



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

THURSDAY, OCTOBER 13, 2022

8:00 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. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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

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

Register to Participate via Zoom at:

https://us06web.zoom.us/webinar/register/WN_EGHHPCNkR-21LXE57-Nd3Q Zoom webinar instructions are provided below. Or

- 1) Listen to the Webinar using one of the dial in audio options as follows: +1 669 444 9171 or +1 346 248 7799 or +1 719 359 4580 or +1 720 707 2699 or +1 253 215 8782 or +1 646 558 8656 or +1 646 931 3860 or +1 301 715 8592 or +1 309 205 3325 or +1 312 626 6799 or +1 386 347 5053 or +1 564 217 2000**

Webinar ID: 861 4764 0651

Passcode: 836192

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. Approve Minutes from the August 11, 2022 Regular Joint Meeting of the Member and Provider Advisory Committees

4. **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.

5. **CEO AND MANAGEMENT REPORTS**

A. Chief Executive Officer Update

B. Chief Medical Officer Update

6. **INFORMATIONAL ITEMS**

A. Medi-Cal Redetermination

B. Department of Health Care Services Dementia Care Aware Initiative

C. Changes to Health Network Minimum and Maximum Member Enrollment

D. Updates to the Pay for Value (P4V) Program

E. Committee Member Updates

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

Webinar Information

Please register for the Regular Joint Member Advisory and Provider Advisory Committees Meeting on October 13, 2022 at 8:00 a.m. PDT at:

Join from a PC, Mac, iPad, iPhone or Android device: Please click the URL below to join.

https://us06web.zoom.us/webinar/register/WN_EGHHPCNkR-21LXE57-Nd3Q

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MINUTES

REGULAR JOINT MEETING OF THE CALOPTIMA HEALTH BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE, AND PROVIDER ADVISORY COMMITTEE

August 11, 2022

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC), and the Provider Advisory Committee (PAC) was held on Thursday, August 11, 2022, via teleconference (Zoom) 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

PAC Chair Dr. Lazo-Pearson called the meeting to order at 8:03 a.m. and MAC Chair Christine Tolbert led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Maura Byron, Vice Chair; Meredith Chillemi; Connie Gonzalez; Hai Hoang; Sara Lee; Lee Lombardo; Kate Polezhaev; Iliana Soto-Welty; Alyssa Vandenberg

Members Absent: Linda Adair; Sandy Finestone; Jacqueline Gonzalez

Provider Advisory Committee

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Tina Bloomer, WHNP; Ji Ei Choi; Gio Corzo (8:10 a.m.); Andrew Inglis, M.D.; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Alpesh Amin, M.D.

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D.; Chief Medical Officer; Zeinab Dabbah, M.D., J.D., Deputy Chief Medical Officer; Wael Younan, Chief Information Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Kristen Gericke, Pharm.D., Director, Clinical Operations; Katie Balderas, Director, Population Health Management; Troy Szabo, Outside Legal Counsel Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees

Welcome New Members

Both MAC and PAC welcomed new members to their respective committees. MAC welcomed Sara Lee, Iliana Soto-Welty and Alyssa Vandenberg. PAC welcomed Ji Ei Choi, Timothy Korber, M.D., Patty Mouton and Mary Pham, Pharm.D. Each new member provided a brief background on themselves.

MINUTES

Approve the Minutes of the May 12, 2022 Regular Meeting of the CalOptima Health Board of Directors' Member Advisory Committee

Action: On motion of MAC Vice Chair Maura Byron, seconded and carried, the Committee approved the minutes of the May 12, 2022 regular meeting. (Motion carried 10-0-0; Members Adair, Finestone and J. Gonzalez Absent)

Approve the Minutes of the May 12, 2022 Regular Meeting of the CalOptima Health Board of Directors' Provider Advisory Committee

Action: On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the May 12, 2022 regular meeting. (Motion carried 13-0-0; Member Dr. Amin absent)

Approve the Minutes of the June 9, 2022 Special Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and Whole-Child Model Family Advisory Committee

Action: On motion of Vice Chair Maura Byron of MAC, seconded and carried, the Committee approved the minutes of the June 9, 2022 special meeting. (Motion carried 10-0-0; Members Adair, Finestone and J. Gonzalez Absent)

Approve the Minutes of the June 9, 2022 Special Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and Whole-Child Model Family Advisory Committee

Action: On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the June 9, 2022 special meeting. (Motion carried 13-0-0; Member Dr. Amin absent)

PUBLIC COMMENT

There were no requests for public comment.

REPORTS

Consider Recommendation to Rename Member Advisory Committee Seats

Chair Christine Tolbert notified the MAC members that due to the conclusion of the OneCare Connect (Cal MediConnect) pilot program on December 31, 2022 and in preparation for the transition of OneCare Connect members into CalOptima Health's OneCare program on January 1, 2023 that the MAC needed to restructure three seats to allow for representation of the OneCare program on the MAC. The three seats are: 1) convert the Medical Safety Net Representative and 2) convert the Health Care Agency Representative to OneCare Member/Family Member seats, both with a two-year term; and 3) rename the Long-Term Services and Supports to a Member Advocate Representative seat. Chair Tolbert noted that the rationale for these changes were to increase efficiencies in the committee composition since MAC and PAC are convening joint meeting indefinitely. PAC has similar seats to those converted and are able to address any questions that would arise. She also noted that both MAC and PAC would continue to retain a membership of 15 seats for each committee.

Action: On motion of Vice-Chair Maura Byron, seconded and carried, the Committee approved the recommendation to rename MAC Seats (Motion carried 10-0-0; Members Adair, Finestone and J. Gonzalez Absent)

Consider Recommendation of Physician Representative on the Provider Advisory Committee

PAC Member Andrew Inglis, M.D., reviewed the candidates for the open Physician Representative seat. He noted that the ad hoc committee had received two candidates, Theodore Heyming, M.D., and Connie Bartlett, D.O., FAAP. After review of the applications, the ad hoc is recommending the appointment of Dr. Heyming to fill the PAC Physician Representative seat to the CalOptima Health Board of Directors.

Action: On motion of Member Dr. Korber, seconded and carried, the Committee approved the recommendation of Theodore Heyming, M.D., as the Physician Representative (Motion carried 13-0-0; Member Dr. Amin Absent)

Consider Recommendation of MAC Chair and Vice Chair

MAC Member Meredith Chillemi reviewed the Chair nominations with the committee and noted that MAC had received one letter of interest from MAC Vice-Chair Maura Byron, and receiving no additional nominations from the floor, Member Chillemi requested a motion to recommend Maura Byron as the MAC Chair for FY 2022-24.

Action: On motion of Chair Christine Tolbert, seconded and carried, the Committee approved the recommendation of Maura Byron as the MAC Chair (Motion carried 10-0-0; Members Adair, Finestone and J. Gonzalez Absent)

MAC also received a letter of interest from current MAC Chair Christine Tolbert, for the Vice Chair position. There were no nominations from the floor. Meredith Chillemi asked for a motion to recommend current Chair Christine Tolbert as MAC Vice Chair for 2022-24.

Action: On motion of Member Hai Hoang, seconded and carried, the Committee approved the recommendation of Christine Tolbert as the MAC Vice Chair (Motion carried 10-0-0; Members Adair, Finestone and J. Gonzalez Absent)

Consider Recommendation of PAC Chair and Vice Chair

PAC Vice Chair Dr. Nishimoto reviewed the Chair nominations with the committee and noted that PAC had received one letter of interest from Jena Jensen, the Hospital Representative, for the Chair position. After receiving no nominations from the floor, Vice Chair Nishimoto requested a motion to recommend Jena Jensen as the PAC Chair for FY 2022-24.

Action: On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the recommendation of Jena Jensen as the PAC Chair (Motion carried 13-0-0; (Motion carried 13-0-0; Member Dr. Amin Absent)

PAC also received one letter of interest from current PAC Chair Junie Lazo-Pearson, Ph.D., the Behavioral Health Representative for the Vice Chair position. There were no nominations from the floor. Vice Chair Nishimoto asked for a motion to recommend current Chair Dr. Lazo-Pearson as PAC Vice Chair for 2022-24.

Action: On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the recommendation of Dr. Lazo-Pearson as the PAC Vice Chair (Motion carried 13-0-0; Member Dr. Amin Absent)

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Interim Chief Executive Officer (CEO), thanked the MAC and the PAC members for their service to the CalOptima members and noted that CalOptima's membership has continued to rise, and membership stands at approximately 915,000 Medi-Cal members.

Mr. Hunn also discussed the efforts being undertaken to receive Board of Supervisors' approval to change CalOptima Health's current ordinance. This would allow CalOptima Health to participate in the California Exchange and in turn would allow members who would be impacted by the redetermination to continue their coverage with CalOptima Health through Covered California. He also discussed CalOptima Health's rebranding initiative and noted that the Board had approved the name change to CalOptima Health. The Chairs of both committees thanked Mr. Hunn for being receptive to the needs and the concerns that the MAC and PAC has brought forward during his tenure and for making sure the MAC and PAC input is heard.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, introduced Michael Gomez, Executive Director, Network Operations, and Linda Lee, Executive Director, Senior Programs. She also introduced John Tanner, CalOptima Health's new Chief Compliance Officer. Ms. Kim also reviewed the redetermination that will be undertaken by the Department of Health Care Services (DHCS) and asked the providers on the committees to notify CalOptima Health if they have any member address changes. Ms. Kim also noted that the Board had approved rate changes to the Applied Behavioral Analysis (ABA) providers.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer, introduced Zeinab Dabbah, M.D., J.D., CalOptima Health's new Deputy Chief Medical Officer and provided several updates to the committee on COVID-19, Syphilis and Monkeypox.

Chief Financial Officer Report

Nancy Huang, Chief Financial Officer, presented a brief overview of the CalOptima Health financials and noted that the 2022-2023 fiscal year started on July 1, 2022.

INFORMATION ITEMS

Housing and Homelessness Incentive Program

Katie Balderas, Director, Population Health Management, presented on the Housing and Homelessness Incentive Program (HHIP) and reviewed items such as the Homeless Health Initiatives and CalAIM background, a HHIP overview which discussed the target population, timeline, deliverables and HHIP measures. She also reviewed the investment plan and discussed system challenges, investment priorities and community input.

Committee Member Updates

MAC Chair Christine Tolbert reminded their individual committees that the annual compliance courses would be sent out in September. She thanked the MAC for all their assistance during her three-year term as Chair and for appointing her as the Vice-Chair for the following two years.

PAC Chair Dr. Junie Lazo-Pearson announced that the next joint MAC and PAC meeting is scheduled for October 13, 2022 at 8:00 AM and that PAC would also receive notification of the required compliance courses. She also thanked the PAC members for their assistance during her time as the Chair and looked forward to continuing on as the Vice Chair of the PAC.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Dr. Lazo-Pearson adjourned the meeting at 10:08 a.m.

Cheryl Simmons
Staff to the Advisory Committees



MEMORANDUM

DATE: September 30, 2022

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — October 6, 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

a. CalOptima Health Rated a Top Health Plan by NCQA

CalOptima Health has received a rating of 4 out of 5 in the National Committee for Quality Assurance (NCQA) Medicaid Health Plan Ratings 2022. Released on September 15, the NCQA rating means that CalOptima Health has the distinction of being a top Medi-Cal plan in California for eight years in a row. No other Medi-Cal plan in California earned higher than 4 out of 5 in the ratings this year. NCQA assesses health plan quality based on 43 clinical measures related to both preventive care and treatments. Preventive measures report whether members receive services intended to keep them healthy and treatment measures gauge whether members receive appropriate care in response to illnesses and chronic diseases. NCQA also evaluates health plans based on five customer satisfaction dimensions.

b. DHCS Shares Draft Medical Audit Report

The Department of Health Care Services (DHCS) conducted a full scope review of CalOptima Health's Medi-Cal plan from January 24–February 4, 2022. The audit covered a longer review period — from February 1, 2020, through December 31, 2021 — than in previous years due to the Public Health Emergency. DHCS staff held an exit conference with CalOptima Health on September 27 and released a draft report identifying nine findings. CalOptima Health has until October 12 to provide feedback. Then, DHCS is expected to finalize its report and formally request a Corrective Action Plan by October 27, 2022.

c. CalFresh Plans for Expanded Outreach

CalOptima Health is extending CalFresh outreach efforts with new tactics, including sharing collateral material (flyers, posters, etc.) with several additional community locations and partners including but not limited to federally qualified health centers, city offices, libraries, community/recreation and senior centers, homeless shelters and school districts serving the highest CalFresh-eligible populations. From January to July 2022, 26,059 CalOptima members are newly enrolled in CalFresh.

d. New Call Back Feature Added to Customer Service

As of September 8, members who call our Customer Service department can opt for a call back instead of waiting on the phone in a queue. Early data shows that the service is appreciated, as 714 members selected this option during the first few weeks of the implementation. There's been a 97% success rate of members accepting the return call.

e. Updated Compliance Program Coming in 2023

Chief Compliance Officer John Tanner will present CalOptima Health's 2023 Compliance Program for Board approval in December. The compliance plan will ensure regulatory standards are met and will emphasize operating our health plan in an ethical manner that's compliant with applicable regulations.

f. CalOptima Health Nominated for OCBC Award

CalOptima Health has been nominated for Orange County Business Council's (OCBC) 12th Annual "Turning Red Tape Into Red Carpet Awards." These awards honor outstanding local agencies, leaders, programs and public-private partnerships that cut through red tape and encourage jobs and economic growth in Orange County. CalOptima Health was nominated for two awards in the public-private partnership category for partnering with Housing for Health Orange County and with the Be Well OC Orange Campus. Winners will be named on Thursday, November 17.

g. PAC Representative Nominated for Award

Congratulations to Dr. Alpesh Amin, chair of the Department of Medicine in the UCI School of Medicine, for being nominated for Modern Healthcare's 100 Most Influential People in Healthcare. Dr. Amin is one of our Provider Advisory Committee physician representatives.

h. PACE Holds Senior Health and Wellness Event

CalOptima Health PACE is hosting an event on Saturday, October 1, from 10:30 a.m. to 1 p.m. for prospective participants and their families.

i. Community COVID-19 Vaccine Clinics Deliver Shots to Hundreds

CalOptima Health hosted a series of COVID-19 vaccine clinics in September focused on children. A total of 709 vaccines were administered. Staff was on-site to give \$25 Member Health Rewards to eligible members and host a resource table. Medi-Cal and CalFresh enrollment was also available. An additional clinic will be held on Saturday, October 8, 9 a.m.–1 p.m. at Villa Fundamental Intermediate School in Santa Ana.

j. Tustin Facility Planning Continues

CalOptima Health is making progress on the Tustin facility that will combine two adjacent buildings into a Community Living and Program of All-Inclusive Care for the Elderly (PACE) Center. Staff is continuing to work with our architect team on the program and design elements for the facility. We are tracking toward an October 15 conditional use permit application submittal.

k. OneCare Marketing and Outreach Efforts Begin

CalOptima Health is preparing to launch a marketing campaign to promote OneCare, considering the upcoming sunset of the OneCare Connect program on December 31, 2022. The theme of the OneCare campaign will be "Zero Hassles. One Solution." Further, CalOptima Health is, for the first time, engaging a field marketing organization to support sales efforts. The new outside team will be

trained and equipped with collateral material to engage potential members during open enrollment, which starts in October.

l. Governor Signs Assembly Bill (AB) 498 and AB 2449 Into Law

Gov. Gavin Newsom has signed into law two key pieces of legislation affecting the CalOptima Health Board. Please see below for summaries and potential impacts:

<u>AB 498</u> Quirk-Silva	CalOptima Health Board of Directors: Makes permanent the current structure of the CalOptima Health Board of Directors (Board), including all designated seats. Potential Impact: Permanent continuation of the current Board structure; new employment restrictions for one year following a Director's Board term.	9/19/2022 Signed into law
<u>AB 2449</u> Rubio, B.	Brown Act Flexibilities: Extends and modifies certain Brown Act flexibilities <i>after</i> the termination of the COVID-19 public health emergency (PHE) until January 1, 2026. Specifically, teleconferencing locations for any members of a legislative body will still <i>not</i> need to be publicly accessible or identified on the meeting agenda. Potential Impact: Continued ability for Board and advisory committee members to participate in meetings by teleconference after the COVID-19 PHE; modified Board streaming capabilities by ITS; and modified recordkeeping by the Clerk of the Board.	9/13/2022 Signed into law

m. California State Auditor (CSA) Visits CalOptima Health Building

As part of the ongoing state audit, CSA had an on-site visit to CalOptima Health's 505 building from Monday, September 26, through Thursday, September 29. During the visit, CSA staff requested documents, conducted in-person interviews with staff and continued the ongoing operations analysis.

n. CalOptima Health Featured in Media Coverage

- On September 16, [Local OC News](#), [OC Breeze](#), [Newsbreak](#) and [New Santa Ana](#) ran the news about CalOptima Health's NCQA rating.
- On September 9, [KFI radio](#) ran an interview with Carmen Katsarov on the School Behavioral Health Incentive Program (SBHIP).



CalOptima Health

Finance Fast Facts October 2022

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person

Membership Data from August 31, 2022

Total CalOptima Health Membership 925,756	Program	Members
	Medi-Cal*	907,677
	OneCare Connect	14,771
	OneCare (HMO SNP)	2,874
	Program of All-Inclusive Care for the Elderly (PACE)	434

Note: Membership data is for Fiscal Year 2022–23, which began July 1, 2022.
*Based on unaudited financial report and includes prior year adjustment

Operating Budget

	YTD Actual	YTD Budget	Difference
Revenues	\$669,824,867	\$664,882,836	\$4,942,031
Medical Expenses	\$636,851,097	\$623,750,770	(\$13,100,327)
Administrative Expenses	\$27,802,626	\$34,400,917	\$6,598,291
Operating Margin	\$5,171,143	\$6,731,149	(\$1,560,006)
Medical Loss Ratio (MLR)	95.1%	93.8%	1.3%
Administrative Loss Ratio (ALR)	4.2%	5.2%	1.0%

Note: Fiscal Year 2022–23 Operating Budget began on July 1, 2022.

Reserve Summary (in millions)

	Amount
Board Designated Reserves	\$569.6*
Capital Assets (Net of depreciation)	\$66.4
Resources Committed by the Board	\$364.7
Resources Unallocated/Unassigned	\$428.2*
Total Net Assets	\$1,428.9

*Total of Board Designated reserve and unallocated reserve amount can support approximately 90 days of CalOptima Health's current operations

Personnel Summary

	Filled	Open	Vacancy %
FTE Count	1,461.9	218.5	13.0%

Note: FTE Count based on position control reconciliation and includes both medical and administrative positions

CalOptima Health, A Public Agency

2021–22 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
COVID-19 (Coronavirus)			
<u>H.R. 4735</u> Axne (IA) <u>S. 2493</u> Bennet (CO)	<p>Provider Relief Fund Deadline Extension Act: Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund (PRF) — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency (PHE), 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 Health Impact:</i> Increased financial stability for CalOptima Health’s contracted providers.</p>	07/28/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 5963</u> Spanberger (VA) <u>S. 3611</u> Shaheen (NH)	<p>Provider Relief Fund Improvement Act: Would delay the deadline by which providers must spend any funds received from the PRF until the end of the COVID-19 PHE. Would also direct HHS to distribute any funds remaining in the PRF by March 31, 2022. Finally, would allow workplace safety improvements as an allowable use of PRF dollars.</p> <p><i>Potential CalOptima Health Impact:</i> Increased financial stability for CalOptima Health’s contracted providers.</p>	11/12/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>SB 1473</u> Pan	<p>COVID-19 Therapeutics Coverage: Effective immediately, would require a health plan to cover COVID-19 therapeutics provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements. Out-of-network claims must be reimbursed at the prevailing market rate, as set by future guidance.</p> <p><i>Potential CalOptima Health Impact:</i> Reimbursement for all in-network and out-of-network medical claims for COVID-19 therapeutics without utilization management controls.</p>	08/31/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
<u>H.R. 8542</u> Porter (CA) <u>S. 515</u> Warren (MA)	<p>Mental Health Justice Act: Would require HHS to award grants to state, tribal and local governments to hire, train and dispatch mental health professionals instead of law enforcement personnel to respond to behavioral health crises.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for CalOptima Health members; decreased rates of arrest and incarceration.</p>	02/25/2021 Introduced; referred to committees	CalOptima Health: Watch County of Orange: Support
<u>H.R. 1914</u> DeFazio (OR) <u>S. 764</u> Wyden (OR)	<p>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act: Would increase the Federal Medical Assistance Percentage (FMAP) for states to cover 24/7 community-based mobile crisis intervention services for those experiencing a mental health or substance use disorder (SUD) crisis from 85% to 95% for three years. Would also require HHS to issue an additional \$25 million in planning and evaluation grants to states.</p> <p><i>Potential CalOptima Health Impact:</i> Increased behavioral health and SUD services to CalOptima Health Medi-Cal members.</p>	03/16/2021 Introduced; referred to committees	08/05/2021 CalOptima Health: Support
<u>AB 552</u> Quirk-Silva	<p>Integrated School-Based Behavioral Health Partnership Program: Would have established the Integrated School-Based Behavioral Health Partnership Program to expand prevention and early intervention behavioral health services for students. This would have allowed a county mental health agency and local education agency to develop a formal partnership whereby county mental health professionals would have delivered brief school-based services to any student who has, or is at risk of developing, a behavioral health condition or SUD.</p> <p><i>Potential CalOptima Health Impact:</i> 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.</p>	09/19/2022 Vetoed	CalOptima Health: Watch
<u>SB 1019</u> Gonzalez	<p>Mental Health Benefit Outreach and Education: Starting no later than January 1, 2025, would require a Medi-Cal managed care plan (MCP) to conduct annual outreach and education to beneficiaries and primary care physicians regarding covered mental health benefits while incorporating best practices in stigma reduction. The California Department of Health Care Services (DHCS) must review an MCP's outreach and engagement plan for approval. Every three years, DHCS would conduct an assessment of Medi-Cal beneficiaries' experience with mental health services.</p> <p><i>Potential CalOptima Health Impact:</i> Additional member and provider outreach activities by CalOptima Health staff.</p>	08/30/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 1338</u> Umberg	<p>Community Assistance, Recovery, and Empowerment (CARE) Court Program: No later than October 1, 2023, in Orange County, establishes the CARE Court Program to facilitate delivery of mental health and SUD services to individuals with schizophrenia spectrum or other psychotic disorders who are unable to survive safely in the community. The program will connect a person in crisis with a court-ordered care plan for up to 12 months, with the option to extend an additional 12 months, as a diversion from homelessness, incarceration or conservatorship. Care plans may include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and housing resources. Eligible individuals may be referred by family members, counties, behavioral health providers or first responders among others.</p> <p><i>Potential CalOptima Health Impact:</i> Increased behavioral health and SUD services for eligible CalOptima Health members.</p>	09/14/2022 Signed into law	CalOptima Health: Watch CAHP: Concern

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
<u>H.R. 2471</u> DeLauro (CT)	<p>Consolidated Appropriations Act, 2022: Appropriates \$1.5 trillion to fund the United States federal government through September 30, 2022, including earmarks for the following projects in Orange County:</p> <ul style="list-style-type: none"> • <u>Children’s Hospital of Orange County:</u> \$325,000 to expand capacity for mental health treatment services and programs in response to the COVID-19 pandemic • <u>City of Huntington Beach:</u> \$500,000 to establish a mobile crisis response program • <u>County of Orange:</u> \$2 million to develop a second Be Well Orange County campus in the City of Irvine • <u>County of Orange:</u> \$5 million to develop a Coordinated Reentry Center to help justice-involved individuals with mental health conditions or SUDs reintegrate into the community • <u>North Orange County Public Safety Task Force:</u> \$5 million to expand homeless outreach and housing placement services <p>In addition, extends all current telehealth flexibilities in the Medicare program until approximately five months following the termination of the COVID-19 PHE.</p> <p>Potential CalOptima Health Impact: Increased coordination with the County of Orange and other community partners to support implementation of projects that benefit CalOptima Health members; continuation of all current telehealth flexibilities for CalOptima Health OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</p>	03/15/2022 Signed into law	CalOptima Health: Watch
<u>AB 178</u> Ting <u>SB 154</u> Skinner	<p>Budget Act of 2022: Makes appropriations for the government of the State of California for Fiscal Year (FY) 2022–23. Total spending is just over \$300 billion, of which \$234.4 billion is from the General Fund.</p> <p>Potential CalOptima Health Impact: Impacts are discussed in the enclosed Analysis of the Enacted Budget.</p>	06/30/2022 Signed into law	CalOptima Health: Watch
<u>AB 186</u> Committee on Budget	<p>Skilled Nursing Facility (SNF) Financing Reform Trailer Bill: Enacts budget trailer bill language containing the policy changes needed to implement FY 2022–23 budget expenditures regarding SNF financing.</p> <p>Potential CalOptima Health Impact: Impacts are discussed in the enclosed Analysis of the Enacted Budget.</p>	06/30/2022 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 204</u> Committee on Budget	<p>Health Trailer Bill II: Would require DHCS to issue retention payments of up to \$1,000 each to employees of Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and other qualified community clinics.</p> <p><i>Potential CalOptima Health Impact:</i> Increased workforce stabilization and less employee turnover at contracted FQHCs and other community clinics.</p>	08/31/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch
<u>SB 184</u> Committee on Budget and Fiscal Review	<p>Health Trailer Bill I: Consolidates and enacts budget trailer bill language containing the policy changes needed to implement most health-related expenditures in the FY 2022–23 state budget.</p> <p><i>Potential CalOptima Health Impact:</i> Impacts are discussed in the enclosed Analysis of the Enacted Budget.</p>	06/30/2022 Signed into law	CalOptima Health: Watch
Covered Benefits			
<u>H.R. 56</u> Biggs (AZ)	<p>Patient Access to Medical Foods Act: 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><i>Potential CalOptima Health Impact:</i> New covered benefit for CalOptima Health’s lines of business.</p>	01/04/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 1118</u> Dingell (MI)	<p>Medicare Hearing Aid Coverage Act of 2021: Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefit for CalOptima Health OneCare, OneCare Connect and PACE.</p>	02/18/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 4187</u> Schrier (WA)	<p>Medicare Vision Act of 2021: Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for CalOptima Health OneCare and PACE.</p>	06/25/2021 Introduced; referred to committees	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 4311</u> Doggett (TX) <u>S. 2618</u> Casey (PA)	<p>Medicare Dental, Vision, and Hearing Benefit Act of 2021: Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits:</p> <ul style="list-style-type: none"> • <u>Dental</u>: Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures • <u>Vision</u>: Routine eye examinations, eyeglasses, contact lenses and low vision devices • <u>Hearing</u>: Routine hearing examinations, hearing aids and related examinations <p>The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%.</p> <p>Potential CalOptima Health Impact: New covered benefits for CalOptima Health OneCare, OneCare Connect and PACE; higher federal funding rate for current Medi-Cal benefits.</p>	07/01/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 4650</u> Kelly (IL)	<p>Medicare Dental Coverage Act of 2021: 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>Potential CalOptima Health Impact: New covered benefits for CalOptima Health OneCare and PACE.</p>	07/22/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>AB 1929</u> Gabriel	<p>Medi-Cal Violence Preventive Services: Adds violence prevention services as a covered Medi-Cal benefit to reduce the rate of violent injury and trauma as well as promote recovery, stabilization and improved health outcomes.</p> <p>Potential CalOptima Health Impact: New covered benefit for CalOptima Health Medi-Cal members.</p>	08/22/2022 Signed into law	CalOptima Health: Watch
<u>AB 1930</u> Arambula	<p>Medi-Cal Perinatal Services: Would require Medi-Cal coverage of additional perinatal assessments and services as developed by the California Department of Public Health and additional stakeholders for beneficiaries up to one year postpartum. A nonlicensed perinatal worker could deliver such services if supervised by an enrolled Medi-Cal provider or a non-enrolled community-based organization (CBO) if a Medi-Cal provider is available for billing.</p> <p>Potential CalOptima Health Impact: New covered benefit for CalOptima Health Medi-Cal members up to one-year postpartum.</p>	08/25/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 2697</u> Aguiar-Curry	<p>Medi-Cal Community Health Workers (CHWs) and Promotores: Would add preventive services provided by CHWs and promotores as a Medi-Cal covered benefit with the goal of preventing disease, prolonging life and promoting physical and behavioral health. Would require Medi-Cal MCPs to conduct outreach and education to beneficiaries regarding the CHW benefit, eligibility and lists of referral sources and authorized providers. MCPs must also notify all providers about the CHW benefit.</p> <p>Potential CalOptima Health Impact: New covered benefit for CalOptima Health Medi-Cal members; additional member and provider outreach activities; additional network adequacy analyses.</p>	08/30/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch
<u>SB 245</u> Gonzalez	<p>Medi-Cal Abortion Services: Prohibits a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2023. In addition, a health plan and its delegated entities may not require a prior authorization or impose an annual or lifetime limit on such coverage.</p> <p>Potential CalOptima Health Impact: Modified Utilization Management (UM) procedures for a covered Medi-Cal benefit.</p>	03/22/2022 Signed into law	CalOptima Health: Watch CAHP: Oppose
<u>SB 912</u> Limón	<p>Medi-Cal Biomarker Testing: No later than July 1, 2023, would add biomarker testing, including whole genome sequencing, as a Medi-Cal covered benefit to diagnose, treat or monitor a disease.</p> <p>Potential CalOptima Health Impact: New covered benefit for CalOptima Health Medi-Cal members.</p>	08/30/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch CAHP: Oppose Unless Amended
Medi-Cal Eligibility and Enrollment			
<u>H.R. 1738</u> Dingell (MI) <u>S. 646</u> Brown (OH)	<p>Stabilize Medicaid and CHIP Coverage Act of 2021: Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p>Potential CalOptima Health Impact: Increased number of CalOptima Health Medi-Cal members.</p>	03/10/2021 Introduced; referred to committees	CalOptima Health: Watch ACAP: Support
<u>H.R. 5610</u> Bera (CA) <u>S. 3001</u> Van Hollen (MD)	<p>Easy Enrollment in Health Care Act: 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.</p> <p>Potential CalOptima Health Impact: Increased number of CalOptima Health Medi-Cal members.</p>	10/19/2021 Introduced; referred to committees	CalOptima Health: Watch ACAP: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 6636</u> Trone (MD)	Due Process Continuity of Care Act: Would allow states to extend Medicaid coverage to inmates who are awaiting trial and have not been convicted of a crime.	08/10/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>S. 2697</u> Cassidy (LA)	Potential CalOptima Health Impact: If DHCS exercises option and requires enrollment into managed care, increased number of CalOptima Health Medi-Cal members.		
<u>AB 2680</u> Arambula	Community Health Navigator Program: Would require DHCS to create the Community Health Navigator Program, starting January 1, 2023, to issue direct grants to qualified CBOs to conduct targeted outreach, enrollment and access activities for Medi-Cal-eligible individuals and families. Potential CalOptima Health Impact: Increased number of CalOptima Health Medi-Cal members.	08/31/2022 Died on Senate floor	CalOptima Health: Watch
Medi-Cal Operations and Administration			
<u>AB 498</u> Quirk-Silva	CalOptima Health Board of Directors: Makes permanent the current structure of the CalOptima Health Board of Directors (Board), including all designated seats. In addition, effective January 1, 2023, enacts the following prohibitions for one year following a Director's term: <ul style="list-style-type: none"> Prohibits Directors in all seats from lobbying CalOptima Health Prohibits Directors in the Supervisorial and accounting/legal seats from being employed by CalOptima Health or any third-party entity that has received funds from CalOptima Health within the previous five years (not including routine administrative expenses) Prohibits Directors in a Supervisorial seat from being appointed to any other Board Potential CalOptima Health Impact: Permanent continuation of the current Board structure; new employment restrictions for one year following a Director's Board term.	09/19/2022 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 1400</u> Kalra, Lee, Santiago	<p>California Guaranteed Health Care for All: Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards 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.</p> <p><i>Potential CalOptima Health Impact:</i> Unknown but potentially significant impacts to the Medi-Cal delivery system and MCPs, including changes to administration, covered benefits, eligibility, enrollment, financing and organization.</p>	01/31/2022 Died on Assembly floor	CalOptima Health: Watch CAHP: Oppose
<u>AB 1937</u> Patterson	<p>Out-of-Pocket Pregnancy Costs: No later than July 1, 2023, would require DHCS to reimburse pregnant Medi-Cal beneficiaries up to \$1,250 for out-of-pocket pregnancy costs, including birth and infant care classes, midwife and doula services, lactation support, prenatal vitamins, lab tests or screenings, prenatal acupuncture or acupressure, and medical transportation.</p> <p><i>Potential CalOptima Health Impact:</i> Increased financial stability for CalOptima Health Medi-Cal members who are currently or were recently pregnant.</p>	04/29/2022 Died in Assembly Health Committee	CalOptima Health: Watch
<u>AB 1944</u> Lee	<p>Brown Act Flexibilities: Would extend certain Brown Act flexibilities, temporarily enacted in response to the COVID-19 PHE, until January 1, 2030, regardless of the existence of a PHE. Specifically, teleconferencing locations for any members of a legislative body would not need to be identified or publicly accessible.</p> <p>If exercising these flexibilities, a legislative body must comply with the following requirements:</p> <ul style="list-style-type: none"> • A quorum of members must participate in person at a single location identified on the agenda and publicly accessible. • The agenda must identify which members are teleconferencing. • Members of the public must have access to a video stream of the primary meeting location. • Members of the public must be able to provide public comment via in-person, audio-visual or call-in options. <p><i>Potential CalOptima Health Impact:</i> Continued ability for members of the Board and advisory committees to participate in meetings by teleconference; modified posting and noticing requirements for the Clerk of the Board.</p>	07/01/2022 Died in Senate Governance and Finance Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 1995</u> Arambula	<p>Medi-Cal Premium and Copayment Elimination: Would eliminate Medi-Cal premiums for low-income children whose family income exceeds 160% federal poverty level (FPL), working disabled persons with incomes less than 250% FPL and pregnant women and infants enrolled in the Medi-Cal Access Program. Would also eliminate copayments for all Medi-Cal beneficiaries.</p> <p><i>Potential CalOptima Health Impact:</i> Increased financial stability for CalOptima Health Medi-Cal members.</p>	08/12/2022 Died in Senate Appropriations Committee	CalOptima Health: Watch LHPC: Support
<u>AB 2077</u> Calderon	<p>Medi-Cal Personal Needs Allowance: No later than July 1, 2024, would increase the monthly income that a Medi-Cal beneficiary residing in a long-term care (LTC) facility or receiving PACE services is allowed to retain from \$35 to \$80. Beneficiaries must contribute remaining income as a share of cost to the facility before Medi-Cal pays remaining expenses.</p> <p><i>Potential CalOptima Health Impact:</i> Increased financial stability for CalOptima Health PACE participants and CalOptima Health Medi-Cal members residing in LTC facilities with a share of cost.</p>	08/24/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch CalPACE: Support LHPC: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 2449</u> Rubio, B.	<p>Brown Act Flexibilities: Extends and modifies current Brown Act flexibilities <i>after</i> the termination of the COVID-19 PHE until January 1, 2026. Specifically, teleconferencing locations for any members of a legislative body will still not need to be publicly accessible or identified on the meeting agenda. However, if exercising these flexibilities after the COVID-19 PHE, a legislative body must comply with the following requirements:</p> <ul style="list-style-type: none"> • A quorum of members must participate in person at a single location identified on the agenda and publicly accessible. • Teleconferencing members must participate through audio and visual technology. • Members of the public must be able to provide public comment via in-person, two-way audiovisual platform or two-way telephonic service with a live meeting webcast. • Members may only teleconference due to a medical emergency for themselves or their family, or, at no more than two meetings per calendar year, another “just cause” for remote participation, such as a caregiving need, contagious illness, disability or travel while on official business. <p>Does not impact current Brown Act flexibilities while the COVID-19 PHE remains in effect.</p> <p><i>Potential CalOptima Health Impact:</i> Continued ability for Board and advisory committee members to participate in meetings by teleconference after the COVID-19 PHE; modified meeting streaming capabilities by Information Technology Services; modified recordkeeping by the Clerk of the Board.</p>	09/13/2022 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 2724</u> Arambula	<p>Alternate Health Care Service Plan: No sooner than January 1, 2024, authorizes DHCS to contract directly with an Alternate Health Care Service Plan (AHCSP) as a Medi-Cal MCP in any county. An AHCSP is a nonprofit health plan with at least four million enrollees statewide that owns or operates pharmacies and provides medical services through an exclusive contract with a single medical group in each region. Currently, Kaiser Permanente (Kaiser) is the only AHCSP. Enrollment into Kaiser will be limited to the following Medi-Cal beneficiaries:</p> <ul style="list-style-type: none"> • Previous AHCSP enrollees and their immediate family members • Dually eligible for Medi-Cal and Medicare benefits • Foster youth • A share of default enrollments when a Medi-Cal MCP is not selected <p>Potential CalOptima Health Impact: <i>De facto</i> termination of the COHS model; Kaiser as an additional Medi-Cal MCP in Orange County; increased coordination with Kaiser on various Medi-Cal and community initiatives; decreased number of CalOptima Health Medi-Cal members; increased percentage of CalOptima Health members who are high-risk.</p>	06/30/2022 Signed into law	<p><u>04/07/2022</u> CalOptima Health: Oppose Unless Amended</p> <p>LHPC: Oppose</p>
<u>SB 250</u> Pan	<p>Prior Authorization “Deemed Approved” Status: Beginning January 1, 2024, would require a health plan to review a provider’s prior authorization requests to determine eligibility for “deemed approved” status, which would exempt the provider from prior authorization requirements for any plan benefit for one year. A provider would qualify if the health plan approved at least 90% of their prior authorization requests for the same service within the past year.</p> <p>Potential CalOptima Health Impact: Implementation of new UM procedures to assess provider appeals rates and exempt certain providers from UM requirements.</p>	08/12/2022 Died in Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<u>SB 858</u> Wiener	<p>Health Plan Civil Penalties: Would increase the civil penalty amount that DMHC could levy on a health plan from no more than \$2,500 per violation to no more than \$25,000 per violation. Would also increase several administrative penalty amounts. All amounts would be adjusted every five years, beginning January 1, 2028.</p> <p>Potential CalOptima Health Impact: Increased financial penalties for CalOptima Health OneCare and PACE.</p>	08/25/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 923</u> Wiener	<p>TGI Inclusive Care Act: No later than March 1, 2025, would require Medi-Cal MCP, PACE organization and delegated entity staff in direct contact with beneficiaries to complete cultural competency training to help provide inclusive health care services for individuals who identify as transgender, gender diverse or intersex (TGI). In addition, would require a Medi-Cal MCP and PACE organization to identify in its provider directory any in-network providers who share that they offer gender-affirming services. Finally, no later than March 1, 2024, would require the California Health and Human Services Agency to implement a quality standard that measures patient experience with TGI cultural competency.</p> <p>Potential CalOptima Health Impact: Additional training requirement for member-facing CalOptima Health employees; additional requirement for provider directory publication.</p>	08/25/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch
Older Adult Services			
<u>H.R. 3173</u> DelBene (WA) <u>S. 3018</u> Marshall (KS)	<p>Improving Seniors' Timely Access to Care Act: Would require Medicare Advantage (MA) plans to issue real-time decisions for routine prior authorization requests. HHS would determine and biennially update the definitions of "real-time" and "routine." In addition, HHS would establish electronic prior authorization transmission standards for MA plans.</p> <p>Potential CalOptima Health Impact: Modified UM procedures and timelines for CalOptima Health OneCare.</p>	09/14/2022 Passed House floor; referred to Senate	CalOptima Health: Watch
<u>H.R. 4131</u> Dingell (MI) <u>S. 2210</u> Casey (PA)	<p>Better Care Better Jobs Act: 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.</p> <p>Potential CalOptima Health Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	06/24/2021 Introduced; referred to committees	CalOptima Health: Watch NPA: Support
<u>H.R. 4941</u> Blumenauer (OR)	<p>PACE Part D Choice Act of 2021: 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>Potential CalOptima Health Impact: Increased enrollment into CalOptima Health PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.</p>	08/06/2021 Introduced; referred to committees	CalOptima Health: Watch NPA: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 6770</u> Dingell (MI) <u>S. 1162</u> Casey (PA)	<p>PACE Plus Act: 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>Potential CalOptima Health Impact: Subject to further DHCS authorization, expanded eligibility for CalOptima Health PACE; additional federal funding to expand the size and/or service area of a current PACE center or to establish a new PACE center(s).</p>	04/15/2021 Introduced; referred to committees	CalOptima Health: Watch NPA: Support
<u>H.R. 6823</u> Brownley (CA) <u>S. 3854</u> Moran (KS)	<p>Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act: Would require Veterans Affairs (VA) medical centers to establish partnerships with PACE organizations to enable veterans to access PACE services through their VA benefits.</p> <p>Potential CalOptima Health Impact: Increased number of CalOptima Health PACE participants; increased care coordination for CalOptima Health PACE participants who are veterans.</p>	07/19/2022 Passed House Committee on Veterans' Affairs; referred to House floor	CalOptima Health: Watch NPA: Support
<u>S. 3626</u> Casey	<p>PACE Expanded Act: To increase access to and the affordability of PACE, would allow PACE organizations to set premiums individually for Medicare-only beneficiaries consistent with their health status. Would also allow individuals to enroll in PACE at any time during the month. In addition, would simplify and expedite the process for organizations to apply for the following:</p> <ul style="list-style-type: none"> • New PACE program • New centers for an existing PACE program • Expanded service area for an existing PACE center <p>Finally, would allow pilot programs to test the PACE model of care with new populations not currently eligible to participate in PACE.</p> <p>Potential CalOptima Health Impact: Increased number of CalOptima Health PACE participants; expanded eligibility criteria; new premium development procedure; simplified process to establish new PACE centers.</p>	02/10/2022 Introduced; referred to committee	CalOptima Health: Watch NPA: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 1342</u> Bates	<p>Older Adult Care Coordination: Would allow a county and/or an Area Agency on Aging to create a multi-disciplinary team (MDT) for county departments and aging service providers to exchange information about older adults to better address their health and social needs. By eliminating data silos, MDTs could develop coordinated case plans for wraparound services, provide support to caregivers and improve service delivery.</p> <p>Potential CalOptima Health Impact: Participation in Orange County's MDT; improved care coordination for CalOptima Health's older adult members.</p>	08/31/2022 Passed Legislature; pending action by the Governor	<u>03/29/2022</u> CalOptima Health: Support County of Orange: Sponsor/Support
Pharmacy			
<u>SB 853</u> Wiener	<p>Medication Access Act: Effective January 1, 2023, would require a health plan to cover a prescribed medication for the duration of any internal and external appeals if the drug was previously covered for the beneficiary by any health plan.</p> <p>Potential CalOptima Health Impact: Modified UM and Grievance and Appeals requirements for prescribed drugs covered by CalOptima Health; increased CalOptima Health costs for drug coverage.</p>	08/12/2022 Died in Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<u>SB 958</u> Limón	<p>Medication and Patient Safety Act of 2022: Would prohibit health plans from arranging for "brown bagging" or "white bagging," as follows, except under certain limited conditions:</p> <ul style="list-style-type: none"> • "Brown bagging" involves specialty pharmacies dispensing an infused or injected medication directly to a patient who transports it to a provider for administration. • "White bagging" involves specialty pharmacies distributing such medications to a provider ahead of a patient's visit. <p>Potential CalOptima Health Impacts: Increased CalOptima Health costs and decreased member access for certain physician-administered drugs covered by CalOptima Health.</p>	07/01/2022 Died in Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended
Providers			
<u>AB 2581</u> Salas	<p>Behavioral Health Provider Credentialing: Effective January 1, 2023, would require health plans to process credentialing applications from mental health and SUD providers within 60 days of receipt.</p> <p>Potential CalOptima Health Impact: Modified provider credentialing processes for Quality Improvement staff.</p>	08/24/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 2659</u> Patterson	<p>Midwife Access: Would require a Medi-Cal MCP to include at least one licensed midwife (LM), certified-nurse midwife (CNM) and alternative birth center specialty clinic in each county within its provider network. An MCP would be exempt if such providers or centers are not located within the county or do not accept Medi-Cal payments. An MCP must reimburse an out-of-network provider who accepts the Medi-Cal fee-for-service rate.</p> <p><i>Potential CalOptima Health Impact:</i> Additional provider contracting and credentialing; increased access to midwifery services for CalOptima Health Medi-Cal members.</p>	04/29/2022 Died in Assembly Health Committee	CalOptima Health: Watch
<u>SB 966</u> Limón	<p>Clinic Providers: Effective 60 days following the termination of the COVID-19 PHE, would allow FQHCs and RHCs to be reimbursed for visits with an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner.</p> <p><i>Potential CalOptima Health Impact:</i> Increased member access to behavioral health providers at contracted FQHCs.</p>	08/31/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch LHPC: Support
<u>SB 987</u> Portantino	<p>California Cancer Care Equity Act: Would require a Medi-Cal MCP to make a good faith effort to contract directly with at least one National Cancer Institute Designated Cancer Center in each county — where one exists — within the MCP's service area. In addition, an MCP must inform a beneficiary with a complex cancer diagnosis of their right to request a referral to a Cancer Center. An MCP must refrain from arbitrarily denying such referrals.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures for CalOptima Health Medi-Cal members referred to the UCI Health Chao Family Comprehensive Cancer Center; increased access to cancer care.</p>	08/31/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch
Reimbursement Rates			
<u>AB 1892</u> Flora	<p>California Orthotic and Prosthetic Patient Access and Fairness Act: Would require reimbursement for prosthetic and orthotic appliances and durable medical equipment (DME) to be at least 80% of the lowest maximum allowance for California established by the federal Medicare program.</p> <p><i>Potential CalOptima Health Impact:</i> Increased cost to CalOptima Health Medi-Cal due to higher reimbursement to DME providers; adjustment to DHCS capitation rates.</p>	08/12/2022 Died in Senate Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 2458</u> Weber	<p>Whole Child Model (WCM) Reimbursement Rates: Effective January 1, 2023, would increase provider reimbursement rates for WCM services by 25% if provided at a medical practice in which at least 30% of pediatric patients are Medi-Cal beneficiaries.</p> <p>Potential CalOptima Health Impact: Increased cost to CalOptima Health Medi-Cal due to higher reimbursement to WCM providers; adjustment to DHCS capitation rates.</p>	05/20/2022 Died in Assembly Appropriations Committee	CalOptima Health: Watch
Social Determinants of Health			
<u>H.R. 379</u> Barragan (CA) <u>S. 104</u> Smith (MN)	<p>Improving Social Determinants of Health Act of 2021: 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>Potential CalOptima Health Impact: Increased availability of federal grants to address SDOH.</p>	01/21/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 943</u> McBath (GA) <u>S. 851</u> Blumenthal (CT)	<p>Social Determinants for Moms Act: 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>Potential CalOptima Health Impact: Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.</p>	02/08/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 2503</u> Bustos (IL) <u>S. 3039</u> Young (IN)	<p>Social Determinants Accelerator Act of 2021: 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 (House version) or \$10 million (Senate version) 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>Potential CalOptima Health Impact: Increased availability of federal grants to address the SDOH of members with complex needs.</p>	07/15/2021 Passed Subcommittee on Health of the House Committee on Energy and Commerce; referred to full Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 3894</u> Blunt Rochester (DE)	<p>Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021: Would require the Centers for Medicare & 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>Potential CalOptima Health Impact:</i> Increased opportunities for CalOptima Health to address SDOH.</p>	12/08/2021 Passed House floor; referred to Senate Committee on Finance	CalOptima Health: Watch
<u>H.R. 4026</u> Burgess (TX)	<p>Social Determinants of Health Data Analysis Act of 2021: 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>Potential CalOptima Health Impact:</i> Increased opportunities for CalOptima Health to address SDOH.</p>	11/30/2021 Passed House floor; referred to Senate Committee on Health, Education, Labor, and Pensions	CalOptima Health: Watch
<u>SB 17</u> Pan	<p>Racial Equity Advisory and Accountability Commission: Would establish the Racial Equity Commission (REC) to develop a Racial Equity Framework containing resources, best practices and tools for advancing racial equity across the state government by April 1, 2025. The REC would also provide technical assistance upon request by state and local agencies as well as issue annual reports, starting December 1, 2025, with recommendations to address issues related to racial equity.</p> <p><i>Potential CalOptima Health Impact:</i> Increased reporting requirements to DHCS.</p>	08/31/2022 Died on Assembly floor	CalOptima Health: Watch
Telehealth			
<u>H.R. 366</u> Thompson (CA)	<p>Protecting Access to Post-COVID-19 Telehealth Act of 2021: Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or PHE and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC as well as allow patients to receive telehealth services in the home without restrictions.</p> <p><i>Potential CalOptima Health Impact:</i> Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima Health OneCare, OneCare Connect and PACE.</p>	01/19/2021 Introduced; referred to committees	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 1332</u> Carter (GA) <u>S. 368</u> Scott (SC)	<p>Telehealth Modernization Act of 2021: Would permanently extend certain current Medicare telehealth flexibilities enacted temporarily in response to the COVID-19 pandemic. Specifically, would permanently allow the following:</p> <ul style="list-style-type: none"> • FQHCs and RHCs may serve as the site of a telehealth provider • Beneficiaries may receive all telehealth services at any location, including their own homes • CMS may retain and expand the list of covered telehealth services • CMS may expand the types of providers eligible to provide telehealth services <p><i>Potential CalOptima Health Impact:</i> Continuation of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima Health OneCare, OneCare Connect and PACE.</p>	02/23/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 2166</u> Sewell (AL)	<p>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021: Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA and PACE plans during the COVID-19 PHE.</p> <p><i>Potential CalOptima Health Impact:</i> For CalOptima Health OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</p>	03/23/2021 Introduced; referred to committees	08/05/2021 CalOptima Health: Support ACAP: Support NPA: Support
<u>H.R. 2903</u> Thompson (CA) <u>S. 1512</u> Schatz (HI)	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021: 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"> • Remove all geographic restrictions for telehealth services • Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS • Remove restrictions on the use of telehealth in emergency medical care • Allow FQHCs and RHCs to provide telehealth services <p><i>Potential CalOptima Health Impact:</i> Continuation and expansion of telehealth flexibilities for CalOptima Health OneCare, OneCare Connect and PACE.</p>	04/28/2021 Introduced; referred to committees	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>H.R. 3447</u> Smith (MO)	<p>Permanency for Audio-Only Telehealth Act: Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 PHE:</p> <ul style="list-style-type: none"> Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and SUD services, or any other service specified by HHS. Medicare beneficiaries may receive telehealth services at any location, including their homes. <p>Potential CalOptima Health Impact: Permanent continuation of certain telehealth flexibilities for CalOptima Health OneCare, OneCare Connect and PACE.</p>	05/20/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 4058</u> Matsui (CA) <u>S. 2061</u> Cassidy (LA)	<p>Telemental Health Care Access Act of 2021: 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>Potential CalOptima Health Impact: For CalOptima Health OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.</p>	06/22/2021 Introduced; referred to committees	CalOptima Health: Watch
<u>H.R. 7573</u> Axne (IA) <u>S. 3593</u> Cortez Masto (NV)	<p>Telehealth Extension and Evaluation Act: Would extend current Medicare telehealth payments authorized temporarily in response to the COVID-19 pandemic for two additional years following the termination of the PHE. Would require HHS to study the impact of telehealth flexibilities and report its recommendations for permanent telehealth policies to Congress.</p> <p>Potential CalOptima Health Impact: Continuation of telehealth flexibilities for CalOptima Health OneCare, OneCare Connect and PACE.</p>	02/08/2022 Introduced; referred to committee	CalOptima Health: Watch
<u>S. 150</u> Cortez Masto (NV)	<p>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021: Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 PHE.</p> <p>Potential CalOptima Health Impact: For CalOptima Health OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</p>	02/02/2021 Introduced; referred to committee	CalOptima Health: Watch ACAP: Support NPA: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 32</u> Aguiar-Curry	<p>Medi-Cal Telehealth Payment and Flexibilities: Would modify the permanent Medi-Cal telehealth policy recently implemented by SB 184, the Health Trailer Bill for the FY 2022–23 Enacted State Budget. Specifically, Medi-Cal providers, including FQHCs and RHCs, may establish a new patient using audio-only telehealth when the visit is related to sensitive services or when the patient requests audio-only telehealth or does not have access to video.</p> <p><i>Potential CalOptima Health Impact:</i> Continuation and modification of certain telehealth flexibilities for CalOptima Health Medi-Cal and PACE.</p>	08/31/2022 Passed Legislature; pending action by the Governor	CalOptima Health: Watch CAHP: Concern
Youth Services			
<u>H.R. 66</u> Buchanan (FL)	<p>Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act: 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.</p> <p><i>Potential CalOptima Health Impact:</i> Continuation of current federal funding and eligibility requirements for CalOptima Health Medi-Cal members eligible under CHIP.</p>	01/04/2021 Introduced; referred to committee	CalOptima Health: Watch
<u>H.R. 1390</u> Wild (PA) <u>S. 453</u> Casey (PA)	<p>Children’s Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act: 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 PHE.</p> <p><i>Potential CalOptima Health Impact:</i> Increased federal funds for CalOptima Health Medi-Cal members eligible under CHIP.</p>	02/25/2021 Introduced; referred to committees	CalOptima Health: Watch

2021 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)

2021 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

Last Updated: September 19, 2022

2022 Federal Legislative Dates

January 3	117th Congress, Second Session convenes
April 11–2	Spring recess
August 1–12	Summer recess for House
August 8–September 5	Summer recess for Senate
December 10	Second Session adjourns

2022 State Legislative Dates

January 3	Legislature reconvenes
January 14	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house in 2021
January 21	Last day for any committee to hear and report to the floor any bill introduced in that house in 2021
January 31	Last day for each house to pass bills introduced in that house in 2021
February 18	Last day for legislation to be introduced
April 7–18	Spring recess
April 29	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house in 2022
May 6	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in that house in 2022
May 20	Last day for fiscal committees to hear and report to the floor any bills introduced in that house in 2022
May 23–27	Floor session only
May 27	Last day for each house to pass bills introduced in that house in 2022
June 15	Budget bill must be passed by midnight
July 1	Last day for policy committees to hear and report bills in their second house to fiscal committees or the floor
July 1–August 1	Summer recess
August 12	Last day for fiscal committees to report bills in their second house to the floor
August 15–31	Floor session only
August 25	Last day to amend bills on the floor
August 31	Last day for each house to pass bills; final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature

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

About CalOptima Health

CalOptima Health is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to serve member health with excellence and dignity, respecting the value and needs of each person. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan) and the Program of All-Inclusive Care for the Elderly (PACE).

FY 2022–23 California State Budget: Analysis of the Enacted Budget

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Background

On January 10, 2022, Gov. Gavin Newsom released the Fiscal Year (FY) 2022–23 Proposed State Budget with total spending at \$286.4 billion, including \$213.1 billion General Fund (GF). The proposed budget also estimated a \$45.7 billion surplus and proposed \$34.6 billion in budget reserves, which could be attributed to federal COVID-19 stimulus funding and higher than expected tax receipts.

On May 13, 2022, Gov. Newsom released the FY 2022–23 Revised Budget Proposal (May Revise) at a total of \$300.7 billion, including \$227.4 billion in GF spending, representing an increase of \$14.3 billion compared to the January Proposed Budget due to further revenue growth. The May Revise included an even larger \$49.2 billion discretionary surplus and \$37.1 billion in budget reserves.

To meet the constitutionally obligated deadline to pass a balanced budget, on June 14, 2022, the Senate and Assembly passed Senate Bill (SB) 154, the Budget Act of 2022, a preliminary state budget representing the Legislature's counterproposal to the May Revise. The Legislature's Budget included a spending plan of \$300 billion, including \$235.5 billion GF.

Following negotiations with the Legislature, Gov. Newsom signed into law the preliminary state budget (SB 154) on June 27 and the final budget revisions (Assembly Bill [AB] 178) on June 30. On the same day, he signed the consolidated Health Trailer Bill (SB 184) and the Skilled Nursing Facility (SNF) Financing Reform Trailer Bill (AB 186) containing the statutory policy changes needed to implement health-related budget expenditures. Together, these bills represent the Enacted Budget for FY 2022–23, effective July 1, 2022.

Overview

In summary, the enacted budget appropriates a total of just over \$300 billion, of which \$234.4 billion is from the GF. This represents an increase of \$37.4 billion compared with the FY 2021–22 enacted budget. Specifically, the budget includes \$135.5 billion (\$36.6 billion GF) in Medi-Cal spending, an 11.2% increase from the current FY, with an assumption that Medi-Cal caseload will increase by 0.6% to 14.5 million beneficiaries as redeterminations resume this FY following termination of the COVID-19 public health emergency (PHE). Based on a record-high budget surplus, the budget allocates 93% towards one-time spending initiatives and \$37.2 billion for reserves. Major components included in the enacted budget that may impact CalOptima are discussed below.



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Behavioral Health

The Enacted Budget includes significant investments in behavioral health, particularly for children and youth. As expected, there is ongoing funding towards implementing the Children and Youth Behavioral Health Initiative (CYBHI), including the following components in FY 2022–23:

- Dyadic services as a new Medi-Cal benefit, as discussed later
- Evidence-based behavioral health practices
- School behavioral health partnerships and capacity
- Statewide behavioral health services platform and related e-consult service and provider training

While some CYBHI initiatives are directly managed by DHCS, CalOptima's Behavioral Health Integration department may still be involved in guiding certain programs or coordinating member access.

In addition, the budget includes an extra \$290 million in one-time funding over three years to address urgent needs and emergent issues in children's behavioral health through the following initiatives:

- Wellness and mindfulness programs
- Parent training and education
- Digital supports for remote assessment and intervention
- School-based crisis response pilots to prevent youth suicide
- Peer-to-peer support programs

A total of \$8 million in one-time finding is also allocated for National Suicide Prevention Lifeline crisis centers to prepare for the implementation of the 9-8-8 calling code on July 16, 2022.

Finally, to address the immediate housing and treatment needs of those with serious behavioral health conditions, the budget also includes \$1.5 billion over two years to purchase and install tiny homes for immediate behavioral health bridge housing.

California Advancing and Innovating Medi-Cal (CalAIM)

The Enacted Budget includes \$3.1 billion (\$1.2 billion GF) in FY 2022–23 to implement CalAIM. CalAIM initiatives being implemented in FY 2022–23 continue to include:

- Discontinuation of the Cal MediConnect pilot program and transition to exclusively aligned Dual Eligible Special Needs Plans (D-SNPs)
- Population Health Management (PHM) program
- Pre-release Medi-Cal eligibility screenings and 90+ days of targeted in-reach services
- Providing Access and Transforming Health (PATH) initiative

Updates include the identification of additional aid codes that will transition from Medi-Cal fee-for-service (FFS) to managed care starting January 1, 2023, expanding in-reach services for justice-involved individuals to include full-scope Medi-Cal pharmacy benefits and delaying the launch of statewide PHM service from January 1, 2023, until July 1, 2023.

In addition to \$1.8 billion of previously allocated PATH funding, the budget provides an additional \$50 million (\$16 million GF) for counties and correctional entities to support capacity building, technical assistance, collaboration and planning. 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.

COVID-19

As the COVID-19 pandemic enters its endemic phase, the budget allocates \$1.9 billion to ensure ongoing pandemic response and preparedness for potential future surges of additional COVID-19 variants. This includes investments towards vaccinations (including boosters), rapid and school-based testing, enhanced surveillance, test to treat therapeutics and medical surge staffing.

In addition, with the PHE expected to terminate in the coming months, the budget includes funding to ensure continuity of Medi-Cal coverage as eligibility redeterminations resume. Funding supports additional county workloads, Health Enrollment Navigators expansion and media and outreach campaigns to collect updated member contact information. CalOptima is separately executing its own member communication strategies.

Finally, the budget permanently extends certain COVID-19 flexibilities that have proven to be beneficial to Medi-Cal beneficiaries regardless of the existence of a pandemic. These include the following, though additional flexibilities may be identified at a later date:

- Separate payments to Federally Qualified Health Centers (FQHCs) for COVID-19 vaccinations
- 10% rate increase for Intermediate Care Facilities for Developmentally Disabled (ICF-DD)
- Medicare reimbursement rates for the COVID-19 vaccine, COVID-19 lab services and oxygen and respiratory durable medical equipment
- Presumptive Medi-Cal eligibility for older adults and individuals with disabilities

Housing and Homelessness

Building off a \$12 billion multiyear investment to address homelessness as part of last year's enacted budget, this year's budget includes an additional \$2 billion multiyear affordable housing package, including investments in the Multifamily Housing Program, Housing Accelerator Program, Farmworker Housing Program, Accessory Dwelling Unit financing and Veterans Housing and Homelessness Prevention Program. The budget also includes \$700 million over two years for local jurisdictions to address encampments through short- and long-term rehousing strategies.

Contingent on passage of implementing legislation (SB 1338), the budget sets aside funding for the governor's proposed Community Assistance, Recovery, and Empowerment (CARE) Court. CARE Court would facilitate delivery of mental health and substance use disorder services to individuals with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capabilities. The program would connect a person in crisis with a court-ordered care plan for up to 24 months as a diversion from homelessness, incarceration or conservatorship. Care plans could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and a housing plan. It is not yet known how Medi-Cal managed care plans (MCPs) may be involved in the delivery or coordination of care to their members.

Inflation Relief

In an effort to provide direct relief for rising costs due to inflation, the budget includes a \$17 billion relief package, which includes the following elements:

- \$1.3 billion for retention payments of up to \$1,500 each for hospital and SNF workers
- Permanent extension of the State Premium Subsidy Program to provide financial assistance for individuals purchasing health care coverage through Covered California

These are expected to result in direct positive impacts to CalOptima's health networks and providers as well as members who churn on and off of Medi-Cal eligibility.

Kaiser Medi-Cal Contract

As part of the budget packet, Gov. Newsom also signed into law AB 2724, which authorizes DHCS to enter into a direct, statewide contract with Kaiser Permanente to provide Medi-Cal services in any county, starting January 1, 2024. If the Centers for Medicare and Medicaid Services approves DHCS' waiver request, the contract is expected to result in significant negative impacts to

CalOptima and its members and providers as well as the broader safety net health system. CalOptima and the County of Orange adopted positions of Oppose Unless Amended to prohibit a direct contract in counties with County Organized Health Systems (COHS), but the final bill still applies to COHS counties.

Medi-Cal Benefits

The Enacted Budget includes additional funding for several new Medi-Cal benefits.

As referenced earlier, the budget funds the implementation of dyadic services, effective January 1, 2023. Similar to Parent-Child Interaction Therapy, currently managed by the Orange County Health Care Agency (HCA), dyadic care provides integrated physical and behavioral health screening and services to the whole family. The goal of providing dyadic care is to improve access to preventive and coordinated care for children, rates of immunization completion, social-emotional health services, developmentally appropriate parenting and maternal mental health.

In addition, 24/7 mobile crisis intervention services will become a Medi-Cal benefit implemented through county behavioral health systems as soon as January 1, 2023. It is expected that HCA may operate this benefit out of the Be Well OC campus. While not provided by MCPs, this new benefit may still require increased coordination and follow-up care by CalOptima and its contracted providers.

The budget also delays implementation of the doula benefit from July 1, 2022, until January 1, 2023, and provides funding to increase the maximum reimbursement rate from an average of \$450 to \$1,094 per birth for doula services. Lastly, effective July 1, 2022, annual cognitive health assessments become a Medi-Cal benefit for beneficiaries ages 65 years and older if they are ineligible under Medicare.

Medi-Cal Eligibility

Notably, the budget expands full-scope Medi-Cal benefits to income-eligible adults ages 26–49 regardless of immigration status no later than January 1, 2024. This will 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 as of May 1, 2022. Along with the latter expansion, this proposal could increase CalOptima's membership by approximately 75,000–80,000 individuals.

The budget also continues to include \$53 million (\$19 million GF) funding to eliminate Medi-Cal premiums for approximately 500,000 higher-income pregnant women,

California State Budget: Analysis of the Enacted Budget (*continued*)

children and disabled working adults covered under the Children's Health Insurance Program (CHIP), Medi-Cal Access Program (MCAP) and 250% Working Disabled Program.

Additionally, trailer bill language authorizes continuous Medi-Cal eligibility for children up to 5 years of age, beginning January 1, 2025, preventing disenrollment regardless of changes in family income. DHCS will also expand the Children's Presumptive Eligibility Program by allowing all Medi-Cal providers to enroll children under 19 years of age into Medi-Cal through the presumptive eligibility process.

No sooner than January 1, 2025, seniors and persons with disabilities who qualify for Medi-Cal under Medically Needy criteria will have reduced share of cost requirements by increasing the Medi-Cal Maintenance Need Income Level to match the income eligibility limit for Medi-Cal without a share of cost. As a result of CalAIM, these share of cost beneficiaries are currently covered under Medi-Cal FFS, as of January 1, 2022.

Provider Payments

The Enacted Budget includes \$700 million over five years for Equity and Practice Transformation Payments, which are one-time provider payments focused on advancing equity, reducing COVID-19-driven care gaps, supporting upstream interventions to address social determinants of health and improving quality in maternity, children's preventive and integrated behavioral health care. It is anticipated that some if not all of these payments will flow through Medi-Cal MCPs, though key details on implementation have not been shared.

A new Workforce and Quality Incentive Program will provide \$280 million in directed payments to SNFs that meet quality benchmarks or who have demonstrated substantial improvement. Medi-Cal MCPs will coordinate program implementation and issue payments. Other changes to SNF payments include:

- New reimbursement rate structure, beginning January 1, 2023
- Average 4% annual rate increase
- One-year extension of the temporary 10% rate increase effective during the COVID-19 PHE

The budget continues nearly all Proposition 56 supplemental payment programs, with several transferring to the GF to allow for ongoing funding regardless of fluctuations in Proposition 56 revenues. However, the Value Based Payment program still sunsetted on June 30, 2022, and the Behavioral Health

Integration program is still set to sunset on December 31, 2022. The budget made permanent the Medi-Cal Physician and Dentist Loan Repayment Program, also funded through Proposition 56, and provided additional funds from the GF for FY 2022–23.

The Enacted Budget also eliminates most remaining Great Recession-era ("AB 97") Medi-Cal rate cuts for 35 additional provider types and services, effective either July 1, 2022, or January 1, 2023.

Telehealth

To build off telehealth flexibilities adopted during the COVID-19 pandemic, the budget authorizes a permanent telehealth policy that allows Medi-Cal providers, including FQHCs, to be reimbursed for both video and audio-only telehealth encounters at the same rate as an in-person visit. Providers must still provide an option for in-person visits. However, a new Medi-Cal patient relationship may not be established via audio-only telehealth.

Miscellaneous

The Enacted Budget also includes the following provisions that may impact CalOptima:

- \$351.6 million over four years for workforce development, including:
 - » \$200 million for the behavioral health workforce
 - » \$76 million for the primary care, clinic and reproductive health workforce
 - » \$75.6 million for the public health workforce
- \$350 million over three years to recruit, train and certify 25,000 new community health workers by 2025, with specialized training to work with those who are justice-involved, unhoused, older adults or disabled
- \$200 million to improve access to reproductive health services
- \$101 million to expand medication-assisted treatment to help address the opioid crisis
- \$100 million for the CalRX Biosimilar Insulin Initiative to create public-private partnerships to increase generic insulin manufacturing and lower insulin costs
- \$50 million over two years for technical assistance grants and capacity development programs for small and under-resourced providers to improve data exchange capabilities
- Development of an Alternative Payment Model for FQHCs, optionally allowing them to transition from a volume-based to value-based reimbursement methodology, no sooner than January 1, 2024
- Reclassification of diabetic products, including continuous glucose monitors, as pharmacy benefits covered under Medi-Cal Rx, effective July 1, 2022

Next Steps

The Legislature will continue to advance budget trailer bills and policy bills through the legislative process. Bills with funding allocated in the Enacted Budget are likely to be passed and signed into law. The Legislature has until August 31 to pass legislation, and Gov. Newsom has until September 30 to either sign or veto that legislation. Additionally, state agencies will begin implementing the policies enacted through the budget. Staff will continue to monitor these policies and provide updates regarding issues that have a significant impact to CalOptima.

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, please contact GA@caloptima.org.



Medi-Cal – Public Health Emergency (PHE) Updates

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*Content included in this presentation is at a point in time and is subject to change



Speaker

Yesenia Zapien

County of Orange Social Services Agency

Medi-Cal Operations and Policy Team

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PHE Update – Extension Expected

- 🍊 The PHE is set to expire mid-October 2022, and the U.S. Department of Health and Human Services (HHS) has committed to providing at least a **60-day notice prior** to the official end date.
- 🍊 As HHS has not yet provided such notice, Department of Health Care Services (DHCS) anticipates the PHE to be extended for at least one additional 90-day period (Mid-January 2023).
- 🍊 During the PHE, counties have stopped processing Medi-Cal annual redeterminations and were required to maintain continuous coverage for beneficiaries — which has delayed negative action, including discontinuances, with only a few exceptions.



PHE Operational Unwinding Plan

- 🍊 DHCS and the County of Orange Social Services Agency (SSA) is committed to maximizing continuity of coverage for Medi-Cal beneficiaries through the course of the PHE Unwinding Period as we resume normal eligibility operations.
- 🍊 When the continuous coverage requirement expires, Center for Medicare and Medicaid Services guidance outlines a 14-month timeline for states to return to normal eligibility and enrollment operations.
- 🍊 This means we will have 14 months to initiate and complete redeterminations for nearly all Orange County beneficiaries.



Annual Redeterminations

- 🍊 To simplify the complexity of the PHE unwinding process, Medi-Cal beneficiaries will maintain their current renewal month in their case records and SSA **will conduct a full redetermination** at the **next scheduled renewal month** following the end of the PHE.
- 🍊 Discontinuances will not start immediately after the PHE terminates.
 - 🍊 In the first and second months after the PHE ends, renewal activities will focus on completing ex parte review and sending annual renewal packets when ex parte review is unsuccessful.
 - 🍊 In the third month after the PHE ends, the first redeterminations will be processed.
 - 🍊 In the fourth month after the PHE ends, individuals may potentially be discontinued.

Annual Redeterminations - Continued

- 🍊 The COVID-19 PHE is set to expire mid-October 2022, but is expected to be extended until January, at the earliest. As Medi-Cal has full month eligibility, this means that normal renewal processing would resume effective February 2023 for individuals with an April 2023 renewal month.
- 🍊 Example of timeline for April 2023 renewal:
 - **February 2023** - Initiate ex parte review for renewals due April 2023 and mail annual renewal packet (if applicable because the ex parte process was not successful)
 - **April 2023** - Notice of Action sent (10 days prior to adverse action, i.e., received no later than April 20, 2023) if the annual renewal remains incomplete or the beneficiary is no longer eligible for Medi-Cal
 - **April 30, 2023** - Final day of Medi-Cal eligibility for discontinued beneficiaries whose renewal remains incomplete or the beneficiaries who are no longer eligible for Medi-Cal

Reporting Change in Circumstances

- 🍊 Beneficiaries have been reporting changes such as a new job during the PHE and will continue to report changes in their households through the PHE Unwinding Period.
- 🍊 However, any changes reported during the PHE and the 12-month PHE Unwinding Period that could lead to a **negative action shall be paused, until the beneficiary's annual redetermination** is due and initiated during the PHE Unwinding Period.
- 🍊 During and after the PHE, changes that result in a positive change will be processed upon receipt of the change.



Adjusting Reasonable Compatibility Income Threshold

- 🍊 California uses a standard to determine whether the income in federal data sources is compatible with the information an individual reports. When the income is reasonably compatible with federal data sources, the beneficiary does not need to provide proof of their income.
- 🍊 DHCS has submitted a Modified Adjusted Gross Income (MAGI) Verification Plan to increase the reasonable compatibility threshold to 20% through December 2023.
- 🍊 This flexibility is anticipated to help increase the percentage of automated ex-parte renewals completed for MAGI Medi-Cal.

PHE Outreach Campaign – Two Phase Approach

Phase 1.0

- 🍊 This phase is underway and designed to encourage beneficiaries to provide their local county office with any updated contact information such as: name, address, phone number and email so the local county office can contact beneficiaries with important information about keeping their Medi-Cal.
- 🍊 Outreach efforts by SSA include:
 - Updating the OCgov.com website to include outreach verbiage to report updated contact information
 - Updating the “hold” messaging when calling the Orange’s Call & Processing Center to report updated contact information
 - Digital outreach via social media

Phase 2.0

- 🍊 This phase is designed to encourage beneficiaries to continue to update their contact information, with their local county office if it changes, to report any change in circumstances, as well as check for **upcoming renewal packets** for beneficiaries whose cases have not auto-renewed.
- 🍊 Phase 2.0 will begin 60 days prior to the end of the PHE.

Community Partner Collaboration

- 🍊 **Community Health Initiative of Orange County (CHIOC)** reaches out to community members in need of assistance through monthly enrollment events throughout Orange County as well as community health fairs. CHIOC assists the community in enrolling in coverage for Medi-Cal, CalFresh (Food Stamps), CalWORKs and CoveredCA (health coverage).
 - 🍊 Social Media
 - 🍊 Monthly newsletter
 - 🍊 Staff training
 - 🍊 Outreach retention activities
- 🍊 **CalOptima Health, Health Care Agency, and Social Services Agency Workgroup**
 - 🍊 Collaborating to develop a communication plan and strategies on how to assist individuals with the redetermination process to ensure they maintain benefits.
 - 🍊 Collaborating to develop a plan to assist individuals that are no longer eligible on navigating the next step to transition to other health coverage to ensure continuity of care.



For more information, please visit: ssa.ocgov.com



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SOCIAL SECURITY

UNDERSTANDING

SUPPLEMENTAL SECURITY INCOME

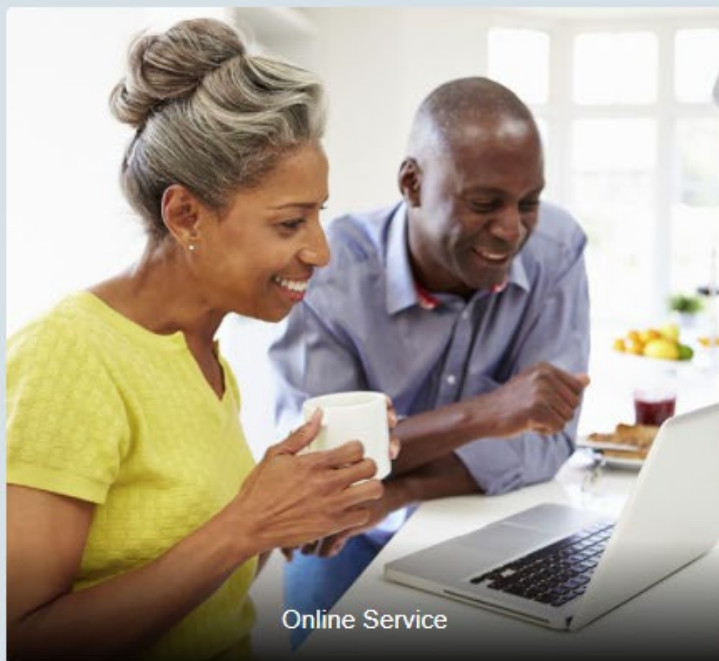


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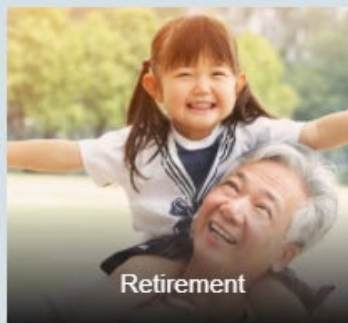
Produced at U.S. taxpayer expense



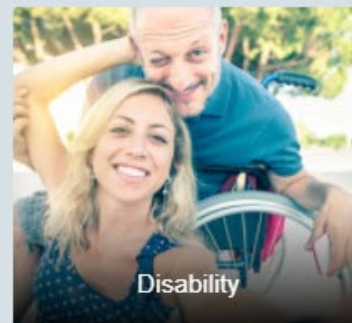
What should I do if I get a call claiming there's a problem with my Social Security number or account?



Online Service



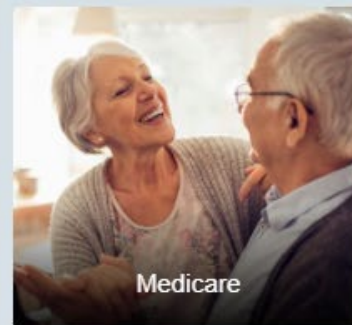
Retirement



Disability



SSI



Medicare



my Social Security

Check out your *Social Security Statement*, change your address & manage your



Social Security Number

Your Social Security number remains your first and continuous link with Social



How to Get Help

Learn how to get help from Social Security.



FAQs

Get answers to frequently asked questions about Social Security.



my Social Security



Social Security

[SEARCH](#) [MENU](#) [LANGUAGES](#) [SIGN IN/UP](#)

Create your personal **my Social Security** account today

With your free, personal **my Social Security** account, you can receive personalized estimates of future benefits based on your real earnings, see your latest *Statement*, and review your earnings history. It even makes it easy to request a replacement Social Security Card or check the status of an application, all from the comfort of your home or office!

[CREATE AN ACCOUNT →](#)

[SIGN IN →](#)

[FINISH SETTING UP YOUR ACCOUNT →](#)



socialsecurity.gov/myaccount



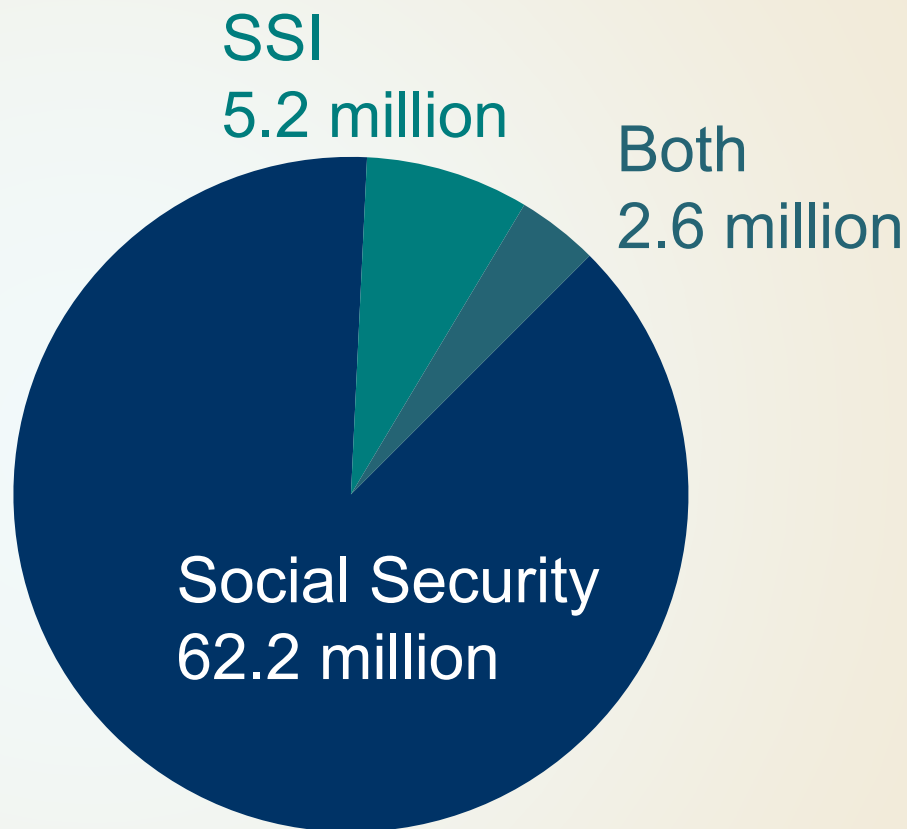
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Social Security Program Beneficiaries

54,113
SSI Beneficiaries
In Orange County



November 2021



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SSA.gov



Application Process



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What Happens?

- Your application will be reviewed to make sure you meet some basic requirements.
- If you meet these requirements, we'll forward your case to the Disability Determination Services office in your state.



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[SocialSecurity.gov](https://www.SocialSecurity.gov)

Disability Determination Services Office - State

- This state agency completes the initial disability determination decision for us.
- Doctors and disability specialists in the state agency ask your doctors for information about your condition(s). They'll consider all the facts in your case.
- They'll use the medical evidence from your doctors, hospitals, clinics, or institutions where you've been treated.



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[SocialSecurity.gov](https://www.SocialSecurity.gov)



We'll tell you our decision...

- When the state agency makes a determination on your case, we'll send a letter to you.
- If approved, the letter will show the amount of your benefit, when your payments start, and your reporting responsibilities.
- If not approved, the letter will explain why and tell you how to appeal the determination if you don't agree with it.



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Disagree With The Medical Decision?

If you recently applied for Social Security or Supplemental Security Income disability benefits and were denied for medical reasons, you have the right to file an appeal within 60 days of the date on your decision notice.

ssa.gov/benefits/disability/appeal.html



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Supplemental Security Income



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Supplemental Security Income (SSI)

What is it?

SSI is a federal program that provides monthly payments to people who have limited income and resources.

Who is it for?

People who are 65 or older, as well as for those of any age, including children, who are blind or who have disabilities and have limited income and resources.

ssa.gov/benefits/ssi/



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SSI for Children



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SSI Requirements for Children

- If under 18, the child has a physical or mental impairment (or combination) that results in marked or severe limitation in functioning.
- The child must be either blind or disabled. If the child is blind, he or she must meet the same definition of “blind” as applies for adults.
- Condition must be expected to last at least 12 months or result in death.



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SSI Requirements for Children (continued)

- Disabled children living in households with limited income and resources may be eligible to receive SSI benefits.
- For eligibility, the income and assets of the disabled child and parent(s) living in the household are assessed.
(Deeming)



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SSI for Adults (age 18+)



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SSI Determination for Children Turning 18

- We make a new disability determination using the adult rules.
- We no longer count the income and resources of parent(s) for eligibility.
- If the child continues to live with parent(s) but does not pay for food or shelter, a lower SSI payment may apply.
- An SSI application can be made as early as the day of the 18th birthday.



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Definition of Disability - Adult

The Social Security Act defines disability as:

a person who cannot work due to a severe medical condition that has lasted, or is expected to last, at least one year or result in death; or

the person's medical condition must prevent him or her from doing substantial gainful employment – work that he or she did in the past, and it must prevent the person from adjusting to other work.



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What to Consider for SSI

- Your income – money you receive such as wages, Social Security benefits, and pensions. Income also includes such things as food and shelter.
- Your resources – things you own such as real estate, bank accounts, cash, stocks, and bonds.
- Where you live – must live in the U.S., or Northern Mariana Islands. If you're not a U.S. citizen, but you are lawfully residing in the United States, you still may be able to get SSI.



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Other Related Information




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SSI Spotlights



Social Security
Official Social Security Website

Accessibility | Contact Us | FAQs | Español | Other Languages | Sign In

Home | Numbers & Cards | Benefits | Information for... | Business & Government | Our Agency

Links To SSI Spotlights -- 2014 Edition

SSI Home Page / Links to SSI Spotlights—2014 Edition

What Are The SSI Spotlights?

The SSI Spotlights are in-depth looks at some of the program rules referred to in the booklet, [Understanding Supplemental Security Income](#). [Go to the Spotlights!](#)

They are designed as handouts to help applicants through the process of applying for and receiving SSI benefits.

Who May Use The SSI Spotlights?

The SSI Spotlights are intended for use by the general public.

We encourage advocates to distribute them to their clients and to any other individuals or groups who can use them.

They provide more details than our [general information pamphlets](#).

Caution!


The information in the SSI Spotlights is general and not to be applied to specific case situations.



You must contact us for specific case information.


Spanish Language Versions

We provide Spanish language spotlights in HTML format, similar to the format we use for the English versions. You may click on the "En Español" links shown in the chart below or, from the English version, you may click on the "En Español" link shown in the upper left of the page. From the Spanish version, click on the "In English" link to get back to the English version.

In addition, Spanish versions of the spotlights are available at [Puntos Importantes de Seguridad de Ingreso Suplementario \(SSI\)](#)









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SocialSecurity.gov



Medicare and Medicaid

Medicare – federal health insurance program for people 65 or older and people who have been getting disability benefits for 24 consecutive months.

Medicaid (MediCal) – state health program for people with low incomes and limited resources.

- In most states, children who get SSI qualify for Medicaid.
- In many states, Medicaid comes automatically with SSI eligibility.



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AGENCY STRATEGIC PLAN | FY 2022-2026

Vision

Provide income security for the diverse population we serve.

Mission

Ensure equity and accessibility in delivering Social Security services by improving the customer experience and addressing systemic barriers to participation in our programs.



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DEMENTIA
Care Aware

Early detection. Better care.



Dementia Care Aware in Orange County



UCI Health

Alzheimer's
ORANGE COUNTY

**MEMORY
SUPPORT
SERVICES**



University of California San Francisco |

August 1, 2022

Dementia in California: Fast Facts

- **Alzheimer's dementia 3rd leading cause of death (1)**
- **Among California's baby boomers, one in five people who live to 65+ will develop dementia (1)**
- **Higher incidence of dementia in racial minorities compared to whites, greater difficulty accessing diagnosis and care (2, 3, 4)**
- **50% people w/cognitive impairment receiving primary care are undiagnosed (5)**
- **43% PCPs do not often used standardized tools to assess dementia (6)**
- **70% PCPs want more education (7)**

(1) Alzheimer's Disease and Related Dementias Facts and Figures in California 2021.; (2) Kornblith, *JAMA*. 2022; (3) Tsoy, *JAMA Neurol*. 2021; (4) Drabo, *Alzheimers Dement*. 2019; (5) Bradford, *Alzheimer Dis Assoc Disord*. 2009; (6) Bernstein, *J Gen Intern Med*. 2019 (7) Bernstein, *BMJ Open*. 2019

Dementia Care Aware Overview

Training opportunity for Primary Care Physicians and teams to adopt best practices for early detection and better care for patients living with dementia.

Realizes a new benefit, effective July 1, 2022, for Medi-Cal-only beneficiaries 65 and older: a Cognitive Health Assessment.*

- **Providers previously could only bill Medicare for a similar assessment.**
- **Includes the requirement for training and appropriate documentation to use the code, 1494F.**
- **As part of the Home and Community Based Services Spending Plan, also funds practice support activities.**

Direct support for providers and practices to implement dementia care pathways.

Dementia Care Aware Goals

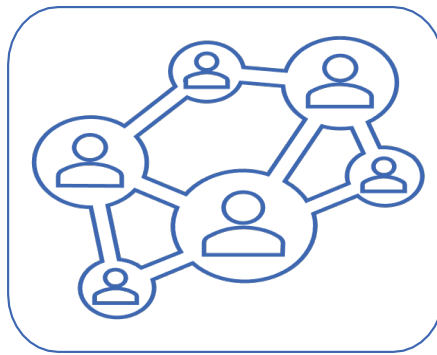
1. Rapidly improve the ability of primary care teams serving Medi-Cal beneficiaries to detect dementia and create stage-appropriate care plans.
2. Tailor training and resources to Medi-Cal beneficiaries' needs, with special emphasis on populations (e.g., homeless individuals, non- English speakers, those with serious mental illness or multiple comorbidities, individuals with disabilities).
2. Improve care and quality of life for people living with dementia, especially those who are higher risk and from communities that have historically experienced dementia care-related disparities in California, specifically people who identify as Black, Latinx, or Asian.

Dementia Care Aware *Activities March 2022 – March 2024*



Training

- Cognitive Health Assessment
- Additional key topics relevant to Medi-Cal patients and providers: monthly webinars, additional modules for CME, podcasts.



Outreach to providers in all 58 counties

• **In-person**

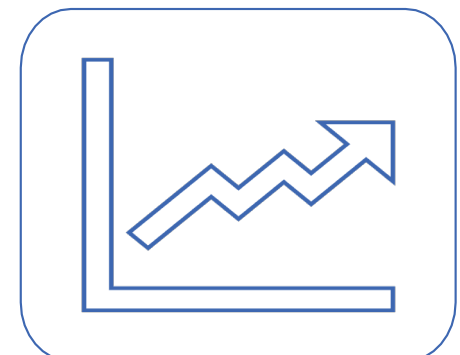
Locally, by **Alzheimer's Orange County** representatives

- **Virtual** outreach and media campaigns



Practice Support (starting Fall/Winter 2022)

- Website with practice management resources
- Resources for social and legal services connection
- Warmline for clinicians
- ECHO conferences (virtual teaching conferences)
- Hands-on coaching



Evaluation of Impact

- Uptake and usefulness of training
- Improved detection and diagnosis
- Improved care

Dementia Care Aware Training Dashboard

DashboardAdminNews

dementiacareaware.org

Welcome to Dementia Care Aware

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "Dementia Care Aware: The Basics" course. Select Start in the "Dementia Care Aware: The Basics" block below to begin.




Inside the training course

Modules must be completed in order.

My courses

Teaching 0

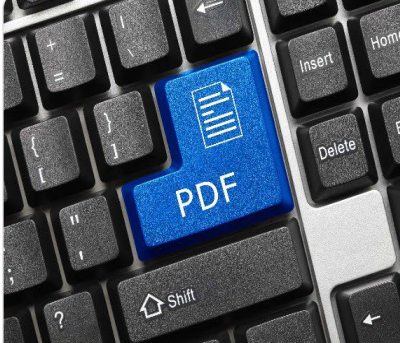
Enrolled 1



Dementia Care Aware: The Basics

66% Resume ▶

3 modules




Introductory Information

🕒 1 min

This module includes information on the overall DCA program and learning objectives. It also includes the required disclaimers and disclosures along with UCSF contact information. Select Start to view this document. The training module will unlock after you open the pdf file.

Completed ✓

1 section




Dementia Care Aware: The Basics

🕒 1 hr, 30 min

This module teaches you how to conduct a brief, annual Cognitive Health Assessment (CHA) with your patients. It includes information on why the assessment is important, the three-step process for administering the CHA, and options for next steps if the screen is positive. Select Start to begin.

0% Resume ▶

1 section




Course Evaluation

🕒 3 min

This is the course evaluation survey. If you'd like to receive continuing education credits for this training, this evaluation is required. Select Start to complete the survey.

Locked 🔒

1 section

 DEMENTIA
Care Aware

UCI Health

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Alzheimer's
ORANGE COUNTY

**MEMORY
SUPPORT
SERVICES**

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The Cognitive Health Assessment



- Annual assessment
- A quick check on **cognitive** and **functional** symptoms and an assessment of the person's support system
- **The start** of a diagnostic assessment
- A jump start on brain health

Dementia: DSM V definition

**Acquired cognitive
decline in at least 1
domain**

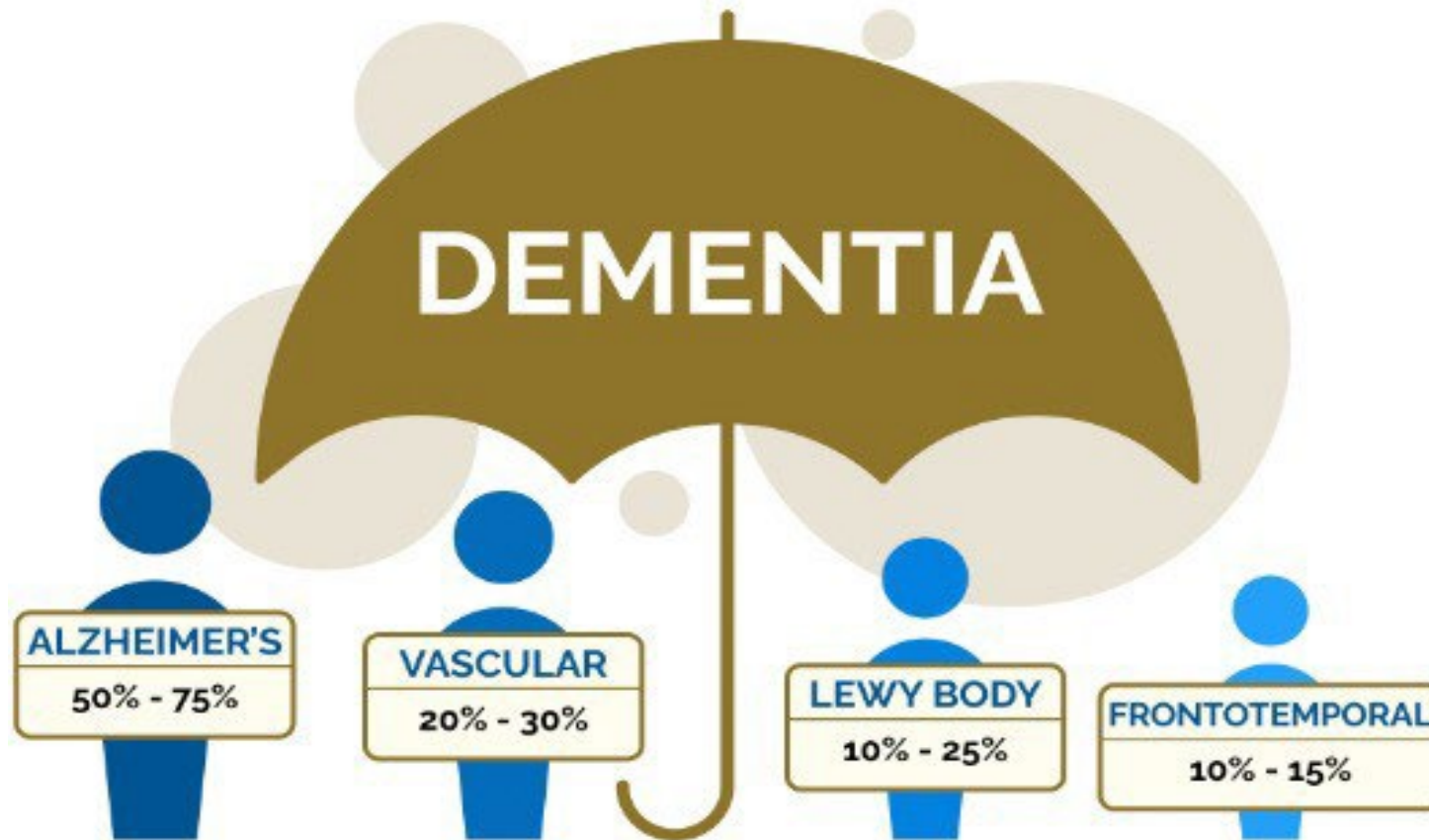
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**Acquired functional
decline**

+

No other causes, e.g. medical or psychiatric

Etiology of dementia



Dementia is a syndrome that once identified will have us looking for evidence of a neurodegenerative disease.

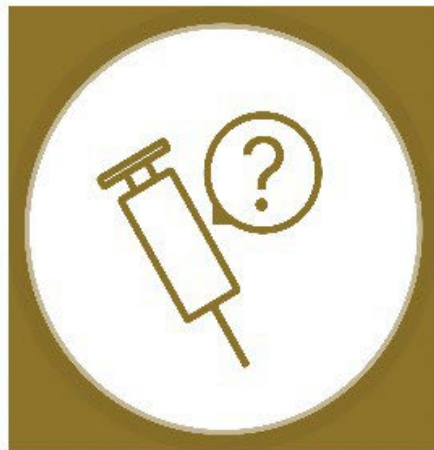
19

Brain health is whole person health

- **Knowing if there is a neurodegenerative condition steers your care for all other conditions.**
- **You can start a brain health plan at the very earliest signs, in addition to treating any medical or psychiatric causes of symptoms.**



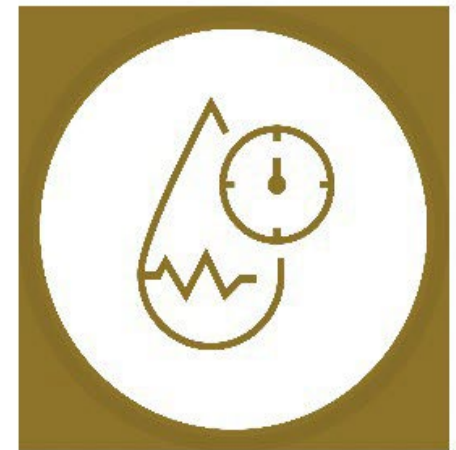
Hearing and vision.



Review medications.



**Social and Physical
Activity**



**Manage BP and
diabetes.**

Cognitive domains: more than “memory”

- ❖ Learning and memory
- ❖ Language
- ❖ Executive function
- ❖ Attention (Complex attention)
- ❖ Motor (Perceptual-motor skills)
- ❖ Behavior (Social cognition)

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3 Step Assessment The Cognitive Health Assessment

- 1 Take the patient history**
- 2 Use tools to assess for cognitive and functional decline**
- 3 Establish and document a patient's support person and/or a health care agent**

Our definition of dementia

**1: Acquired
cognitive
decline**

**2: Acquired
functional
decline**

**3: Rule out
other causes**

1. Take the patient history

This could be noticing a sign or symptom:

- A patient, informant, or health or social service team member notes a new cognitive sign or symptom.

This could be a simple question:

- Do you or others think that you are having trouble remembering things?
- During the past few years, have you or others noticed changes in your mental abilities?

In your documentation, note if there is a positive response to a question or if signs/symptoms have been noticed by others.

2. Use a tool. You have a toolbox!

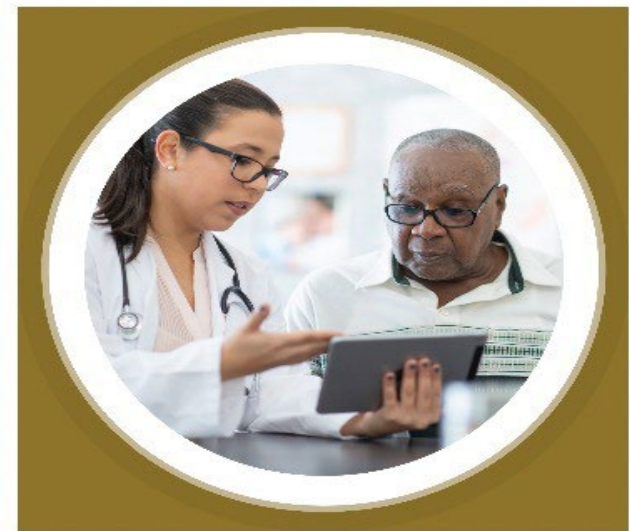
	Cognitive Screen Tools	Functional Screen Tools
Patient	<p>GP-COG</p> <p>OR</p> <p>Mini-Cog</p>	<p>ADL/IADL</p>
Informant	<p>AD-8</p> <p>OR</p> <p>Short IQ-CODE</p>	<p>GP-COG Informant Interview</p> <p>OR</p> <p>FAQ</p>

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3. Establish and document a patient's support person and/or a health care agent

Many people may be involved in a person's care to different degrees and for different purposes. There are three roles to define that are involved in the CHA process:

- **an informant-** can give you information
- **a support person-** someone who helps with care
- **a health care agent-** someone who has legal authority if that person is unable to make their own decisions



"Do you have anyone who is available to speak with me and who knows you well?"

If someone has cognitive decline, it becomes critical to understand their support system and navigating the designation of a health care agent.

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Documentation and Billing

What Documentation Is Required?

Billing can occur for 1494F if the provider documents all of the following:

- 1. The screening tool or tools that were used**
(at least one cognitive screening tool is required in order to bill this code).
 - 2. That the completed assessments were reviewed by the provider**
 - 3. The results of the assessment(s)**
 - 4. The interpretation of the results**
 - 5. That the results were discussed with the member, family, or informant, and any appropriate actions were taken**
- Documentation must remain in the patient's medical record and be available upon request.**



Thank You!

UCI Health

Lisa Gibbs, MD

Chief, Division of Geriatric Medicine and Gerontology

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Alzheimer's
ORANGE COUNTY

**MEMORY
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VP Memory Support Services

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End of slides for initial Cal Optima presentation on 8/25

The following slides are part of the more detailed presentaion that will be given to physicians as an introductory training.

Using the tools: when you need an informant

- If the patient screens negative, then it is recommended to obtain additional information from an informant utilizing cognitive and functional screening tools.
- If the patient screens positive, *obtaining informant information may be helpful* at this point but not necessary to move on to the next steps of the evaluation.

Types of Cognitive Decline

Type of Cognitive Decline	Magnitude of decline	Affects Daily Function?
Age-related decline	"Normal" decline in cognitive functions for age	No
Mild Cognitive Impairment (MCI)	Abnormal decline in cognitive functions for age	No. May be using compensatory strategies to accomplish activities of daily living.
Mild Neurocognitive Disorder		
Major Neurocognitive Disorder	Abnormal decline in cognitive functions for age	Yes. Unable to use compensatory strategies to accomplish activities of daily living.

Functional abilities: quick review

Activities of Daily Living		
Activities of Daily Living	Bathing Dressing Transferring from bed to chair	Toileting Grooming Feeding oneself
Instrumental Activities of Daily Living	Using the telephone Preparing meals Managing household finances Taking medications	Doing laundry Doing housework Shopping Managing transportation

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Mrs. Pérez: A quick example

- Mrs. Pérez is 72 years old and came to her appointment with her daughter who lives with her, Ana.
- You discuss the agenda for the appointment together and you add that you'd like to review her brain health. You ask, **“Do you think you are having more trouble remembering things?”**
- **She notes that she has forgotten to pick up her grandson more often as she loses track of time.**
- **You document a positive symptom** and move on to a test of cognition and function.



Mrs. Pérez: A quick example

RESULTS OF THE GPCOG TEST

Testing date: 3 June 2022

Patient name: Mrs. Perez

Date of birth: 1 March 1950

**Score = 4 (positive
screen)**

Part 1: Cognitive assessment of the patient.

For Mrs. Pérez, it was not
normal. Continue...

INFORMANT INTERVIEW

The score for this section is: 4

ASSESSMENT

Score = 4 (negative screen)

No significant cognitive impairment. Further testing not necessary. Follow-up in 12 months.

Part 2: Functional information from an informant.

For Mrs. Pérez, Ana's
answers indicated she was
normal.

Finished.

Mrs. Pérez: a conversation about her support

"It's really nice that I had the chance to meet Ana today. Are there ways in which she supports your day to day life?"

- *We support each other, go grocery shopping together and she helps me keep track of our bills.*

"Does she help with coordinating your medical care?"

- *She comes to appointments to support me, but I make my appointments and follow-up on my own.*

"Is there anyone else who helps you any of these things?"

- *Not really.*

"Do you have a health care agent—someone you have designated to make health care decisions for you if you cannot speak for yourself, like on an Advance Directive or Healthcare Power of Attorney?"

- *No, I haven't appointed anyone like that.*

"May I document Ana's information in the chart as a contact for you?"

- *Yes.*

Disclosure

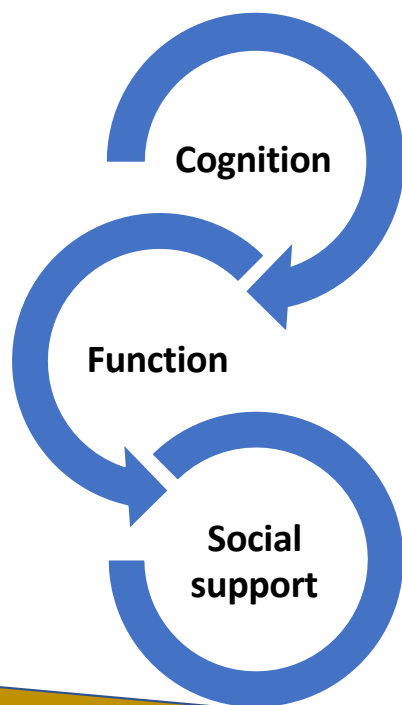
- Thank you for taking the time with me today to review your brain health and involving Ana in this visit.
- You mentioned that you have been forgetting to pick up your grandson more often.
- When we did that brief test, you had some difficulty, though Ana's report does not suggest you have a serious problem at this time.
- I will make note of this and I have some suggestions to support your brain health.
- I appreciate that you also gave me information about how you and Ana support each other and I have made sure her contact information is in the chart.
- We will also follow-up on this every year or whenever you notice any new symptoms”.

Mrs. Pérez: Documentation

In your note:

- **History:** Reported more forgetting to pick up her grandson
- **Exam:** GP-COG part 1 4/9 (positive) and part 2 4/6 (negative)
 - Informant: daughter, Ana
 - Interpretation: negative screen for dementia at this time
- **Support system:** Ana *last name*, daughter, *contact information*
 - Does not have health care agent designated
- **GP-COG result disclosed to patient, plan for annual screening and brain health plan**

Evaluating cognitive and functional decline often takes repeat assessments and updating over time.



The CHA

1. Take the patient history
2. Use tools
3. Establish and document support person and/or agent

The definition of dementia

**1: Acquired
cognitive decline**

**2: Acquired
functional decline**

3: Support person

More training and support coming this year!

- Trainings
 - Considerations for patient evaluation and interpretation.
 - E.g. other disabilities, communication challenges, behavioral symptoms, other conditions such as serious mental illness or substance use disorders.
 - Next steps in the evaluation and patient care.
 - E.g. including next parts of the clinical evaluation, connecting to resources, etc.
- Practice support activities
- Please reach out at any time to learn more or provide feedback and information.
DCA@ucsf.edu



CalOptima Health

Changes to Health Network Minimum and Maximum Member Enrollment

Member Advisory Committee/
Provider Advisory Committee

October 13, 2022

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Overview and Minimum Enrollment

- CalOptima Health establishes minimum and maximum member enrollment for Health Networks (HNs) and CalOptima Health Community Network (CHCN)
- To ensure the viability of HNs, support administrative efficiencies and stabilize CalOptima Health's delivery system, HNs must maintain a minimum enrollment of 5,000 Medi-Cal members
- If an HN fails to maintain an average member enrollment of at least 5,000 members over three consecutive months, CalOptima Health may terminate the HN's contract

Maximum Enrollment

- Member enrollment in an HN shall not exceed one-third of all members eligible for HN enrollment
- Member enrollment across Physician-Hospital Consortium HNs sharing the same primary hospital shall not exceed one-third of all members eligible for HN enrollment
- Member enrollment across HNs sharing the same officer(s), director(s), general partner(s) and/or co-owner(s) shall not exceed one-third of all members eligible for HN enrollment
- Member enrollment in CHCN shall not exceed 10% of all members eligible for HN enrollment

Health Network Eligible Members

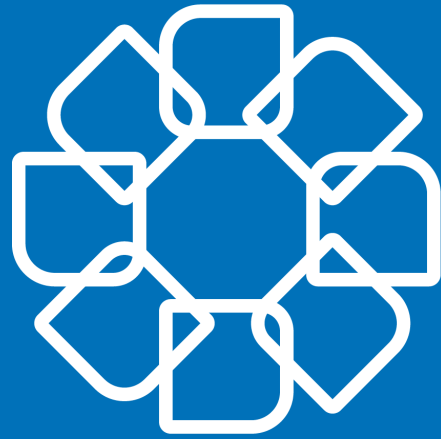
- A “Health Network Eligible Member” is a member who is eligible to choose a CalOptima Health HN or CHCN
- For the purposes of this policy, eligibility for selecting a pediatric HN shall be limited to members under age 21

Auto-Assignment

- CalOptima Health shall continue to auto-assign members to an HN or CHCN based on auto-assignment logic until the HN or CHCN reaches 100% of the maximum enrollment limit for three consecutive months
- CalOptima Health's Compliance Committee must approve freezing auto-assignment for the HN or CHCN
- Under certain conditions, CalOptima Health may continue to enroll members in an HN or CHCN despite an auto-assignment freeze due to maximum enrollment limits

Enrollment in a Health Network

- Member may select an HN or CHCN in accordance with CalOptima Health Policy
- Member has family-linked members currently enrolled in the HN or CHCN
- Member is re-enrolled in the HN or CHCN after experiencing a lapse of Medi-Cal eligibility less than 365 calendar days
- Member otherwise meets criteria for enrollment in CHCN
- CalOptima Health auto-assigns the member to the HN or CHCN based on auto-assignment allocation to a community clinic



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