



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

**THURSDAY, APRIL 21, 2022  
3:00 P.M.**

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

**AGENDA**

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. 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 Clerk of the Board at 714.246.8806 or by visiting our website at [www.caloptima.org](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board’s office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

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

- 1) Participate via Zoom Webinar at:  
[https://us06web.zoom.us/webinar/register/WN\\_w0SC8dlpS-2tMycC8ki5kw](https://us06web.zoom.us/webinar/register/WN_w0SC8dlpS-2tMycC8ki5kw). Dial in options will be provided once you have registered for this meeting. Zoom webinar instructions are provided below.**

- 2) Listen to the Webinar using one of the dial in audio options as follows:**  
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**Passcode: 100064**

- I. CALL TO ORDER**  
*Pledge of Allegiance*
- II. ESTABLISH QUORUM**
- III. APPROVE MINUTES**  
A. Approve Minutes of the March 10, 2022 Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee
- IV. REPORTS**  
A. Consider Approval of Remaining FY 2022 OneCare Connect Member Advisory Committee Meeting Schedule  
B. Consider Approval of FY 2021-2022 OneCare Connect Member Advisory Committee Accomplishments  
C. Consider Recommendation to Extend Term Through December 31, 2022 of OneCare Connect Member Advisory Committee Representatives Whose Term Expires on June 30, 2022.
- V. PUBLIC COMMENT**  
*At this time, members of the public may address the OneCare Connect Member Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.*
- VI. CEO AND MANAGEMENT REPORTS**  
A. Chief Executive Officer Report  
B. Chief Operating Officer Report  
C. Chief Medical Officer Report
- VII. INFORMATION ITEMS**  
A. OneCare Connect Member Advisory Committee Updates  
B. Difficulty in Placing Hospice Patients in Skilled Nursing Facilities  
C. CalFresh Update
- VIII. COMMITTEE MEMBER COMMENTS**
- IX. ADJOURNMENT**

## WEBINAR INFORMATION

1. **Please register for the Regular OneCare Connect Member Advisory Committee Meeting on April 21, 2022 3:00 p.m. (PDT) at:**

**[https://us06web.zoom.us/webinar/register/WN\\_w0SC8dlpS-2tMycC8ki5kw](https://us06web.zoom.us/webinar/register/WN_w0SC8dlpS-2tMycC8ki5kw)**

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

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# MINUTES

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

March 10, 2022

A Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on October 28, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Zoom Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

### **CALL TO ORDER**

Chair Patty Mouton called the meeting to order at 3:15 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Patty Mouton, Chair; Keiko Gamez, Vice Chair; Meredith Chillemi; Gio Corzo; Eleni Hailemariam, M.D. (non-voting); Sara Lee; Nury Melara

Members Absent: Josefina Diaz; Sandra Finestone

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Chief Medical Officer; Ladan Khamseh, Executive Director, Operations; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant; Pamela Reichardt, Executive Assistant

At this time, Chair Mouton took a moment to welcome Nury Melara to the committee as the new In-Home Supportive Services Representative.

### **MINUTES**

#### **Approve the Minutes of the October 28, 2021 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)**

***Action: On motion of Member Gio Corzo, seconded and carried, the Committee approved the minutes of the October 28, 2021 meeting by a roll call vote. (Motion carried 6-0-0; Members Diaz and Finestone absent)***

**Approve the Minutes of the November 5, 2021 Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)**

*Action: On motion of Member Gio Corzo, seconded and carried, the Committee approved the minutes of the November 5, 2021 special meeting by a roll call vote. (Motion carried 6-0-0; Members Diaz and Finestone absent)*

**Approve the Minutes of the December 9, 2021 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee**

*Action: On motion of Member Gio Corzo, seconded and carried, the Committee approved the minutes of the December 9, 2021 special joint meeting by a roll call vote. (Motion carried 6-0-0; Members Diaz and Finestone absent)*

**PUBLIC COMMENT**

There were no requests for public comment

*At this time, Chair Mouton rearranged the agenda to hear the Chief Operating Officer report prior to continuing on with the CEO and Management Report agenda items and Agenda Item VI B prior to hearing the Chief Executive Officer Report before returning to Item VI A on the agenda.*

**Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer provided a verbal update and noted that the Board on March 3, 2022, approved a campaign to increase enrollment of CalOptima members who are eligible to enroll into the CalFresh program. She noted that CalOptima will be launching a CalFresh campaign across Orange County. She also noted that approximately 350,000 members may be eligible for this program. Ms. Kim also provided the committee with a Federal and State Legislative update.

**Chief Medical Officer Report**

Richard Pitts, D.O., Chief Medical Officer, Richard Pitts, D.O., Chief Medical Officer provided a verbal update and encouraged everybody to still be very cautious when it comes to COVID. He noted that the country is moving from the pandemic stage to an endemic stage but noted that those who are dying from COVID were unvaccinated individuals who also had underlying medical conditions. He encouraged everyone to wear the N-95 mask that was recommended when in health facilities and while traveling. Dr. Pitts discussed the use of the highly effective Monoclonal antibodies in the treatment of COVID for immunocompromised patients.

**OneCare Connect Transition**

Ladan Khamseh, Executive Director, Operations presented on the new 2023 OneCare program and noted that the current OneCare Connect program will end on December 31, 2022 and that OCC members will have the option of transitioning into the new 2023 OneCare program.

### **Chief Executive Officer Report**

Michael Hunn, Chief Executive Officer provided the committee with a verbal CEO update and noted that the CalOptima Mission Statement would be refreshed and presented to the Board at their meeting on March 17, 2022. He noted that the mission statement was the same as it was written in 1994 and it was time to make the change to coordinate with the strategic plan update.

### **INFORMATION ITEMS**

#### **OCC MAC Member Updates**

Chair Patty Mouton notified the Committee notified the committee that due to the OCC end date on December 31, 2022, OCC MAC would not be conducting a recruitment but rather those members whose terms would be ending on June 30, 2022 would be recommended for reappointment until December 31, 2022. Chair Mouton reminded the members that their next meeting was scheduled for April 21, 2022 at 3:00 PM.

#### **Ombudsman Update**

Sara Lee, Lead Attorney, Community Legal Aid SoCal (CLA), reviewed the quarterly Ombudsman presentation on items related to OneCare Connect (OCC) services. She noted that CLA continues to assist members with OCC enrollment issues, potential OCC disenrollment and helped bridge services for members who have been terminated from OCC.

#### **Master Plan on Aging**

Patty Mouton, Sr. Vice President, Alzheimer's Orange County provided an update on the Master Plan on Aging for Orange County. The California Master Plan for Aging was put in place by Governor Newsom after stakeholder meetings, community engagement and meetings with elected officials. Projections have indicated that approximately 11 million individuals will be over the age of 60 by 2030. The Master Plan on Aging has five bold goals and approximately 25 initiatives that fall within the categories of the goals. These five goals include: Housing and Transportation for All Ages and Stages, Health Reimagined, Nursing Home Innovation, Caregiving That Works and Affordable Aging For All.

### **ADJOURNMENT**

Hearing no further business, Chair Patty Mouton adjourned the meeting at 4:20 p.m.

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Cheryl Simmons  
Staff to the Advisory Committees



**Cal MediConnect Plan (Medicare-Medicaid Plan)**

**OneCare Connect Member Advisory Committee  
2022 Meeting Schedule**

**August**

**Thursday, August 25, 2022 at 3:00 PM**  
Conference Room 109-N or Virtual

**October**

**Thursday, October 27, 2022 at 3:00 PM**  
Conference Room 109-N or Virtual

**December**

**\*Special Joint Meeting**  
**Thursday, December 8, 2021 at 8:00 AM**  
Conference Room 109-N or Virtual

**Regular Meeting Location and Time**

CalOptima  
[www.caloptima.org](http://www.caloptima.org)  
505 City Parkway West, 1<sup>st</sup> Floor  
Orange, CA 92868  
Conference Room 109-N  
3:00 p.m. – 5:00 p.m.

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

\*Special Joint Meeting

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

### **OneCare Connect Member Advisory Committee FY 2021-22 Accomplishments**

During FY 2021-22 the OneCare Connect Member Advisory Committee (OCC MAC) of the CalOptima Board of Directors provided input to ensure that OneCare Connect members receive quality health care services. The following list highlights the accomplishments:

- OCC MAC members outreached to Orange County organizations and agencies to invite community stakeholders to present on member needs and concerns at OCC MAC meetings. Presentations included, Master Plan on Aging, homeless health initiatives, strategic plan updates, yearly benefit changes, cultural and linguistic, legislative updates, transition of the OCC MAC and COVID-19 updates.
- Sara Lee, OCC MAC member whose agency serves as Orange County's Cal MediConnect Ombudsman Program, provided updates and feedback from dual-eligible members and the community regarding the OneCare Connect program on a quarterly basis to the committee.
- An OCC MAC Nomination Ad Hoc Subcommittee convened to review and score an applicant for the In-Home Supportive Services Representative which was recommended by the committee and then approved by the Board.
- Patty Mouton, OCC MAC Chair and Keiko Gamez, Vice Chair were part of a joint ad hoc committee to plan joint meeting agendas as necessary.
- OCC MAC members provided input on CalOptima's strategies to maximize enrollment, retention, and member outreach efforts to OneCare Connect members.
- OCC MAC members attended CalOptima sponsored community education events, including Community Alliance Forums and Awareness and Education Seminars which were all held virtually during the COVID -19 Pandemic.
- All OCC MAC members completed their annual Compliance Training.
- The OCC MAC Chair presented bi-monthly OCC MAC Reports at CalOptima Board of Directors' meetings to provide the Board with input and updates on the OCC MAC's activities.
- OCC MAC members contributed approximately 152 hours to CalOptima during 2021-2022, including OCC MAC meetings, compliance courses, ad hoc meetings,



and Board meetings which is equivalent to 19 days per year. These hours do not account for the innumerable hours that OCC MAC members dedicate to members on a day-to-day basis.

The OCC MAC thanks the CalOptima Board for the opportunity to provide updates on the OCC MAC's activities. The OCC MAC welcomes direction or assignment from the Board on any issues or items requiring study, research, and input.

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## MEMORANDUM

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**DATE:** March 31, 2022

**TO:** CalOptima Board of Directors

**FROM:** Michael Hunn, Chief Executive Officer

**SUBJECT:** CEO Report — April 7, 2022, Board of Directors Meeting

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

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### **a. Press Conference Generates Significant Media Coverage for New Mission, Vision**

On March 18, CalOptima held a press conference to announce your Board-approved new mission and five-year strategic vision, \$100 million investment in technology transformation, and \$8 million commitment to Street Medicine. The press conference was well attended and, coupled with a press release, resulted in more than a dozen articles and TV and radio segments. The Orange County Register published a story about the announcements, quoting CEO Michael Hunn and Board Member Isabel Becerra. Spanish and Vietnamese newspapers covered the news, including Excelsior and Viet Dong. CalOptima also gained TV, radio and online coverage from KABC, Telemundo, KFI, Nam Quan Trust Media and PhoBolsaTV. Numerous trade publications also picked up the news, including Becker's Healthcare, Healthcare Innovation, Health Plan Weekly and others.

### **b. CalFresh Campaign Begins in April**

CalOptima's CalFresh outreach campaign kicks off in mid-April with billboard ads and a direct mailer to members promoting that an eligible individual can receive up to \$250 monthly and an eligible family of four can receive up to \$835 monthly in CalFresh food benefits. The mailer will be sent to members who are potentially eligible to enroll and distributed in phases, starting with those who have chronic illnesses and expanding to families. The full CalFresh campaign will run through the fall and includes a toolkit for providers and community-based organizations, community events, media outreach and other forms of advertising.

### **c. State Prepares for Public Health Emergency (PHE) Termination**

As many as 16 million low-income Americans will likely be disenrolled from Medicaid when the COVID-19 PHE ends and states resume eligibility redeterminations. The latest PHE extension runs through April 16, but it is expected to be renewed for another 90 days through mid-July since the Biden administration has guaranteed at least a 60-day notice before termination. CalOptima's federal trade association, the Association for Community Affiliated Plans, and other organizations recently sent a letter to Congressional leaders requesting a 120-day notice instead. Redetermination could take up to 14 months. In California, the Department of Health Care Services (DHCS) is taking multiple steps to prepare for the PHE termination, including the following:

- Sending letters to all 14.4 million Medi-Cal beneficiaries to test whether they reach the intended recipients

- Providing scripts to county social services departments, which oversee renewals, to answer callers' questions in 19 languages
- Allocating extra money for federally funded “navigators” — community workers who help consumers sign up for Medi-Cal or Covered California plans
- Issuing guidance to Medi-Cal managed care plans requiring member outreach to help ensure contact information is up to date

#### **d. CalOptima Supports Senate Bill 1342**

In alignment with CalOptima's 2021–22 Legislative Platform, your Board's Legislative Ad Hoc Committee recommended that CalOptima support Senate Bill (SB) 1342, sponsored by the County of Orange and co-introduced by Senator Pat Bates and Assemblywoman Sharon Quirk-Silva. SB 1342 would authorize counties to create multidisciplinary teams (MDTs) to support older adults. Within the MDTs, county departments and aging service providers could exchange information to improve interagency care coordination and service delivery for older adults and their caregivers. By eliminating data silos, MDTs could develop coordinated care plans for wraparound services to better address the health and social needs of older adults. If SB 1342 is signed into law, CalOptima would join the MDT established by Orange County, resulting in improved care for CalOptima's 104,000+ members over the age of 65.

#### **e. Fiscal Year (FY) 2022 Federal Spending Package Signed into Law**

On March 15, President Joe Biden signed into law the bipartisan FY 2022 Consolidated Appropriations Act, which funds the federal government at \$1.5 trillion through September 30, 2022, as well as extends all current telehealth flexibilities in Medicare until five months following the termination of the COVID-19 PHE. *Of note, for the first time in more than a decade, members of Congress were able to request spending allocations for specific community projects, also known as earmarks.* The final legislation funds the following projects in Orange County that may impact CalOptima members and stakeholders:

- CHOC Children's: \$325,000 to expand capacity for mental health treatment services in response to the COVID-19 pandemic (requested by Rep. Lou Correa and Sen. Dianne Feinstein)
- City of Huntington Beach: \$500,000 to establish a mobile crisis response program that addresses mental health, substance abuse and similar 9-1-1 calls for service in the field (requested by Sen. Dianne Feinstein)
- County of Orange: \$2 million to develop a second Be Well OC campus in Irvine to deliver coordinated behavioral health services to all Orange County residents (requested by Rep. Young Kim)
- County of Orange: \$5 million to develop a Coordinated Re-entry Center to help justice-involved individuals with mental health or substance use disorders reintegrate into the community (requested by Rep. Lou Correa and Sen. Dianne Feinstein)
- North Orange County Public Safety Task Force: \$5 million to expand homeless outreach and housing placement services (requested by Rep. Young Kim and Sen. Dianne Feinstein)

#### **f. Hospital Directed Payments Totaling \$138.9 Million to be Distributed in April**

On March 14, 2022, CalOptima received approximately \$138.9 million in funding from DHCS for three Hospital Directed Payment programs. The funding for the Private Hospital Directed Payments and Enhanced Payment Program was based on encounter data submitted for dates of

service beginning January 1, 2020, through June 30, 2020. The Quality Improvement Program payment covers the period of July 2020 through December 2020. Staff anticipates releasing the funding to qualified hospitals by mid-April 2022.

#### **g. COVID-19 Clinics Continue as Percentage of Vaccinated Members Climbs**

In mid-March, CalOptima reached an important milestone — more than half a million members (506,205) are now vaccinated. The growth in our vaccination rate is supported by our ongoing community-based clinics. At three March clinics, another 278 people were vaccinated, and 191 \$25 Member Health Rewards were distributed. The County of Orange Social Services Agency continues to attend to encourage enrollment in CalFresh for those who qualify. Future clinics are April 9, April 16 and April 23. Vaccination percentages by age group is as follows:

- 5- 11 23.9%
- 12-15 54.8%
- 16-49 64.9%
- 50-64 75%
- 65-74 81.4%
- 75+ 81.4%

#### **h. CalOptima Gains Media Coverage**

- On February 24, [The Precinct Reporter](#) posted an online article on CalOptima's vaccine clinic at the Second Baptist Church, quoting Pastor Ivan Pitts, one of CalOptima's trusted messengers from our outreach video series.
- On March 4, Michael Hunn's appointment as permanent CEO was covered in the [Orange County Register](#). The news was also included in **Health Leaders**, **Orange County Breeze** and **California Healthline**.
- On March 9, the [Orange County Register](#) published a story about U.S. Health and Human Services Secretary Xavier Becerra's roundtable discussion about mental health at Be Well OC. Michael Hunn was quoted.
- On March 15, [Healthline](#) ran an online article about why people with chronic conditions are living longer without disability. Chief Medical Officer Richard Pitts, D.O., Ph.D., was interviewed.
- On March 25, [U.S. News](#) ran an article on diet recommendations for men and quoted Jessie Frago, a registered dietitian at CalOptima.

# 2021–22 Legislative Tracking Matrix

## COVID-19 (CORONAVIRUS)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4735 Axne (IA)  S. 2493 Bennet (CO)	<p><b>Provider Relief Fund Deadline Extension Act:</b> Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund (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 Impact: Increased financial stability for CalOptima’s contracted providers.</i></p>	07/28/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 5963 Spanberger (VA)  S. 3611 Shaheen (NH)	<p><b>Provider Relief Fund Improvement Act:</b> 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 Impact: Increased financial stability for CalOptima’s contracted providers.</i></p>	11/12/2021 Introduced; referred to committees	CalOptima: Watch

## BEHAVIORAL HEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1914 DeFazio (OR)  S. 764 Wyden (OR)	<p><b>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:</b> Would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder (SUD) crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p><i>Potential CalOptima Impact: Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and SUD services to CalOptima Medi-Cal members.</i></p>	03/16/2021 Introduced; referred to committees	08/05/2021 CalOptima: Support



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## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>AB 552</b> <b>Quirk-Silva</b>	<p><b>Integrated School-Based Behavioral Health Partnership Program:</b> Would establish the Integrated School-Based Behavioral Health Partnership Program to expand prevention and early intervention behavioral health services for students. This would allow a county mental health agency and local education agency to develop a formal partnership whereby county mental health professionals would deliver brief school-based services to any student who has, or is at risk of developing, a behavioral health condition or SUD.</p> <p><i><b>Potential CalOptima Impact:</b> Additional member and provider outreach activities by CalOptima staff.</i></p>	<p><b>01/31/2022</b>                      Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>SB 1019</b> <b>Gonzalez</b>	<p><b>Mental Health Benefit Outreach and Education:</b> 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.</p> <p><i><b>Potential CalOptima Impact:</b> Additional member and provider outreach activities by CalOptima staff.</i></p>	<p><b>02/14/2022</b>                      Introduced</p>	CalOptima: Watch
<b>RN 22 06818</b> <b>Trailer Bill</b>	<p><b>Qualifying Community-Based Mobile Crisis Intervention Services:</b> No sooner than January 1, 2023, and through March 31, 2027, would add 24/7 community-based mobile crisis intervention services as a covered Medi-Cal benefit for beneficiaries experiencing a mental health or SUD crisis. Services would be provided through county behavioral health systems</p> <p><i><b>Potential CalOptima Impact:</b> Increased coordination with the Orange County Health Care Agency for behavioral health services; increased follow-up care by CalOptima and its contracted behavioral health providers.</i></p>	<p><b>03/03/2022</b>                      Published by the Department of Finance</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

### BUDGET

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 2471</b> <b>DeLauro (CT)</b>	<p><b>Consolidated Appropriations Act, 2022:</b> Appropriates \$1.5 trillion to fund the federal government through September 30, 2022, including earmarks for the following projects in Orange County:</p> <ul style="list-style-type: none"> <li>■ Children’s Hospital of Orange County: \$325,000 to expand capacity for mental health treatment services and programs in response to the COVID-19 pandemic</li> <li>■ City of Huntington Beach: \$500,000 to establish a mobile crisis response program</li> <li>■ County of Orange: \$2 million to develop a second Be Well Orange County campus in the City of Irvine</li> <li>■ County of Orange: \$5 million to develop a Coordinated Reentry Center to help justice-involved individuals with mental health conditions or SUDs reintegrate into the community</li> <li>■ North Orange County Public Safety Task Force: \$5 million to expand homeless outreach and housing placement services</li> </ul> <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><b>Potential CalOptima Impact:</b> Increased coordination with the County of Orange and other community partners to support implementation of projects that benefit CalOptima members. Continuation of all current telehealth flexibilities for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</p>	<b>03/15/2022</b> Signed into law	CalOptima: Watch

### COVERED BENEFITS

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 56</b> <b>Biggs (AZ)</b>	<p><b>Patient Access to Medical Foods Act:</b> Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children’s Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.</p> <p><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima’s lines of business.</p>	<b>01/04/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 1118</b> <b>Dingell (MI)</b>	<p><b>Medicare Hearing Aid Coverage Act of 2021:</b> Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima OneCare, OneCare Connect and PACE.</p>	<b>02/18/2021</b> Introduced; referred to committees	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 4187</b> <b>Schrier (WA)</b>	<p><b>Medicare Vision Act of 2021:</b> Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings.</p> <p><i>Potential CalOptima Impact: New covered benefits for CalOptima OneCare and PACE.</i></p>	<b>06/25/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4311</b> <b>Doggett (TX)</b>  <b>S. 2618</b> <b>Casey (PA)</b>	<p><b>Medicare Dental, Vision, and Hearing Benefit Act of 2021:</b> Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits:</p> <ul style="list-style-type: none"> <li>■ <b>Dental:</b> Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures</li> <li>■ <b>Vision:</b> Routine eye examinations, eyeglasses, contact lenses and low vision devices</li> <li>■ <b>Hearing:</b> Routine hearing examinations, hearing aids and related examinations</li> </ul> <p>The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%.</p> <p><i>Potential CalOptima Impact: New covered benefits for CalOptima OneCare, OneCare Connect and PACE; higher federal funding rate for current Medi-Cal benefits.</i></p>	<b>07/01/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4650</b> <b>Kelly (IL)</b>	<p><b>Medicare Dental Coverage Act of 2021:</b> Effective January 1, 2025, would require Medicare Part B coverage of dental and oral health services, including routine dental cleanings and examinations, basic and major dental treatments, and dentures.</p> <p><i>Potential CalOptima Impact: New covered benefits for CalOptima OneCare and PACE.</i></p>	<b>07/22/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>AB 1930</b> <b>Arambula</b>	<p><b>Perinatal Services:</b> 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.</p> <p><i>Potential CalOptima Impact: New covered benefit for CalOptima Medi-Cal members up to one-year postpartum.</i></p>	<b>02/10/2022</b> Introduced	CalOptima: Watch
<b>SB 245</b> <b>Gonzalez</b>	<p><b>Abortion Services:</b> Would prohibit 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><i>Potential CalOptima Impact: Modified Utilization Management (UM) procedures for a covered Medi-Cal benefit.</i></p>	<p><b>03/17/2022</b> Passed Assembly floor; returned to Senate floor to concur in amendments</p> <p><b>06/01/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
<b>SB 912</b> <b>Limón</b>	<p><b>Biomarker Testing:</b> 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><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<b>02/02/2022</b> Introduced	CalOptima: Watch



## MEDI-CAL ELIGIBILITY AND ENROLLMENT

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 6636</b> <b>Trone (MD)</b>  <b>S. 2697</b> <b>Cassidy (LA)</b>	<b>Due Process Continuity of Care Act:</b> Would allow states to extend Medicaid coverage to inmates who are awaiting trial and have not been convicted of a crime.  <b>Potential CalOptima Impact:</b> <i>If DHCS exercises option and requires enrollment into managed care, increased number of CalOptima Medi-Cal members.</i>	<b>08/10/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>AB 2680</b> <b>Arambula</b>	<b>Community Health Navigator Program:</b> Would require DHCS to create the Community Health Navigator Program to issue direct grants to qualified community-based organizations to conduct targeted outreach, enrollment and access activities for Medi-Cal-eligible individuals and families.  <b>Potential CalOptima Impact:</b> <i>Increased number of CalOptima Medi-Cal members.</i>	<b>02/18/2022</b> Introduced	CalOptima: Watch
<b>RN 22 07748</b> <b>Trailer Bill</b>	<b>Extend the Duration of Suspension of Medi-Cal Benefits for Adult Incarcerated Individuals:</b> Would require that Medi-Cal benefits are paused for the entire duration of incarceration without any termination of Medi-Cal eligibility. Current law requires that Medi-Cal benefits are paused for adult inmates for only one year before termination.  <b>Potential CalOptima Impact:</b> <i>Increased number of CalOptima Medi-Cal members who are recently released from incarceration; improved continuity of care and health outcomes for such members.</i>	<b>02/10/2022</b> Published by the Department of Finance	CalOptima: Watch
<b>RN 22 08022</b> <b>Trailer Bill</b>	<b>Expansion of Full Scope Medi-Cal Coverage to Individuals 26 to 49 Years of Age, Regardless of Immigration Status:</b> No sooner than January 1, 2024, would expand eligibility for full-scope Medi-Cal benefits to include individuals ages 26 to 49 years, regardless of immigration status. With previous legislative action extending such eligibility to those under 26 years and over 50 years, this would provide Medi-Cal coverage for all ages regardless of immigration status.  <b>Potential CalOptima Impact:</b> <i>Increased number of CalOptima Medi-Cal members.</i>	<b>02/01/2022</b> Published by the Department of Finance	CalOptima: Watch

## MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 1738</b> <b>Dingell (MI)</b>  <b>S. 646</b> <b>Brown (OH)</b>	<b>Stabilize Medicaid and CHIP Coverage Act of 2021:</b> Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.  <b>Potential CalOptima Impact:</b> <i>Increased number of CalOptima Medi-Cal members.</i>	<b>03/10/2021</b> Introduced; referred to committees	CalOptima: Watch ACAP: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 5610</b> <b>Bera (CA)</b>  <b>S. 3001</b> <b>Van Hollen</b> <b>(MD)</b>	<p><b>Easy Enrollment in Health Care Act:</b> To streamline and increase enrollment into public health insurance programs, would allow taxpayers to request their federal income tax returns include a determination of eligibility for Medicaid, CHIP or advance premium tax credits to purchase insurance through a health plan exchange. Taxpayers could also consent to be automatically enrolled into any such program or plan if they would be subject to a zero net premium.</p> <p><b>Potential CalOptima Impact:</b> Increased number of CalOptima Medi-Cal members.</p>	<b>10/19/2021</b> Introduced; referred to committees	CalOptima: Watch ACAP: Support
<b>AB 1355</b> <b>Levine</b>	<p><b>Medi-Cal Independent Medical Review (IMR) System:</b> Would require DHCS to establish an IMR system, effective January 1, 2023, for Medi-Cal services provided through the following:</p> <ul style="list-style-type: none"> <li>■ County Drug Medi-Cal Organized Delivery Systems</li> <li>■ County Mental Health Plans</li> <li>■ Medi-Cal fee-for-service</li> <li>■ Medi-Cal MCPs without a Knox-Keene license from the California Department of Managed Health Care (DMHC)</li> <li>■ PACE</li> </ul> <p>The proposed DHCS IMR would closely mirror the current DMHC IMR process for Knox-Keene licensed health plans. As a result, the bill would provide every Medi-Cal beneficiary with access to an IMR.</p> <p><b>Potential CalOptima Impact:</b> Implementation of an additional Grievance and Appeals process for CalOptima Medi-Cal and PACE members.</p>	<b>01/27/2022</b> Passed Assembly floor; referred to Senate	CalOptima: Watch
<b>AB 1400</b> <b>Kalra, Lee,</b> <b>Santiago</b>	<p><b>California Guaranteed Health Care for All:</b> Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of CHIP, Medi-Cal, Medicare, the Knox-Keene Act, and ancillary health care or social services covered by regional centers for people with developmental disabilities.</p> <p><b>Potential CalOptima Impact:</b> Unknown but potentially significant impacts to the Medi-Cal delivery system and MCPs, including changes to administration, covered benefits, eligibility, enrollment, financing and organization.</p>	<b>01/31/2022</b> Died on Assembly floor	CalOptima: Watch CAHP: Oppose
<b>AB 1880</b> <b>Arambula</b>	<p><b>Medication Prior Authorizations:</b> Would require a Medi-Cal MCP to approve a prior authorization or a step therapy exception request for a prescription drug if the MCP does not issue a determination within 72 hours for nonurgent requests or 24 hours for urgent requests.</p> <p><b>Potential CalOptima Impact:</b> Modified UM requirements for prescribed drugs covered by CalOptima; increased CalOptima costs for drug coverage.</p>	<b>02/08/2022</b> Introduced	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>AB 1937</b> <b>Patterson</b>	<p><b>Out-of-Pocket Pregnancy Costs:</b> No later than January 1, 2024, would require DHCS to reimburse pregnant Medi-Cal beneficiaries up to \$1,000 for out-of-pocket pregnancy costs, including but not limited to birthing classes, midwife and doula care, car seats, cribs, and related items.</p> <p><b>Potential CalOptima Impact:</b> Increased financial stability for CalOptima Medi-Cal members who are currently or were recently pregnant.</p>	<b>02/10/2022</b> Introduced	CalOptima: Watch
<b>AB 1995</b> <b>Arambula</b>	<p><b>Medi-Cal Premium Elimination:</b> 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 (MCAP).</p> <p><b>Potential CalOptima Impact:</b> Increased financial stability for CalOptima Medi-Cal members in certain aid code categories.</p>	<b>02/10/2022</b> Introduced	CalOptima: Watch
<b>AB 2402</b> <b>Rubio, B.</b>	<p><b>Medi-Cal Continuous Eligibility for Children:</b> Would allow Medi-Cal beneficiaries under five years of age to remain continuously eligible for Medi-Cal regardless of income changes or other eligibility requirements.</p> <p><b>Potential CalOptima Impact:</b> Increased number of CalOptima Medi-Cal members.</p>	<b>02/17/2022</b> Introduced	CalOptima: Watch
<b>SB 853</b> <b>Wiener</b>	<p><b>Medication Access Act:</b> Effective January 1, 2023, would require a health plan to cover a prescribed medication for the duration of utilization review and any appeals if the drug was previously covered for the beneficiary by any health plan. Would prohibit a plan from seeking reimbursement from a beneficiary if a denial is sustained.</p> <p><b>Potential CalOptima Impact:</b> Modified UM and Grievance and Appeals requirements for prescribed drugs covered by CalOptima; increased CalOptima costs for drug coverage.</p>	<b>01/19/2022</b> Introduced	CalOptima: Watch
<b>SB 858</b> <b>Wiener</b>	<p><b>Health Plan Civil Penalties:</b> Would increase the civil penalty amount that DMHC could levy on a health plan from no more than \$2,500 per violation to no less than \$25,000 per violation per impacted beneficiary per day. The penalty amount would be adjusted annually, beginning January 1, 2024.</p> <p><b>Potential CalOptima Impact:</b> Increased civil penalties for any violations of managed health care laws and regulations under the jurisdiction of DMHC.</p>	<b>01/19/2022</b> Introduced	CalOptima: Watch
<b>SB 923</b> <b>Wiener</b>	<p><b>TGI Inclusive Care Act:</b> Would require health plan staff and contracted providers to complete cultural competency training to help provide inclusive health care services for individuals who identify as transgender, gender nonconforming or intersex (TGI). In addition, no later than July 31, 202, would require a health plan to include in its provider directory any in-network providers who offer gender-affirming services.</p> <p><b>Potential CalOptima Impact:</b> Additional training requirement for CalOptima employees and contracted providers; additional requirement for provider directory publication.</p>	<b>02/03/2022</b> Introduced	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>SB 987</b> <b>Portantino</b>	<p><b>Medi-Cal Time and Distance Standards:</b> Would extend the current time and distance standards for Medi-Cal plans, which are set to expire on January 1, 2023, until January 1, 2028.</p> <p><b>Potential CalOptima Impact:</b> Continuation of current timely access standards for CalOptima Medi-Cal.</p>	<b>02/14/2022</b> Introduced	CalOptima: Watch
<b>RN 22 08897</b> <b>Trailer Bill</b>	<p><b>Alternate Health Care Service Plan:</b> No sooner than January 1, 2024, would authorize DHCS to contract with an Alternate Health Care Service Plan (AHCS) as a Medi-Cal MCP in any region. An AHCS 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. Enrollment into an AHCS would be limited to the following Medi-Cal beneficiaries:</p> <ul style="list-style-type: none"> <li>■ Previous AHCS enrollees and their immediate family members</li> <li>■ Dually eligible for Medi-Cal and Medicare benefits</li> <li>■ Foster youth</li> </ul> <p><b>Potential CalOptima Impact:</b> Additional Medi-Cal MCP in Orange County; decreased number of CalOptima Medi-Cal members; increased percentage of CalOptima members who are high-risk.</p>	<b>03/10/2022</b> Published by the Department of Finance	CalOptima: Watch
<b>RN 22 10705</b> <b>Trailer Bill</b>	<p><b>Reducing Premiums for the Optional Targeted Low-Income Children’s Program (OTLICP), 250 Percent Working Disabled Program (WDP), and Children’s Health Insurance Program (CHIP):</b> Effective July 1, 2022, would allow DHCS to 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 (MCAP).</p> <p><b>Potential CalOptima Impact:</b> Increased financial stability for CalOptima Medi-Cal members in certain aid code categories.</p>	<b>03/03/2022</b> Published by the Department of Finance	CalOptima: Watch

## OLDER ADULT SERVICES

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

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 4941</b> <b>Blumenauer</b> <b>(OR)</b>	<p><b>PACE Part D Choice Act of 2021:</b> Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option.</p> <p><i><b>Potential CalOptima Impact:</b> Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.</i></p>	<p><b>08/06/2021</b>                      Introduced; referred to committees</p>	CalOptima: Watch NPA: Support
<b>H.R. 6770</b> <b>Dingell (MI)</b>  <b>S. 1162</b> <b>Casey (PA)</b>	<p><b>PACE Plus Act:</b> Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers.</p> <p>Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.</p> <p><i><b>Potential CalOptima Impact:</b> Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the size and/or service area of a current PACE center or to establish a new PACE center(s).</i></p>	<p><b>04/15/2021</b>                      Introduced; referred to committees</p>	CalOptima: Watch CalPACE: Support NPA: Support
<b>S. 3626</b> <b>Casey</b>	<p><b>PACE Expanded Act:</b> 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"> <li>■ New PACE program</li> <li>■ New centers for an existing PACE program</li> <li>■ Expanded service area for an existing PACE center</li> </ul> <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><i><b>Potential CalOptima Impact:</b> Increased number of CalOptima PACE participants; expanded eligibility criteria; new premium development procedure; simplified process to establish new PACE centers.</i></p>	<p><b>02/10/2022</b>                      Introduced; referred to committee</p>	CalOptima: Watch NPA: Support
<b>SB 1342</b> <b>Bates</b>	<p><b>Older Adult Care Coordination:</b> Would allow each county 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><i><b>Potential CalOptima Impact:</b> Participation in Orange County's MDT; improved care coordination for CalOptima's older adult members.</i></p>	<p><b>02/18/2022</b>                      Introduced</p>	CalOptima: Watch County of Orange: Sponsor

## PROVIDERS

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>AB 2581</b> Salas	<p><b>Behavioral Health Provider Credentialing:</b> Effective January 1, 2023, would require health plans to process credentialing applications from mental health and SUD providers within 45 days of receipt. If not approved or denied within that period, a provider may request a temporary credential to be issued within five business days unless the provider has a history of medical malpractice claims, substance use, mental health issues or disciplinary action.</p> <p><b>Potential CalOptima Impact:</b> Modified provider credentialing processes for Quality Improvement staff.</p>	<b>02/18/2022</b> Introduced	CalOptima: Watch
<b>AB 2659</b> Patterson	<p><b>Access to Midwifery Services:</b> Would require a Medi-Cal MCP to include at least one licensed midwife (LM) or certified-nurse midwife (CNM) in each county within its provider network. An MCP would be exempt if an LM or CNM is not located within the county or does not accept Medi-Cal payments.</p> <p><b>Potential CalOptima Impact:</b> Additional provider contracting and credentialing; increased access to midwifery services for CalOptima Medi-Cal members.</p>	<b>02/18/2022</b> Introduced	CalOptima: Watch
<b>SB 966</b> Limón	<p><b>Clinic Providers:</b> Effective 60 days following the termination of the COVID-19 PHE, would allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (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><b>Potential CalOptima Impact:</b> Increased member access to behavioral health providers at contracted FQHCs.</p>	<b>02/09/2022</b> Introduced	CalOptima: Watch

## REIMBURSEMENT RATES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>AB 1892</b> Flora	<p><b>California Orthotic and Prosthetic Patient Access and Fairness Act:</b> Would require reimbursement for prosthetic and orthotic appliances and durable medical equipment to be set at 80% of the lowest maximum allowance for California established by the federal Medicare program.</p> <p><b>Potential CalOptima Impact:</b> Increased cost to CalOptima Medi-Cal due to higher reimbursement to DME providers; adjustment to DHCS capitation rates.</p>	<b>02/09/2022</b> Introduced	CalOptima: Watch
<b>AB 2458</b> Weber	<p><b>Whole Child Model (WCM) Reimbursement Rates:</b> Effective January 1, 2023, would increase provider reimbursement rates for Whole Child Model services by 25% if provided at a medical practice in which at least 30% of pediatric patients are Medi-Cal beneficiaries.</p> <p><b>Potential CalOptima Impact:</b> Increased cost to CalOptima Medi-Cal due to higher reimbursement to WCM providers; adjustment to DHCS capitation rates.</p>	<b>02/17/2022</b> Introduced	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>RN 22 08446</b> <b>Trailer Bill</b>	<p><b>FQHC Alternative Payment Methodology (APM) Project:</b> No sooner than January 1, 2024, would authorize DHCS to permanently implement an APM option for FQHCs to receive value-based payments instead of volume-based payments. Specifically, Medi-Cal MCPs would pay an FQHC a per-member-per-month rate, based on historic utilization, which would be no less than the current amount paid through its Prospective Payment System rate.</p> <p><i><b>Potential CalOptima Impact:</b> New rate structure and modified contracts for CalOptima’s contracted FQHCs who participate in the APM project; increased reporting requirements to DHCS.</i></p>	<b>03/07/2022</b> Published by the Department of Finance	CalOptima: Watch

## SOCIAL DETERMINANTS OF HEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 379</b> <b>Barragan (CA)</b>  <b>S. 104</b> <b>Smith (MN)</b>	<p><b>Improving Social Determinants of Health Act of 2021:</b> Would require the Centers for Disease Control and Prevention (CDC) to establish a social determinants of health (SDOH) program to coordinate activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p><i><b>Potential CalOptima Impact:</b> Increased availability of federal grants to address SDOH.</i></p>	<b>01/21/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 943</b> <b>McBath (GA)</b>  <b>S. 851</b> <b>Blumenthal (CT)</b>	<p><b>Social Determinants for Moms Act:</b> Would require HHS to convene a task force to coordinate federal efforts on social determinants of maternal health as well as award grants to address SDOH, eliminate disparities in maternal health and expand access to free childcare during pregnancy-related appointments. Would also extend postpartum eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children from six months postpartum to two years postpartum.</p> <p><i><b>Potential CalOptima Impact:</b> Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.</i></p>	<b>02/08/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 2503</b> <b>Bustos (IL)</b>  <b>S. 3039</b> <b>Young (IN)</b>	<p><b>Social Determinants Accelerator Act of 2021:</b> Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than \$25 million (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><i><b>Potential CalOptima Impact:</b> Increased availability of federal grants to address the SDOH of members with complex needs.</i></p>	<b>07/15/2021</b> Passed House Energy and Commerce Committee’s Subcommittee on Health; referred to full Committee	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 3894</b> <b>Blunt</b> <b>Rochester (DE)</b>	<p><b>Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:</b> Would require the Centers for Medicare &amp; Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs.</p> <p><i><b>Potential CalOptima Impact:</b> Increased opportunities for CalOptima to address SDOH.</i></p>	<b>12/08/2021</b> Passed House floor; referred to Senate Committee on Finance	CalOptima: Watch
<b>H.R. 4026</b> <b>Burgess (TX)</b>	<p><b>Social Determinants of Health Data Analysis Act of 2021:</b> Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH.</p> <p><i><b>Potential CalOptima Impact:</b> Increased opportunities for CalOptima to address SDOH.</i></p>	<b>11/30/2021</b> Passed House floor; referred to Senate Committee on Health, Education, Labor, and Pensions	CalOptima: Watch

## TELEHEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 366</b> <b>Thompson</b> <b>(CA)</b>	<p><b>Protecting Access to Post-COVID-19 Telehealth Act of 2021:</b> Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or 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><b>Potential CalOptima Impact:</b> Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>01/19/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 1332</b> <b>Carter (GA)</b>  <b>S. 368</b> <b>Scott (SC)</b>	<p><b>Telehealth Modernization Act of 2021:</b> Would permanently extend certain current telehealth flexibilities in the Medicare program, enacted temporarily in response to the COVID-19 pandemic. Specifically, would permanently allow the following:</p> <ul style="list-style-type: none"> <li>■ FQHCs and RHCs may serve as the site of a telehealth provider</li> <li>■ Beneficiaries may receive all telehealth services at any location, including their own homes</li> <li>■ CMS may retain and expand the list of covered telehealth services</li> <li>■ CMS may expand the types of providers eligible to provide telehealth services</li> </ul> <p><i><b>Potential CalOptima Impact:</b> Continuation of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>02/23/2021</b> Introduced; referred to committees	CalOptima: Watch



## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 2166</b> <b>Sewell (AL)</b>	<p><b>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:</b> Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 PHE.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<b>03/23/2021</b> Introduced; referred to committees	<b>08/05/2021</b> CalOptima: Support  ACAP: Support NPA: Support
<b>H.R. 2903</b> <b>Thompson (CA)</b>  <b>S. 1512</b> <b>Schatz (HI)</b>	<p><b>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021:</b> Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would:</p> <ul style="list-style-type: none"> <li>■ Remove all geographic restrictions for telehealth services</li> <li>■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS</li> <li>■ Remove restrictions on the use of telehealth in emergency medical care</li> <li>■ Allow FQHCs and RHCs to provide telehealth services</li> </ul> <p><i><b>Potential CalOptima Impact:</b> Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>04/28/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 3447</b> <b>Smith (MO)</b>	<p><b>Permanency for Audio-Only Telehealth Act:</b> Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 PHE:</p> <ul style="list-style-type: none"> <li>■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and SUD services, or any other service specified by HHS.</li> <li>■ Medicare beneficiaries may receive telehealth services at any location, including their homes.</li> </ul> <p><i><b>Potential CalOptima Impact:</b> Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	<b>05/20/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>H.R. 4058</b> <b>Matsui (CA)</b>  <b>S. 2061</b> <b>Cassidy (LA)</b>	<p><b>Telemental Health Care Access Act of 2021:</b> Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.</i></p>	<b>06/22/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>S. 150</b> <b>Cortez Masto (NV)</b>	<p><b>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:</b> Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 PHE.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<b>02/02/2021</b> Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>S. 3593</b> <b>Cortez Masto</b> <b>(NV)</b>	<p><b>Telehealth Extension and Evaluation Act:</b> 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><b>Potential CalOptima Impact:</b> Continuation of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</p>	<b>02/08/2022</b> Introduced; referred to committee	CalOptima: Watch
<b>RN 22 09807</b> <b>Trailer Bill</b>	<p><b>Medi-Cal Telehealth Policy:</b> Would permanently extend or modify certain Medi-Cal telehealth flexibilities currently authorized during the COVID-19 pandemic as follows:</p> <ul style="list-style-type: none"> <li>■ DHCS must specify the Medi-Cal covered benefits that may be delivered via telehealth as well as the telehealth provider types allowed in addition to FQHCs and RHCs.</li> <li>■ Telehealth services may be delivered via video, audio only, remote patient monitoring and other virtual modalities.</li> <li>■ Video and audio-only telehealth services must be reimbursed at the same rate as in-person services, while remote patient monitoring and other modalities may be reimbursed at different rates.</li> <li>■ Medi-Cal providers, including FQHCs and RHCs, may establish a new Medi-Cal patient using video telehealth but not audio-only telehealth or other virtual modalities.</li> </ul> <p>Finally, would allow Medi-Cal MCPs to include video telehealth encounters when determining compliance with network adequacy requirements.</p> <p><b>Potential CalOptima Impact:</b> Continuation and modification of certain telehealth flexibilities for CalOptima Medi-Cal.</p>	<b>03/08/2022</b> Published by the Department of Finance	CalOptima: Watch

## YOUTH SERVICES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 66</b> <b>Buchanan (FL)</b>	<p><b>Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act:</b> Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.</p> <p><b>Potential CalOptima Impact:</b> Continuation of current federal funding and eligibility requirements for CalOptima Medi-Cal members eligible under CHIP.</p>	<b>01/04/2021</b> Introduced; referred to committee	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>H.R. 1390</b> <b>Wild (PA)</b>	<b>Children’s Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act:</b> Would retroactively extend CHIP’s temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 PHE.  <b>Potential CalOptima Impact:</b> Increased federal funds for CalOptima Medi-Cal members eligible under CHIP.	<b>02/25/2021</b> Introduced; referred to committees	CalOptima: Watch
<b>S. 453</b> <b>Casey (PA)</b>			

### Two-Year Bills

The following bills did not meet the deadline to be passed by both houses of the State Legislature in 2021 but are still eligible for reconsideration in 2022:

- AB 4 (Arambula)
- AB 32 (Aguiar-Curry)
- AB 114 (Maienschein)
- AB 470 (Carrillo)
- AB 540 (Petrie-Norris)
- AB 563 (Berman)
- AB 586 (O’Donnell)
- AB 1132 (Wood)
- SB 17 (Pan)
- SB 56 (Pan)
- SB 250 (Pan)
- SB 256 (Pan)
- SB 293 (Limón)
- SB 316 (Eggman)
- SB 371 (Caballero)
- SB 523 (Leyva)
- SB 562 (Portantino)
- SB 773 (Roth)

### Signed Bills

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

### Vetoed Bills

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

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

*ACAP: Association for Community Affiliated Plans*

*CAHP: California Association of Health Plans*

*CalPACE: California PACE Association*

*LHPC: Local Health Plans of California*

*NPA: National PACE Association*

Last Updated: March 15, 2022

### 2022 Federal Legislative Dates

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

### 2022 State Legislative Dates

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



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# CalOptima

Better. Together.

# Long-Term Services and Supports (LTSS)

OneCare Connect Member Advisory Committee

April 21, 2022

Kelly Giardina, Executive Director, Clinical Operations

Scott Robinson, Director, Long-Term Services and Supports

Michelle Findlater, Manager, Long-Term Services and Supports

[Back to Agenda](#)

# LTC Complex Discharge Planning Support

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## Identified Challenges:

- Hospital to Skilled Nursing Facility Transitions  
Coordination of Care
- Bed Availability
  - Custodial vs Skilled nursing
- Location (impact for member/family and informal supports)
- Hospice and Palliative care

# Working together to develop solutions

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- LTSS complex discharge team
  - Social Workers and Registered Nurses
- Objectives
  - Identify new/innovative DC transition roles & responsibilities
  - Early discharge planning
  - Coordination with UM/CM/Hospital/Health Network
    - Interdisciplinary Team Meeting
  - Identifying appropriate level of care and facility
    - Medical & Behavioral complexities
    - Hospice
  - Monitoring facility bed availability
  - Build relationships with LTC facilities

# FEEDBACK & QUESTIONS?

[Back to Agenda](#)



# Our Mission

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

## Connect with Us

[www.caloptima.org](http://www.caloptima.org)



[Back to Agenda](#)





A Public Agency

**CalOptima**  
Better. Together.

# CalFresh Outreach Strategy

Tiffany Kaaiakamanu, Community Relations Manager,  
CalOptima

# CalFresh Outreach Strategy

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- CalOptima is launching a \$2 million CalFresh Outreach Strategy
  - During the pandemic, food insecurity has been exacerbated for CalOptima members and the community at large
  - 344,000 CalOptima members (about 226,000 households) identified as potentially eligible but not enrolled in CalFresh
- Goal is to enroll 100,000 CalOptima members in CalFresh by the end of 2022

# CalFresh Outreach Strategy (cont.)

- Comprehensive strategy to reach members, providers, staff and community stakeholders
  - Warm line transfer for CalOptima members to County of Orange Social Services Agency's CalFresh Call Center
    - Flagged 344,000 potentially eligible members in Facets
    - Developed a script to promote CalFresh with members
  - Direct mailer – 226,000 households
  - CareNet outbound call campaign
  - mPulse text message campaign
  - Provider and health network engagement
    - Sharing flyers, posters, FAQs
    - Requesting support with communicating message to members



Obtenga más dinero para comprar alimentos.

Una familia de cuatro puede ser elegible para recibir hasta

**\$835\***  
de CalFresh cada mes

alimentación saludable.  
mejor salud.

Como miembro de CalOptima, puede calificar para CalFresh, y ahora es más fácil solicitarlo a través de CalOptima!

Llámenos gratuitamente al  
**1-888-587-8088 (TTY 711)**  
o visite [caloptima.org/calfresh](http://caloptima.org/calfresh)

(No es miembro de CalOptima? Solicite CalFresh en línea en [www.getcalfresh.org/nc](http://www.getcalfresh.org/nc))

Mejor que conectad  
Visite [www.caloptima.org](http://www.caloptima.org)  
o síguelos en @CalOptima

CalFresh  
CalOptima  
A Public Agency

# CalFresh Outreach Strategy (cont.)

- CalFresh enrollment events
  - Planning events hosted throughout the county
  - Providing resources, such as booster/car seats, diapers, food distribution, mental health and more
- Advertising and marketing
  - Flyers for community events and stakeholders
  - Webpage at [www.caloptima.org/calfresh](http://www.caloptima.org/calfresh)
  - Billboards in geo-targeted areas
  - Interior and exterior bus ads
  - Transit shelter ads
  - Social media and digital ads



# CalFresh Community Information Session

Assistance Programs

*CalFresh*

2022

[Back to Agenda](#)



**Vision:**

Orange County residents will enjoy a safe and supportive environment that promotes stability and self-reliance.

**Mission:**

To deliver quality services that are accessible and responsive to the community, encourage personal responsibility, strengthen individuals, preserve families, and protect vulnerable adults and children.

[Back to Agenda](#)

# SSA Overview

Providing assistance to Orange County residents:

- 🍊 2 out of 5 children
- 🍊 1 out of 4 adults
- 🍊 1 out of 6 seniors

19 office locations throughout Orange County

SSA is made up of four divisions:

- 🍊 Assistance Programs (AP)
  - CalFresh
- 🍊 Children & Family Services (CFS)
- 🍊 Family Self-Sufficiency & Adult Services (FSS & AS)
- 🍊 Administrative Services (Admin)





# CalFresh Myths

- 🍊 **Myth:** CalFresh is welfare.
- 🍊 **Myth:** I need to be employed or have some income to receive CalFresh.
- 🍊 **Myth:** I cannot receive CalFresh if I own a home or car, or have a savings and/or retirement account.
- 🍊 **Myth:** I applied for CalFresh in the past and did not qualify. I cannot apply again.
- 🍊 **Myth:** CalFresh is only for mothers or families with children.
- 🍊 **Myth:** My child is not eligible for CalFresh benefits because I am not a U.S. citizen.

# CalFresh Facts

- 🍊 **Fact:** While CalFresh is a state and federal nutrition assistance program, it is not welfare. CalFresh helps those who meet eligibility guidelines buy healthy food. Benefits are loaded on an Electronic Benefit Transfer (EBT) card, which can be used at grocery stores, farmers' markets and online at Walmart and Amazon.
- 🍊 **Fact:** Employment is not an eligibility requirement for CalFresh and there is no minimum income requirement. You may receive CalFresh if you earn money from a job, receive unemployment benefits or receive child support.
- 🍊 **Fact:** You can own a home and/or a car, and have a savings and/or retirement account and still qualify. Basic CalFresh eligibility is determined based on income, not assets.

# CalFresh Facts

- 🍊 **Fact:** Applicants are welcome to apply even if they did not qualify in the past. There may have been changes to your circumstances and/or to regulations. You can apply again at [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org) or call (800) 281-9799.
- 🍊 **Fact:** CalFresh is for anyone who meets the eligibility guidelines. Fathers, single adults, people with disabilities, those experiencing homelessness and people ages 60 or older may qualify for CalFresh.
- 🍊 **Fact:** Children in mixed immigration status households may be eligible for CalFresh benefits.

# CalFresh

- 🍊 Benefit allotment ranges depending on:
  - Household size
  - Income
  - Expenses
- 🍊 Electronic Benefit Transfer (EBT) card



# What can be purchased?

- 🍊 Food and beverages for human consumption:
  - Fruits and vegetables
  - Meat
  - Dairy products
  - Frozen foods
  - Snack food (candy and soda)
- 🍌 Seeds or plants to grow food

[Back to Agenda](#)



# What can't be purchased?

- 🍊 Hot food (any food that will be eaten in store)
- 🍊 Alcoholic beverages or tobacco products
- 🍊 Vitamins and medicines
- 🍊 Pet food
- 🍊 Nonfood items

# Where to Shop with EBT

- 🍊 **Visit:** [www.cdss.ca.gov/ebt-card](http://www.cdss.ca.gov/ebt-card)
- 🍊 Popular chains such as **Wal-Mart, Target, Ralphs, Dollar Tree**, etc.
- 🍊 **Mas Fresco:** [www.masfresco.org](http://www.masfresco.org)
- 🍊 **Market Watch:** [www.marketmatch.org](http://www.marketmatch.org)

# Restaurant Meals Program



- 🍊 For elderly, disabled and homeless
- 🍊 Over 200 Orange County restaurants participate
- 🍊 Restaurant Meal Program logo or “EBT” sign
- 🍊 Participating restaurants:  
<https://www.ssa.ocgov.com/calfresh/calfresh/rmp>



# CalFresh Household

- 🍊 A CalFresh household can consist of:
  - An individual living alone or with others who buys and prepares food separately.
  - A group of individuals related or unrelated residing together who purchase or prepare food together.
  - If an individual is under 22 years of age and lives with parents, this is considered one household and they must apply together.



# CalFresh – Who is Eligible?

- 🍊 Must be a resident of Orange County
- 🍊 Must be a citizen or eligible non-citizen
- 🍊 Eligible elderly or disabled individuals who receive Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits

# Gross Income Limits

Household Size	Gross Monthly Income – 200% Federal Poverty Level
1	\$2,148
2	\$2,904
3	\$3,660
4	\$4,418
5	\$5,174
6	\$5,930
7	\$6,688
8	\$7,444
Each additional member	Add \$758

*Effective 10/01/2021 through 09/30/2022*

# CalFresh Allotment - Standard Benefit Maximums

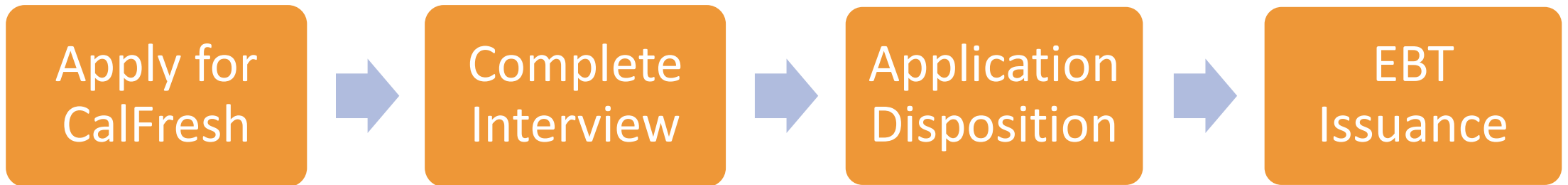
CalFresh Household Size	Maximum CalFresh Allotment
1	\$250
2	\$459
3	\$658
4	\$835
5	\$992
6	\$1,190
7	\$1,316
8	\$1,504
Each additional member	Add \$188

*Effective 10/01/2021 through 09/30/2022*

# CalFresh Application Process

- 🍊 Expedited Service (ES)
- 🍊 CalFresh COVID-19 Interim Instructions
  - Interview Waiver
  - Emergency Allotment
  - Temporary Student Eligibility Exemptions

# CalFresh Application Process



# CalFresh – How to Apply?



## ONLINE:

Individuals/families may apply online at [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org)



## BY PHONE:

Call the SSA Call Center at (800) 281-9799  
Hours of Operation:  
Monday-Friday  
6:30 a.m. to 8 p.m.  
Saturday  
7 a.m. to 4:30 p.m.



## IN PERSON:

At select [SSA locations](#)  
Monday-Friday  
8 a.m. to 5 p.m.



## BY MAIL/FAX:

Mail [CalFresh applications](#) to applicable [SSA locations](#) or fax to (714) 645-3489

# Alternative Access Points

- 🍊 [MyBenefitsCalWIN](#) online portal to apply, review benefits and report changes for:
  - Medi-Cal
  - CalFresh
  - General Relief
  - CalWORKs
- 🍊 [GetCalFresh.org](#) online application portal can also be used to apply for CalFresh benefits
- 🍊 [SSA Submit](#) online portal allows clients to upload document/verifications



# SSA's Assistance Programs Office Locations

🍊 Anaheim Regional Center  
3320 E. La Palma Ave.  
Anaheim, CA 92806  
Monday through Friday  
8 a.m. to 5 p.m.

🍊 Laguna Hills Regional Center  
23330 Moulton Pkwy.  
Laguna Hills, CA 92653  
Monday through Friday  
8 a.m. to 5 p.m.

🍊 Santa Ana Regional Center  
1928 S. Grand Ave.  
Santa Ana, CA 92705  
Monday through Friday  
8 a.m. to 5 p.m.

🍊 Cypress Regional Center  
6100 Chip Ave.  
Cypress, CA 90630  
Monday through Friday  
8 a.m. to 5 p.m.

🍊 Garden Grove Regional Center  
12912 Brookhurst St.  
Garden Grove, CA 92840  
Monday through Friday  
8 a.m. to 5 p.m.



For additional information visit: <http://ssa.ocgov.com>