



**NOTICE OF A  
SPECIAL JOINT MEETING OF THE  
CALOPTIMA BOARD OF DIRECTORS'  
MEMBER ADVISORY COMMITTEE AND  
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, FEBRUARY 10, 2022**

**10:00 A.M.**

**CALOPTIMA  
505 CITY PARKWAY WEST, SUITE 107  
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief, general description of each item to be considered. The Committees may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at [www.caloptima.org](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

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

- 1) Listen to the live audio at +1 (213) 929-4212 - Access Code: 447-220-136 or**
- 2) Participate via Webinar at <https://attendee.gotowebinar.com/register/8416721249364258064> rather than attending in person. Webinar instructions are provided below.**

- I. CALL TO ORDER**  
*Pledge of Allegiance*
- II. ESTABLISH QUORUM**

**III. MINUTES**

- A. Approve Minutes from the November 10, 2021 Member Advisory Committee Meeting
- B. Approve Minutes from the November 10, 2021 Provider Advisory Committee Meeting
- C. Approve Minutes from the December 9, 2021 Special Joint Meeting of the 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 Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.*

**V. CEO AND MANAGEMENT REPORTS**

- A. Chief Executive Officer Update
- B. Chief Operating Officer Update
- C. Chief Medical Officer Update
- D. Public Affairs Update

**VI. INFORMATIONAL ITEMS**

- A. Medi-Cal Rx Update
- B. California Advancing and Innovating Medi-Cal (CalAIM) Update
- C. Summary of Draft Department of Health Care Services 2022 Comprehensive Quality Strategy
- D. Committee Member Updates

**VII. COMMITTEE UPDATES**

**VIII. ADJOURNMENT**

# Webinar Information

1. **Please register for the Special Joint Member Advisory and Provider Advisory Committee Meeting on February 10, 2022 at 10:00 a.m. PST at:**

**<https://attendee.gotowebinar.com/register/8416721249364258064>**

**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 (213) 929-4212**

Access Code: **447-220-136**

Audio PIN: Shown after joining the webinar

# MINUTES

## REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

November 10, 2021

A regular meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on November 10, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

### **CALL TO ORDER**

Chair Christine Tolbert called the meeting to order at 3:10 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Christine Tolbert, Chair; Maura Byron, Vice Chair; Meredith Chillemi; Sandra Finestone; Jacqueline Gonzalez; Hai Hoang; Sally Molnar; Kate Polezhaev; Steve Thronson

Members Absent: Linda Adair; Connie Gonzalez; Melisa Nicholson; Sr. Mary Therese Sweeney

Others Present: Michael Hunn, Interim Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Emily Fonda, M.D. Chief Medical Officer; Ladan Khamseh, Executive Director, Operations; Rachel Selleck, Executive Director, Public Affairs; Albert Cardenas, Director, Customer Service; Michael Shook, Director, Utilization Management; Tyronda Moses, Director, Grievances and Appeals; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service

*At this time, Chair Christine Tolbert rearranged the agenda to hear item VI.B before continuing with the agenda.*

### **Utilization Management Update**

Mike Shook, Director, Utilization Management (UM), provided an update on the second quarter prior authorization denials and reviewed the various service categories that they fell under and the reasons for denials. Mr. Shook noted that CalOptima used nationally recognized evidence-based criteria to compare the clinical information received.

### **MINUTES**

**Approve the Minutes of the October 14, 2021 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee**

**Action:** *On motion of Vice Chair Maura Byron, seconded and carried, the MAC approved the minutes from the October 14, 2021 meeting. (9-0-0, Members Adair, C. Gonzalez, Nicholson, Sweeney were absent)*

### **PUBLIC COMMENT**

No public comments were received.

### **REPORTS**

#### **Consider Recommendation of Member Advisory Committee Children Representative**

Vice Chair Maura Byron reviewed the recommendation of the nominations ad hoc committee of Lee Lombardo, LCSW as the Children Representative. Ms. Lombardo is the current Associate Executive Director of YMCA Community Services at the YMCA of Orange County and has worked in the mental health field with children, teens, families and adults, including those with co-occurring mental health and developmental disabilities.

**Action:** *On motion of Member J. Gonzalez, seconded and carried, the Committee approved the recommendation of Lee Lombardo as the Children Representative. (Motion carried 9-0-0, Members Adair, C. Gonzalez, Nicholson, Sweeney were absent)*

### **CEO AND MANAGEMENT REPORTS**

#### **Chief Executive Officer Report**

Michael Hunn, Interim Chief Executive Officer (CEO) introduced himself to the MAC and highlighted his experience in healthcare and discussed the items he would like to accomplish as the interim CEO at CalOptima. Mr. Hunn referred the members to the CEO report that was included in the meeting materials. Mr. Hunn also noted that he would be sharing items of interest to the committee in future reports.

#### **Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer, shared that on October 27, 2021, CalOptima was the winner of the 2021 Consumer Satisfaction Award for Adults for a large-scale health plan by the California Department of Health Care Services (DHCS). Ms. Kim also notified the MAC that the Centers for Medicare and Medicaid Services (CMS) issued a draft audit report for CalOptima's OneCare and OneCare Connect programs. The audit score received from CMS when compared to other plans placed CalOptima in the top 25 percent out of 52 recently audited health plans and also noted that the health networks were instrumental in the audit process to assist CalOptima in receiving this score.

#### **Chief Medical Officer Report**

Emily Fonda, M.D., Chief Medical Officer, in addition to her regular COVID-19 report, shared the good news with MAC that CalOptima received an Assembly Resolution from Assemblywoman Cottie Petrie-Norris recognizing the CalOptima PACE program's contributions to Orange County Seniors over the past eight years. Dr. Fonda also provided an update on the use of Chlorhexidine in long-term care facilities and how those facilities in Orange County experienced a decrease in

COVID cases by using Chlorhexidine in their facilities. Dr. Fonda also discussed the upcoming DHCS Medi-Cal Rx program which prompted MAC members to request that a Medi-Cal Rx agenda item be added to the December 9, 2021 joint meeting with a presentation detailing the changes for discussion with the other advisory committees.

## **INFORMATION ITEMS**

### **MAC Member Updates**

Chair Christine Tolbert reminded the members that compliance courses should have been completed on November 5, 2021 and to reach out to Cheryl Simmons if they need assistance. Chair Tolbert also reminded the members that the next meeting was the joint meeting with all the advisory committees on December 9, 2021 at 9:00 AM.

### **Grievance and Appeals Update**

Tyronda Moses, Director, Grievance and Appeals Resolutions Services (GARS) presented an overview of the GARS process. Ms. Moses provided a detailed presentation on the step-by-step process that is followed by the GARS team and noted that all grievance and appeals undergo an extensive review by the Medical Management department before its completion.

### **California Advancing and Innovating Medi-Cal (CalAIM) Update**

Mike Herman, Interim Executive Director, Program Implementation provided a verbal report on the CalAIM program and noted that those members currently receiving services through the Whole-Person Care and Health Homes Program would be the first members to transition during the first phase of CalAIM.

### **Share Our Selves**

Christy Ward, Chief Executive Officer of Share Our Selves (SOS), presented on how SOS is helping the Orange County community during COVID-19 and how SOS is assisting in the vaccination effort of Orange County's homeless population.

### **Federal and State Legislative Update**

Rachel Selleck, Executive Director, Public Affairs provided a brief verbal report on items of interest at the State and Federal level and referred the members to the handout included in their meeting materials.

## **ADJOURNMENT**

Chair Christine Tolbert again reminded the MAC that the next meeting would be the joint meeting scheduled on December 9, 2021 at 9:00 a.m. Hearing no further business, Chair Tolbert adjourned the meeting at 4:45 p.m.

*/s/ Cheryl Simmons*

Cheryl Simmons  
Staff to the Advisory Committees

*Approved: February 10, 2022*

# MINUTES

## REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' PROVIDER ADVISORY COMMITTEE

November 10, 2021

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on November 10, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

### **CALL TO ORDER**

PAC Chair Dr. Lazo-Pearson, called the meeting to order at 8:07 a.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

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, MHNP; Donald Bruhns; Gio Corzo (8:14 a.m.); Andrew Inglis, M.D.; Jena Jensen; Jacob Sweidan, M.D.; Loc Tran, PharmD.; Christy Ward

Members Absent: Alexander Rossel

Others Present: Emily Fonda, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Ladan Khamseh, Executive Director, Operations; Michelle Laughlin, Executive Director, Network Operations; Kristen Gericke, Pharm.D, Director, Clinical Pharmacy; Sloane Petrillo, Director, Case Management; Jackie Mark, Manager, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service; Patty Mouton, Sr. Vice President, Alzheimer's Orange County

### **MINUTES**

#### **Approve the Minutes of the October 14, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee**

*Action: On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the October 14, 2021 meeting. (Motion carried 12-0-0; Member Rossel Absent)*

### **PUBLIC COMMENTS**

There were no public comments.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Medical Officer Report**

Emily Fonda, M.D., Chief Medical Officer provided a COVID-19 update to the PAC on the vaccine status in Orange County. She noted that 412,769 CalOptima members had been vaccinated and that 381,215 of those vaccinated were eligible for gift card incentives. Approximately 203,233 gift cards have been processed for CalOptima members and another 1,649 gift cards have been distributed to CalOptima members experiencing homelessness. Dr. Fonda also updated the PAC on the Medi-Cal Rx and noted that there were still providers who needed to register on the Magellan provider portal.

## **INFORMATION ITEMS**

### **Master Plan on Aging**

Patty Mouton, Sr. Vice President, Alzheimer's Orange County provided an update on the Master Plan on Aging for Orange County. The California Master Plan for Aging was put in place by Governor Newsom after stakeholder meetings, community engagement and meetings with elected officials. Projections have indicated that approximately 11 million individuals will be over the age of 60 by 2030. The master plan has five bold goals and approximately 25 initiatives that fall within the categories of the goals. These five goals include: housing and transportation for all ages and stages, health reimaged, nursing home innovation, caregiving that works and affordable aging for all.

### **California Advancing and Innovating Medi-Cal (CalAIM) Update**

Mike Herman, Interim Executive Director, Program Implementation provided an update on the CalAIM program and noted that those members currently receiving services through the Whole-Person Care and Health Homes Program would be the first members to transition during the first phase of CalAIM.

### **Family Support Network**

Maura Byron, Executive Director, Family Support Network and current WCM FAC member presented the Family Support Network which offers resources and advocacy for families and children with social, emotional, intellectual and physical needs to achieve their full potential and by offering programs to empower families to be the best versions of themselves.

### **Federal and State Legislative Update**

Jackie Mark, Manager, Government Affairs provided an update on several legislative items of interest to the committee members and referred to the meeting materials provided.

### **PAC Member Updates**

Chair Dr. Lazo-Pearson reminded the members that the next meeting was a joint meeting with all the board advisory committees on December 9, 2021 at 9 AM. Dr. Lazo-Pearson reminded members that their CalOptima compliances courses were due on November 5, 2021 and to



contact Cheryl Simmons with any questions. Chair Lazo-Pearson also asked members to assist with recruitment for the open physician representative seat on the PAC.

**ADJOURNMENT**

Hearing no further business, Dr. Lazo-Pearson adjourned the meeting at 9:40 a.m.

*/s/ Cheryl Simmons*

Cheryl Simmons  
Staff to the Advisory Committees

*Approved: February 10, 2022*

# 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**

**December 9, 2021**

A Special 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, December 9, 2021 and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

## **CALL TO ORDER**

OCC MAC Chair Patty Mouton called the meeting to order at 8:05 a.m. and led the Pledge of Allegiance.

## **ESTABLISH QUORUM**

### **Member Advisory Committee**

Members Present: Christine Tolbert, Chair; Maura Byron, Vice Chair; Linda Adair; Sandy Finestone; Jacqueline Gonzalez; Hai Hoang; Sally Molnar; Melisa Nicholson; Kate Polezhaev; Steve Thronson; Mallory Vega

Members Absent: Meredith Chillemi; Connie Gonzalez; Sr. Mary Terese Sweeney;

### **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)

### **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.; Tina Bloomer, WHNP; Donald Bruhns; Gio Corzo; Andrew Inglis, M.D.; Jena Jensen; Loc Tran, Pharm.D.; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Jennifer Birdsall, Ph.D; Alex Rossel

### **Whole-Child Model Family Advisory Committee**

Members Present: Kristen Rogers, Chair; Kathleen Lear, Vice Chair; Maura Byron; Sandra Cortez-Schultz; Malissa Watson

Members Absent: Cathleen Collins; Jacque Knudsen; Monica Maier  
*WCM FAC did not achieve a quorum.*

Others Present: Michael Hunn, Interim Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Emily Fonda, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Ladan Khamseh, Executive Director, 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; Claudia Magee, Interim Director, Strategic Development; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Customer Service; James Novello, Consultant; Michael Weiss, D.O., Vice President, Population Health, Children's Hospital of Orange County (CHOC)

### **PUBLIC COMMENT**

There were no requests for public comment.

*At this time MAC Chair Christine Tolbert rearranged the agenda to hear Information Item IV.A Medi-Cal Rx before continuing with CEO and Management Reports*

### **Medi-Cal Rx Update**

Emily Fonda, M.D., Chief Medical Officer, Kristen Gericke, PharmD., Director, Clinical Pharmacy and Michael Weiss, M.D., Vice President, Population Health at Children's Hospital of Orange County (CHOC) were asked by the committees to provide an in-depth overview of Medi-Cal Rx and its impact to the CalOptima members. It was noted during the meeting that members of the OneCare Connect program will not be affected by this change to Magellan and would continue to be administered by CalOptima. Dr. Weiss presented on CHOC's efforts to add more medication to the current formulary in order to assist the most vulnerable children affected by the transition. A robust discussion was held amongst the committee members with Dr. Fonda, Dr. Gericke and Dr. Weiss answering the many questions that were asked. It was agreed that they would continue to update the MAC, PAC and WCM FAC on this program in early 2022.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Executive Officer Report**

Michael Hunn, Interim Chief Executive Officer updated the members on the current status of several items of interest to the committees. He notified the committees that he would be meeting with the California Health and Human Services Secretary Dr. Mark Ghaly on December 13, 2021 along with other plan CEOs to discuss the many concerns on the Medi-Cal Rx rollout. He assured the committees that CalOptima would be in high performance mode to ensure proper communication, proper outreach and mitigation of the many issues that may arise as a result of this new program. Mr. Hunn notified the committees that Veronica Carpenter had been appointed as the new Chief of Staff and would join CalOptima on December 13, 2021.

### **Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer thanked all of the Advisory Committees for their dedication, advice and guidance to CalOptima throughout this year. She notified the committee that Kelly Giardina had joined CalOptima as the Executive Director, Program Implementation and noted that Ms. Giardina is currently assisting Dr. Fonda in an interim capacity overseeing the clinical operations team. Ms. Kim also notified the committee that Wael Younan had joined CalOptima as the Chief Information Officer. She also noted that CalOptima had partnered with the Orange County Health Care Agency to conduct a series of vaccine clinics. The clinics have been held in Anaheim and Irvine to date.

### **Chief Medical Officer Report**

Emily Fonda, M.D., 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.

### **Public Affairs Update**

Rachel Selleck, Executive Director, Public Affairs spoke to the committee on how there would be a call with pharmacy leaders sometime in December to reiterate the concerns with Medi-Cal Rx. She also noted that CalOptima had a team assembled to help identify how to best share information with members and providers. Ms. Selleck invited the committees to attend the upcoming Community Alliance Forum where WCM FAC Chair Kristen Rogers would be presenting. She also shared that CalOptima was developing an equity framework for the organization. She noted that staff would be focusing on a health, equity and social determinant of health strategy for our members and that staff would also be looking at the organization more broadly when it comes to equity during this multi-year initiative.

## **INFORMATION ITEMS**

### **Strategic Plan Implementation Update**

Claudia Magee, Director, Strategic Development presented an update on the Strategic Plan for 2020 – 2022. She noted that after various meetings with the committees it was determined that CalOptima would focus on the following initiatives: Behavioral Health, Equity, Service Delivery Model and Social Determinants of Health. Ms. Magee noted that she would return to the committees with quarterly updates as needed.

### **COMMITTEE MEMBER UPDATES**

MAC Chair Christine Tolbert reminded the MAC members that the next meeting was scheduled for February 10, 2022 at 3:00 PM. She also reminded the members that the MAC would undertake a recruitment in March for those seats expiring on June 30, 2022.

Chair Mouton reminded the OCC MAC members that their next meeting was scheduled for February 24, 2022 at 3:00 PM.

PAC Chair Dr. Junie Lazo-Pearson announced that the next PAC meeting was scheduled for February 10, 2022 at 8:00 AM. She also notified the PAC that the annual recruitment for those terms expiring on June 30, 2022 would begin in March.

Chair Kristen Rogers announced that the next WCM FAC meeting would be held on February 22, 2022 at 9:30 AM. She also 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 9:45 a.m.

*/s/ Cheryl Simmons*

Cheryl Simmons

Staff to the Advisory Committees

*Approved: February 10, 2022 by the Member Advisory Committee*

*Approved: February 10, 2022 by the Provider Advisory Committee*

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## MEMORANDUM

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DATE: January 27, 2022

TO: CalOptima Board of Directors

FROM: Michael Hunn, Chief Executive Officer (Interim)

SUBJECT: CEO Report — February 3, 2022, 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

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### **a. New Chief Medical Officer Joins CalOptima**

I am pleased to announce that Richard Pitts, D.O., Ph.D., is joining CalOptima as Chief Medical Officer on February 7. Dr. Pitts has a distinguished career spanning more than 40 years in clinical practice as well as medical group and hospital leadership. His experience also includes state-level positions, serving on the California Industrial Medical Council and as Board President of the California State Licensing Board for six years. Dr. Pitts holds a bachelor's degree in Chemistry from Chapman University, a Doctor of Osteopathic Medicine from Des Moines University and a Ph.D. in Management & Decision Sciences from Walden University.

### **b. Treatment Authorization (TA) Backlog Cleared**

The backlog of TAs, which at one point exceeded 15,000 in December, has now been cleared. Staff will continue to monitor daily inventory and implement a dashboard report to ensure transparency. Going forward, we will focus on long-term improvements to guarantee continued inventory management, efficiencies and concentrate on the right clinical areas for optimal performance. CalOptima's Information Technology Services team has also undertaken a Request for Proposal (RFP) to replace the current clinical management system.

### **c. Department of Health Care Services (DHCS) Routine, Annual Medi-Cal Audit Begins**

The DHCS routine annual medical audit of CalOptima's Medi-Cal program began on January 24 and will end on February 4. It covers the audit review period of February 1, 2020, through December 31, 2021. The audit will evaluate six categories of performance: Utilization Management; Case Management and Coordination of Care; Access and Availability of Care; Member's Rights; Quality Management; and Administrative and Organizational Capacity. Interview sessions will include CalOptima staff as well as representatives from Kaiser, Prospect Medical Group and Family Choice Medical Group, the delegated entities selected to participate in the audit. DHCS will provide the draft report and formal exit conference in April.

### **d. California Advancing and Innovating Medi-Cal (CalAIM) Off to a Strong Start**

On January 1, CalOptima transitioned approximately 2,000 members from the Whole Person Care pilot and the Health Homes Program to the new Enhanced Care Management (ECM) program and Community Supports services. CalOptima continues to actively communicate with providers and community stakeholders about CalAIM, particularly focusing on the referral process for ECM and Community Supports. CalOptima held an informational webinar on

January 26 to present an update about the launch and offer a forum to provide feedback to more than 400 registered stakeholders. CalOptima also continues to work with DHCS in the implementation and evolution of CalAIM. On January 12, CalOptima submitted our CalAIM Incentive Payment Program for DHCS' consideration and approval. As part of that submission, CalOptima committed to expanding data connectivity between CalAIM providers, increasing the number and diversity of ECM providers, and providing access to all state-approved Community Support services by January 1, 2023.

#### **e. Providers Experience Issues with Medi-Cal Rx Rollout**

CalOptima has been communicating to the provider community about Medi-Cal Rx, including the need for them to register with Medi-Cal Rx and receive training. DHCS held a virtual meeting to address provider and pharmacy issues concerning Magellan's call center capacity, claims processing and other items related to the rollout on January 1. In addition, Magellan has added office hours for all Managed Care Plans at least through the end of February to answer questions and identify solutions. They have also offered to host a Q & A session for CalOptima's leadership team to ensure there is open dialog and to address concerns unique to our members. Our Customer Service team continues to respond to member and provider inquiries concerning Medi-Cal Rx and they have handled 1,011 calls since the launch.

#### **f. CalFresh Strategy to Extend Benefits to More Members**

CalOptima is collaborating with the County of Orange Social Services Agency (SSA) to raise awareness about CalFresh as part of our effort to address social determinants of health. Staff is preparing a targeted outreach campaign to increase enrollment by 100,000 CalOptima members by December 2022. Details on the strategy and a budget request will be included in a COBAR for your Board's consideration in March.

#### **g. Budgeting Methodologies for FY 2022-2023**

CalOptima has begun to prepare next fiscal year's General and Administrative (G&A) budget. Staff will be using a "zero-based" budgeting methodology, which requires departments to justify each expense before adding it to the new budget — even old and recurring expenses. In addition, departments will recognize where each expense fits within the broader context of the agency's CY 2022-2025 strategic priorities and goals, pending approval by the Board. We will be preparing a "balanced operating budget" this year. Any new initiatives that the Board approves in addition to the operating budget, will be 'drawn down' from CalOptima reserves. Staff will recognize, track and report these initiatives to the Board under a separate section on the monthly financials.

#### **h. Gov. Newsom Releases Fiscal Year (FY) 2022–23 Proposed Budget**

On January 10, Gov. Gavin Newsom released his FY 2022–23 Proposed State Budget with total spending at \$286.4 billion, reflecting an increase of 9.1% when compared with the FY 2021–22 Enacted Budget. Of this, the budget includes overall Medi-Cal spending of \$132.7 billion as well as the following proposals that may impact CalOptima:

- \$1.5 billion to convert tiny homes into behavioral health bridge housing to address the immediate needs of homeless individuals with serious behavioral health conditions
- Additional funding to support CalAIM initiatives, including local capacity building as well as prerelease Medi-Cal eligibility screenings and 90 days of targeted in-reach services



- New behavioral health benefits, including dyadic services, 24/7 mobile crisis intervention services and a statewide screening platform
- Expanded Medi-Cal eligibility to beneficiaries ages 26–49, regardless of immigration status, to achieve universal Medi-Cal coverage for all ages no sooner than January 2024.

#### **i. CalOptima, Orange County Health Care Agency Host Additional Vaccine Clinics**

In partnership with Orange County Health Care Agency, CalOptima has added COVID-19 vaccine clinics through April. At the clinics, CalOptima staff will distribute \$25 Member Health Rewards to eligible members who get their vaccination, and representatives from SSA will encourage enrollment in CalFresh for those who qualify. From CalOptima's first clinic in May 2021 to now, 8,445 community members have received a vaccine. Future clinics are planned for February 19, March 12, March 26, April 9, April 16 and April 23.

#### **j. Mobile Mammography Clinics Aimed at Hard-to-Reach Communities**

In 2021, CalOptima conducted a Population Needs Assessment that identified a low incidence of breast cancer screening in the Asian population among Chinese members at 49% and Korean members at 57%. CalOptima is partnering with Alinea Medical Imaging on mobile mammography community events to encourage breast cancer screening among members who are less likely to access this benefit due to cultural or ethnic disparities. The clinics are available to CalOptima Community Network members ages 50–74 who are due to complete a breast cancer screening. Two clinics were completed on January 19 and February 2. Additional events are planned for February 16 in Anaheim and April 16 in Costa Mesa.

#### **k. CalOptima Gains Significant Media Coverage**

- On December 21, Kaiser Health News posted an [article](#) about the challenges Medi-Cal members face trying to understand and navigate subcontracted services. Yunkyung Kim, CalOptima Chief Operating Officer, was interviewed for the article, which includes a one-paragraph reference to CalOptima's structure.
- On December 29, the [OC Breeze](#) ran an online article on the Board's approval of \$45 million in provider incentives for CalAIM.
- On December 29, [KFI radio](#) aired an interview with Interim CEO Michael Hunn and COO Yunkyung Kim on the CalAIM and vaccination incentives, and services for members experiencing homelessness. (Clip begins at 10:00:10.)
- On December 30, [KNX radio](#) aired an interview with Interim CEO Michael Hunn discussing CalOptima's benefits for the vulnerable and how to sign up. (Clip begins at 08:17:02.)
- On January 4, the [OC Breeze](#) ran an online article on CalOptima's launch of CalAIM on January, as did the subscription-only Payers & Providers California newsletter.
- On January 17, [HealthLeaders](#) and [Newsbreak](#) ran an online interview with Interim CEO Michael Hunn and COO Yunkyung Kim discussing CalOptima's work on implementing CalAIM and updating the strategic plan.



# 2021–22 Legislative Tracking Matrix

## COVID-19 (CORONAVIRUS)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4735 Axne (IA)  S. 2493 Bennet (CO)	<p><b>Provider Relief Fund Deadline Extension Act:</b> Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency, whichever occurs later. Funds that are unspent by any deadline must be repaid to the U.S. Department of Health and Human Services (HHS).</p> <p><i>Potential CalOptima Impact: Increased financial stability for CalOptima's contracted providers.</i></p>	07/28/2021 Introduced; referred to committees	CalOptima: Watch

## BEHAVIORAL HEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1914 DeFazio (OR)  S. 764 Wyden (OR)	<p><b>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:</b> Would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p><i>Potential CalOptima Impact: Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima Medi-Cal members.</i></p>	03/16/2021 Introduced; referred to committees	08/05/2021 CalOptima: Support
AB 552 Quirk-Silva	<p><b>Integrated School-Based Behavioral Health Partnership Program:</b> Would establish the Integrated School-Based Behavioral Health Partnership Program to expand prevention and early intervention behavioral health services for students. This would allow a county mental health agency and local education agency to develop a formal partnership whereby county mental health professionals would deliver brief school-based services to any student who has, or is at risk of developing, a behavioral health condition or substance use disorder.</p> <p><i>Potential CalOptima Impact: Increased coordination with the Orange County Health Care Agency and school districts to ensure non-duplication of other school-based behavioral health services and initiatives.</i></p>	01/11/2022 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch



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**COVERED BENEFITS**

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 56 Biggs (AZ)</b>	<p><b>Patient Access to Medical Foods Act:</b> Would expand the federal definition of medical foods to include 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, Children’s Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.</p> <p><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima’s lines of business.</p>	<b>01/04/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 1118 Dingell (MI)</b>	<p><b>Medicare Hearing Aid Coverage Act of 2021:</b> Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</p>	<b>02/18/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4187 Schrier (WA)</b>	<p><b>Medicare Vision Act of 2021:</b> Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings.</p> <p><b>Potential CalOptima Impact:</b> New covered benefits for CalOptima OneCare and Program of All-Inclusive Care for the Elderly (PACE).</p>	<b>06/25/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4311 Doggett (TX)</b> <b>S. 2618 Casey (PA)</b>	<p><b>Medicare Dental, Vision, and Hearing Benefit Act of 2021:</b> Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits:</p> <ul style="list-style-type: none"> <li>■ <b>Dental:</b> Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures</li> <li>■ <b>Vision:</b> Routine eye examinations, eyeglasses, contact lenses and low vision devices</li> <li>■ <b>Hearing:</b> Routine hearing examinations, hearing aids and related examinations</li> </ul> <p>The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%.</p> <p><b>Potential CalOptima Impact:</b> New covered benefits for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE); higher federal funding rate for current Medi-Cal benefits.</p>	<b>07/01/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4650 Kelly (IL)</b>	<p><b>Medicare Dental Coverage Act of 2021:</b> Effective January 1, 2025, would require Medicare Part B coverage of dental and oral health services, including routine dental cleanings and examinations, basic and major dental treatments, and dentures.</p> <p><b>Potential CalOptima Impact:</b> New covered benefits for CalOptima OneCare and Program of All-Inclusive Care for the Elderly (PACE).</p>	<b>07/22/2021</b> Introduced; referred to committees	CalOptima: Watch

## MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 1738</b> <b>Dingell (MI)</b>  <b>S. 646</b> <b>Brown (OH)</b>	<b>Stabilize Medicaid and CHIP Coverage Act of 2021:</b> Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.  <b>Potential CalOptima Impact:</b> Increased number of CalOptima Medi-Cal members.	<b>03/10/2021</b> Introduced; referred to committees	CalOptima: Watch ACAP: Support
<b>H.R. 5610</b> <b>Bera (CA)</b>  <b>S. 3001</b> <b>Van Hollen (MD)</b>	<b>Easy Enrollment in Health Care Act:</b> To streamline and increase enrollment into public health insurance programs, would allow taxpayers to request their federal income tax returns include a determination of eligibility for Medicaid, CHIP or advance premium tax credits to purchase insurance through a health plan exchange. Taxpayers could also consent to be automatically enrolled into any such program or plan if they would be subject to a zero net premium.  <b>Potential CalOptima Impact:</b> Increased number of CalOptima Medi-Cal members.	<b>10/19/2021</b> Introduced; referred to committees	CalOptima: Watch ACAP: Support
<b>AB 1355</b> <b>Levine</b>	<b>Medi-Cal Independent Medical Review (IMR) System:</b> Would require DHCS to establish an IMR system for Medi-Cal managed care plans (MCPs), effective January 1, 2023. The bill would also provide every Medi-Cal beneficiary filing a grievance with access to an IMR.  <b>Potential CalOptima Impact:</b> Implementation of an additional grievance and appeals process for CalOptima Medi-Cal members.	<b>01/11/2022</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
<b>AB 1400</b> <b>Kalra, Lee, Santiago</b>	<b>California Guaranteed Health Care for All:</b> 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 of CHIP, Medi-Cal, Medicare, the Knox-Keene Act, and ancillary health care or social services covered by regional centers for people with developmental disabilities.  <b>Potential CalOptima Impact:</b> Unknown but potentially significant impacts to the Medi-Cal delivery system and MCPs, including changes to administration, covered benefits, eligibility, enrollment, financing and organization.	<b>01/11/2022</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch CAHP: Oppose

## OLDER ADULT SERVICES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 4131</b> <b>Dingell (MI)</b>  <b>S. 2210</b> <b>Casey (PA)</b>	<b>Better Jobs Better Care Act:</b> Would make permanent the enhanced 10% FMAP for Medicaid home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.  <b>Potential CalOptima Impact:</b> Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.	<b>06/24/2021</b> Introduced; referred to committees	CalOptima: Watch NPA: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 4941 Blumenauer (OR)</b>	<p><b>PACE Part D Choice Act of 2021:</b> Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option.</p> <p><i><b>Potential CalOptima Impact:</b> Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.</i></p>	<b>08/06/2021</b> Introduced; referred to committees	CalOptima: Watch NPA: Support
<b>S. 1162 Casey (PA)</b>	<p><b>PACE Plus Act:</b> Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers.</p> <p>Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.</p> <p><i><b>Potential CalOptima Impact:</b> Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).</i></p>	<b>04/15/2021</b> Introduced; referred to committee	CalOptima: Watch CalPACE: Support NPA: Support

## SOCIAL DETERMINANTS OF HEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 379 Barragan (CA)</b>  <b>S. 104 Smith (MN)</b>	<p><b>Improving Social Determinants of Health Act of 2021:</b> Would require the Centers for Disease Control and Prevention (CDC) to establish a social determinants of health (SDOH) program to coordinate activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p><i><b>Potential CalOptima Impact:</b> Increased availability of federal grants to address SDOH.</i></p>	<b>01/21/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 943 McBath (GA)</b>  <b>S. 851 Blumenthal (CT)</b>	<p><b>Social Determinants for Moms Act:</b> Would require HHS to convene a task force to coordinate federal efforts on social determinants of maternal health as well as award grants to address SDOH, eliminate disparities in maternal health and expand access to free childcare during pregnancy-related appointments. Would also extend postpartum eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children from six months postpartum to two years postpartum.</p> <p><i><b>Potential CalOptima Impact:</b> Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.</i></p>	<b>02/08/2021</b> Introduced; referred to committees	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 2503 Bustos (IL)</b>	<p><b>Social Determinants Accelerator Act of 2021:</b> Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than \$25 million, as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries.</p> <p><i><b>Potential CalOptima Impact:</b> Increased availability of federal grants to address the SDOH of members with complex needs.</i></p>	<p><b>07/15/2021</b> Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee</p>	CalOptima: Watch
<b>H.R. 3894 Blunt Rochester (DE)</b>	<p><b>Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:</b> Would require the Centers for Medicare &amp; Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs.</p> <p><i><b>Potential CalOptima Impact:</b> Increased opportunities for CalOptima to address SDOH.</i></p>	<p><b>12/08/2021</b> Passed House floor; referred to Senate Committee on Finance</p>	CalOptima: Watch
<b>H.R. 4026 Burgess (TX)</b>	<p><b>Social Determinants of Health Data Analysis Act of 2021:</b> Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH.</p> <p><i><b>Potential CalOptima Impact:</b> Increased opportunities for CalOptima to address SDOH.</i></p>	<p><b>11/30/2021</b> Passed House floor; referred to Senate Committee on Health, Education, Labor, and Pensions</p>	CalOptima: Watch

## TELEHEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 366 Thompson (CA)</b>	<p><b>Protecting Access to Post-COVID-19 Telehealth Act of 2021:</b> Would allow HHS 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 a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC), as well as allow patients to receive telehealth services in the home without restrictions.</p> <p><i><b>Potential CalOptima Impact:</b> Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<p><b>01/19/2021</b> Introduced; referred to committees</p>	CalOptima: Watch
<b>H.R. 2166 Sewell (AL)</b>	<p><b>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:</b> Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<p><b>03/23/2021</b> Introduced; referred to committees</p>	<p><b>08/05/2021</b> CalOptima: Support</p> <p>ACAP: Support NPA: Support</p>

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 2903 Thompson (CA)  S. 1512 Schatz (HI)	<p><b>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021:</b> Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would:</p> <ul style="list-style-type: none"> <li>■ Remove all geographic restrictions for telehealth services</li> <li>■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS</li> <li>■ Remove restrictions on the use of telehealth in emergency medical care</li> <li>■ Allow FQHCs and RHCs to provide telehealth services</li> </ul> <p><i>Potential CalOptima Impact: Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>04/28/2021</b> Introduced; referred to committees	CalOptima: Watch
H.R. 3447 Smith (MO)	<p><b>Permanency for Audio-Only Telehealth Act:</b> Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 public health emergency:</p> <ul style="list-style-type: none"> <li>■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and substance use disorder services, or any other service specified by HHS.</li> <li>■ Medicare beneficiaries may receive telehealth services at any location, including their homes.</li> </ul> <p><i>Potential CalOptima Impact: Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>05/20/2021</b> Introduced; referred to committees	CalOptima: Watch
H.R. 4058 Matsui (CA)  S. 2061 Cassidy (LA)	<p><b>Telemental Health Care Access Act of 2021:</b> Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.</i></p>	<b>06/22/2021</b> Introduced; referred to committees	CalOptima: Watch
S. 150 Cortez Masto (NV)	<p><b>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:</b> Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<b>02/02/2021</b> Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support



## YOUTH SERVICES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 66</b> <b>Buchanan (FL)</b>	<b>Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act:</b> Would permanently extend authorization and funding of 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.  <i>Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima Medi-Cal members eligible under CHIP.</i>	<b>01/04/2021</b> Introduced; referred to committee	CalOptima: Watch
<b>H.R. 1390</b> <b>Wild (PA)</b>  <b>S. 453</b> <b>Casey (PA)</b>	<b>Children’s Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act:</b> Would retroactively extend CHIP’s temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency.  <i>Potential CalOptima Impact: Increased federal funds for CalOptima Medi-Cal members eligible under CHIP.</i>	<b>02/25/2021</b> Introduced; referred to committees	CalOptima: Watch

### Two-Year Bills

The following bills did not meet the deadline to be passed by both houses of the State Legislature in 2021. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 4 (Arambula)
- AB 32 (Aguiar-Curry)
- AB 71 (Rivas, L.)
- AB 112 (Holden)
- AB 114 (Maienschein)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- AB 470 (Carrillo)
- AB 540 (Petrie-Norris)
- AB 563 (Berman)
- AB 586 (O’Donnell)
- AB 671 (Wood)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 822 (Rodriguez)
- AB 862 (Chen)
- AB 875 (Wood)
- AB 882 (Gray)
- AB 935 (Maienschein)
- AB 942 (Wood)
- AB 1050 (Gray)
- AB 1083 (Nazarian)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1131 (Wood)
- AB 1132 (Wood)
- AB 1160 (Rubio)
- AB 1162 (Villapadua)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- SB 17 (Pan)
- SB 56 (Pan)
- SB 245 (Gonzalez)
- SB 250 (Pan)
- SB 256 (Pan)
- SB 279 (Pan)
- SB 293 (Limon)
- SB 316 (Eggman)
- SB 371 (Caballero)
- SB 508 (Stern)
- SB 523 (Leyva)
- SB 562 (Portantino)
- SB 773 (Roth)

### Signed Bills

- H.R. 1868 (Yarmuth [KY])
- AB 128 (Ting)
- AB 133 (Committee on Budget)
- AB 161 (Ting)
- AB 164 (Ting)
- AB 361 (Rivas)
- AB 1082 (Waldron)
- SB 48 (Limón)
- SB 65 (Skinner)
- SB 129 (Skinner)
- SB 171 (Committee on Budget and Fiscal Review)
- SB 221 (Wiener)
- SB 306 (Pan)
- SB 510 (Pan)

### Vetoed Bills

- AB 369 (Kamlager)
- AB 523 (Nazarian)
- SB 365 (Caballero)
- SB 682 (Rubio)

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

## 2021–22 Legislative Tracking Matrix (continued)

### 2022 Federal Legislative Dates

<b>January 3</b>	117th Congress, Second Session convenes
<b>April 11–22</b>	Spring recess
<b>August 1–12</b>	Summer recess for House
<b>August 8–September 5</b>	Summer recess for Senate
<b>December 10</b>	Second Session adjourns

### 2022 State Legislative Dates

<b>January 3</b>	Legislature reconvenes
<b>February 18</b>	Last day for legislation to be introduced
<b>April 7–18</b>	Spring recess
<b>April 29</b>	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
<b>May 6</b>	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
<b>May 20</b>	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
<b>May 23–27</b>	Floor session only
<b>May 27</b>	Last day for each house to pass bills introduced in that house
<b>June 15</b>	Budget bill must be passed by midnight
<b>July 14</b>	Last day for policy committees to hear and report bills to fiscal committees or the floor
<b>July 1–August 1</b>	Summer recess
<b>August 12</b>	Last day for fiscal committees to report bills to the floor
<b>August 15–31</b>	Floor session only
<b>August 25</b>	Last day to amend bills on the floor
<b>August 31</b>	Last day for bills to be passed; final recess begins upon adjournment
<b>September 30</b>	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2022 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>



# FY 2022–23 California Proposed State Budget

## Summary

### Introduction

On January 10, 2022, Gov. Gavin Newsom released the Fiscal Year (FY) 2022–23 Proposed State Budget at \$286.4 billion, including \$213.1 billion in General Fund (GF) spending. When compared to the 2021–22 Enacted State Budget (\$262.6 billion, including \$196.4 billion GF), this reflects an increase in state spending of 9.1%. The proposed budget also includes a \$45.7 billion surplus and \$34.6 billion in budget reserves, which can be attributed to federal COVID-19 stimulus funding and higher than expected tax receipts.

### Overview

Gov. Newsom proposes an overall Medi-Cal budget of \$132.7 billion (\$34.9 billion GF) with an assumption that caseload will decrease by 3% as eligibility redeterminations resume following termination of the COVID-19 public health emergency. An average of 14.2 million Californians are expected to be covered in FY 2022–23, with enrollment peaking at 15.2 million in July 2022.

### Behavioral Health

The proposed budget includes additional funding for several new Medi-Cal behavioral health benefits, including \$87 million to implement dyadic services and \$108 million to add 24/7 mobile crisis intervention services as soon as January 1, 2023. The latter benefit will be implemented through county behavioral health systems, but may require increased coordination and follow-up care by CalOptima and its contracted providers.

The proposed budget also includes additional funding for school-based behavioral health partnerships, a statewide behavioral health services platform, e-consult services, provider trainings and advancing implementation of the 9-8-8 call system.

### California Advancing and Innovating Medi-Cal (CalAIM)

Gov. Newsom's proposal includes \$2.8 billion (\$982.6 million GF) in FY 2022–23, \$2.4 billion (\$876.4 million GF) in FY 2023–24 and \$1.6 billion (\$500 million GF) in FY 2024–25 to implement CalAIM. CalAIM initiatives being implemented in FY 2022–23 include:

- Discontinuation of the Cal MediConnect pilot program and transition to exclusively aligned Dual Eligible Special Needs Plans (D-SNPs)
- Mandatory managed care enrollment for additional aid code groups
- Population Health Management program
- Pre-release Medi-Cal eligibility screenings and 90 days of targeted in-reach services
- Providing Access and Transforming Health (PATH) initiative

In addition to \$1.8 billion of previously allocated PATH funding, this proposal provides an additional \$50 million (\$16 million GF) for counties and correctional entities. While plans are not eligible for this funding, CalOptima is expected to coordinate PATH and CalAIM Incentive Payment Program investments with the County of Orange. CalOptima is on track to transition members enrolled in its Cal MediConnect pilot program (OneCare Connect) to its D-SNP (OneCare). Additionally, staff is actively engaged with the Orange County Social Services Agency to support Medi-Cal eligibility screenings and in-reach services where appropriate.

### COVID-19

Gov. Newsom requests the Legislature take immediate action to allocate an additional \$1.4 billion in the current FY 2021–22. He also proposes \$1.3 billion for the FY 2022–23 budget to support continued vaccine distribution and administration, as well as statewide testing, hospital and medical surge efforts, precautionary measures in state institutions, and contact tracing.



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## Health Equity

The governor's budget includes \$400 million (\$200 million GF) for one-time provider payments focused on advancing equity and improving quality in children's preventive, maternity, and integrated behavioral health care.

## Homelessness

Building off of a \$12 billion multi-year investment to address homelessness as part of last year's enacted budget, the governor proposes an additional \$2 billion in the upcoming FY. To address the immediate housing and treatment needs of those with serious behavioral health conditions, Gov. Newsom proposes \$1.5 billion to purchase and install tiny homes for behavioral health bridge housing. The proposal also includes \$500 million one-time funding for local jurisdictions to address encampments through short- and long-term rehousing strategies.

## Medi-Cal Eligibility

One of the most impactful provisions of the proposed budget is \$819.3 million (\$613.5 million GF) in FY 2023–24 and \$2.7 billion (\$2.2 billion GF) annually thereafter to expand full-scope Medi-Cal benefits to income-eligible adults ages 26–49 regardless of immigration status no sooner than January 2024. This would extend eligibility to include all ages following prior action to expand coverage for those under age 26 as of January 1, 2020, and those ages 50 and older beginning May 1, 2022. Along with the latter expansion this spring, this proposal could increase CalOptima's membership by approximately 75,000–80,000 individuals.

The proposed budget also includes \$53.2 million (\$18.9 million GF) in FY 2022–23 and an ongoing \$89 million (\$31 million GF) annually to eliminate Medi-Cal premiums for approximately 500,000 pregnant women, children and disabled working adults.

## Miscellaneous

The FY 2022–23 proposed budget also includes the following that may impact CalOptima:

- \$1.7 billion in provider workforce investments over three years, including \$350 million to recruit, train and certify 25,000 new community health workers by 2025
- \$96 million for medication-assisted treatment to help address the opioid crisis
- \$176 million to continue all current Proposition 56 incentive payment programs
- \$341,000 to add annual cognitive health assessments as a Medi-Cal benefit for beneficiaries ages 65 years and older, if they are ineligible under Medicare
- Authorization to develop an Alternative Payment Model for Federally Qualified Health Centers to transition from a volume-based reimbursement methodology and incentive delivery system transformation through additional flexibilities
- Potential state partnership with a contracted insulin manufacturer to find drug affordability solutions, such as the state potentially manufacturing its own insulin
- While the budget does not include new telehealth funding, the Administration is expected to release a long-term telehealth policy proposal that would continue to allow Medi-Cal services to be delivered via telehealth across delivery systems

## Next Steps

The Legislature will hold committee hearings in the coming months in an effort to build consensus on these proposals. Gov. Newsom will release a revised budget proposal (May Revise) no later than May 14, after which an enacted budget must pass the Legislature by June 15 and be signed by the governor by July 1. CalOptima will continue to closely follow ongoing discussions and provide updates on issues that support the advancement of CalOptima's legislative priorities.

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## About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing guaranteed 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](mailto:GA@caloptima.org)