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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# OneCare Connect Program Overview

# Learning Objectives

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After completing this module you will:

- Have gained an awareness and knowledge about CalOptima's OneCare Connect program for members in Orange County who are eligible for Medicare and Medi-Cal.
- Be aware of the variety of benefits and services available to the member.
- Know where to go to obtain more information.

Note: This module covers multiple specific topics in a way designed to inform you about the OneCare Connect plan and its components. More in-depth information about each topic is available in additional modules.

# Course Content

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- Introduction, Eligibility and Benefits
- Enrollee Services
- Member Rights
- Grievances and Appeals
- Cultural Competency
- Disability Awareness
- Model of Care (MOC)
- Interdisciplinary Care Team (ICT)
- Care Coordination
- Behavioral Health
- Long-Term Services and Supports (LTSS)

Note: Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.



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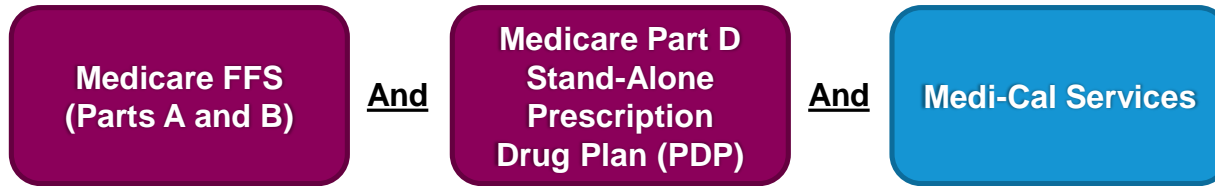
# Introduction to OneCare Connect

# What Is OneCare Connect?

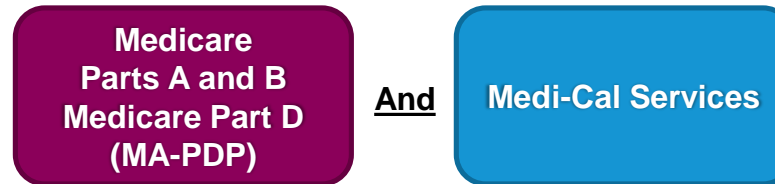
- Cal Medi-Connect is part of a national pilot program for people with Medicare and Medi-Cal (“Medi-Medis” or “dual eligibles”).
- California implemented Cal MediConnect via legislation, called the Coordinated Care Initiative (CCI).
- CCI has two primary components:
  - Cal MediConnect, which integrates Medicare and Medi-Cal into a single plan (instead of Medicare with Medi-Cal wrap)
    - **CalOptima’s plan is the OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)**
  - Managed Long-Term Services and Supports (MLTSS) as a managed care plan benefit. Includes:
    - Long-Term Care (LTC)
    - Multipurpose Senior Services Program (MSSP)
    - Community-Based Adult Services (CBAS)

# Options for Medi-Medi Members

People in fee-for-service Medicare:



People in a non-CalOptima Medicare Advantage (MA) plan:



Members in OneCare Connect:



# OneCare Connect Plan

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- California's Cal MediConnect plan:
  - Combines Medicare and Medi-Cal benefits.
  - Coordinates all care, supports and services via one plan — CalOptima OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan).
  - Integrates behavioral health benefits with physical health benefits.
  - Offers improved access to Long-Term Services and Supports, including nursing facilities, Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP).
- Coordination of care through OneCare Connect enables the member to receive quality services to achieve optimal outcomes, independence, health and quality of life.

# OneCare Connect Goals

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Combine Medicare and Medi-Cal benefits.



Make meaningful improvements to member care with care coordination and care planning.



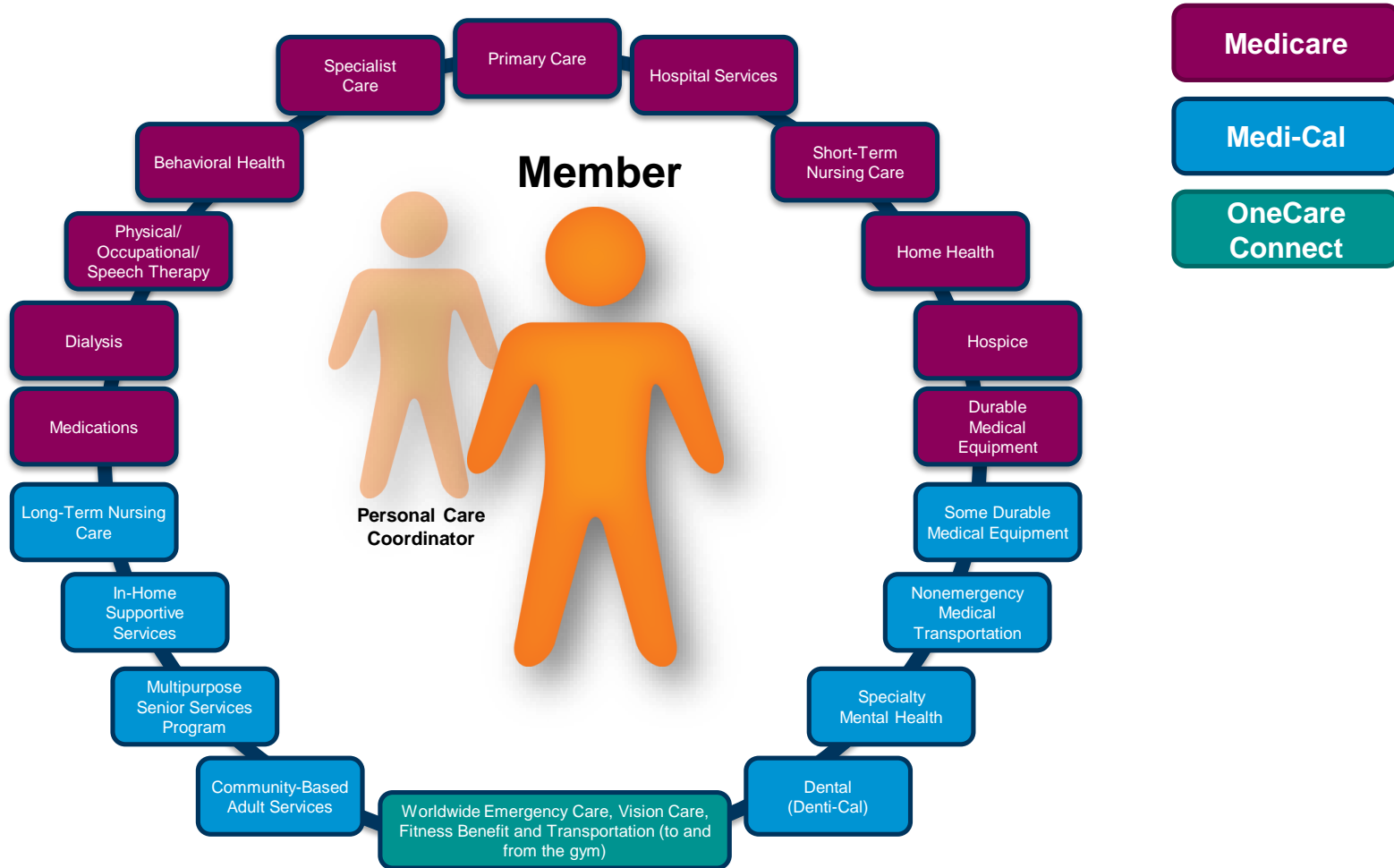
Help members live safely at home as long as possible.



Protect member choice and provide a better health care experience.



# CalOptima Model of Care



# Added Benefits

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- In addition to Medicare and Medi-Cal covered services, OneCare Connect members receive:
  - Worldwide emergency care, vision care, transportation and gym benefit
  - Improved access to long-term services and supports, including skilled nursing, Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP) benefits
  - Improved integration of behavioral health benefits with physical health benefits
  - Coordination of benefits via an Interdisciplinary Care Team (ICT) and an Individual Care Plan (ICP)
  - Support from a Personal Care Coordinator (PCC) to help navigate the health care system

# Member Interactions With Providers

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- Members can choose their health network and in-network doctor.
  - Contracted networks of providers or the CalOptima Community Network of independent practitioners
  - OneCare Connect has primary care and specialist providers
  - Option to change doctors monthly
- Members must see providers in an assigned network.
- Special continuity of care provisions may cover members with existing provider relationships.
- Member's providers participate on the ICT to create an ICP.



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# OneCare Connect and Enrollee Services

# Eligible Members

- OneCare Connect members must meet all criteria to be eligible for benefits.
- Must be:
  - Age 21 and older
  - Living in Orange County
  - Enrolled in Medicare Parts A, B, D
    - Medicare Part A refers to hospital and related services
    - Medicare Part B refers to physician related services
    - Medicare Part C includes both A and B
    - Medicare Part D covers prescription services
  - Receiving full Medi-Cal benefits (\$0 share of cost)
    - Share of cost exception: members who reside in a nursing home, are enrolled in Multipurpose Senior Services Program (MSSP) or have In-Home Supportive Services (IHSS) must meet share of cost.

*\* Excluded are people under 21, with other health insurance, with other share of cost, in certain waiver programs, receiving services through state or regional developmental centers or intermediate care facilities, confined to correctional facilities or living in a veteran's home.*

# OneCare Connect Customer Service

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- Customer service representatives help members with:
  - Answering questions regarding enrollment, or disenrolling
  - Choosing a PCP and health network and supplying information about the provider networks
  - Benefits and coverage questions
  - Continuity of care questions and concerns
  - Member rights
  - Obtaining replacement ID cards
  - Identifying and reporting abuse and neglect
  - Filing a grievance or an appeal
  - Diverse language needs to access interpreter, including sign language interpreter services, or printed materials in alternate formats

# OneCare Connect Customer Service (cont.)

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- OneCare Connect Customer Service department  
**714-246-8823** or toll-free at **855-705-8823**  
Or TTY users can call toll-free at **800-735-2929**  
24 hours a day, 7 days a week

# Knowledge Check

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1. OneCare Connect is a program for dual eligibles who:
  - a) Have more than two family members in the plan
  - b) Are eligible for Medicare and Medi-Cal
  - c) Have two jobs
  - d) Have lived in California for more than 2 years
  
2. OneCare Connect eligibility includes:
  - a) People age 21 and older, living in Orange County
  - b) People enrolled in Medicare Parts A, B and D
  - c) People eligible for full Medi-Cal benefits
  - d) All of the above



# Knowledge Check Answers

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1. b) Are eligible for Medicare and Medi-Cal
2. d) All of the above



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# OneCare Connect and Member Rights

# Member Rights

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- CalOptima is dedicated to providing members with quality health care services so they may remain as independent as possible. CalOptima staff is committed to treating each and every member with dignity and respect and ensuring that all members are involved in planning for their care and treatment.
- All CalOptima members have the right to:
  - Be treated with respect
  - Protection against discrimination
  - Information and assistance
  - A choice of providers
  - Access emergency services
  - Have their health information kept private

# Member Rights (cont.)

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- All CalOptima members have a right to (cont.):
  - File a complaint
  - Leave the program
- Members have the right to know their rights and responsibilities. Available resources include:
  - In the Member Handbook/Evidence of Coverage (annual notifications)
  - On CalOptima's member and provider websites
  - In CalOptima's provider manual
  - In CalOptima's member newsletters
- There is no negative consequence to exercising a right.
- Members receive a statement of their rights upon enrollment and annually thereafter.

# Member Rights (cont.)

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- Members can choose their network and doctor.
- Members decide composition of and level of involvement in ICT in developing their ICP.
- All members have the right to select and delegate health care decisions to an authorized representative.
- Members can choose who can help with their health care decisions, such as family members, friends or others.
- A member can leave the plan, if they choose.
- Members have the same rights available to members in Medicare or Medi-Cal plans.



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# OneCare Connect and Grievances and Appeals

# Grievances and Appeals

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- CalOptima members have grievance and appeal rights for all programs.
- CalOptima ensures members receive all services to which they are entitled.
- Members have rights under both Medicare and Medi-Cal to voice dissatisfaction (grievance) or request a reconsideration of a decision (appeal).
- OneCare Connect members also have the right to contact the state Cal MediConnect Ombudsman.
  - Available Monday through Friday from 9 a.m. to 5 p.m.
  - **855-501-3077**; TTY 855-847-7914

# Grievances and Appeals (cont.)

- A grievance is:
  - Any **complaint or dispute expressing dissatisfaction** with the manner in which CalOptima or a delegated entity provides health care services, regardless of whether any remedial action can be taken.
- An appeal is:
  - A **request to review a plan's decision**. Refers to the procedures that deal with the review of adverse Organization Determinations on the health care services a member believes they are entitled to receive, including the delay in providing, arranging for, or approving the health care services or on the amount the member must pay for a service.
- A member or their authorized representative may make the complaint or request an appeal, either verbally or in writing, to CalOptima.



# Grievances and Appeals (cont.)

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- OneCare Connect members are eligible for both Medicare and Medi-Cal benefits and have special grievance and appeal rights as each of these plans have specific requirements for handling grievances and appeals.
- The right to choose an appeal path is a unique feature of OneCare Connect.
- The CalOptima Grievance and Appeals Resolution Services (GARS) team has specific procedures for handling:
  - Grievances
  - Appeals
  - Expedited appeals



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# OneCare Connect and Cultural Competency

# Cultural Competence

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- What is cultural competence?
  - The state of being capable of functioning effectively in the context of cultural differences.
  - A set of congruent skills, attitudes, policies and structures, which come together to enable a system or agency to work effectively in the context of cultural differences.

Focal Point. 1998;3(1).

- What is culturally competent care?
  - Providing health care in a manner that is sensitive to the differing values and needs of cultural subgroups within our society.
  - A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

# Cultural Competence (cont.)

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- OneCare Connect is focused on members' individual needs — taking into account their diverse backgrounds and cultures.
  - Acceptance and respect for differences
  - Continuing self-assessment regarding culture
  - Attention to the dynamics of difference
  - Ongoing development of cultural knowledge and resources
  - Dynamic and flexible application of service models to meet the needs of minority populations

# Pillars of Cultural Competence

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- Three Pillars of Cultural Competence
  - Language Access Services
  - Culturally Competent Care
  - Organizational Support
- CalOptima applies the concepts to:
  - Encourage attitudes that value and respect diversity
  - Enhance knowledge and awareness of beliefs, behaviors and preventive health practices
  - Develop communication skills for members with diverse language needs, including sign language interpreter services
  - Enhance the ability to address the health needs of OneCare Connect's diverse population



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# OneCare Connect and Disability Awareness

# Disability Awareness

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- CalOptima's goal and commitment is to:
  - Serve all its members with compassion and respect.
  - Ensure that communications, physical spaces, services and programs are accessible to people with special needs, including visual, hearing, cognitive and physical disabilities.
  - Be the member's partner in health care.

# Definitions

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- **Impairment:** Alteration of a person's health status as assessed by medical means.
- **Disability:** A physical or mental impairment that substantially limits one or more of the major life activities (mobility, cognitive, thinking, learning ability, vision, speech or hearing).
- **Functional limitation:** Difficulty completing basic or complex activities because of a physical, mental or emotional restriction.
- **Functional capabilities:** Strengths of a person with disabilities to perform certain activities, with or without accommodations.



# Barriers to Access and Care

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- People with disabilities and functional limitations may encounter environmental and attitudinal barriers to care:
  - Physical Access — The ability to get into a building or the area where health care services are offered and/or the ability to get onto the equipment needed for procedures and testing.
  - Communication Access — The ability of the provider and member to communicate and understand the information asked and directions given.
  - Program Access — The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan.
- The most difficult barriers to overcome are **attitudes**.
  - Important to focus on individual's ability rather than on disability.

# Reasons for Accommodations

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Americans with Disabilities Act (ADA) passed in 1990 prohibits discrimination and guarantees that people with disabilities have the same opportunities to participate in the mainstream of American life.

- Functional limitations may create a need for accommodations, such as:
  - Physical accessibility
  - Changes to provider office policies
  - Accessible exam or medical equipment
  - Effective communication
  - Health education materials in alternate formats
- Physical disabilities may be more obvious, but **unseen** mobility issues are more common.

# Types of Accommodations

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- Accommodations are logical adjustments made to an environment that enables a person with a disability to access and receive services and programs.
- Includes:
  - Physical environment adjustments
  - Auxiliary aids and services for persons with hearing or sight impairments
  - Language interpreter services
  - Materials in alternative formats
- OneCare Connect has processes in place to work with providers whose members need accommodations.

# Disability Awareness Resources

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- Information and resources are available on CalOptima's website at [www.caloptima.org](http://www.caloptima.org)
- CalOptima's Provider Resource Line at **714-246-8600**
- Aging and Disability Resource Connection of Orange County (ADRCOC) at **800-510-2020** or visit [www.adrcoc.org](http://www.adrcoc.org)



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# OneCare Connect and Model of Care

# What is the “Model of Care?”

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- An integrated delivery system that supports:
  - Care management policies
  - Procedures
  - Operational systems
- A member-centric program to support member health and health care decisions
- Benefits managed via care coordination, health management and planning
- Component of CalOptima Quality Improvement Program (QIP)

# Model of Care

- Key program components:
  - **Personal Care Coordinator (PCC)**
    - Specialized staff assigned to assist with completion of HRAs and serve as point of contact for members
  - **Health Risk Assessment (HRA)**
    - Member's health status information used to improve the care process and offer providers actionable information
  - **Care Management Levels (CML)**
    - Identified from the HRA; HRA analysis leads to initial recommendations, including identification of Basic, Care Coordination or Complex care management levels and ICT participants
  - **Interdisciplinary Care Team (ICT)**
    - Team in which all participants coordinate their effort to benefit the member
  - **Individual Care Plan (ICP)**
    - An actionable plan of care developed by the ICT and delivered to the member with a focus on cultural differences, language, alternative formats and health literacy



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# OneCare Connect and Interdisciplinary Care Team



# Interdisciplinary Care Team

- The ICT is a collaborative, multidisciplinary team who assesses the member's needs and works together on an ICP.
  - Responsibility for the team is with the health network.

| Main Team Members  | Possible Team Members           |
|--|---------------------------------|
| <b>Member</b> (encouraged, not required, to participate) | Health Network Medical Director |
| Personal Care Coordinator                                | Hospital Case Manager           |
| Medical Case Manager                                     | Nursing Facility Representative |
| Providers ( <b>PCP</b> and specialists)                  | Personal Care Worker            |
| Social Worker  | Nutritionist                    |
| Behavioral Health Specialist                             | Pharmacist                      |
| Family members and caregivers (with consent)             |                                 |

# Personal Care Coordinator (PCC)

- All OneCare Connect members have an assigned PCC
  - Acts as a liaison between member, providers, health network and CalOptima
  - Helps member navigate the health care delivery system and facilitates access to care and services
  - Experienced in working with seniors or people with disabilities
  - Knowledgeable about health care service delivery and managed care
    - Medicare and Medi-Cal benefits
    - Community resources
    - Delivery system across the continuum of health care
    - OneCare Connect
  - Communicates effectively, both verbally and in writing, with individuals from varying cultural and ethnic backgrounds
  - Licensure is not required

# Personal Care Coordinator (cont.)

- Employed both at the health network and at CalOptima
  - CalOptima PCC:
    - Assist the member with telephonic or in-person completion of the HRA.
    - Notify the member's health network of key events.
    - Collaborate with health network PCCs and CalOptima Customer Service on behalf of the member.
  - Health network PCC and CalOptima Community Network PCC:
    - Function as the member's primary point of contact at the health network.
    - Support the member in accessing and using the health care system.
    - Assist with scheduling appointments.
    - Notify the health team regarding triggers or key events to ensure real time response.
    - Work with case management to resolve access, medical and psychosocial issues.
  - CalOptima provides PCC training and oversight.

# Individual Care Plan

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- Organizes information about the member's health status, medical condition, and health and community services.
  - Informed by HRA (initial, annual and as needed)
  - Lists current doctors, providers and medications
  - Evaluates current status and treatment plan
  - Includes comprehensive input from the member and/or member's caregiver, PCP, specialists and other providers, according to member's wishes
  - Identifies member strengths, capacities and preferences
  - Provides care options to support member needs, including transitions of care settings
  - Identifies long-term care needs and the resources available

# Individual Care Plan (cont.)

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- Considers:
  - Medication reconciliation and compliance
  - Member/caregiver support systems, resources, involvement
  - Mental health, cognitive functions, cultural and linguistic needs
  - Motivational status or readiness to learn
  - Visual/hearing needs, preferences or limitations
  - Functional status — ADL (activities of daily living) and IADL (instrumental activities of daily living)
  - Barriers to quality, cost-effective care and treatment
  - Need for future services
  - Member's health care goals and concerns
- States who the member wants to be involved in their care, such as family members, friends or other caregivers.

# Individual Care Plan (cont.)

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- An ICT must be convened and the ICP must be developed within the required time after the member's HRA is completed.
- ICT meeting minutes document PCP, member and/or caregiver and other health care team participation or decline to participate.
- ICT recommendations and the final member ICP are given to the PCP, other pertinent providers and the ICT participants.
- A member-friendly ICP is given to the member.



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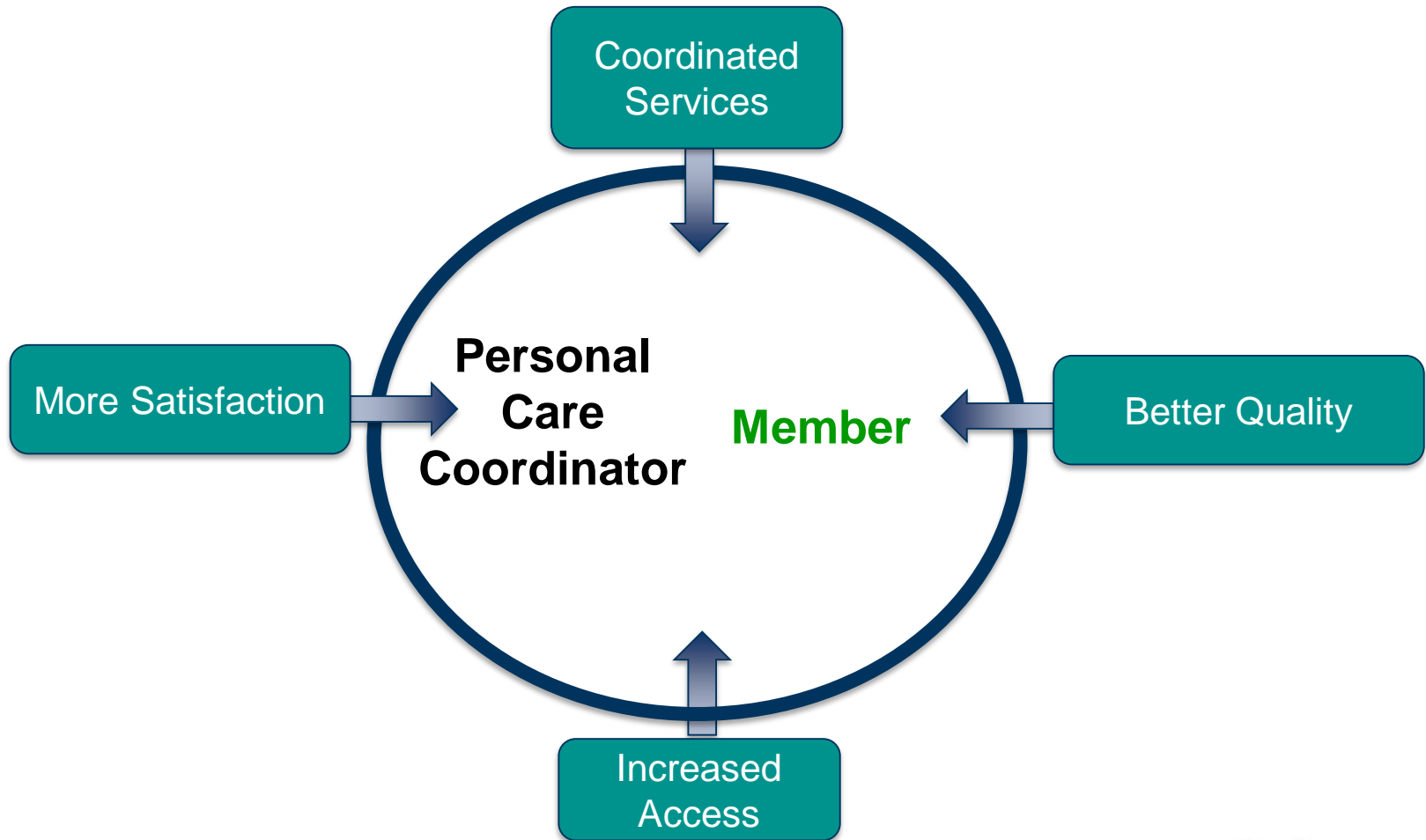
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# OneCare Connect and Care Coordination

# Care Coordination

- **Coordinated care = combined system**





# What Is Coordination of Care?

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- Definition:
  - An approach to health care in which all of a member's needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the member and the member's caregivers and works with the member to make sure that the member gets the most appropriate treatment while ensuring that health care is not accidentally duplicated.
- Goal:
  - Help member regain optimum health or improve functional capability, in the right setting and in a cost effective manner.
- Supports individual choice:
  - Live in least restrictive environment
  - Maintain independence
  - Prevent functional decline

# Transitions of Care

- Definition:
  - Coordination of services and care from one care setting to another
- Goal:
  - Assisting the member to remain in least restrictive setting
- Process:
  - PCC and/or care manager coordinates care:
    - Assists with the transfer of clinical records
    - Assists with identification of needed providers or facilities
    - Facilitates reconvening of ICT
    - Facilitates updates to ICP to reflect new provider, facility, or services and care needs
    - Communicates ICP between the sending and receiving settings, ICT and member/caregiver/authorized representation within one business day of notification that transition occurred
    - Sends ICP by faxing, mailing or electronic medical record transfer or face-to-face hand-off to member

# Continuity of Care

- Definition:
  - Continuity of care for services and medicines means that the member can continue receiving any current **medically necessary services or prescriptions\*** after enrolling in OneCare Connect for a specific period of time if certain criteria are met.
- Benefits that can continue include:
  - Primary and specialty Medicare services
    - Medical
    - Mental and behavioral
    - Long-term Services and Supports (LTSS)
  - Medi-Cal services
  - Pharmacy (special rules apply)
  - Overlapping benefits (special rules apply)
  - Members residing in a nursing facility (special rules apply)

\*Continuity of care for prescriptions only applies to prescriptions covered by Medi-Cal.

# Knowledge Check

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1. Who gets an HRA?
  - a) Only high-risk members
  - b) Only high-risk members and institutionalized members
  - c) Only high-risk members, institutionalized members and members with a history of substance abuse
  - d) Every enrollee
  
2. When members enroll in OneCare Connect, they:
  - a) Have an assigned PCC
  - b) Will have a care team
  - c) Must participate in an ICT meeting
  - d) a and b
  - e) a, b and c
  
3. The Individual Care Plan (ICP) is developed by:
  - a) The PCC
  - b) A collaborative team that may include the member, member's caregiver, PCP, specialist and others involved in the member's care
  - c) CalOptima clinical staff

# Knowledge Check Answers

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1. d) Every enrollee
2. d) a and b
3. b) A collaborative team that may include the member, member's caregiver, PCP, specialist and others involved in the member's care



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# OneCare Connect and Behavioral Health

# OneCare Connect Covered Services

- Behavioral health services include inpatient and outpatient care, integrated with medical care and services:
  - Inpatient services (general acute, emergency services )
  - Partial hospitalization/intensive outpatient
  - Psychological testing
  - Psychiatric office visits
  - Outpatient psychotherapy (individual and group therapy)
- Outpatient office-based behavioral health services are provided through CalOptima, except those provided by a primary care provider.
- Members needing higher level of care or specialty mental health services are referred to the County of Orange Health Care Agency Behavioral Health Services.
- **A member may self-refer to CalOptima.**

# Behavioral Health Services

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- OneCare Connect facilitates access to behavioral health services (mental health and substance use disorder treatment) currently covered by Medicare and Medi-Cal.
- Services covered directly by CalOptima:
  - Delivered by PCP in the primary care setting
  - Delivered by CalOptima's network of providers for **Medicare** covered behavioral health services
- Services coordinated and referred to by CalOptima:
  - County of Orange Health Care Agency Behavioral Health Services for **Medi-Cal** only covered behavioral health benefits
  - Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use disorders



# Referral for Behavioral Health Services

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- **CalOptima Behavioral Health line**

- General Line (Members or Providers): **855-877- 3885**
- TTY: 800-735-2929

For screening and referral to mental health services.  
Available 24 hours a day, 7 days a week.

**A member may self-refer.**

# Abuse and Neglect

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- OneCare Connect members with behavioral health or substance use issues may be vulnerable to abuse or neglect due to medical or mental health conditions or disability, age and frailty, social isolation and poverty.
- All providers and staff are required to watch for and report incidents of abuse or neglect.
- To report suspected abuse or neglect:
  - **Orange County Adult Protective Services**  
**800-451-5155 (24-Hour Hotline)**

# Reportable Abuse and Neglect

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- Health care professionals, their office staff and health plan staff are examples of mandated reporters.
- The following are examples of reportable abuse and neglect:
  - Abuse (physical, mental and/or verbal)
  - Neglect
  - Exploitation
  - Disappearance of a member (missing person)
  - Death
  - Serious, life-threatening event requiring immediate emergency evaluation by a medical professional
  - Seclusion and restraints
  - Suicide attempt or self abuse/neglect



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# OneCare Connect and Long-Term Services and Supports

# Integrated Long-Term Services and Supports Services

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OneCare Connect members have access to coordinated Long-Term Services and Supports (LTSS).

- CalOptima administers:
  - Long-Term Care (LTC) as a Medi-Cal managed care plan benefit
  - Community-Based Adult Services (CBAS) as a Medi-Cal managed care benefit
  - Multipurpose Senior Services Program (MSSP) as a Medi-Cal waiver program
- CalOptima coordinates with the Orange County Social Services Agency (SSA) and Orange County IHSS Public Authority for In-Home Supportive Services (IHSS).
  - NOTE: as of **January 1, 2018** IHSS is no longer a OneCare Connect plan benefit but remains available to eligible Medi-Cal beneficiaries as a fee-for-service benefit.

# Referring Members

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## Who should be referred for LTSS?

- Members who:
  - Need social support
  - Need assistance with activities of daily living
  - Qualify for a nursing home, but want to stay at home
  - Need caregiver support
  - Have issues with current LTSS services
  - Indicate they need more support
  - Have history of repeat hospitalizations
  - Request non-medical help
- OneCare Connect Customer Service department
  - **714-246-8823** or toll-free at **855-705-8823**
  - TTY users can call toll-free at **800-735-2929**

# Knowledge Check

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1. Key elements of the OneCare Connect program include:
  - a) Behavioral health benefits, an Interdisciplinary Care Team (ICT) and Individual Care Plan (ICP)
  - b) Care coordination, member rights and enrollee services
  - c) Rights for grievances and appeals, cultural competency and disability awareness, and Long-Term Services and Supports (LTSS)
  - d) All of the above
  
2. OneCare Connect member rights include:
  - a) The right to leave the plan
  - b) The right to be involved in the composition of their ICT
  - c) The right to be involved in their ICP
  - d) A choice of doctor
  - e) All of the above

# Knowledge Check Answers

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1. d) All of the above
2. e) All of the above



# Authorities

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- DHCS/CMS/CalOptima Cal Medi-Connect 3-way Contract
- H8016-2018 Model of Care, Orange County Health Authority
- CMS/DHCS — California Duals Demonstration Memorandum of Understanding
- CMS National Financial Alignment Initiative
- NCQA Model of Care Review Process
- Current National Committee for Quality Assurance (NCQA) Health Plan Standards & Guidelines, UM 8 & 9
- CalOptima/Orange County Health Care Agency mental health contract 2013; amendment 2015

# Authorities (cont.)

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- Medi-Cal Managed Care Division (MMCD) Policy Letter #96-11, Managed Care Plan relationships with Alcohol and Drug Treatment Providers
- Social Security Act, Section 1895(e)
- California Duals Demonstration LTSS Network Adequacy and Readiness Standards
- Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, February 2019
- Agreements/Memorandum of Understanding with:
  - Orange County HCA Mental Health Department

# Authorities (cont.)

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- Dual Plan Letter (DPL) 14-001: Complaints Tracking Module
- Dual Plan Letter( DPL) 15-001: ICT and ICP Requirements for Medicare- Medicaid Plans
- Dual Plan Letter (DPL) 15-006: Crossover claiming responsibility for Mental Health provided to CMC beneficiaries
- Dual Plan Letter (DPL)16-002: Continuity of Care

# References

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- CalOptima Policy CMC.1003: CalOptima OneCare Connect Staff Education and Training
- CalOptima Policy CMC.6021: Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners
- CalOptima Policy CMC.6021a: Continuity of Care for New Members
- CalOptima Policy CMC.6026: Coordination of Care for OneCare Connect
- CalOptima Policy CMC.6031: Health Risk Assessment
- CalOptima Policy EE1103: Provider Education and Training
- CalOptima Policy GG.1320: Elder or Vulnerable Adult Abuse Reporting

# CalOptima's Mission

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



A Public Agency

# CalOptima

Better. Together.



A Public Agency

Medi-Cal

# CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

# CalOptima

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A Public Agency

OneCare Connect

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A Public Agency

PACE

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