legislative Action

- **Dual Eligible Special Needs Plans:** Advocate for plan flexibility to allow CalOptima to directly manage a seamless transition of beneficiaries from OneCare Connect to OneCare.

Population Health Management

In 2019, CalOptima adopted a Population Health Management (PHM) strategy as a comprehensive plan of action to address the needs of its culturally diverse membership in an equitable, holistic manner. The PHM strategy focuses on keeping members healthy, managing members with emerging risks and/or multiple chronic conditions, and improving patient safety and outcomes across all settings.[1] Because Medi-Cal managed care plans are not currently mandated to have a PHM strategy, DHCS has proposed requiring whole system, person-centered PHM strategies with standardized requirements across plans, including the implementation of wellness, prevention, case management and care transition programs.

Legislative Action

- **Population Health Management:** Support policies and funding that promote wellness, prevention and health equity.

CalAIM

Full Integration

DHCS plans to pilot the full integration of physical health, behavioral health and oral health under one contracted entity in a county or region. This would require multiple Medi-Cal delivery systems, including Medi-Cal managed care, county mental health plans and county Drug Medi-Cal Organized Delivery Systems, to be consolidated under one contract with DHCS. While few details have been considered or released, it is imperative that CalOptima plays a proactive role in the development of any integration plans, which are likely to have significant impacts on CalOptima operations and the delivery of care for members.

Legislative Actions

- **Coordination of Care:** Support policies that increase care coordination and data sharing across all delivery systems as well as remove barriers to accessing care.

- **Managed Care Benefits:** Oppose policies that would carve out any current managed care plan benefit.

Social Determinants of Health

Social Determinants of Health

Social determinants of health (SDOH) are social, economic and environmental factors that impact an individual's health and well-being. These factors include but are not limited to hunger, childcare, housing, employment and family life. According to CalOptima's 2018 Member Health Needs Assessment Final Report, SDOH can either facilitate good health or act as barriers. CalOptima members have identified financial stressors, social isolation and safety concerns as significant factors affecting their health.[4] Additionally, CalOptima members experiencing homelessness have unique challenges accessing the traditional health care delivery system. In 2019, Orange County's Point in Time Count reported nearly 7,000 individuals experiencing homelessness. In response to these findings, CalOptima has taken steps to strengthen the safety net for members by expanding access to primary care services and releasing community grants to support programs addressing the SDOH of our members.

Social Determinants of Health

Legislative Actions

Support Medi-Cal funding for medical and non-medical services that address SDOH including but not limited to, food insecurity, nutrition, homeless health care initiatives, as well as housing and infrastructure.

- **Behavioral Health Services:** Support legislation that increases access to behavioral health and substance use supports and services for those experiencing or at risk of homelessness.

- **Field Teams:** Support legislation that increases access to mobile health care services for those experiencing homelessness.

- **Food Insecurity:** Support funding and policies that address food insecurity, in partnership with community organizations.

- **Housing and Infrastructure:** Support legislation that advances the development of supportive housing, crisis stabilization units and health care facilities, including addressing potential barriers created by the California Environmental Quality Act (CEQA).

- **Nutrition:** Support funding for healthy food items, with a physician order, to promote health and wellness.

- **Wrap-around Services:** Support legislation that includes wrap-around services for individuals experiencing homelessness, at risk of homelessness or experiencing housing insecurities, with a goal to provide health support and prevent chronic homelessness (e.g., WPC, ILOS, ECM, etc.).

Social Determinants of Health

Telehealth

Telehealth

On March 16, 2020, in response to the COVID-19 pandemic, DHCS expanded access to telehealth services to ensure providers can deliver medically necessary health care services in a timely fashion for beneficiaries.[5] Temporary flexibilities, such as virtual assessments and audio-only telehealth calls, have contributed to an increase in access to providers and use of telehealth services. As a result, the number of CalOptima members who used telehealth services increased by 56,000 percent. In 2019, only 212 CalOptima members used telehealth compared with 120,718 members in 2020. Members and providers have expressed, making such flexibilities permanent would support the future of the health care delivery system as well as increase access for CalOptima's members.
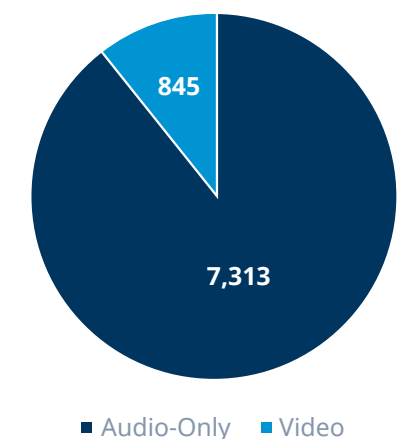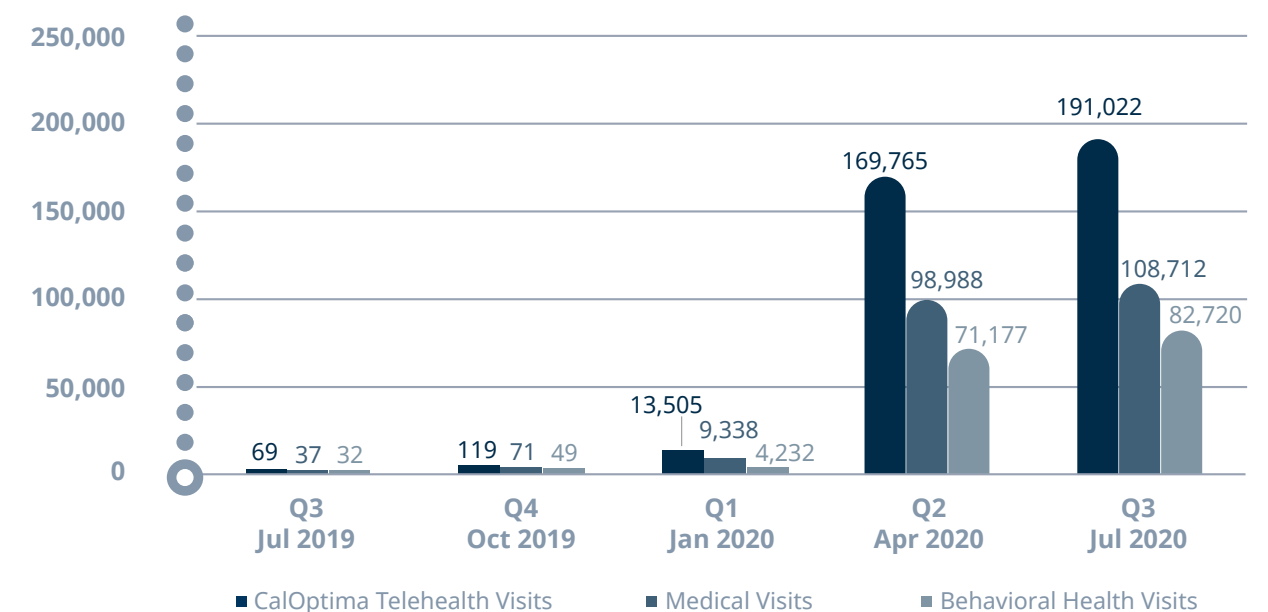
Legislative Actions

Support federal and state legislation and/or regulatory policies that expand access to telehealth services post the COVID-19 pandemic. This also includes advocating for the clarification of the difference in cost of care for delivering in-person services and telehealth services.

- **Flexibilities:**
  - → Support legislative and regulatory policies that continue the ability to conduct virtual assessments and audio-only telehealth services post COVID-19.
  - → Support equity by applying the same telehealth requirements for providers' offices, Federally Qualified Health Centers and Rural Health Clinics.
  - → Support the ongoing establishment of new patients via telehealth services.
  - → Support both traditional telehealth and other virtual/telephonic communication modalities to help ensure access to care for members.

- **Payment Parity:**
  - → Advocate for clarification of the difference in cost of care for delivering in-person services and telehealth services.

CalOptima PACE Telehealth Visits
(January–December 2020)

845 — Video
7,313 — Audio-Only

■ Audio-Only   ■ Video

CalOptima Telehealth Services
(July 2019–July 2020)

	Q3 Jul 2019	Q4 Oct 2019	Q1 Jan 2020	Q2 Apr 2020	Q3 Jul 2020
CalOptima Telehealth Visits	69	119	13,505	169,765	191,022
Medical Visits	37	71	9,338	98,988	108,712
Behavioral Health Visits	32	49	4,232	71,177	82,720

■ CalOptima Telehealth Visits   ■ Medical Visits   ■ Behavioral Health Visits

Please note: this figure includes the most recent data reported, as of January 2021.

Youth Services

Legislative Actions

Support legislation that increases access to and the quality of care for CalOptima's youth members as it relates to Adverse Childhood Experiences (ACEs), the Whole Child Model program, and support for members living with a developmental disability.

- **Adverse Childhood Experiences (ACEs):** Support legislation to allow Medi-Cal reimbursement for non-traditional trauma-informed services.

- **Developmental Disabilities:** Support legislative and budget proposals that improve the quality of care for CalOptima members living with a developmental disability.

- **Whole Child Model:** Support legislation that increases access to and the quality of care as it relates to the Whole Child Model program.

Youth Services

CalOptima's youth members are eligible to receive routine preventive care services, such as well-child visits; dental, vision and hearing care; behavioral health care and trauma screenings; and vaccinations. As of December 2020, there are approximately 310,000 CalOptima members who are under the age of 19. This includes 12,000 children with certain health conditions who receive care through the Whole Child Model program. CalOptima remains dedicated to providing coordinated, person-centered care for its youngest members.

Older Adult Services

Legislative Action

Support legislation and regulatory policies that increase access to and the quality of care for CalOptima's older adult members. This includes supporting legislation as it relates to home- and community-based adult services, increasing access to LTSS and PACE, and supporting proposals within the Master Plan on Aging.

- **Home- and Community-Based Adult Services (HCBS):**
  - → Support ongoing funding for HCBS, including Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), LTSS and In-Home Supportive Services (IHSS).
  - → Support legislative and regulatory policies that promote successful aging in place, ensuring older adults can remain safely in their homes.

- **LTSS:** Support legislative policies that promote the coordination of physical health, oral health, mental health and cognitive health for CalOptima members receiving LTSS.

- **Master Plan on Aging (MPA):** Support legislative policies and proposals that advance the MPA, a statewide blueprint that promotes and supports successful aging, and leverage Medicare to provide additional long-term services and supports for CalOptima's older adult population.

- **PACE**
  - → Support legislative priorities sponsored by CalPACE and the National PACE Association to increase awareness of, access to and utilization of PACE.
  - → Support regulatory policies that would expand services to additional at-risk populations, including individuals with severe mental illness and younger adults with physical disabilities.

Older Adult Services

As of December 2020, CalOptima has nearly 96,000 members age 65 and older. CalOptima and its community partners provide person-centered care to older adults and seniors in need of complex care. This includes providing greater access to skilled care, increasing awareness for CalOptima's Program of All-Inclusive Care for the Elderly (PACE) Center, and by facilitating transitions from a medical setting to a home-based setting. Implementing a person-centered care system may include the coordination of physical health, oral health, mental health, cognitive health, and Long-Term Services and Supports (LTSS), in addition to promoting full access and health equity.

Medi-Cal Managed Care: Operations and Administration

Legislative Action

Support legislation and regulatory policies that benefit CalOptima and the County Organized Health Systems (COHS) model. This may include participating in proposed legislation and policies as they relate to the Affordable Care Act, the use of Intergovernmental Transfer Funds for non-covered Medi-Cal benefits, the Knox-Keene Act, maintaining Medicaid funding levels, and the Proposition 56 program.

- **Affordable Care Act:** Support policies that uphold and maintain the Affordable Care Act.

- **Intergovernmental Transfer (IGT) Funds:** Support legislation and/or regulatory policies that authorize the use of IGT Funds for non-covered Medi-Cal benefits.

- **Knox-Keene Act:** Oppose legislation that would require COHS plans to obtain a Knox-Keene license.

- **Medicaid Funding:** Oppose legislative and budget proposals that would reduce Medicaid funding at the federal and state levels, resulting in the elimination of optional benefits or other Medicaid programs.

- **Proposition 56:** Support legislative and budget proposals that continue Proposition 56 directed payments but modify the Value-Based Payment Program to ease administrative burden by using HEDIS (Healthcare Effectiveness Data and Information Set) measure definitions, specifications and physician practices.

Medi-Cal Managed Care: Operations and Administration

California's Medi-Cal program is the largest state Medicaid program in the nation, insuring almost one-third of California's more than 38 million residents.[6] In 2014, California opted to expand Medi-Cal eligibility under the Affordable Care Act, significantly increasing the number of Medi-Cal beneficiaries overall and in managed care plans. With both the California Department of Managed Health Care and DHCS providing Medi-Cal oversight, there are myriad legislative issues, such as Knox-Keene licensure, Medicaid funding and health equity, that may have a direct impact on managed care plans.

About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing access to Medi-Cal for all eligible individuals in Orange County and is responsible for almost all medical acute services, including custodial long-term care. CalOptima is governed by a locally appointed Board of Directors, which represents the diverse interests that impact Medi-Cal.

If you have any questions regarding the above information, please contact **GA@caloptima.org**

Endnotes

[1] CalOptima: Population Health Management (PHM) Strategy, February 2019
[2] Center for Health Care Strategies: California Health Care and Homelessness Learning Community, September 2020
[3] County of Orange: Orange County's 2019 Sheltered Point In Time Count, October 2019
[4] CalOptima: Member Health Needs Assessment Final Report, March 2018
[5] Department of Health Care Services, Medi-Cal Payment for Medical Services Related to the 2019-Novel Coronavirus (COVID-19), March 16, 2020
[6] Medi-Cal Managed Care: An Overview and Key Issues, Kaiser Family Foundation, March 2016

CalOptima

A Public Agency

Better. Together.

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www.caloptima.org

2021–22 CalOptima Legislative Priorities

About CalOptima

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

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

Legislative Priorities

Response to COVID-19

The COVID-19 pandemic has significant health and financial impacts on CalOptima members, providers, health networks and stakeholders. CalOptima members are medically and financially vulnerable, and they overwhelmingly reside in communities that have been hardest hit by the pandemic. As of January 2021, approximately 8,000 CalOptima members have tested positive for COVID-19, 3,400 members have been hospitalized, and nearly 450 members have died. In addition to having an impact on members' physical health, COVID-19 has impacted their mental health as well. It is anticipated that there will be an ongoing increase in behavioral health-related services as a result of the pandemic. CalOptima will continue to play a vital role in closing this health equity gap by ensuring timely, no-cost access to testing, treatment and vaccination for members. Likewise, CalOptima's contracted providers and health networks are critical partners in delivering these services to CalOptima members.

Legislative Action: Support legislation that advances care, treatment and services related to the COVID-19 public health emergency.

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Legislative Action: Support Medi-Cal funding for medical and non-medical services that address SDOH including but not limited to, food insecurity, nutrition, homeless health care initiatives, as well as housing and infrastructure.

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