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NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
PROVIDER ADVISORY COMMITTEE

THURSDAY, MAY 13, 2021
8:00 A.M.

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

AGENDA

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

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

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

1) **Listen to the live audio at +1 (415) 930-5321 - Access Code: 488-944-902 or**

2) **Participate via Webinar at: https://attendee.gotowebinar.com/register/3121463348477166094 rather than attending in person. Webinar instructions are provided below.**

I. **CALL TO ORDER**

    Pledge of Allegiance

II. **ESTABLISH QUORUM**

III. **APPROVE MINUTES**
   A. Approve Minutes of the April 8, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

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

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

VI. **MANAGEMENT REPORTS**
   A. Chief Executive Officer Report
   B. Chief Operating Officer Report
   C. Chief Medical Officer Report

VI. **INFORMATION ITEMS**
   A. California Advancing and Innovating Medi-Cal (CalAIM)
   B. Federal and State Legislative Update
   C. Families Together of Orange County
   D. Provider Advisory Committee Member Updates

VII. **COMMITTEE MEMBER COMMENTS**

VIII. **ADJOURNMENT**

Webinar Instructions

1. **Please register for the Provider Advisory Committee Meeting on May 13, 2021 at 8:00 AM PDT at: https://attendee.gotowebinar.com/register/312146334847717166094. After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

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

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

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

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.
   --OR--
   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
   United States: **+1 (415) 930-5321**

   Access Code: **488-944-902**

   Audio PIN: Shown after joining the webinar.

<p style="text-align:center">MINUTES</p>

<p style="text-align:center">REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
PROVIDER ADVISORY COMMITTEE</p>

<p style="text-align:center">**April 8, 2021**</p>

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on April 8, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER

PAC Chair Dr. Junie Lazo-Pearson, called the meeting to order at 8:02 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Amin Alpesh, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D; Tina Bloomer, MHNP (8:05 am); Donald Bruhns; Andrew Inglis, M.D.; Jena Jensen; Teri Miranti; Loc Tran, PharmD.; Christy Ward
Members Absent:	John Kelly, M.D.; Peter Korchin; Alexander Rossel
Others Present:	Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Chief Medical Officer; Michelle Laughlin, Executive Director, Network Operations; Tracy Hitzeman, Executive Director, Clinical Operations; Rachel Selleck, Executive Director, Public Affairs; Claudia Magee, Manager, Strategic Development; Bárbara Kidder García, Program/Policy Analyst, Sr., Strategic Development; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service

MINUTES

Approve the Minutes of the February 11, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

Action:	***On motion of Member Christy Ward, seconded and carried, the Committee approved the minutes of the February 11, 2021 regular meeting. (Motion carried 12-0-0; Members Kelly, Korchin and Rossel absent)***

Approve the Minutes of the March 11, 2021 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 Dr. Alpesh Amin, seconded and carried, the Committee approved the minutes of the March 11, 2021 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. (Motion carried 12-0-0; Members Dr. Kelly, Korchin and Rossel absent)**

PUBLIC COMMENTS
There were no public comments.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report
Richard Sanchez, Chief Executive Officer, announced that Emily Fonda, M.D. had been named CalOptima's Chief Medical Officer. Mr. Sanchez also provided an update on COVID vaccines and noted that Blue Shield was now acting as the state's third party administrator for vaccine distribution. He also noted that CalOptima was continuing to work closely with the County on vaccine distribution.

Chief Operating Officer Report
Ladan Khamseh, Chief Operating Officer, provided an update on the current status of the draft policy intended to address health network model changes that was discussed at the August 2020 Board meeting. Ms. Khamseh noted that the policy included draft language that is intended to define the criteria and provides the process for CalOptima's health networks to submit requests for contract model changes. She also noted that staff was preparing to submit this policy for board consideration at the May 6, 2021 Board of Director's meeting.

Chief Financial Officer Report
Nancy Huang, Chief Financial Officer (CFO), presented a financial update to the PAC and reviewed the enrollment projection by all lines of business and also discussed the anticipated Medi-Cal revenue impact to the FY 2021-2022 CalOptima budget. Ms. Huang also reviewed budget timelines with the committee and budget considerations that included fee-for-service reimbursements and health network capitations.

INFORMATION ITEMS

COVID–19 Update
Dr. Fonda provided an update on CalOptima's COVID-19 Vaccine and Member Outreach Strategy and CalOptima's outreach efforts to approximately 806,000 CalOptima members. She noted that over 9,350 gift cards had been sent to members as an incentive for getting vaccinated. She also discussed the vaccine initiatives for members experiencing homelessness and referenced a number of myths circulating about the vaccines.

CalOptima 2020-2022 Strategic Plan Discussion
Rachel Selleck, Executive Director, Public Affairs, jointly presented with Claudia Magee, Manager, Strategic Development, and Bárbara Kidder García, Program/Policy Analyst, Sr., on the feedback received from the advisory committee's joint meeting on March 11, 2021. They discussed the feedback that had been received from the advisory committees on Health Equity, Social Determinants of Health, Service Delivery Model, Behavioral Health and other categories to solicit further feedback from the PAC on the FY 2020-2022 Strategic Plan update prior to finalizing their report for the Board.

Federal and State Legislative Update
Rachel Selleck also provided an update on several legislative items of interest to the committee and referred the committee to the handout that they had received in their meeting materials including the CalOptima's Legislative Platform and Legislative Priorities brochure.

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

PAC Member Updates
Chair Lazo-Pearson noted that PAC's annual recruitment for seats that expire on June 30, 2021 would conclude on April 15, 2021 for the following seats: Allied Health Services Representative, Behavioral/Mental Health Representative, Health Network Representative and Nurse Representative. Chair Lazo-Pearson requested that an ad hoc be formed to assist Vice Chair Nishimoto in reviewing the incoming PAC applications for the expiring seats. Teri Miranti and Christi Ward agreed to serve on this ad hoc. She also noted that the next meeting would be May 13, 2021where the PAC would be approving their FY 2021-2022 meeting schedule and would consider a recommendation from the nominations ad hoc on PAC's slate of candidates.

ADJOURNMENT
Hearing no further business, Chair Lazo-Pearson adjourned the meeting at 9:45 a.m.

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

Approved: May 13, 2021

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PROVIDER ADVISORY COMMITTEE
FY 2021-22
Meeting Schedule

2021

July
No Meeting

August
Thursday, August 12, 2021
8:00 AM – 10:00 AM

September
Thursday, September 9, 2021
8:00 AM – 10:00 AM

October
Thursday, October 14, 2021
8:00 AM – 10:00 AM

November*
Wednesday, November 10, 2021
8:00 AM – 10:00 AM

December**
Thursday, December 9, 2021
9:00 AM – 11:00 AM

2022

January
No Meeting

February
Thursday, February 10, 2022
8:00 AM – 10:00 AM

March
Thursday, March 10, 2022
8:00 AM – 10:00 AM

April
Thursday, April 14, 2022
8:00 AM – 10:00 AM

May
Thursday, May 12, 2022
8:00 AM – 10:00 AM

June
Thursday, June 9, 2022
8:00 AM – 10:00 AM

Regular Meeting Location and Time

CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N or Virtual

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

*Meeting scheduled on Wednesday due to Veteran's Day Holiday
**Joint Meeting

Approved: May 13, 2021

M E M O R A N D U M

DATE:	April 29, 2021
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Chief Executive Officer
SUBJECT:	CEO Report — May 6, 2021, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Marie Jeannis Named Executive Director, Quality & Population Health Management
After serving in an interim role, Marie Jeannis has been appointed the permanent Executive Director, Quality & Population Health Management. Marie began her career with CalOptima in 2002 in Case Management, later becoming director for seven years. In 2014, she joined the Enterprise Analytics team. As the most recent director of Enterprise Analytics, she is recognized for her role in creating multiple dashboards and reports to support the success of key initiatives, such as the Homeless Health Initiative, Whole Child Model and Health Homes Program. As Executive Director, Marie will to be responsible for the management and oversight of CalOptima's Quality and Population Health Management teams. Marie is a master's-prepared Registered Nurse with a specialization in health informatics and a certified case manager.

CalOptima Releases 2021 Report to the Community Focused on Pandemic Response
In a creative approach to reaching stakeholders who are not receiving mail at their offices, CalOptima's Communications team developed an electronic Report to the Community that captures accomplishments during the pandemic year. Using a Chrome browser, please view the report here. On April 15, CalOptima distributed the report via an email blast to more than 2,700 provider and community partners, and to all employees. The report is also posted on the website and social media. Special thanks to your Board for the steady guidance that enabled CalOptima to uphold our mission through unprecedented challenges.

California Advancing and Innovating Medi-Cal (CalAIM) Stakeholder Meeting Set
In preparation to launch CalAIM in January 2022, CalOptima is hosting a community stakeholder meeting on Friday, May 14, 10:30–11:30 a.m. CalOptima plans to provide an overview of CalAIM, discuss the target populations and outreach, and conduct a Q&A session. Invitations were distributed broadly to providers, community-based organizations, elected officials and others. Registration is available here.

CalOptima Planning for Homeless Health Stakeholder Engagement, Research
In 2019, as part of our Homeless Health Initiatives, CalOptima solicited input from stakeholders about best practices to engage individuals whose health outcomes are impacted by their experience with homelessness. The stakeholders recommended that CalOptima hear directly from members with "lived experience" with homelessness. While CalOptima initially planned in-person town halls and interviews, the extended impacts of COVID-19 caused us to revise our strategy to incorporate virtual member focus groups and key informant interviews. We also

added a provider research component to include a broader view in program design and strategy development. Currently, CalOptima proposes to engage a third-party consultant to conduct research, which will provide confidentiality for participating members. We plan to release a Request for Proposal in May to identify a qualified research vendor that can conduct all research activities and develop an engagement framework by December 2021. We will bring a vendor contract to your Board for consideration later this year.

COVID-19 Response Adjusts to Expanded Vaccine Eligibility
On April 15, Orange County began permitting COVID-19 vaccination of residents 16 years or older. The expanded eligibility means that CalOptima now has approximately 569,000 members who can be vaccinated under the new criteria.

- *Vaccination Data*: Your Board requested ongoing data regarding members who have been vaccinated. While recent California Immunization Registry (CAIR) data shows an increase in vaccinations from the prior month, CAIR information is not real time. Therefore, many more members are likely to have received the vaccine than this figure indicates. As of April 16, 71,274 CalOptima members have been vaccinated, and of those, 64,491 are eligible for Member Health Rewards.
- *Text Messaging Campaign*: On April 28, CalOptima released a third round of text messages to more than 240,000 cell phones. The text carries a notice about the expanded eligibility and a reminder about the Member Health Rewards.
- *Trusted Messenger Videos*: On April 14, CalOptima distributed a press release announcing our video series featuring community leaders sharing messages about COVID-19 vaccine safety in English, Spanish and Vietnamese. The 15- and 30-second videos have been posted on Facebook, Twitter and Instagram, and the 60-second versions are available on CalOptima's website. The full collection is on YouTube at CalOptima TV. Further, we debuted the videos with provider and community partners via our weekly Community Announcements newsletter. Communications also shared the videos with the County, which plans to distribute the material to the Consulate of Mexico in Santa Ana, Catholic Charities & Catholic Diocese, 2T Vietnamese Media and Viet Links. CalOptima will continue to seek broad channels to use the messages in reaching the vaccine hesitant.

Legislative Platform Priorities Lead to Letters of Support for Coordinated Re-Entry Center, Be Well Campus South
Signed into law March 11, the American Rescue Plan Act includes $350 billion for state and local governments. This includes $621 million for Orange County and the Community Project (Earmark) Funding program. In alignment with the County of Orange and CalOptima's 2021–22 Legislative Platform priorities, CalOptima submitted letters of support in support of the County's request for an allocation of $10 million for the following programs:

- Coordinated Re-Entry Center: $5 million to support a central location for individuals released from or involved in the criminal justice system that offers 24/7 access to services, such as job training and placement, housing and public assistance, and physical and mental health care.
- Orange County Behavioral Wellness (Be Well) Campus South: $5 million to support clinical and residential services for mental illness and substance use once the campus is operational.

All Hands Guest Speaker to Focus on Unconscious Bias, Diversity, Equity and Inclusion
CalOptima's quarterly All Hands meeting for employees remains in a virtual format and is planned for May 19. In addition to the regular updates from leaders, the meeting will feature

guest speaker Dr. Shirley Davis presenting on the topic of unconscious bias and its impact on decision-making. She is an accomplished workforce management expert known for offering engaging training sessions on diversity, equity and inclusion. She has more than 25 years of business experience in executive roles with Fortune 100 companies. Dr. Davis is the president of SDS Global Enterprises, a consulting firm that specializes in strategies for achieving leadership excellence and building inclusive workplace cultures.

CalOptima CEO Invited to Community Presentations
On a regular basis, I am asked to present at health and community events. Below are three recent opportunities:

- *Health and Housing Policy Forum*: On April 16, the UCI School of Social Ecology, Master of Public Policy program and the Public Policy Student Association partnered with American Family Housing to present a virtual forum on the intersection of health and housing. I spoke on a panel about CalOptima's efforts around social determinants of health (SDOH) and the upcoming Medi-Cal changes under CalAIM. The panel was titled "Bridging the Policy Divide: Integrating Health and Housing."
- *Orange County United Way:* On April 29, Orange County United Way's United for Financial Security initiative hosted a "Keeping It Real OC" session focused on SDOH. I was a panelist alongside two other leaders in discussing the impact of economic, social and other challenges on health outcomes.
- *South County Senior Summit:* With your Board's approval of CalOptima's sponsorship of the South County Senior Summit, I taped remarks for the televised event that will air on Cox Communications' Channel 39 twice a day during May. Further, CalOptima also supplied our animated videos about the Member Health Rewards and what to do after vaccination.

California Advancing and Innovating Medi-Cal (CalAIM)

Advisory Committees

April and May 2021

Rachel Selleck, Executive Director, Public Affairs

Background

Whole Person Care (2016–21)

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

Health Homes Program (2020–21)

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

California Advancing & Innovating Medi-Cal (CalAIM) (2022–27)

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

* Comprehensive Care Management: Care management addressing primarily clinical needs

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

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

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Background (cont.)

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

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

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

Primary Goals of CalAIM

○ Improve member and provider experience

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

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

Back to Agenda

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CalAIM Initiatives

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

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

Back to Agenda

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5

Enhanced Care Management (ECM)

- ○ Implement a single, intensive and comprehensive ECM benefit
  - ▪ Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries

- ○ Build upon current WPC and HHP delivery systems

- ○ Use phased implementation approach

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

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ECM Target Populations

○ Children and youth with complex conditions

○ Individuals experiencing chronic homelessness with complex conditions

○ High health care system utilizers

○ Nursing facility residents

○ Individuals at risk for institutionalization:

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

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

○ Individuals transitioning from incarceration

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

CalOptima's ECM Proposal

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

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

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

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

○ **Funding**: Anticipate State funding

In Lieu of Services (ILOS)

- Definition of ILOS
  - Flexible wrap-around services
  - Authorized and identified in the state's Medi-Cal Managed Care Plan contracts
  - Optional for both the plan to offer and the beneficiary to accept
  - Provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission, emergency department use or delay in discharge

DHCS ILOS Options

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

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

Back to Agenda
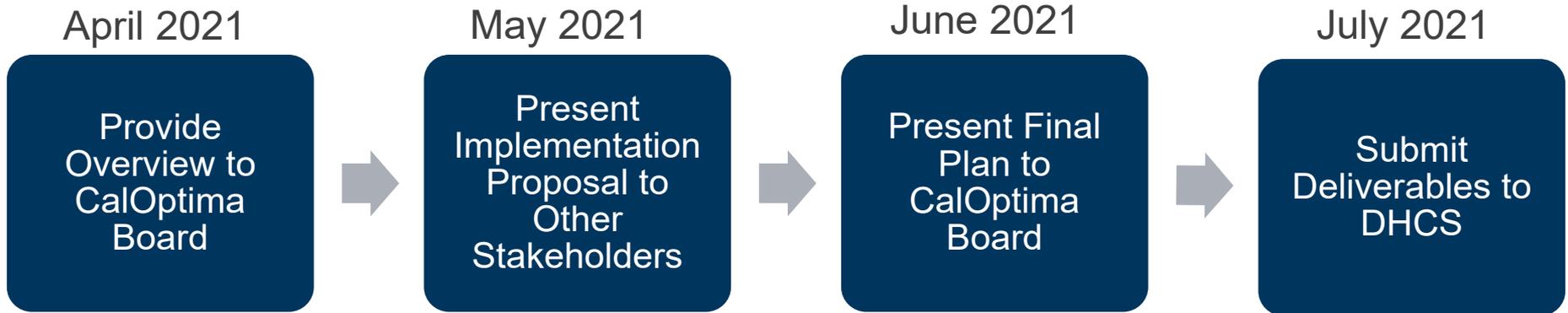
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CalOptima's ILOS Proposal

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

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

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

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

** Currently delegated to health networks through HHP

Next Steps

April 2021		May 2021		June 2021		July 2021
Provide Overview to CalOptima Board	→	**Present Implementation Proposal to Other Stakeholders**	→	**Present Final Plan to CalOptima Board**	→	**Submit Deliverables to DHCS**

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Our Mission

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

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 454 Rodriguez	**Provider Supplemental Payments:** Would allow the Department of Managed Health Care (DMHC) to require health plans to provide supplemental payments and/or nonmonetary support to any severely impacted providers during and for 60 days after a public health emergency or disaster declaration. DMHC may require health plans to provide rate increases, one-time payments, personal protective equipment, and/or other equipment and business expenses to ensure the continued operation of the practice, but no more than the total payment amount that the plan would have paid in an average year. Plans must include any payments in their medical loss ratio calculation as a direct patient care expense.	**04/08/2021** Amended; re-referred to Assembly Health Committee **02/08/2021** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose
SB 242 Newman	**Provider Reimbursement for Medically Necessary Equipment:** Would allow physicians and dental providers to be reimbursed for medically necessary business expenses, in compliance with a public health order, to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace during a public health emergency. Reimbursable expenses would include personal protective equipment, infection control supplies, testing supplies and processing, and related information technology expenses. The reimbursement rates for Medi-Cal providers would be determined and paid by the Department of Health Care Services (DHCS).	**03/15/2021** Amended; re-referred to Senate Appropriations Committee **03/10/2021** Passed Senate Health Committee **01/21/2021** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 77 Petrie-Norris	**Jarrod's Law:** Effective January 1, 2026, would require any substance use disorder treatment programs not currently licensed by a state agency to become licensed by DHCS. After review and approval of applications and completion of an on-site review, DHCS would issue a license for a period of two years, subject to renewal. Licensed programs would be subject to quality standards regarding patient eligibility and assessments, record-keeping, staff qualifications, medically necessary treatment and recovery services, and administration of medication.	**03/25/2021** Amended; re-referred to Assembly Health Committee **12/07/2020** Introduced	CalOptima: Watch

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Orange County's
Community Health Plan

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 563 Berman	**Office of School-Based Health Programs:** Would establish the Office of School-Based Health Programs within the State Department of Education, no later than July 1, 2022. The office would administer current health programs within the department, including the local educational agencies (LEA) Medi-Cal Billing Option Program and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) services, as well as coordinate with DHCS and LEAs to increase access to and expand the scope of school-based Medi-Cal programs.	**04/06/2021** Amended; re-referred to Assembly Health Committee **03/24/2021** Passed Assembly Education Committee **02/11/2021** Introduced	CalOptima: Watch
AB 586 O'Donnell	**School Health Demonstration Project:** Would establish the School Health Demonstration Project to expand comprehensive health and mental health access to students. Under the two-year pilot program, the State Department of Education would provide support, technical assistance and $500,000 grants per year to several LEAs in order to participate in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal managed care plans, county mental health plans and private health plans.	**04/07/2021** Passed Assembly Education Committee; referred to Assembly Health Committee **02/11/2021** Introduced	CalOptima: Watch
AB 822 Rodriguez	**Emergency Psychiatric Observations:** Would add outpatient psychiatric observation services as a covered Medi-Cal nonspecialty mental health benefit, when necessary, for emergency psychiatric treatment. Medi-Cal managed care plans (MCPs) would be required to reimburse the observing provider.	**03/04/2021** Amended; re-referred to Assembly Health Committee **02/16/2021** Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
AB 942 Wood	**Medically Necessary Services:** Similar to SB 279, would allow Medi-Cal to provide reimbursement for clinically appropriate and covered behavioral health benefits before a diagnosis.	**02/25/2021** Referred to Assembly Health Committee **02/17/2021** Introduced	CalOptima: Watch
AB 988 Bauer-Kahan, Berman, Chiu, Quirk-Silva, Ting	**988 Crisis Hotline:** No later than July 16, 2022, would implement the state's 988 Crisis Hotline using the digits 9-8-8 established by federal law as the National Suicide Prevention Lifeline. The 988 Crisis Hotline would connect individuals experiencing a mental health crisis with suicide prevention and mental health crisis counselors.	**03/04/2021** Referred to Assembly Health Committee and Assembly Communications and Conveyance Committee **02/18/2021** Introduced	CalOptima: Watch
SB 106 Umberg	**Mental Health Services Act (MHSA) Focus Populations:** Would remove the requirement that County mental health programs obtain approval from the MHSA Commission to spend MHSA funds for their "innovative programs" that provide a full spectrum of community services for beneficiaries to achieve their identified goals.	**03/23/2021** Amended; re-referred to Senate Health Committee **01/05/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 221 Wiener	**Timely Access to Care:** Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment—in alignment with the current time frame for the initial appointment. Although this bill would modify the Knox-Keene Act, which does not apply to CalOptima, DHCS would be expected to align standards in the Medi-Cal managed care contracts in accordance with current practice.	**03/22/2021** Amended; re-referred to Senate Appropriations Committee **03/17/2021** Passed Senate Health Committee **01/13/2021** Introduced	CalOptima: Watch CAHP: Oppose
SB 279 Pan	**Medically Necessary Services:** Similar to AB 942, would allow Medi-Cal to provide reimbursement for clinically appropriate and covered behavioral health benefits before a diagnosis.	**03/03/2021** Re-referred to Senate Health Committee **01/29/2021** Introduced	CalOptima: Watch
SB 508 Stern	**Mental Health Coverage at Schools:** Would authorize an LEA to have an appropriate mental health professional provide brief interventions at a school campus, when necessary, for all referred students, including students with a health care service plan, health insurance or coverage through a Medi-Cal MCP, but not those covered by a county mental health plan. This bill would also allow the behavioral health services provided by the LEA to be conducted via telehealth.	**02/25/2021** Referred to Senate Health Committee and Senate Education Committee **02/17/2021** Introduced	CalOptima: Watch
SB 562 Portantino	**Autism Spectrum Disorder (ASD) Treatment:** Would revise and expand the definitions of those providing care and support to individuals with ASD and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental, Individual-differences and Relationship-based model (DIR), or "DIRFloortime," not currently covered by Medi-Cal, would be authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services will not been denied or limited if a parent or caregiver is unable to participate.	**04/06/2021** Passed Senate Human Services Committee; referred to Senate Health Committee **02/18/2021** Introduced	CalOptima: Watch
SB 773 Roth	**Medi-Cal Incentive Payments for School-Based Behavioral Health:** Would require DHCS to make incentive payments to Medi-Cal MCPs for the 2022–24 rating period if plans increase access to preventative and behavioral health services for K–12 students through targeted interventions by school-based behavioral health providers. DHCS will develop the interventions and associated metrics with MCPs, county mental health plans and schools; DHCS will develop payment amounts.	**03/18/2021** Re-referred to Senate Health Committee **02/19/2021** Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 875 Wood	**CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS):** Similar to SB 256, would require ECM to be added as a covered benefit for Medi-Cal beneficiaries. This would include the coordination of all primary, acute, behavioral, oral, and long-term services and supports (LTSS). Additionally, would require a Medi-Cal MCP to list available ILOS on its website and in the beneficiary handbook as well as share data with DHCS related to beneficiary utilization of ILOS. ILOS offered by the health plan must be incorporated into DHCS' calculation of the MCP's capitation rate.	**02/25/2021** Referred to Assembly Health Committee **02/17/2021** Introduced	CalOptima: Watch
AB 1160 Rubio	**Medically Tailored Meals:** Would allow Medi-Cal MCPs to offer medically tailored meals to beneficiaries as an ILOS, effective January 1, 2022.	**03/04/2021** Referred to Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch
SB 256 Pan	**CalAIM ECM and ILOS:** Similar to AB 875, would require ECM to be added as a covered benefit for Medi-Cal beneficiaries. This would include the coordination of all primary, acute, behavioral, oral, and LTSS. Additionally, would require a Medi-Cal MCP to list available ILOS on its website and in the beneficiary handbook as well as share data with DHCS related to beneficiary utilization of ILOS. ILOS offered by the health plan must be incorporated into DHCS' calculation of the MCP's capitation rate.	**02/03/2021** Referred to Senate Health Committee **01/26/2021** Introduced	CalOptima: Watch
RN 21 08858 Trailer Bill	**CalAIM:** Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, for which implementation requires changes in state law.	**02/01/2021** Published on the Department of Finance website	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include a food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.	**01/04/2021** Introduced; referred to House Committees on Energy and Commerce, Ways and Means and Armed Services	CalOptima: Watch
AB 114 Maienschein	**Rapid Whole Genome Sequencing:** Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least 1 year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.	**04/05/2021** Amended; re-referred to Assembly Health Committee **12/17/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 342 **Gipson**	**Colorectal Cancer Screenings and Colonoscopies:** Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening and laboratory test recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, would prohibit health plans from imposing cost sharing on colonoscopies for those between 50 and 75 years of age. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.	**03/26/2021** Amended; re-referred to Assembly Appropriations Committee **03/23/2021** Passed Assembly Health Committee **01/28/2021** Introduced	CalOptima: Watch
AB 797 **Wicks**	**Infertility Treatment:** Effective January 1, 2022, would require all health plans to provide coverage for infertility treatments, including in vitro fertilization, to any beneficiary who is unable to reproduce. Would also remove coverage exemptions for religiously affiliated health plans and employer sponsors.	**02/25/2021** Referred to Assembly Health Committee **02/16/2021** Introduced	CalOptima: Watch
SB 245 **Gonzalez**	**Abortion Services:** Would prohibit a health plan from imposing a deductible, coinsurance, copayment or Medi-Cal cost-sharing on all abortion services, including any follow-up care, provided as of January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.	**04/07/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **01/22/2021** Introduced	CalOptima: Watch CAHP: Oppose
SB 306 **Pan**	**Sexually Transmitted Disease (STD) Home Test Kits:** Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. Subject to funding by the State Legislature, would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception	**04/07/2021** Passed Senate Health Committee; referred to Senate Business, Professions and Economic Development Committee **02/04/2021** Introduced	CalOptima: Watch CAHP: Oppose
RN 21 05566 **Trailer Bill**	**Delayed Suspension of Medi-Cal Adult Optional Benefits:** Would delay the suspension of certain Medi-Cal adult optional benefits, which are currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch
RN 21 05595 **Trailer Bill**	**Delayed Suspension of Medi-Cal Postpartum Care Extension:** Would delay the suspension of Medi-Cal postpartum expanded eligibility, which is currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Postpartum expanded eligibility allows Medi-Cal beneficiaries who receive pregnancy-related services and are diagnosed with a mental health condition to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy. Upon the discontinuation of postpartum expanded eligibility on December 31, 2022, postpartum care would terminate 60 days after the last day of pregnancy.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office previously projected this expansion would cost approximately $900 million General Fund (GF) in 2019–20 and $3.2 billion GF each year thereafter, including the costs of In-Home Supportive Services.	**01/11/2021** Referred to Assembly Health Committee **12/07/2020** Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 112 Holden	**Inmate Eligibility Extension:** Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one year of elapsed incarceration to three years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three years after their status as a juvenile has ended. While Medi-Cal benefits and payments would still be suspended throughout incarceration, as required by federal law, this bill would allow inmates to remain Medi-Cal eligible for a longer period before termination. The lengthened eligibility period would allow more inmates to immediately reinstate their benefits upon release, rather than initiate the standard redetermination process.	**03/26/2021** Amended; re-referred to Assembly Appropriations Committee **03/23/2021** Passed Assembly Health Committee **12/17/2020** Introduced	CalOptima: Watch
AB 470 Carrillo	**Elimination of Asset Consideration:** Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval. This would increase the number of individuals eligible for Medi-Cal in certain aid categories.	**04/06/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/08/2021** Introduced	CalOptima: Watch LHPC: Support
SB 56 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million GF, $21 million federal funds) for approximately 25,000 undocumented seniors. In-Home Supportive Services are estimated to cost $13 million GF.	**03/22/2021** Passed Senate Appropriations Committee **03/10/2021** Passed Senate Health Committee **12/07/2020** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.	**03/10/2021** Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch ACAP: Support
S. 646 Brown	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.	**03/09/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch ACAP: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 685 Maienschein	**Emergency Services Claims Review:** Would require a health plan, before denying any claim or reducing any payment regarding emergency services, to obtain an independent review of the patient's medical record by an emergency medicine physician. If the reviewer determines that the claim should be denied or payment should be reduced, the reviewer must indicate the reason in writing and provide supporting evidence.	**03/11/2021** Amended; re-referred to Assembly Health Committee **02/16/2021** Introduced	CalOptima: Watch
AB 862 Chen	**Medi-Cal Emergency Medical Transportation Reimbursement Act:** Would impose a quality assurance fee (QAF) for each emergency medical transport provided by an emergency medical transport provider, beginning July 1, 2022. Would require DHCS to calculate the annual QAF for a specified program period at least 150 days before the start of the fiscal year. The bill would also redefine "emergency medical transport provider" to mean any provider of emergency medical transports, except during the entirety of any Medi-Cal managed care rating period.	**02/25/2021** Referred to Assembly Health Committee **02/17/2021** Introduced	CalOptima: Watch
AB 1050 Gray	**Medi-Cal Beneficiary Communications Consent:** Would amend the application for Medi-Cal benefits to include a written consent to receive all forms of communications from DHCS, county welfare departments, MCPs, and providers regarding the beneficiary's care or benefits.	**03/04/2021** Referred to Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch
AB 1082 Waldron	**California Health Benefits Review Program (CHBRP) Extension:** Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from $2 million to $2.2 million, beginning July 1, 2022.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch CAHP: Support In Concept
AB 1107 Boerner Horvath	**In-Network Ground Emergency Medical Transportation (GEMT):** Effective January 1, 2022, would require health plans covering GEMT to include those services as an in-network benefit.	**03/04/2021** Referred to Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch
AB 1131 Wood	**Health Information Exchange:** Would establish a statewide health information network (HIN) to facilitate the required exchange of patient data among all health plans, health systems, providers, hospitals, skilled nursing facilities and laboratories in California. Exchanged data would include clinical summaries, claims, encounter data, laboratory data, eligibility files, and race and ethnicity information. Would require the California Health and Human Services Agency (CHHS) to contract with a vendor to operate the HIN, subject to renewal every four years.	**04/06/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch
AB 1162 Villapadua	**Claims Processing Timeline; Prior Authorizations During Emergency:** Would shorten the timeline for health plans to process submitted claims from 30 days (or 45 days for health maintenance organizations) to 20 days for all health plans. Additionally, would allow DMHC to suspend health plan requirements for prior authorizations in any county where a declared state of emergency has impacted beneficiaries or providers.	**03/04/2021** Referred to Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1355 **Levine**	**Independent Medical Review (IMR) System:** Would require DHCS to establish an IMR system for Medi-Cal MCPs, effective January 1, 2022. The bill would also provide every Medi-Cal beneficiary filing a grievance with access to an IMR.	**03/04/2021** Referred to Assembly Health Committee **02/19/2021** Introduced	CalOptima: Watch
AB 1400 **Kalra, Lee,** **Santiago**	**California Guaranteed Health Care for All:** Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of CHIP, Medi-Cal, ancillary health care or social services covered by regional centers for people with developmental disabilities, the Knox-Keene Act and Medicare.	**02/19/2021** Introduced	CalOptima: Watch
SB 250 **Pan**	**Prior Authorization "Deemed Approved" Status:** Beginning January 1, 2023, would require a health plan to review a provider's prior authorization requests to determine eligibility for "deemed approved" status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if their number of denied prior authorizations requests (which were not appealed or were lost upon appeal) are both within a certain range of the average numbers for the same specialty in the same region. Every two years, the plan would audit 10% of the provider's records to redetermine qualification for "deemed approved" status.	**03/17/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **01/25/2021** Introduced	CalOptima: Watch CAHP: Oppose
SB 371 **Caballero**	**Health Information Technology and Exchange:** Would require DHCS to apply for federal funding from the American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program to create a unified data exchange between the state government, health records systems, other data exchange networks and health care providers, including for the Medi-Cal program. Funds would also be used to provide grants and technical support to small provider practices, community health centers and safety net hospitals to expand the use of health information technology and connect to exchanges.	**03/24/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/10/2021** Introduced	CalOptima: Watch
RN 21 08473 **Trailer Bill**	**Delayed Proposition 56 Suspensions:** Would delay the suspension of certain value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, DHCS would suspend payments after spending a total of $95 million. For all other VBP programs, DHCS would suspend payments on July 1, 2022.	**02/04/2021** Published on the Department of Finance website	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	**Extension of Medicare Sequestration Moratorium:** Would extend the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which is currently set to expire on March 31, 2021, would end on December 31, 2021.	**03/25/2021** Amended; passed the Senate **03/19/2021** Passed the House **03/12/2021** Introduced	CalOptima: Watch
AB 523 Nazarian	**Program of All-Inclusive Care for the Elderly (PACE) Flexibilities:** Would make permanent specified PACE program flexibilities instituted, on or before January 1, 2021, in response to the state of emergency caused by COVID-19 public health emergency.	**04/06/2021** Passed Assembly Aging and Long-Term Care Committee; referred to Assembly Health Committee **02/10/2021** Introduced	CalOptima: Watch CalPACE: Support/ Sponsor
AB 540 Petrie-Norris	**PACE Enrollment Process:** Would seek to increase enrollment for PACE organizations. However, this would: ■ Exempt current PACE participants from enrolling in a Medi-Cal MCP; ■ Permit PACE to be listed as a Medi-Cal/Medicare plan choice, similar to the existing two-plan model; ■ Delay mandatory or passive enrollment into MCPs by up to 60 days for new Medi-Cal beneficiaries age 55 and over or who express interest in PACE; and ■ Require DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment.	**04/06/2021** Passed Assembly Aging and Long-Term Care Committee; referred to Assembly Health Committee **02/10/2021** Introduced	CalOptima: Watch CalPACE: Support/ Sponsor
AB 911 Nazarian	**Master Plan on Aging LTSS:** Similar to SB 515, would establish the California LTSS Benefits Board, which would be required to establish a subcommittee to provide ongoing recommendations for the Master Plan on Aging.	**02/25/2021** Referred to Assembly Aging and Long-Term Care Committee and Assembly Human Services Committee **02/17/2021** Introduced	CalOptima: Watch
AB 1083 Nazarian	**Senior Affordable Housing Nursing Pilot Program:** Would require the California Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the counties of Los Angeles, Orange, Riverside, Sacramento and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purpose of hiring one full-time registered nurse to work at three senior citizen housing developments in each county. The registered nurse would be required to provide health education, navigation, coaching and care to residents.	**03/04/2021** Referred to Assembly Aging and Long-Term Care Committee **02/18/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 515 Pan	**Master Plan on Aging LTSS:** Similar to AB 911, would establish the California LTSS Benefits Board, which would be required to establish a subcommittee to provide ongoing recommendations for the Master Plan on Aging.	**02/25/2021** Referred to Senate Human Services Committee **02/17/2021** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 671 Wood	**Disease Management Payment for Specialty Drugs:** Would require DHCS to provide a supplemental disease management payment to contracted pharmacies for dispensing specialty drugs to ensure beneficiary access.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/12/2021** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 278 Flora	**Medi-Cal Enrollment for Podiatrists:** Would apply current Medi-Cal provider enrollment processes for a physician to a doctor of podiatric medicine. This would require DHCS to process applications from podiatrists within 90 days instead of 180 days as well as allow podiatrists to use the short form application and change of location options.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **01/19/2021** Introduced	CalOptima: Watch
AB 882 Gray	**Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program:** Effective January 1, 2022, would restrict eligibility for loan payment assistance under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which is currently available to recently graduated physicians and dentists who serve Medi-Cal beneficiaries, to only those who practice in federally designated health professional shortage areas and whose patients include at least 30% Medi-Cal beneficiaries. Would indefinitely extend the program beyond its current termination date of January 1, 2026.	**04/06/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/17/2021** Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
SB 365 Caballero	**Medi-Cal Provider Electronic Consultation (E-Consult) Service:** Would require Medi-Cal reimbursement for any specialist provider, including a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), who provides an e-consult service to a requesting provider treating a Medi-Cal beneficiary. This may include assessing health records, providing feedback and/or recommending a further course of action.	**03/24/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/10/2021** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 265 Petrie-Norris	**Laboratory Services Reimbursement:** Would remove the current requirement that DHCS cannot reimburse Medi-Cal fee-for-service providers for clinical laboratory or laboratory services at a rate that exceeds 80% of the lowest maximum allowance established by the federal Medicare program for the same service. Federal legislation enacted in 2018 established new Medicare rates for lab services, which resulted in automatic cuts to Medi-Cal reimbursement rates that are now often below the cost of service.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **01/15/2021** Introduced	CalOptima: Watch
SB 316 Eggman	**FQHC Reimbursement:** Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that does not allow an FQHC to be reimbursed for mental or dental and physical health visits on the same day; a patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit (through the member's primary care provider) and a mental health or dental visit as two separate visits, regardless of whether the visits were at the same location on the same day. As a result, a patient would no longer be required to wait for 24 hours between medical and dental or mental health services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	**03/22/2021** Passed Senate Appropriations Committee **03/10/2021** Passed Senate Health Committee **02/04/2021** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 Rivas, Luz	**Bring California Home Act:** Would create the Bring California Home Fund in the State Treasury to fund a statewide homelessness solutions program. Funds would be derived from specified rate increases and other adjustments in the personal income tax and corporate income tax structures. Would authorize the Homeless Coordinating and Financing Council to administer the funds to applicants, including counties and large cities, for the purpose of reducing the number of individuals experiencing homelessness. Eligible uses of funding would include rental assistance, landlord incentives, housing navigation services, moving support, operating costs of affordable supportive and transitional housing projects, and the board and care of individuals with complex needs at licensed residential facilities.	**03/25/2021** Amended; re-referred to Assembly Revenue and Taxation Committee **12/07/2020** Introduced	CalOptima: Watch
AB 362 Quirk-Silva	**Homeless Shelter Safety:** Would authorize a local health agency to inspect homeless shelters quarterly (and upon suspicion) and enforce new minimum health and safety standards, including those relating to on-site laundry, heating and cooling equipment, lighting, bathrooms, and bedding.	**03/18/2021** Amended; re-referred to Assembly Housing and Community Development Committee **02/01/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 368 **Bonta**	**Medically Supportive Food Prescription Pilot Program:** Would establish two-year pilot programs — in the County of Alameda and two other counties with more than 700,000 residents — that provide medically supportive food prescriptions to Medi-Cal beneficiaries with specific chronic health conditions, including depression, Type 2 diabetes, liver disease, high blood pressure, high cholesterol or high body mass index, as a way to help prevent or treat those conditions. Medi-Cal MCPs or their contractors would implement the pilot programs in the participating counties.	**03/18/2021** Amended; re-referred to Assembly Health Committee **02/01/2021** Introduced	CalOptima: Watch
AB 369 **Kamlager**	**Presumptive Eligibility and Street Medicine Payment:** Would require DHCS to apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card to such individuals, but providers would not be required to verify identity at the time of service. Would also allow Medi-Cal providers to receive reimbursement for any covered Medi-Cal benefit delivered to a homeless individual outside of a medical facility. Further, any Medi-Cal provider could deliver primary care services or refer such individual to a specialist. Upon final determination of eligibility, a homeless individual would be enrolled in Medi-Cal fee-for-service unless he or she chooses to enroll in a Medi-Cal MCP at any time. Additionally, would prohibit DHCS from requiring prior authorization or other utilization management of any services related to COVID-19, including testing, treatment, and prevention, through January 1, 2026.	**03/18/2021** Amended; re-referred to Assembly Health Committee **02/01/2021** Introduced	CalOptima: Watch
AB 1009 **Bloom**	**Farm to School Food Hub Program:** Would establish the Farm to School Hub Program within the California Department of Food and Agriculture. The program would incentivize the creation of third-party "farm to food hubs" to distribute food from local or regional farms to public schools, food banks, and other public and nonprofit organizations. Planning grants of $150,000 each would be distributed to nine hubs across California by December 15, 2022; development grants ranging from $1 million to $5 million each for ongoing capital and operating expenses over a five-year period would be awarded to three hubs by December 31, 2023.	**03/30/2021** Amended; re-referred to Assembly Agriculture Committee **02/18/2021** Introduced	CalOptima: Watch
AB 1372 **Muratsuchi**	**Temporary Shelters:** Would require every city or county to provide every person who is experiencing homelessness with temporary shelter, access to mental treatment, and resources for job placement and training until the individual is placed in permanent housing. If the use of a temporary shelter is unavailable, that city or county would be required to provide a rent subsidy to that individual.	**03/04/2021** Referred to Assembly Housing and Community Development Committee and Assembly Judiciary Committee **02/19/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 17 Pan	**Office of Racial Equity:** Effective until January 1, 2029, would establish the independent Office of Racial Equity to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.	**04/05/2021** Amended; re-referred to Senate Judiciary Committee **03/23/2021** Passed Senate Governmental Organization Committee **12/07/2020** Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.	**01/19/2021** Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch
H.R. 2166 Sewell	**Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:** Similar to S. 150, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.	**03/23/2021** Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch NPA: Support
S. 150 Cortez Masto	**Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:** Similar to H.R. 2166, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA and PACE plans during the COVID-19 public health emergency.	**02/02/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 32 Aguiar-Curry	**Telehealth Payment Parity and Flexibilities:** Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse its contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Likewise, clinics must be reimbursed by Medi-Cal for telehealth services at the same rate as in-person services. Would also allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic. DHCS would be required to establish an advisory group to guide the development a long-term Medi-Cal telehealth policy.	**02/12/2021** Amended; re-referred to Assembly Health Committee **12/07/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 935 Maienschein	**Behavioral Health Telehealth Consultation Program:** Would create a provider-to-provider telehealth consultation program for use when assessing mental health and/or providing mental health treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2022. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	**02/25/2021** Referred to Assembly Health Committee **02/17/2021** Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
RN 21 08394 Trailer Bill	**Medi-Cal Telehealth Proposal:** Would modify, extend or expand certain telehealth flexibilities adopted by DHCS during the COVID-19 pandemic to be incorporated into permanent law. Would allow FQHCs and RHCs to establish a patient within its federal designated service area through audio-visual telehealth. However, health care providers would be prohibited from establishing a patient through audio-only telehealth or other non-audio-visual telehealth modalities. Would also require DHCS to specify the Medi-Cal-covered health care benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates. Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**CARING for Kids Act:** Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.	**01/04/2021** Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch
AB 382 Kamlager	**Whole Child Model (WCM) Program Stakeholder Advisory Group:** Would extend the duration of the California Children's Services Advisory Group, which is currently scheduled to end on December 31, 2021, for an additional two years through December 31, 2023.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/02/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 393 Reyes	**Early Childhood Development Act of 2020:** Effective immediately, would require the California Department of Social Services (CDSS) to conduct an evaluation of emergency childhood services provided during the COVID-19 public health emergency, including the following: ■ Availability of crisis childcare services ■ Availability of COVID-19 testing and personal protective equipment ■ Vaccination prioritization and distribution ■ Cleaning of childcare centers ■ Payment to family childcare homes during state-mandated closures ■ Foster care programs CDSS would be required to submit its findings and associated recommendations to the State Legislature by October 1, 2021.	**02/12/2021** Referred to Assembly Human Services Committee **02/02/2021** Introduced	CalOptima: Watch
AB 1117 Wicks	**Healthy Start: Toxic Stress and Trauma Resiliency for Children Program:** Would establish the Healthy Start: Toxic Stress and Trauma Resiliency for Children Program (Program). The Program would award grants to qualifying schools, LEAs and other entities serving students, to fund support services for students and their families. Grants awarded would be for no more than $500,000 each and matched by the grantee with $1 for each $2 awarded. Would also require the State Department of Education and DHCS to establish the Children's Coordinated Services Response Team to encourage the integration of children's services at the local level and to promote community resiliency.	**03/04/2021** Referred to Assembly Education Committee and Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch
SB 428 Hurtado	**Adverse Childhood Experiences Screenings (ACEs):** Would require a health plan to provide coverage for ACEs.	**02/25/2021** Referred to Senate Health Committee **02/12/2021** Introduced	CalOptima: Watch
SB 682 Rubio	**Childhood Chronic Health Conditions:** Would require CHHS, the Governor's office and other departments to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases.	**04/07/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/19/2021** Introduced	CalOptima: Watch

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

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

Last Updated: April 12, 2021

2021 Federal Legislative Dates

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

2021 State Legislative Dates*

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

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

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

About CalOptima

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

CalOptima Behavioral Health Policy Landscape

Executive Summary

As the United States celebrates Mental Health Awareness Month in May, CalOptima continues to work closely with providers, health networks, and government and community partners to address members' behavioral health (BH) needs. While utilization of BH services has increased for several years, the COVID-19 pandemic may lead to long-term growth in demand.

Given the ongoing pandemic, California policy makers prioritized improving student access to BH services during the current legislation session, particularly in school-based settings, to address the critical impact that distance learning, social isolation and loss have had on the state's youth. Below is an overview of CalOptima's current BH services, along with summaries and potential impacts of proposed legislation.

CalOptima's Behavioral Health Services

In 2014, the California Department of Health Care Services (DHCS) made outpatient BH services a mandatory benefit in the Medi-Cal managed care system. County Mental Health Plans (MHPs) continued to administer specialty mental health services to individuals with a severe mental illness, while Medi-Cal managed care plans (MCPs) became responsible for administering non-specialty benefits to those with mild-to-moderate conditions. These benefits include:

- Outpatient psychotherapy in individual and group settings
- Psychological testing
- Medication management
- Behavioral Health Treatment (BHT), including Applied Behavioral Analysis (ABA), for members under 21

After initially contracting with Magellan Health to administer BH services for its Medi-Cal members, CalOptima introduced its own BH Integration department in 2018 to directly manage these benefits.

Most recently, CalOptima and its providers began participating in the first-of-its-kind BH Integration Incentive Program, authorized by DHCS under Proposition 56, to incentivize the improvement of physical and BH outcomes through 2022. CalOptima's BH providers were awarded approximately $13 million. CalOptima is also preparing to implement Gov. Gavin Newsom's California Advancing and Innovating Medi-Cal (CalAIM) proposal, which includes several BH initiatives, including payment reform, changes to medical necessity criteria and full integration of BH services into one entity per county by 2027.

Medi-Cal youth in Orange County are currently covered for the full spectrum of BH services through either CalOptima or the Orange County Health Care Agency (HCA), Orange County's MHP. However, due to administrative challenges, it is rare for MCPs to directly contract with Local Education Agencies (LEAs) to provide BH services on school campuses. As such, CalOptima does not have contracts with Orange County school districts and primarily focuses on increasing awareness of BH services.

Proposed Behavioral Health Legislation

Current state proposals aim to make Medi-Cal BH benefits more accessible to students by bringing services directly to school campuses. With billing mechanisms already available, the proposals focus on providing funding and/or technical assistance to MCPs or LEAs to establish the infrastructure to administer Medi-Cal-reimbursable services to students.

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Legislation	Summary	Potential CalOptima Impact
Governor's Proposed Budget SB 773 (Roth)	Would allocate one-time funding of $400 million to build infrastructure, partnerships and capacity to increase school-based BH services over a three-year period. The bill would require DHCS to make incentive payments to Medi-Cal MCPs for the 2022–24 rating period if plans increase access to preventive and BH services for K–12 students through targeted interventions by school-based BH providers. SB 773 would implement the Governor's budget proposal.	CalOptima would be responsible for coordinating with school districts to increase contracting opportunities or otherwise expand school-based BH services. This could result in significant administrative changes for CalOptima by requiring increased staff time to administer incentive payments and implement interventions with one or more school districts. Key details are still missing from this proposal, including the metrics for receiving payments, payment amounts, and how funds will ultimately reach schools, so the exact degree of impact remains unclear.
AB 552 (Quirk-Silva)	Would establish the Integrated School-Based BH Partnership Program to expand prevention and early intervention BH services for students. This would allow a county BH agency and LEA to develop a formal partnership whereby county BH professionals would deliver brief school-based services to any student who has, or is at risk of developing, a BH illness or substance use disorder.	If HCA became responsible for directly providing all BH benefits on campus, HCA could utilize current Medi-Cal reimbursement mechanisms for services delivered to Medi-Cal students. The bill would then allow the HCA to seek reimbursement from private health plans for services provided to non-Medi-Cal students. This proposal would have no impact on CalOptima due to the centralized provision of BH services through HCA.
AB 563 (Berman)	Would establish the Office of School-Based Health Programs within the State Department of Education, no later than July 1, 2022, to administer current health programs, including the LEA Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) services, as well as coordinate with DHCS and LEAs to increase access to and expand school-based Medi-Cal programs.	Increasing the State's direct assistance to LEAs would likely expand the use of current Medi-Cal billing mechanisms for LEA services, such as the LEA Medi-Cal Billing Option Program, and MHP and MCP contracting, resulting in increased BH services in school-based settings. This may have an indirect impact on CalOptima, as school districts may seek contracting opportunities with Medi-Cal MCPs.
AB 586 (O'Donnell)	Would establish the School Health Demonstration Project, as a two-year pilot program, to expand physical and BH access to students. The State Department of Education would provide support, technical assistance and $500,000 in annual grants to LEAs to participate in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal MCPs, county MHPs and private health plans.	As a pilot project, this would provide short-term funding and assistance to LEAs. Similar to AB 563, the bill would likely expand LEA use of current Medi-Cal billing mechanisms, such as the LEA Medi-Cal Billing Option Program, and MHP and MCP contracting, resulting in increased BH services in school-based settings. School districts may seek contracting opportunities with CalOptima, though the level of impact is unclear because the bill does not define requirements for LEA participation.
SB 508 (Stern)	Would authorize an LEA to have an appropriate BH professional provide brief interventions, via telehealth or at a school campus, for all students and make referrals to and seek reimbursement from health plans. Of note, consideration of the bill has been delayed until 2022.	This would authorize an LEA's BH staff to refer students to CalOptima for covered BH benefits and seek reimbursement for initial interventions, if CalOptima is unable to meet network adequacy standards. As a result, this would require CalOptima to enter memorandums of understanding with all LEAs in Orange County if more than 15% of students are CalOptima members.

Conclusion

Legislative proposals are currently pending in committees in the State Assembly and State Senate. Additionally, Gov. Newsom will release a revised budget proposal no later than May 15, 2021, which may include updates to his student BH initiative. CalOptima staff will continue to monitor ongoing developments and provide updates regarding potential impacts to CalOptima. Future steps may include recommendations for the CalOptima Board of Directors to take formal positions on proposed legislation.