



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

**THURSDAY, DECEMBER 14, 2023**

**12:00 P.M.**

**CALOPTIMA HEALTH  
505 CITY PARKWAY WEST, SUITE 109  
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Board of Directors' Regular Member Advisory and Provider Advisory Committees joint meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at [www.caloptima.org](http://www.caloptima.org).

**Register to Participate via Zoom at:**  
[https://us06web.zoom.us/webinar/register/WN\\_orzMghZ6TzSKMU79iefpYQ](https://us06web.zoom.us/webinar/register/WN_orzMghZ6TzSKMU79iefpYQ) **and Join the Meeting.**

**Webinar ID: 813 7393 4846**

**Passcode: 624780 – Webinar instructions are provided below.**

1. **CALL TO ORDER**

*Pledge of Allegiance*

2. **ESTABLISH QUORUM**

3. **MINUTES**

- A. Approve Minutes from the August 10, 2023 Joint Meeting of the Member and Provider Advisory Committees
- B. Approve Minutes from the October 12, 2023 Joint Meeting of the Member and Provider Advisory Committees

4. **PUBLIC COMMENT**

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

5. **REPORTS**

- A. Consider Recommendation of Medi-Cal Beneficiaries or Authorized Family Member Representative for the Member Advisory Committee

6. **CEO and Management Reports**

- A. Chief Executive Officer Update
- B. Chief Operating Officer Update
- C. Chief Medical Officer Update

7. **INFORMATIONAL ITEMS**

- A. Impact of Geriatric Vision Issues
- B. Kaiser Transition Update
- C. Committee Member Updates

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

## Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on December 14, 2023 at 12:00 p.m. (PDT)

To **Register** in advance for this webinar:

[https://us06web.zoom.us/webinar/register/WN\\_orzMghZ6TzSKMU79iefpYQ](https://us06web.zoom.us/webinar/register/WN_orzMghZ6TzSKMU79iefpYQ)

Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:

<https://us06web.zoom.us/j/81373934846?pwd=Aj4KqymU4StiJ5hAVn2yzJ0zheV0.1>

Passcode: **624780**

Or One tap mobile:

+16694449171,,81373934846#,,,\*624780# US

+17207072699,,81373934846#,,,\*624780# US

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 444 9171 or +1 720 707 2699 or +1 253 205 0468 or +1 253 215

8782 or +1 346 248 7799 or +1 719 359 4580 or +1 386 347 5053 or +1 507 473

4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278

1000 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626

6799 or +1 360 209 5623

**Webinar ID: 813 7393 4846**

**Passcode: 624780**

# MINUTES

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

August 10, 2023

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, August 10, 2023 at the CalOptima offices located at 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

MAC Chair Maura Byron called the meeting to order at 12:05 p.m. and PAC Chair Jena Jensen led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

#### **Member Advisory Committee**

Members Present: Maura Byron, Chair; Christine Tolbert, Vice Chair; Meredith Chillemi; Josefina Diaz; Sandy Finestone (12:20 p.m.); Keiko Gamez; Connie Gonzalez; Hai Hoang; Sara Lee (Remote); Lee Lombardo; Iliana Soto-Welty

Members Absent: Linda Adair; Alyssa Vandenberg

#### **Provider Advisory Committee**

Members Present: Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Tina Bloomer, WHNP; Ji Ei Choi, L.Ac; Gio Corzo; M.D.; John Nishimoto, O.D.; Mary Pham, Pharm.D.; Jacob Sweidan, M.D (Remote); Christy Ward

Members Absent: Alpesh Amin, M.D.; Andrew Inglis, Timothy Korber, M.D.; Patty Mouton; Alex Rossel

Others Present: Michael Hunn, Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D, Chief Medical Officer; Veronica Carpenter, Chief of Staff; Peter Bastone, Chief Strategy Officer, Donna Laverdiere, Executive Director, Strategic Development, Javier Sanchez, Executive Director, Medicare; Troy Szabo, Outside Legal Counsel; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant



## **MINUTES**

### **Approve the Minutes of the June 8, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees**

***MAC Action:***      ***On motion of MAC Member Lee Lombardo, seconded and carried, the Committee approved the minutes of the June 8, 2023 Regular Joint Meeting (Motion carried 10-0-0; Members Adair, Finestone and Vandenberg absent)***

***PAC Action:***      ***On motion of PAC Member Christy Ward, seconded and carried, the Committee approved the minutes of the June 8, 2023 Regular Joint Meeting. (Motion carried 9-0-0; Members Dr. Amin, Dr. Inglis, Dr. Korber, Mouton and Rossel absent)***

## **PUBLIC COMMENTS**

There were no public comments.

## **REPORTS**

### **Consider Recommendation of MAC CalWORKs Candidate**

Chair Maura Byron on behalf of the MAC Nominations Ad Hoc Committee reviewed the qualifications of Nicole Mastin for the open CalWORKs Representative seat and asked the MAC members for a motion to approve a recommendation to the Board for appointment.

***MAC Action:***      ***On motion of MAC Vice Chair Christine Tolbert, seconded and carried, the Committee approved the MAC Slate of Candidates (Motion carried 10-0-0; Members Adair, Finestone, and Vandenberg absent)***

## **CEO AND MANAGEMENT REPORTS**

### **Chief Executive Officer Report**

Michael Hunn, Chief Executive Officer, provided an update on the on-going redetermination initiative being undertaken from the Orange County Social Services Agency. He noted that the Department of Health Care Services (DHCS) is preparing to put forth several reports that would show how high CalOptima Health and other organizations ranked in the state with regards to the services offered through CalAIM. Mr. Hunn also updated the committees on the efforts being undertaken with redetermination and noted that CalOptima Health was getting a lot of recognition because of the substantial partnership with the Orange County Social Service Agency to get the word out to members with regards to enrolling. This was evidenced by the attendance of over 4,200 individuals at the event held at Ponderosa Park in July that were assisted by over 50 volunteers to help them sign up for benefits.

### **Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer, notified the committees that due to a Board resignation, the Member Representative seat on the CalOptima Health Board was available and that the Orange County Health Care Agency would be recruiting for this seat as soon as possible and asked the committees to share the news of the opening. She also provided the committee with some updates on questions by the members that pertained to deeming periods should a member lose their benefits through CalOptima Health.

### **Chief Medical Officer Report**

Richard Pitts, D.O., Ph.D., Chief Medical Officer, provided updates on the resurgence of the MPox virus and noted that there was an active vaccination program that was available. Dr. Pitts also reviewed the resurgence of COVID, but also noted that hospitalizations in Orange County were still at normal rates. He also discussed the recent Board decision to provide \$15M in funds to purchase Naloxone for CalOptima Health members to combat the Fentanyl crisis going on in Orange County.

## **INFORMATION ITEMS**

### **Medication-Assisted Treatment (MatConnect) Program**

Jewel Loff, Program Director, MATCONNECT, presented on Medication-Assisted Treatment (MAT). She noted that MAT is the use of FDA-approved medications for alcohol and opioid use disorder, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. With the assistance of the Orange County Coalition of Community Health Centers the goal of MAT is to assist individuals to fully recover from substance use disorder, including the ability to live a self-directed life.

### **Workforce Development Grant Initiative – Stakeholder Discussion**

Donna Laverdiere, Executive Director, Strategic Development presented on Workforce Development Grant Initiative – Stakeholder Discussion with the committees to gather their input and ideas that would best serve the community. Ms. Laverdiere noted that CalOptima Health's Board had approved an investment of \$50 million over five years for Health Provider Workforce Development. A robust discussion ensued, and the members agreed to submit via email suggestions for what is needed in the health care community.

### **Committee Member Updates**

Chair Maura Byron notified the MAC that at the August 3, 2023 Board meeting, Members Adair, Chillemi, Finestone and Hoang and herself were reappointed to MAC. Chair Byron also reminded those members who sit as a Member Representative to please fill out the necessary paperwork for them to receive their stipend. She also formed an ad hoc committee to review the seat composition on the MAC. In addition to herself, Vice Chair Tolbert and Members Lombardo and Soto-Welty volunteered to sit on the ad hoc.

PAC Chair Jena notified the PAC that in addition to herself, Members Dr. Amin, Rossel and Ward were reappointed to their seats by the Board. Chair Jensen also asked for three volunteers to be part of the ad hoc with the MAC to review the PAC seat composition. In addition to Chair Jensen, Vice-Chair Dr. Lazo-Pearson, Members Corzo and Ward volunteered to serve on the ad hoc committee.

Both chairs reminded the committees that compliance course information would be sent out the first week of September and members had until November 3, 2023 to complete these courses.

### **ADJOURNMENT**

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 2:10 p.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

*Approved by MAC on October 12, 2023*

*Approved by PAC on December 14, 2023*

# MINUTES

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

October 12, 2023

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, October 12, 2023 at the CalOptima offices located at 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

PAC Chair Jena Jensen called the meeting to order at 12:07 p.m. and MAC Chair Maura Byron led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

#### **Member Advisory Committee**

Members Present: Maura Byron, Chair; Christine Tolbert, Vice Chair; Linda Adair; Meredith Chillemi; Josefina Diaz; Keiko Gamez (12:35 p.m.); Hai Hoang; Sara Lee; Lee Lombardo; Iliana Soto-Welty;

Members Absent: Sandy Finestone; Connie Gonzalez; Alyssa Vandenberg

#### **Provider Advisory Committee**

Members Present: Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Alpesh Amin, M.D.; Jennie Choi, L.Ac; Mary Pham, Pharm.D; Christy Ward

Members Absent: Tina Bloomer, WHNP; Gio Corzo; Andrew Inglis, M.D.; Timothy Korber, M.D.; Patty Mouton; John Nishimoto, O.D.; Alex Rossel; Jacob Sweidan, M.D.

PAC did not achieve quorum.

Others Present: Michael Hunn, Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D, Chief Medical Officer; Veronica Carpenter, Chief of Staff; Michael Gomez, Executive Director, Network Operations; Ladan Khamseh, Executive Director, Operations; Javier Sanchez, Executive Director, Medicare; Troy Szabo, Outside Legal Counsel; Carlos Soto, Manager, Cultural and Linguistics; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant

## **MINUTES**

### **Approve the Minutes of the August 10, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees**

***MAC Action:***      ***On motion of MAC Vice Chair Christine Tolbert, seconded and carried, the Committee approved the minutes of the August 10, 2023 Regular Joint Meeting (Motion carried 9-0-0; Members Sandy Finestone; Keiko Gamez; Connie Gonzalez; Alyssa Vandenberg absent)***

***PAC Action:***      ***Approval of the minutes was continued to the December 14, 2023 meeting as PAC did not have a quorum.***

## **PUBLIC COMMENTS**

There were no public comments.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Executive Officer Report**

Michael Hunn, Chief Executive Officer, provided an update on the on-going redetermination initiative being undertaken from the Orange County Social Services Agency (SSA). He noted that CalOptima Health continued to be consistent with messaging to the members and continued its outreach to cities and city council members. He also noted that it was anticipated that the redetermination effort would continue for another 10-12 months and that CalOptima Health's customer service representatives are working closely with SSA and are facilitating warm handoffs to SSA.

### **Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer, notified the committees that the Member Representative seat on the CalOptima Health Board was still open and that the Orange County Health Care Agency has extended the recruitment period for this seat until they receive additional applications for consideration. Ms. Kim asked the committee members to let anyone that meets the criteria know about the open seat. Ms. Kim also provided an update on changes to the Pay for Value (P4V) program and noted that CalOptima Health has met with its health networks to solicit their feedback.

### **Chief Medical Officer Report**

Richard Pitts, D.O., Ph.D., Chief Medical Officer, provided the committee members with a handout, which lists CalOptima Health's medical directors, and provided a brief background on each of the medical directors' experience, and noted that their combined experience totaled close to 500 years.

## **INFORMATION ITEMS**

### **Cultural and Linguistics Update**

Carlos Soto, Manager, Cultural and Linguistics, presented the annual Cultural and Linguistics report to the committee members. Mr. Soto highlighted CalOptima Health's staffs' ability to better serve members by providing translation services in the seven threshold languages and noted that arrangements could easily be made for any other languages to support the member.

### **Provider Dispute Process**

Ladan Khamseh, Executive Director, Operations, presented an update on how provider disputes are handled and reviewed changes that will streamline the processes. Ms. Khamseh noted that based on provider feedback and to align with industry standards, that starting on January 1, 2024 providers will have one leave for disputing a claim denial/underpayment with CalOptima Health. She also noted the next steps would be to provide information on the proposed new process to the provider community at various internal and external meetings, updating the policies and presenting the information at a future Board meeting. Once the Board approves the new process, CalOptima Health will implement changes to provider notices starting in 2024.

### **Kaiser Transition Update**

Michael Gomez, Executive Director, Network Operations, presented an update on the Kaiser Permanente (Kaiser) transition that will take place on January 1, 2024. He noted that in June 2023 Kaiser received a new-direct agreement with the California Department of Health Care Services, which would allow for current CalOptima Health members receiving services through Kaiser as one of CalOptima Health's health networks, to be served directly through Kaiser. Mr. Gomez noted that due to this transition the CalOptima Health members currently served through Kaiser will begin receiving the required 60-day, and 30-day notices in November and December. Mr. Gomez also noted that there would be no change in services for the members, and CalOptima Health is working to ensure the transition is seamless.

### **Committee Member Updates**

MAC Chair Maura Byron welcomed Nicole Mastin to the MAC as the CalWORKs Representative reminded the MAC members that their compliance courses were due on November 3, 2023. She asked Cheryl Simmons, Staff to the Advisory Committees to notify all members who still had courses due.

PAC Chair Jena notified the PAC that same as the MAC, compliance courses were due for completion by November 3, 2023 and also asked Cheryl Simmons to notify those members who had courses due. Chair Jensen also notified both committees that the ad hoc committee to review the seat compositions would be meeting on October 30, 2023 and that both committees would be updated at the December 14, 2023 meeting.

Regular Meeting of the  
CalOptima Health Board of Directors'  
Joint Meeting of the Member Advisory Committee  
and the Provider Advisory Committee  
October 12, 2023  
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**ADJOURNMENT**

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 2:10 p.m.

/s/ Cheryl Simmons

Cheryl Simmons  
Staff to the Advisory Committees

*Approved by MAC and PAC on December 14, 2023*



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## MEMORANDUM

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DATE: November 30, 2023

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — December 7, 2023, Board of Directors Meeting

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

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### **A. Medi-Cal Renewal Efforts Continue**

CalOptima Health and the County of Orange Social Services Agency (SSA) continue to actively partner on the Medi-Cal renewal process. As I have shared before, data is fluid because members can continue to renew without a gap in coverage for 90 days after their renewal month ends. That said, CalOptima Health data shows that 15% of members due for renewal in the monthly cohorts from June to October are not currently eligible. At the same time, based on continued economic conditions affecting income levels in our community, we are continuing to welcome many new members each month, so our overall membership remains higher than originally planned. For a recent look at California's Medi-Cal enrollment and renewal trends, the Department of Health Care Services (DHCS) released the statewide [dashboard](#) with data through September. Our efforts to engage members due for renewal remain steady and strong, ranging from texting and advertising to community outreach and provider engagement. Below are summaries of selected outreach activities from November.

- **Billboard Donation**

The City of Placentia has generously donated to CalOptima Health the use of its three digital billboards on the 57 freeway to raise awareness about Medi-Cal renewals. The ads ran throughout November in English and Spanish.

- **City Presentations**

On November 21, CalOptima Health raised awareness about Medi-Cal renewal by visiting the Placentia City Council. I was joined by Supervisor Doug Chaffee and SSA Director An Tran in highlighting renewal efforts and noting that 27% of Placentia residents are CalOptima Health members.

### **B. CalOptima Health Hosts First Naloxone Community Event**

CalOptima Health will hold our first Naloxone Community Event on Saturday, December 2, at our building. We plan to distribute free naloxone to members and offer optional educational presentations in three languages. The Orange County Health Care Agency will also be on-site should a non-member attend and want a free dose of naloxone. Prior to the event, we sent approximately 100,000 text messages to invite members (age 18–69) living within a four-mile radius of our building to attend, ran targeted social media advertising and widely promoted the event by sharing the news with our elected



officials and community-based organizations. We will provide an update about the event at the December 7 Board meeting. As we plan for future events, we will ensure availability across Orange County.

### **C. California State Auditor Six-Month Update Submitted**

On November 2, CalOptima Health submitted to the California State Auditor (CSA) the attached six-month status update on the implementation of CSA's audit recommendations. This is the second of three updates due 60 days, six months and one year after the release of the audit report on May 2, 2023. This document is also being publicly posted on the CalOptima Health website. Following the submission of the 60-day update on July 2, CSA confirmed that CalOptima Health fully implemented three of the seven recommendations relating to grant management, hiring and recruitment, and fraud, waste and abuse policies. I am pleased to share that this six-month update will report that we have implemented three additional recommendations related to reserve funds and non-retaliation policies. Specifically, on September 7, 2023, the Board approved an updated Board-Designated Reserve Funds policy that formalizes processes for the Board to review reserve funds as part of the annual budget/annual financial planning process as well as on an ongoing basis. Also on September 7, 2023, the Board approved an updated Non-Retaliation for Reporting Violations policy that continues this year's annual survey to ensure staff understand how to report noncompliance and feel comfortable doing so. With one other recommendation deemed closed out by legal counsel, no further recommendations are pending implementation. Our Chief Compliance Officer will update the Board when CSA completes its assessment of our six-month response.

### **D. Managed Care Organization (MCO) Tax May Become to Ballot Measure**

As you know, the FY 2023–24 state budget reauthorized the MCO tax to provide additional Medi-Cal funding through December 31, 2026. At the same time, a broad coalition of health care organizations, with the support of CalOptima Health, had been working to negotiate and submit a 2024 ballot initiative that would codify a permanent MCO tax extension with strict funding allocations to support quality and access to care in Medi-Cal. California Attorney General Rob Bonta has officially released the title and summary of the submitted initiative, allowing the coalition to start collecting signatures to qualify for the November 5, 2024, ballot. The title and summary is attached. At this stage, CalOptima Health is now significantly restricted in our coalition participation as a public agency.

### **E. Federal Government Shutdown Averted (Again!)**

This month, both houses of the U.S. Congress passed and Pres. Joe Biden signed into law H.R. 6363: Further Continuing Appropriations and Other Extensions Act, 2024, an additional short-term Continuing Resolution (CR) that further extends Fiscal Year (FY) 2023 federal spending levels through January 19 or February 2, depending on the federal agency (e.g., funding for the U.S. Department of Health & Human Services [HHS] expires on February 2). FY 2023 federal spending had previously been extended via a short-term CR from September 30 through November 17. In addition, H.R. 6363 reauthorizes the Supplemental Nutrition Assistance Program (SNAP) — known as CalFresh in California — through FY 2024, which ends on September 30, 2024. As the new FY 2023 funding expiration dates approach, I will provide further updates regarding the status of final, negotiated FY 2024 federal spending bills.

### **F. Analysis of 2023 Signed and Vetoed State Legislation**

As previously mentioned, on October 13, Gov. Gavin Newsom finished signing or vetoing all legislation passed by the California State Legislature in 2023. Following internal review, staff has prepared the enclosed analysis of signed and vetoed legislation identified for potential impact to CalOptima Health. Next, the California Department of Health Care Services (DHCS) and other state agencies are expected

to issue further guidance on the implementation of signed legislation in the coming months. On January 3, the State Legislature will reconvene from interim recess for the second year of its 2023–24 legislative session.

#### **G. DHCS Publishes New CalAIM Data**

DHCS recently published the [Enhanced Care Management \(ECM\) and Community Supports Implementation Update: Data Through Q2 2023](#). It highlights the continued growth of ECM and Community Supports at the aggregate state level, along with a map showing that Orange County now offers all 14 Community Supports. Statewide, there has been 29% growth in cumulative ECM enrollment and 108% growth in cumulative Community Supports recipients since the end of 2022. This update builds on the previous ECM and Community Supports Year One Report and offers a first look at ECM enrollment for the two Long-Term Care Populations of Focus, which became eligible for ECM in January 2023. DHCS will soon publish a comprehensive report that includes detailed plan-level and county-level ECM and Community Supports data through Q2 2023.

#### **H. White House Releases Social Determinants of Health Playbook**

On November 16, The White House released its first-ever U.S. Playbook to Address Social Determinants of Health (SDOH). In coordination with U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), this publication aims to help support federal agencies, states, and local and tribal governments to better coordinate medical care, public health and social services. In addition to the primary publication, HHS and CMS have also released several supplemental materials specific to Medicaid coverage of SDOH as well as the use of Community Care Hubs to address SDOH.

#### **I. CEO Michael Hunn Joins California Association of Health Plans (CAHP) Board of Directors**

I was honored to be appointed as the newest member of the CAHP Board of Directors, where I will join other Medi-Cal, Medicare and commercial plan leaders to help drive statewide advocacy efforts that improve health outcomes for our members. On November 16, CalOptima Health distributed a [press release](#) to the media announcing the board role.

#### **J. CalOptima Health Rolls Out Statewide Equity and Practice Transformation Program**

CalOptima Health is participating in the statewide Equity and Practice Transformation (EPT) five-year program that aligns with the DHCS Comprehensive Quality Strategy, Health Equity Roadmap and the 50X2025 Bold Goals. The statewide Directed Provider Payments of \$650 million will flow to the providers who are approved to participate in this program. Led by Michael Gomez, Executive Director of Network Operations, CalOptima Health quickly rolled out the key components of this program to our health networks, individual CalOptima Health Community Network providers and the Coalition of Orange County Community Health Centers to ensure requirements and timelines were met. CalOptima Health received seventy-one provider applications. Sixty-two met the program eligibility requirements. CalOptima Health recommended all sixty-two be approved by DHCS.

#### **K. Skilled Nursing Facilities Access Program Addresses Service Gaps**

The purpose of CalOptima Health's Skilled Nursing Facilities (SNF) Access Program is to enhance quality through better access and further strengthen the safety net system across Orange County for individuals who require SNF post-hospitalization care. The workgroup has identified gaps in the process and continues to work on mitigating the service gaps. As of November 2023, CalOptima Health has updated a list of barriers to discharge. Fourteen Board and Care (B&C) facilities have been identified to participate in a future pilot program. We currently are seeking contracts with B&C facilities that can

accept members who are not accepted by SNF and Recuperative Care (e.g., unhoused, young age, behavioral health, legal issues, etc.). The Contracting department is also in the process of updating SNF contracts for facilities that can have dialysis on-site. The estimated start date of the revised contracts is December 1, 2023. We recently met with Inland Empire Health Plan to learn about the interventions they use to assist with SNF discharges.

#### **L. OneCare Open Enrollment Comes to Close**

CalOptima Health's OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, open enrollment for 2024 began October 15 and ends on December 7. OneCare combines Medicare and Medi-Cal benefits in a single plan and has been serving Orange County since 2005. Members can get supplemental services not covered by Medicare or Medi-Cal at no extra co-pay cost. This year, our Communications team created an outstanding, easy-to-use Enrollment Kit that combines all the necessary information and forms for potential members. The booklets are available in all seven threshold languages. Boosting enrollment into OneCare is a priority, so thank you for helping spread the word about OneCare in Orange County. To be eligible to join OneCare, a member must be:

- Age 21 or older
- Living in Orange County
- Enrolled in Medicare Parts A and B
- Receiving Medi-Cal benefits

#### **M. CalOptima Health Receives The Eli Home's Humanitarian Award**

The Eli Home honored CalOptima Health with its Humanitarian Award at its annual Christmas Ball. Each year, The Eli Home chooses to honor an individual or organization that has made the most significant contribution in the past year or cumulatively to its mission of serving abused and unhoused children and families. CalOptima Health was chosen for recognizing that homelessness is truly a health issue and working to support agencies and projects whose missions align with that acknowledgment. I accepted the award, on behalf of our members, staff, board, and caregivers and presented a ceremonial check for \$5 million that The Eli Home will receive as part of the Board's recent approval of the Housing and Homelessness Incentive Program grants.

#### **N. New Medical Management Platform to Go Live in 2024**

Progress on implementing CalOptima Health's new clinical documentation platform, known as Jiva (Jee-Va), is on schedule. The workgroup is targeting completion by January 15, 2024, with the go-live date scheduled for February 1, 2024. Jiva is expected to significantly enhance CalOptima Health's service to members. The Jiva team and all business units are collaborating closely with the vendor on configuration, functional testing, quality assurance validation testing, user acceptance testing and staff training to prepare for the February rollout.

#### **O. CalOptima Health Nominated for Two Orange County Business Council Awards**

CalOptima Health received two nominations for the Orange County Business Council's (OCBC) 2023 Turning Red Tape Into Red Carpet Awards. In the Public-Private Partnership category, CalOptima Health's CalAIM Workforce Development Program was nominated for our innovative partnership with Chrysalis to enroll our members into a job readiness program for placement and employment at our homeless services delivery sites. Second, we were nominated in the Leadership in Public Service category. Winners will be announced at the awards reception on Wednesday, December 6.

**P. Health Literacy for Equity Program Exceeds Staff Participation Goal**

Since launching the Health Literacy for Equity Program in partnership with the Institute for Healthcare Advancement (IHA) in May, CalOptima Health has 168 staff participating, exceeding our goal of 100 participants. We anticipate that 30% will complete the training by the end of the year, and we hope to have 100% completion by the end of the grant program in April 2024. In January, IHA will be hosting an inter-agency workshop for communications professionals in collaboration with the Orange County Health Care Agency, County of Orange Social Services Agency and St. Jude's Neighborhood Health Clinic.

**Q. Orange County Hispanic Chamber of Commerce Holds Health & Wellness Summit**

The Orange County Hispanic Chamber of Commerce held its Health & Wellness Summit in our building on November 16. Board member Dr. Jose Mayorga and I provided welcome remarks, and Chief Health Equity Officer Dr. Michael Rose presented about the state of Hispanic health in Orange County.

**R. Members to Attend CalOptima Health Baby Shower**

Our Population Health Management team will host a Medi-Cal member baby shower for new or expectant parents on Friday, December 1 at our building. Thanks to toy donations from staff, children up to age 3 received a toy. The baby shower will also include community resources, free diapers, games and activities.

**S. CalOptima Health Gains Media Coverage**

Reflecting our ongoing innovation and program development, CalOptima Health received recent positive and valuable media coverage, including the following:

- On October 26, Kelly Bruno-Nelson, MSW, Executive Director, Medi-Cal/CalAIM, was featured on a [Tradeoffs podcast](#) on "Growing Pains as California Adds Social Services to Medicaid."
- On October 30, Bruno-Nelson joined Sunday Morning Newsmakers with Larry Marino on KRLA's series "At the Heart of the Homeless Crisis." Listen to Segment 1 [here](#) and Segment 2 [here](#).
- On November 2, the [Orange County Register](#) included news about CalOptima Health's \$2 million contribution to Anaheim's Tampico Motel conversion to affordable housing for young adults.
- On November 15, [NPR](#) published an article quoting Bruno-Nelson on the subject of CalAIM services.
- On November 17, I was quoted in the [Orange County Register](#) for an article on Medi-Cal's adult expansion starting January 1, 2024. The article also ran in the [Mercury News](#).
- On November 28, the [Orange County Register](#) ran a story on our grants for the construction of permanent housing units.





## Fast Facts

December 2023

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

### Membership Data\* (as of October 31, 2023)

Total CalOptima Health Membership	Program	Members
	Medi-Cal	951,532
	OneCare (HMO D-SNP)	17,757
	Program of All-Inclusive Care for the Elderly (PACE)	442

**969,731**

\*Based on unaudited financial report and includes prior period adjustment

### Operating Budget (for four months ended October 31, 2023)

	YTD Actual	YTD Budget	Difference
Revenues	\$1,616,176,101	\$1,414,821,271	\$201,354,830
Medical Expenses	\$1,468,149,251	\$1,319,139,901	(\$149,009,350)
Administrative Expenses	\$71,778,684	\$82,359,797	\$10,581,113
Operating Margin	\$76,248,166	\$13,321,573	\$62,926,593
Medical Loss Ratio (MLR)	90.8%	93.2%	(2.4%)
Administrative Loss Ratio (ALR)	4.4%	5.8%	1.4%

### Reserve Summary (as of October 31, 2023)

	Amount (in millions)
Board Designated Reserves	\$613.9*
Capital Assets (Net of depreciation)	\$92.0
Resources Committed by the Board	\$622.9
Resources Unallocated/Unassigned	\$439.0*
Total Net Assets	\$1,767.8

\*Total of Board designated reserves and unallocated resources can support approximately 92 days of CalOptima Health's current operations.

**Total Annual  
Budgeted Revenue**

**\$4 Billion**

NOTE: CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does not receive any of its funding from the County of Orange.

# CalOptima Health Fast Facts

December 2023

## Personnel Summary (as of November 18, 2023, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,307.3	86.6	40.42%	59.58%	7.83%
Supervisor	78	7	71.43%	28.57%	3.56%
Manager	113	10	40.00%	60.00%	8.36%
Director	57	6.5	50.00%	50.00%	15.75%
Executive	21	1	0%	100.00%	7.90%
Total FTE Count	1,576.3	111.1	40.53%	59.47%	8.68%

FTE count based on position control reconciliation and includes both medical and administrative positions.

## Provider Network Data (as of October 31, 2023)

	Number of Providers
Primary Care Providers	1,260
Specialists	9,053
Pharmacies	553
Acute and Rehab Hospitals	44
Community Health Centers	52
Long-Term Care Facilities	107

## Treatment Authorizations (as of September 30, 2023)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	11.41 hours
Prior Authorization – Urgent	72 hours	14.89 hours
Prior Authorization – Routine	5 days	1.64 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

## Member Demographics (as of October 31, 2023)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	59%	Temporary Assistance for Needy Families	39%
6 to 18	24%	Spanish	27%	Expansion	37%
19 to 44	35%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	10%
65 +	13%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

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CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response (250 words or less)	CSA Due Date	CSA Status
1	To ensure that it uses its existing surplus funds for the benefit of its members and to comply with county ordinance, <b>by June 2024 CalOptima should create and implement a detailed plan to spend</b> its surplus funds for expanding access, improving benefits, or augmenting provider reimbursement, or for a combination of these purposes. This plan should be reviewed by its board and approved in a public board meeting.	Fully Implemented	<p>As will be mentioned in response #2, CalOptima Health's (COH) Board of Directors (Board) approved revisions to its Board-Designated Reserve Funds Policy on September 7, 2023. See response #2 for details.</p> <p>As required by the Board-approved policy, reserve spending decisions are being incorporated into COH's current and future annual budgets, as permitted by CSA's comment #4 on COH's response to the audit report. Additionally, management will continue to give the Board and its Finance &amp; Audit Committee (FAC) updates on net asset levels, reserve funds, and the status of Board-approved initiatives on an ongoing basis to provide decision support as needs arise on current and future initiatives. In addition to CEO updates at regular Board meetings, other recent examples of the Board's review of reserves include:</p> <ul style="list-style-type: none"> <li>• At the May 22, 2023, FAC meeting and June 1, 2023, Board meeting, management presented a net asset analysis providing information on reserve levels as of December 31, 2022, resources committed by the Board, a comparison of reserve levels to other California health plans, and a reserve analysis (Attachment A1).</li> <li>• At the September 7, 2023, Board meeting, the CFO presented a reserve levels update, including additional Board-requested information and a reserve level landscape (Attachment A2).</li> <li>• At its September 21, 2023, meeting, the FAC received a net asset analysis providing information on reserves levels as of June 30, 2023, resources committed by the Board, and a reserve level landscape (Attachment A3). The CFO will provide this report to the FAC on a quarterly basis.</li> </ul>	June 2024	TBD
2	To comply with county ordinance and to ensure that in the future it does not accumulate surplus funds in excess of its reserve policy, <b>by June 2023 CalOptima should adopt a surplus funds policy or amend its policy for board designated reserves to provide that if surplus funds accrue, CalOptima will use those funds to expand access, improve member benefits, or augment provider reimbursement, or for a combination of these purposes.</b> The policy should require that the board review the amount of surplus funds each year when it receives CalOptima's audited financial statements and direct staff to create an annual spending plan subject to the board's approval to use those funds within the next 12 months.	Fully Implemented	<p>On September 7, 2023, CalOptima Health's (COH) Board of Directors (Board) reviewed and determined the appropriate reserve levels as well as approved revisions to its Board-Designated Reserve Funds Policy (Attachment A1). These revisions clarified the Board's governance and oversight on total net assets as well as a review process of reserve levels, while keeping the range of Board-designated reserve funds unchanged at 1.4 months to 2.0 months of consolidated capitation revenues. The policy revisions included:</p> <ul style="list-style-type: none"> <li>• Reaffirming the Board's discretion on the appropriate reserve level above the minimum threshold, accounting for current and future economic conditions;</li> <li>• Clarifying that the minimum Board-designated reserve fund threshold does not constitute a mandate that the Board draw reserves down to that level; and</li> <li>• Including a new provision stating the Board will review levels of total assets and reserve funds on an annual basis, at a minimum, including an assessment of resources to be used for the purposes identified in County ordinance.</li> </ul> <p>Recently, there was a relevant example of the need to continually adjust to current and future economic conditions. For August 2023 monthly capitation, COH did not receive payment from the State until September 25, 2023, which was more than a two-week delay from the usual payment schedule.</p>	June 2023	TBD

CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response (250 words or less)	CSA Due Date	CSA Status
3	To ensure that it can determine whether funds allocated to initiatives intended to improve the health of CalOptima members experiencing homelessness are accomplishing their intended purpose, <b>by June 2023 CalOptima should develop a policy</b> that requires it to do the following when spending those funds or allocating funds for that purpose in the future: <ul style="list-style-type: none"> <li>• Establish one or more goals for the use of the funds.</li> <li>• Establish one or more metrics signifying the successful accomplishment of its goals.</li> <li>• Measure progress toward the established metric and provide the board with periodic updates on the effectiveness of its use of funds based on those measurements.</li> </ul>	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented
4	To ensure that members of CalOptima's board do not violate state law by entering into employment contracts made by the board on which they serve, <b>by June 2023 CalOptima should amend its bylaws</b> to prohibit all CalOptima board members from being employed by CalOptima for a period of one year after their term on the board ends.	Will Not Implement	Government Code Section 1090 already prohibits Board members from being financially interested in any contract made by them, such as entering into a CEO contract. CalOptima Health's Bylaws reiterate that prohibition, as of April 6, 2023, (Attachment A1) which addresses the specific past example raised in the audit report. However, no other agency is required to subject its Board members to a blanket employment prohibition for any position that is not appointed by the Board itself.	June 2023	Will Not Implement
5	To better protect itself from criticism about the objectivity, appropriateness, and transparency of its hiring practices and to help ensure that CalOptima attracts and selects the most qualified candidates, <b>by June 2023 CalOptima's board should adopt a policy that governs its hiring processes for all positions, including executive positions.</b> Such a policy should incorporate best practices, including the minimum length of time that CalOptima will advertise job openings, the minimum number of qualified candidates CalOptima will interview for each position, and a requirement that it will use the same interview method for each candidate for a position. These steps should be documented for each recruitment.	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented



CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response (250 words or less)	CSA Due Date	CSA Status
6	To reduce the risk that it does not appropriately evaluate allegations of fraud, waste, and abuse and report them to DHCS, <b>by June 2023 the FWA unit should revise its written procedures</b> to clearly specify the types of cases that should be addressed through investigations and the types that should be addressed through monitoring activities. In addition, it should establish written procedures for conducting monitoring activities.	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented
7	To help ensure the maintenance of an atmosphere free from fear of retaliation for reporting misconduct, <b>by October 2023 and annually thereafter, CalOptima should conduct or contract for an anonymous survey of staff and contractors</b> to determine whether they understand how to make such reports and feel comfortable doing so.	Fully Implemented	CalOptima Health updated policy HH.3012: Non-Retaliation for Reporting Violations (Attachment A5). This policy has been updated to include a requirement for conducting an annual survey for all staff. CalOptima Health's Board of Directors approved the implementation of this policy on September 7, 2023.  In addition to the updated policy, CalOptima Health submits the requested completion analysis for the 2023 Best Places to Work Survey launched in March 2023 (Attachment A6).	October 2023	TBD

November 13, 2023  
Initiative 23-0024 (Amdt. 1)

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

**PROVIDES PERMANENT FUNDING FOR MEDI-CAL HEALTH CARE SERVICES.**

**INITIATIVE STATUTE.** Makes permanent the existing tax on managed health care insurance plans, currently set to expire in 2026, which the state uses to pay for health care services for low-income families with children, seniors, people with disabilities, and other groups covered by the Medi-Cal program. Requires revenues to be used only for specified Medi-Cal services, including primary and specialty care, emergency care, family planning, mental health, and prescription drugs. Prohibits revenues from being used to replace other existing Medi-Cal funding. Caps administrative expenses and requires independent audits of programs receiving funding.

Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: **Uncertain overall impact on state revenues and spending, including reduced legislative flexibility over the use of MCO tax funds. The extent of this impact depends on whether the measure would result in different state decisions around imposing, structuring, and spending proceeds from the managed care organization tax than in the absence of the measure. (23-0024A1.)**



## 2023 Signed and Vetoed State Legislation

### *Executive Summary*

On October 13, 2023, Governor Gavin Newsom finished signing or vetoing all legislation that had been passed by the California State Legislature in 2023 — the first year of its 2023–24 legislative session, which recessed on September 14.

This *Executive Summary* includes the final outcomes and brief summaries of policy (non-budget) bills that were signed (14) or vetoed (13) by the governor and have been identified for potential impacts to CalOptima Health. In addition, *Full Summaries and Potential Impacts* of the identified legislation are included on subsequent pages.

Bill Number	Bill Title/Summary
<b>SIGNED INTO LAW</b>	
<b><u>SB 43</u></b>	<b>Gravely Disabled:</b> Expands “gravely disabled” to include a condition resulting from a severe substance use disorder (SUD), or co-occurring mental health disorder and severe SUD, or chronic alcoholism.
<b><u>SB 311</u></b>	<b>Medicare Part A Buy-In:</b> Requires the California Department of Health Care Services (DHCS) to enter a Medicare Part A buy-in agreement with the Centers for Medicare & Medicaid Services (CMS) that allows DHCS to automatically enroll individuals with a Part A premium into Part A on their behalf.
<b><u>SB 326</u></b>	<b>The Behavioral Health Services Act (BHSA):</b> If approved by voters on March 5, 2024, would rename the Mental Health Services Act (MHSA) to the BHSA, expand services to address SUDs and revise funding distributions to provide a housing support service.
<b><u>SB 496</u></b>	<b>Biomarker Testing:</b> Adds biomarker testing, including whole genome sequencing, as a covered Medi-Cal benefit.
<b><u>SB 525</u></b>	<b>Health Care Workers Minimum Wage:</b> Increases the minimum wage for health care workers through the establishment of multilevel wage schedules for covered health care employers.
<b><u>SB 770</u></b>	<b>Unified Health Care Financing:</b> Directs the California Health & Human Services Agency (CalHHS) to research, develop and pursue discussions of a waiver framework with the federal government to create a unified health care system that incorporates a comprehensive package of benefits without share of cost.
<b><u>AB 271</u></b>	<b>Homeless Death Review Committee:</b> Authorizes counties to establish a homeless death review committee to improve coordination and information gathering to identify the causes of homeless deaths.
<b><u>AB 425</u></b>	<b>Pharmacogenomic Testing:</b> Adds pharmacogenomic testing as a covered Medi-Cal benefit.
<b><u>AB 531</u></b>	<b>The Behavioral Health Infrastructure Bond Act of 2023:</b> If approved by voters on March 5, 2024, authorizes \$6.4 million in bonds for supportive housing and community-based treatment facilities for those experiencing or at risk of homelessness and living with behavioral health challenges.
<b><u>AB 557</u></b>	<b>Brown Act Flexibilities:</b> Permanently extends Brown Act teleconferencing flexibilities — when a declared state of emergency is in effect — beyond January 1, 2024.
<b><u>AB 847</u></b>	<b>Pediatric Palliative Care Services:</b> Authorizes extended Medi-Cal coverage for palliative care and hospice services after 21 years of age for individuals deemed eligible prior to that age.
<b><u>AB 904</u></b>	<b>Doula Access:</b> Requires a health plan to develop a health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas.
<b><u>AB 1241</u></b>	<b>Medi-Cal Telehealth Access:</b> Requires Medi-Cal telehealth providers to maintain and follow protocols to either offer in-person services or arrange a referral to in-person services.
<b><u>AB 1481</u></b>	<b>Medi-Cal Presumptive Eligibility for Pregnancy:</b> Extends Medi-Cal presumptive eligibility for pregnant people until an application for full-scope Medi-Cal is approved or denied.

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VETOED	
<b><u>SB 257</u></b>	<b>Mammography:</b> Would have required health plans to cover, without cost sharing, screening mammography and medically necessary diagnostic breast imaging.
<b><u>SB 694</u></b>	<b>Self-Measured Blood Pressure (SMBP) Device Services:</b> Would have added two SMBP device-related services — patient training and device calibration as well as 30-day data collection — as covered Medi-Cal benefits.
<b><u>AB 85</u></b>	<b>Social Determinants of Health (SDOH) Screenings:</b> Would have added SDOH screenings as a covered Medi-Cal benefit.
<b><u>AB 576</u></b>	<b>Abortion Reimbursement:</b> Would have required DHCS to fully reimburse Medi-Cal providers for providing medication to terminate a pregnancy that aligns with clinical guidelines.
<b><u>AB 608</u></b>	<b>Perinatal Services:</b> Would have required DHCS to cover additional prenatal assessments, individualized care plans and other services during the one-year postpartum Medi-Cal eligibility period.
<b><u>AB 719</u></b>	<b>Public Transit Contracts:</b> Would have required Medi-Cal plans to contract with public paratransit operators for nonmedical transportation (NMT) and nonemergency medical transportation (NEMT).
<b><u>AB 907</u></b>	<b>PANDAS and PANS:</b> Would have required health plans to provide coverage for prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS).
<b><u>AB 931</u></b>	<b>Physical Therapy Prior Authorization:</b> Would have prohibited health plans from requiring prior authorization for the initial 12 treatment visits for physical therapy.
<b><u>AB 1060</u></b>	<b>Naloxone Hydrochloride:</b> Would have added prescription and non-prescription naloxone hydrochloride as a covered Medi-Cal benefit for the complete or partial reversal of an opioid overdose.
<b><u>AB 1085</u></b>	<b>Housing Support Services:</b> Would have required DHCS to transition three Community Supports relating to housing support services to covered Medi-Cal benefits.
<b><u>AB 1202</u></b>	<b>Health Care Services Data for Children, Pregnancy and Postpartum:</b> Would have required DHCS to conduct an analysis to ensure compliance with Medi-Cal time and distance standards for pediatric primary care.
<b><u>AB 1288</u></b>	<b>Medication-Assisted Treatment Prior Authorization:</b> Would have prohibited health plans from requiring prior authorization for a naloxone product, buprenorphine product, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of an SUD.
<b><u>AB 1451</u></b>	<b>Urgent and Emergency Mental Health and SUD Treatment:</b> Would have required health plans to cover treatment for urgent and emergency mental health and SUDs without preauthorization.

DHCS and/or other state agencies are expected to issue further guidance regarding the implementation of signed legislation. Staff will monitor developments and share any updates from DHCS that may impact CalOptima Health.

On January 3, 2024, the California State Legislature will reconvene from interim recess for the second year of its 2023–24 legislative session.

[\[Continued\]](#)

## *Full Summaries and Potential Impacts*

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b>SIGNED INTO LAW</b>			
<b><u>SB 43</u></b> Eggman	<p><b>Gravely Disabled Definition:</b> Effective January 1, 2026, expands the definition of “gravely disabled” to include a condition resulting from a severe SUD, or a co-occurring mental health disorder and a severe SUD, as well as chronic alcoholism. Also requires DHCS to submit a report to include the number of persons admitted or detained for grave disability.</p> <p><b>Potential CalOptima Health Impact:</b> Increased oversight of CalOptima Health Medi-Cal members newly considered as gravely disabled.</p>	<b>10/10/2023</b> Signed into law	CalOptima Health: Watch
<b><u>SB 311</u></b> Eggman	<p><b>Medicare Part A Buy-In:</b> Requires DHCS to submit a Medicaid state plan amendment to enter into a Medicare Part A buy-in agreement with CMS, effective January 1, 2025, or DHCS’s readiness date, whichever is later. This will allow DHCS to automatically enroll individuals with a Part A premium into Part A on their behalf.</p> <p><b>Potential CalOptima Health Impact:</b> Simplified Medicare enrollment and increased financial stability for dual-eligible CalOptima Health members with Part A premium requirements.</p>	<b>10/10/2023</b> Signed into law	CalOptima Health: Watch LHPC: Support CalPACE: Support
<b><u>SB 326</u></b> Eggman	<p><b>The Behavioral Health Services Act (BHSA):</b> Places this act on the March 5, 2024, statewide primary election ballot.</p> <p>If approved by voters, would rename the Mental Health Services Act (MHSA) to the BHSA, expand services to include SUDs, revise the distribution of up to \$36 million for behavioral health workforce funding and remove provisions related to innovative programs by, instead, establishing priorities and a program — administered by counties — to provide a housing support service.</p> <p><b>Potential CalOptima Health Impact:</b> Increased resources and access to behavioral health services and housing interventions for CalOptima Health members.</p>	<b>10/12/2023</b> Signed into law	CalOptima Health: Watch
<b><u>SB 496</u></b> Limón	<p><b>Biomarker Testing:</b> No later than July 1, 2024, adds biomarker testing — subject to utilization management controls — including whole genome sequencing, as a covered Medi-Cal benefit for the purposes of diagnosis, treatment, appropriate management or ongoing monitoring of a disease or condition to guide treatment decisions, if the test is supported by medical and scientific evidence, as prescribed.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Signed into law	CalOptima Health: Watch CAHP: Oppose Unless Amended

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Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b><u>SB 525</u></b> Durazo	<p><b>Health Care Workers Minimum Wage:</b> Establishes three separate minimum wage schedules for covered health care employers, including integrated health care delivery systems; health care systems; dialysis clinics; health facilities owned, affiliated, or operated by a county; licensed skilled nursing facilities; and clinics that meet certain requirements.</p> <p><b>Potential CalOptima Health Impact:</b> Increased direct wage costs for certain CalOptima Health PACE employees to be incorporated into DHCS rates; increased indirect costs from contracted providers subject to wage increases.</p>	<b>10/13/2023</b> Signed into law	CalOptima Health: Watch
<b><u>SB 770</u></b> Wiener	<p><b>Unified Health Care Financing System:</b> Directs the CalHHS Secretary to research, develop and pursue discussions of a waiver framework with the federal government to create a health care system that incorporates a comprehensive package of medical, behavioral health, pharmacy, dental and vision benefits, without a share of cost for essential services. No later than January 1, 2025, the Secretary must submit an interim report to the Legislature, including proposed statutory language to authorize submission of a waiver application. No later than June 1, 2025, a draft waiver framework must be completed and made available to the public for a 45-day public comment period. No later than November 1, 2025, the finalized waiver framework must be submitted to the governor and Legislature for review.</p> <p><b>Potential CalOptima Health Impact:</b> Unknown but potentially significant impacts to the Medi-Cal and commercial health care delivery systems, including changes to administration, covered benefits, financing and organization.</p>	<b>10/07/2023</b> Signed into law	CalOptima Health: Watch
<b><u>AB 271</u></b> Quirk-Silva	<p><b>Homeless Death Review Committee:</b> Authorizes counties to establish a homeless death review committee for the purpose of gathering information to identify the root causes of the deaths of homeless individuals and to determine strategies to improve coordination of services for the homeless population.</p> <p><b>Potential CalOptima Health Impact:</b> Increased coordination and data review between the County of Orange and CalOptima Health.</p>	<b>09/01/2023</b> Signed into law	<b>03/02/2023</b> CalOptima Health: SUPPORT
<b><u>AB 425</u></b> Alvarez	<p><b>Pharmacogenomics Advancing Total Health for All Act:</b> Effective July 1, 2024, adds pharmacogenomic testing as a covered Medi-Cal benefit, defined as laboratory genetic testing to identify how an individual's genetics may impact the efficacy, toxicity and safety of medications.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Signed into law	CalOptima Health: Watch

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Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u><b>AB 531</b></u> Irwin	<p><b>The Behavioral Health Infrastructure Bond Act of 2023:</b> Places this bond act on the March 5, 2024, statewide primary election ballot.</p> <p>If approved by voters, would authorize \$6.4 million in bonds to fund conversion, rehabilitation or new construction of supportive housing and community-based treatment facilities for those experiencing or at risk of homelessness and living with behavioral health challenges.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased behavioral health services and community supports for some CalOptima Health members.</p>	<b>10/12/2023</b> Signed into law	CalOptima Health: Watch
<u><b>AB 557</b></u> Hart	<p><b>Brown Act Flexibilities:</b> Permanently extends current Brown Act teleconferencing flexibilities — when a declared state of emergency is in effect — beyond January 1, 2024. Also extends the period for a legislative body to make findings related to a continuing state of emergency from every 30 days to every 45 days.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Extended teleconferencing flexibilities for Board and advisory committee meetings.</p>	<b>10/08/2023</b> Signed into law	CalOptima Health: Watch
<u><b>AB 847</b></u> Rivas, L.	<p><b>Pediatric Palliative Care Services:</b> Authorizes extended Medi-Cal coverage for palliative care and hospice services after 21 years of age for individuals deemed eligible prior to that age.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded covered benefit for certain CalOptima Health Medi-Cal members.</p>	<b>10/13/2023</b> Signed into law	CalOptima Health: Watch
<u><b>AB 904</b></u> Calderon	<p><b>Doula Access:</b> Beginning January 1, 2025, requires a health plan to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased access to prenatal care for eligible CalOptima Health Medi-Cal members; additional provider contracting and credentialing; additional staff time for program management.</p>	<b>10/07/2023</b> Signed into law	CalOptima Health: Watch



Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b><u>AB 1241</u></b> Weber	<p><b>Medi-Cal Telehealth Access:</b> Requires Medi-Cal telehealth providers to maintain and follow protocols to either offer in-person services or arrange a referral to in-person services. However, this does not require a provider to schedule an appointment with a different provider on behalf of a patient.</p> <p><b>Potential CalOptima Health Impact:</b> Continued flexibility to access in-person, video and audio-only health care services for CalOptima Health Medi-Cal members.</p>	<b>09/08/2023</b> Signed into law	CalOptima Health: Watch
<b><u>AB 1481</u></b> Boerner	<p><b>Medi-Cal Presumptive Eligibility for Pregnancy:</b> Expands Medi-Cal presumptive eligibility for pregnant women to all pregnant people, renaming the program “Presumptive Eligibility for Pregnant People” (PE4PP). If an application for full-scope Medi-Cal benefits is submitted between the date of a PE4PP determination and the last day of the subsequent month, PE4PP coverage will be effective until the Medi-Cal application is approved or denied.</p> <p><b>Potential CalOptima Health Impact:</b> Improved Medi-Cal enrollment process and timelier access to covered benefits for eligible pregnant individuals.</p>	<b>10/07/2023</b> Signed into law	CalOptima Health: Watch
<b>VETOED</b>			
<b><u>SB 257</u></b> Portantino	<p><b>Mammography:</b> Beginning January 1, 2025, would have required health plans to cover, without cost sharing, screening mammography and medically necessary diagnostic breast imaging, including following an abnormal mammography result and for individuals with a risk factor associated with breast cancer.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Vetoed due to high costs that exceed provisions under the Affordable Care Act (ACA). Breast cancer screenings are already covered for those ages 40–74 (see full <a href="#">veto message</a> ).	CalOptima Health: Watch CAHP: Oppose
<b><u>SB 694</u></b> Eggman	<p><b>Self-Measured Blood Pressure (SMBP) Devices and Services:</b> Would have added two SMBP device-related services — patient training and device calibration as well as 30-day data collection — as covered Medi-Cal benefits to promote the health of beneficiaries with high blood pressure (hypertension) or another diagnosis that supports the use of an at-home blood pressure monitor.</p> <p><b>Potential CalOptima Health Impact:</b> New covered benefits for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Vetoed due to high costs that were not included in the Fiscal Year (FY) 2024 state budget (see full <a href="#">veto message</a> ).	CalOptima Health: Watch CalPACE: Support



Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b><u>AB 85</u></b> Weber	<p><b>SDOH Screenings:</b> Would have added SDOH screenings as a covered Medi-Cal benefit. Would have also required health plans to provide primary care providers with adequate access to community health workers, social workers and peer support specialists. Would have also required Federally Qualified Health Centers and Rural Health Clinics to be reimbursed for these services at the Medi-Cal fee-for-service (FFS) rate.</p> <p><b>Potential CalOptima Health Impact:</b> New covered benefits for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Vetoed due to existing investments to improve SDOH, such as Adverse Childhood Experiences (ACEs) screenings and CalAIM (see full <a href="#">veto message</a> ).	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 576</u></b> Weber	<p><b>Abortion Reimbursement:</b> Would have required DHCS to fully reimburse Medi-Cal providers for providing medication to terminate a pregnancy that aligns with clinical guidelines, evidence-based research and provider discretion.</p> <p><b>Potential CalOptima Health Impact:</b> Increased financial stability for eligible CalOptima Health contracted providers.</p>	<b>10/07/2023</b> Vetoed due to duplication of elements from the July 2023 updated policies for medication abortions (see full <a href="#">veto message</a> ).	CalOptima Health: Watch
<b><u>AB 608</u></b> Patterson	<p><b>Perinatal Services:</b> Would have required DHCS to cover additional perinatal assessments, individualized care plans and other services during the one-year postpartum Medi-Cal eligibility period at least proportional to those available during pregnancy and the initial 60-day postpartum period. DHCS would have been required to collaborate with the California Department of Public Health (CDPH) and stakeholders to determine the specific levels of additional coverage. Would have also allowed perinatal services to be rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site. Lastly, would have allowed such workers to be supervised by a community-based organization or local health jurisdiction.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded covered benefit and associated provider network for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Vetoed due to duplication of elements. Medi-Cal already provides full-scope coverage for one year after pregnancy as well as the introduction of the "Birthing Care Pathway" proposal to improve services during the perinatal period (see full <a href="#">veto message</a> ).	CalOptima Health: Watch
<b><u>AB 719</u></b> Boerner	<p><b>Public Transit Contracts:</b> Would have required Medi-Cal managed care plans to contract with public paratransit operators for NMT and NEMT services. Would have required reimbursement to be based on the Medi-Cal FFS rates for those services.</p> <p><b>Potential CalOptima Health Impact:</b> Execution of additional NMT and NEMT contracts; increased transportation options for CalOptima Health Medi-Cal members.</p>	<b>10/07/2023</b> Vetoed due to such services not being currently allowable under federal guidance (see full <a href="#">veto message</a> ).	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b><u>AB 907</u></b> Lowenthal	<p><b>PANDAS and PANS:</b> Beginning January 1, 2024, would have required a health plan to provide coverage for prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) prescribed or ordered by a provider.</p> <p><b>Potential CalOptima Health Impact:</b> New covered benefit for pediatric CalOptima Health Medi-Cal members.</p>	<p><b>10/07/2023</b> Vetoed due to duplication of existing laws for timely access standards and grievances; also removes medical necessity, which is a standard condition for health plans (see full <a href="#">veto message</a>).</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<b><u>AB 931</u></b> Irwin	<p><b>Physical Therapy Prior Authorization:</b> Beginning January 1, 2025, would have prohibited health plans from requiring prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy.</p> <p><b>Potential CalOptima Health Impact:</b> Modified utilization management procedures for a covered Medi-Cal benefit.</p>	<p><b>10/07/2023</b> Vetoed due to absence of policy oversight and unintentional costs (see full <a href="#">veto message</a>).</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<b><u>AB 1060</u></b> Ortega	<p><b>Naloxone Hydrochloride:</b> Would have added prescription and non-prescription naloxone hydrochloride or another drug approved by the U.S. Food and Drug Administration as a covered benefit under the Medi-Cal program for the complete or partial reversal of an opioid overdose.</p> <p><b>Potential CalOptima Health Impact:</b> New Medi-Cal Rx benefit for CalOptima Health Medi-Cal members.</p>	<p><b>10/07/2023</b> Vetoed due to exceeding essential health benefits under the ACA and increasing General Fund costs (see full <a href="#">veto message</a>).</p>	<p>CalOptima Health: Watch CAHP: Oppose Unless Amended</p>
<b><u>AB 1085</u></b> Maienschein	<p><b>Housing Support Services:</b> Would have required DHCS, if the state has sufficient network capacity, to add housing support services as a covered Medi-Cal benefit for individuals experiencing or at risk of homelessness, consistent with the following Community Supports offered through CalAIM:</p> <ul style="list-style-type: none"> <li>• Housing Transition Navigation Services</li> <li>• Housing Deposits</li> <li>• Housing Tenancy and Sustaining Services</li> </ul> <p><b>Potential CalOptima Health Impact:</b> Formalization of certain Community Support services as covered benefits for eligible CalOptima Health Medi-Cal members.</p>	<p><b>10/07/2023</b> Vetoed due to duplication of forthcoming elements within CalAIM transitional rent starting in 2024-25; additional costs need to be considered as part of the state's budget (see full <a href="#">veto message</a>).</p>	<p>CalOptima Health: Watch CalPACE: Support</p>



Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<b><u>AB 1202</u></b> Lackey	<p><b>Health Care Services Data for Children, Pregnancy and Postpartum:</b> No later than January 1, 2025, would have required DHCS to report to the Legislature the results of an analysis to identify the number and geographic distribution of Medi-Cal providers needed to ensure compliance with time and distances standards for pediatric primary care. The report would have also included data on the number of children, pregnant and postpartum individuals receiving certain Medi-Cal services.</p> <p><b>Potential CalOptima Health Impact:</b> Increased network analysis and reporting to DHCS.</p>	<p><b>10/08/2023</b> Vetoed due to duplicative reporting standards for existing DHCS efforts (see full <a href="#">veto message</a>).</p>	CalOptima Health: Watch
<b><u>AB 1288</u></b> Reyes	<p><b>Medication-Assisted Treatment Prior Authorization:</b> Would have prohibited health plans from requiring prior authorization for a naloxone product, buprenorphine product, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of an SUD, when prescribed according to generally accepted national professional guidelines.</p> <p><b>Potential CalOptima Health Impact:</b> Modified utilization management procedures for a covered Medi-Cal benefit.</p>	<p><b>10/08/2023</b> Vetoed due to duplicative efforts already in place. (see full <a href="#">veto message</a>).</p>	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 1451</u></b> Jackson	<p><b>Urgent and Emergency Mental Health and SUD Treatment:</b> By January 1, 2024, would have required health plans to provide coverage for the treatment of urgent and emergency mental health and SUDs without prior authorization.</p> <p><b>Potential CalOptima Health Impact:</b> Increased scope of and/or modified utilization management procedures for behavioral health services provided to CalOptima Health Medi-Cal members.</p>	<p><b>10/07/2023</b> Vetoed due to duplication of services already available; additional costs need to be considered as part of the state's budget (see full <a href="#">veto message</a>).</p>	CalOptima Health: Watch

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

# Visual Impairment in the Geriatric Population

**Ashley Deemer, OD, FAAO**

Assistant Professor

Marshall B. Ketchum University

Southern California College of Optometry

- No financial disclosures

# Geriatric population

- Geriatric population is defined as older adults aged 65+
- Fastest growing population
- Projected to nearly double from 52 million (2018) to 95 million (2060)

# Older and Growing

Percent Change among the 65 and Older Population: 2010 to 2019

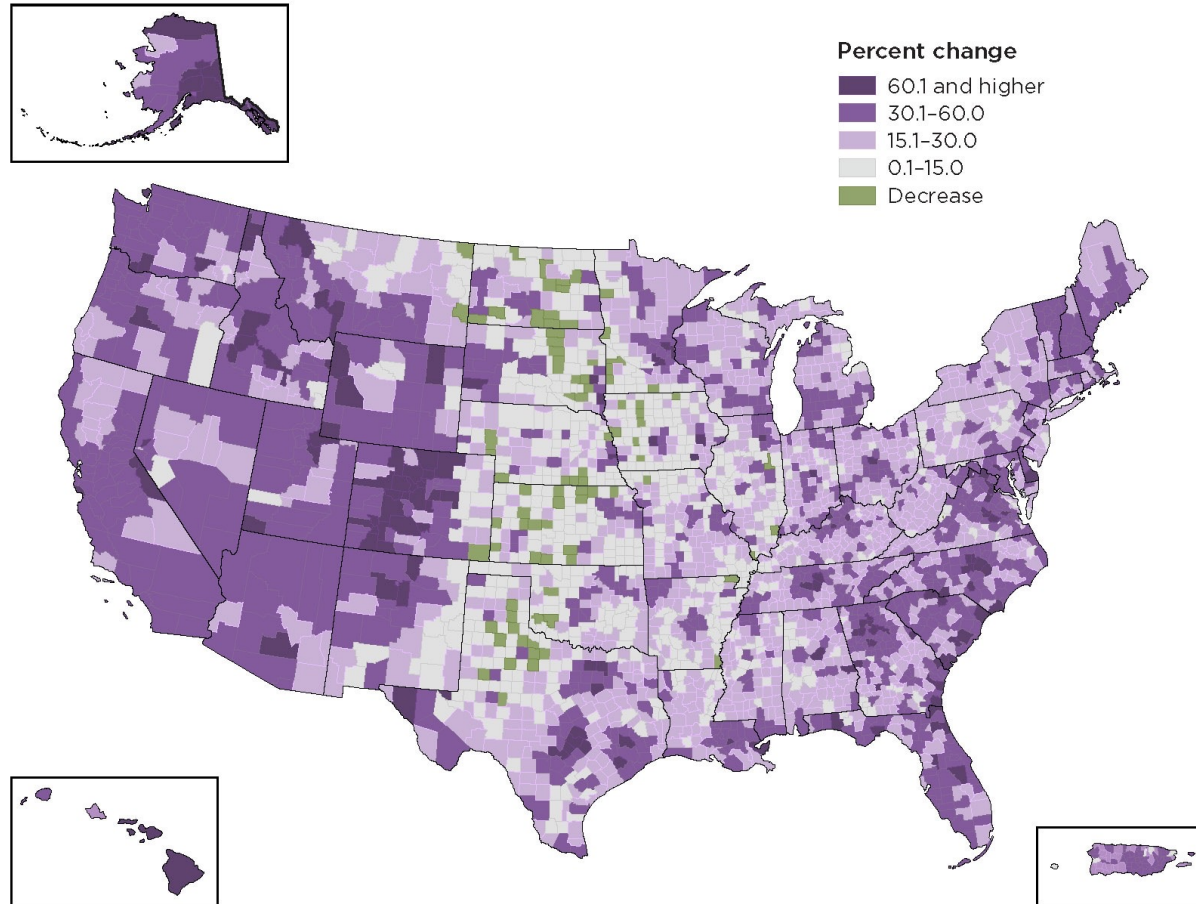
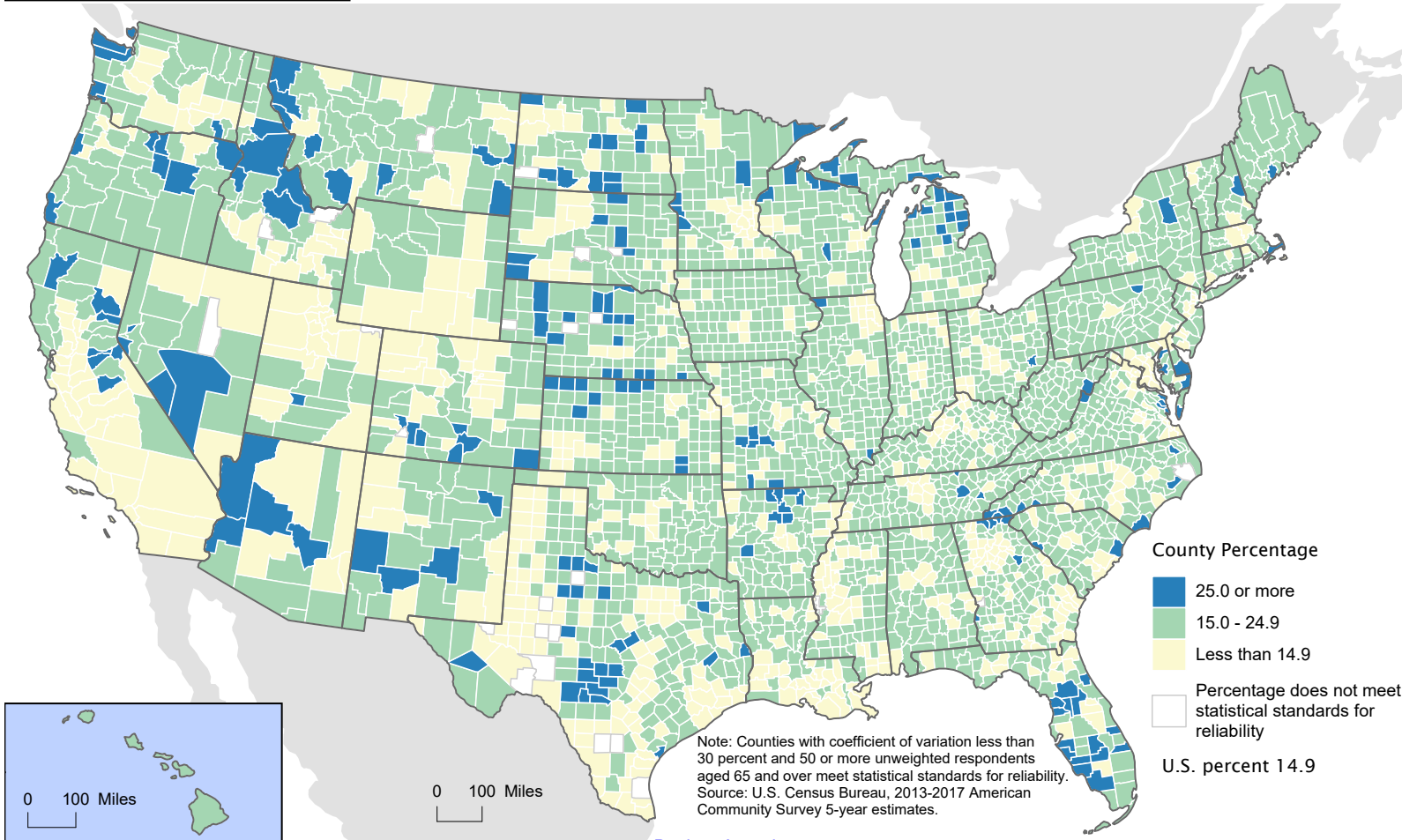




Figure 1a.

## Percentage Population Aged 65 and Over: 2013-2017

(For more information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/programs/acs](http://www.census.gov/programs/acs))



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U.S. Census Bureau, Population Projections.



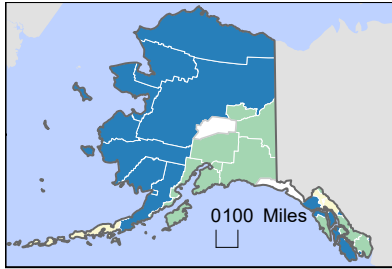
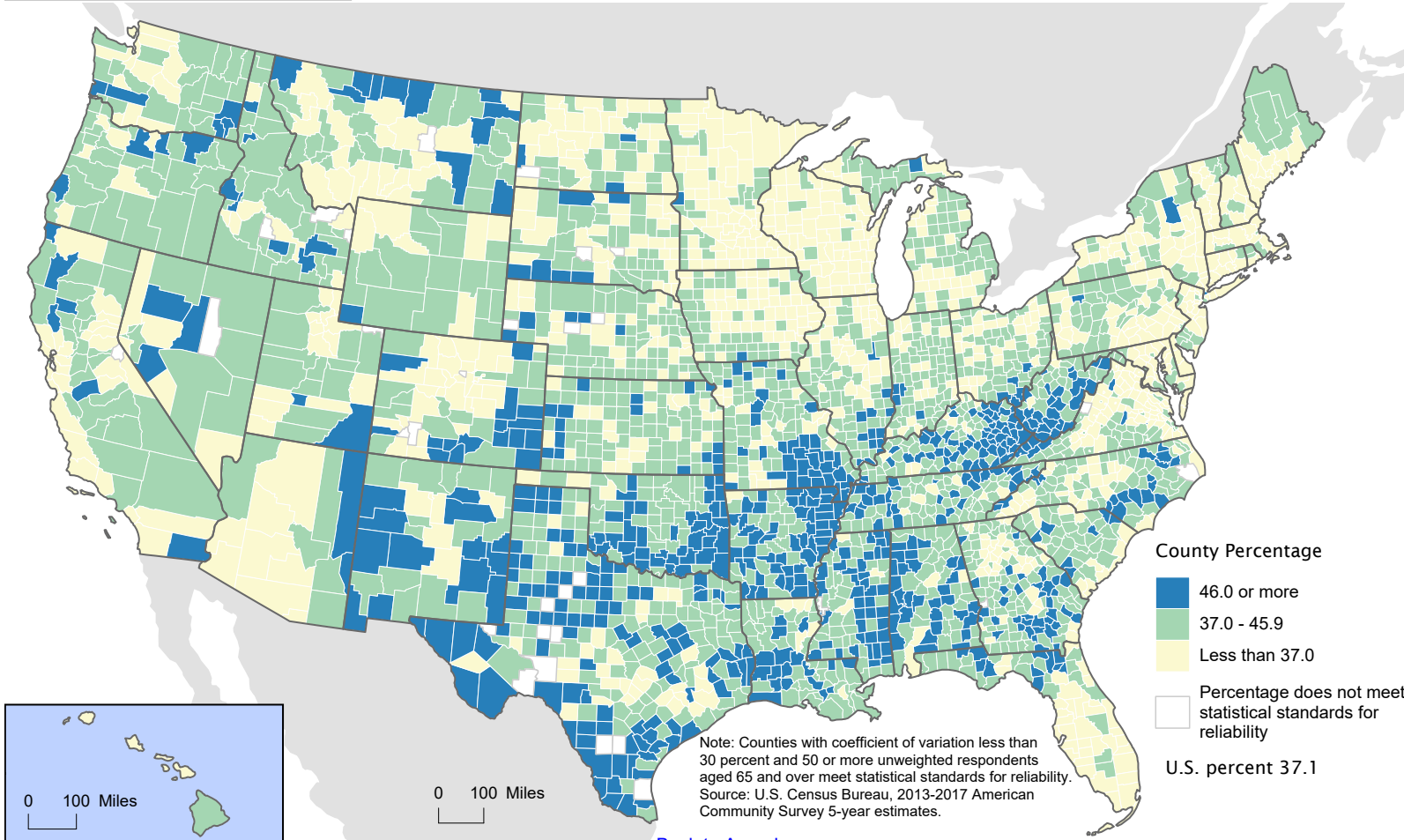


Figure 2a.

## Percentage With a Disability Among Population Aged 65 and Over: 2013-2017

(For more information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/programs/acs](http://www.census.gov/programs/acs))

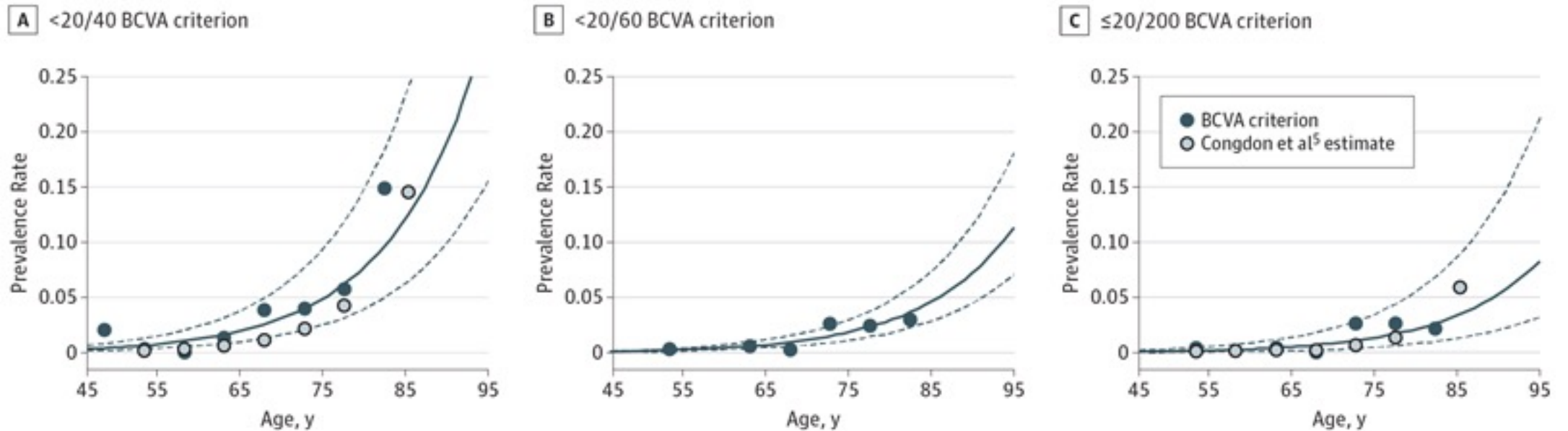


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U.S. Census Bureau, Population Projections.

# Prevalence Rate of Low Vision and Blindness in the U.S.

When low vision is defined as less than 20/40, the overall prevalence of low vision and blindness in the U.S. is about 5.7 million



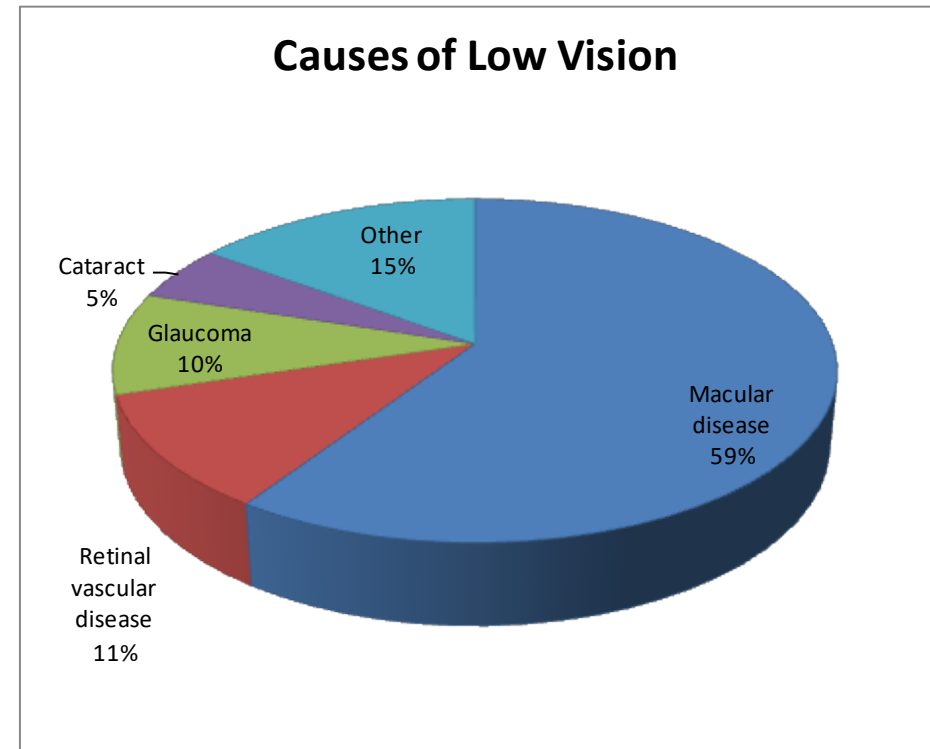
Chan T, et al. 2018. Estimates of Incidence and Prevalence of Visual Impairment, Low Vision, and Blindness in the United States. JAMA Ophthalmol. 2018;136(1):12-19.

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# The Growing Need for Low Vision Rehabilitation

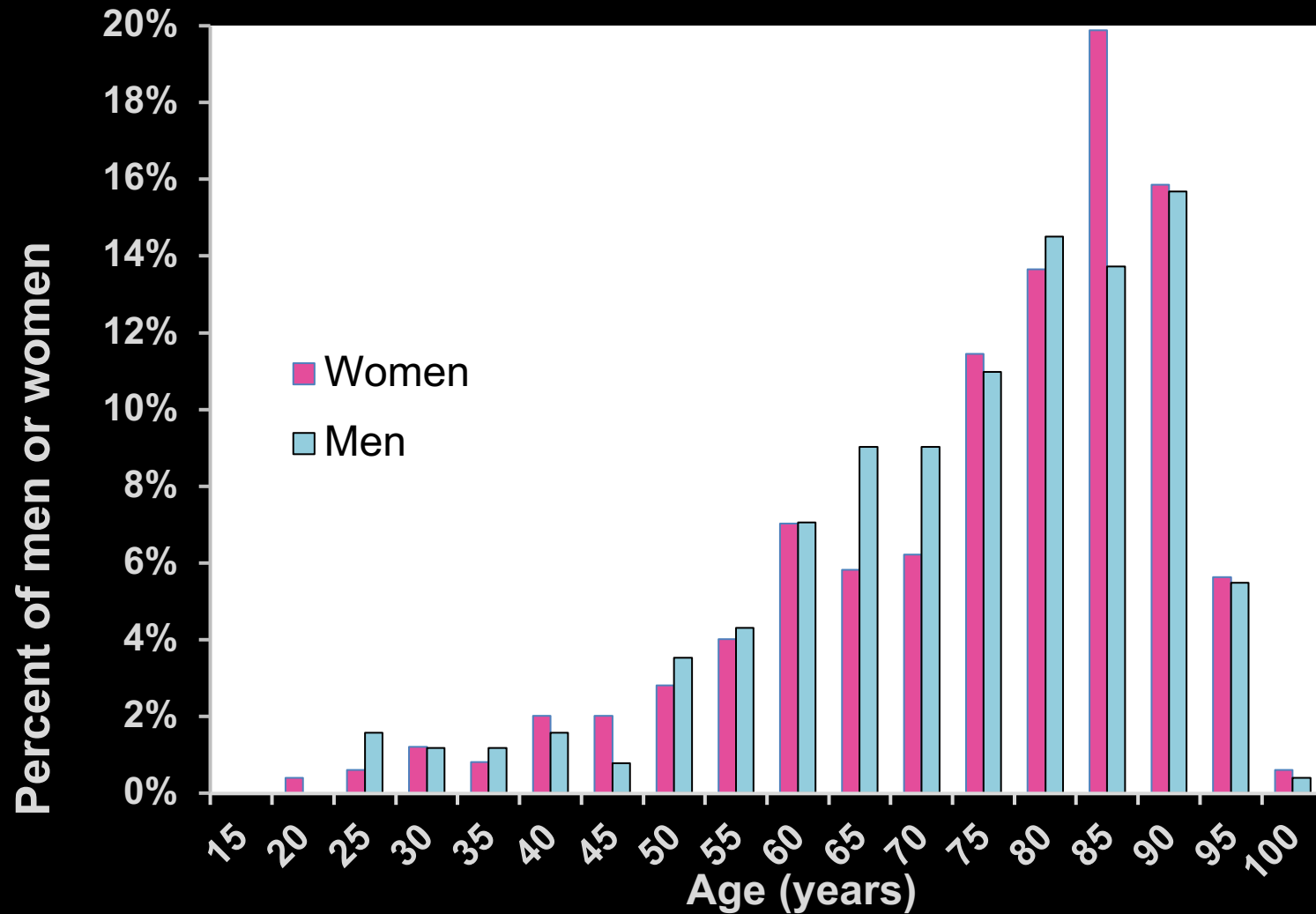
Most cases of low vision in the United States are caused by age-related eye diseases

- Macular Degeneration
- Glaucoma
- Diabetic Retinopathy and other Retinal Vascular Diseases
- Cataract

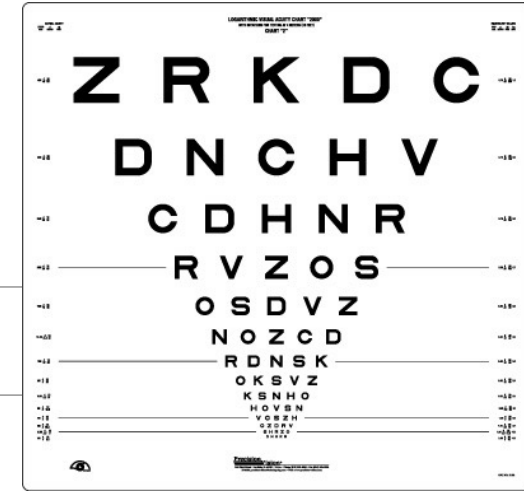
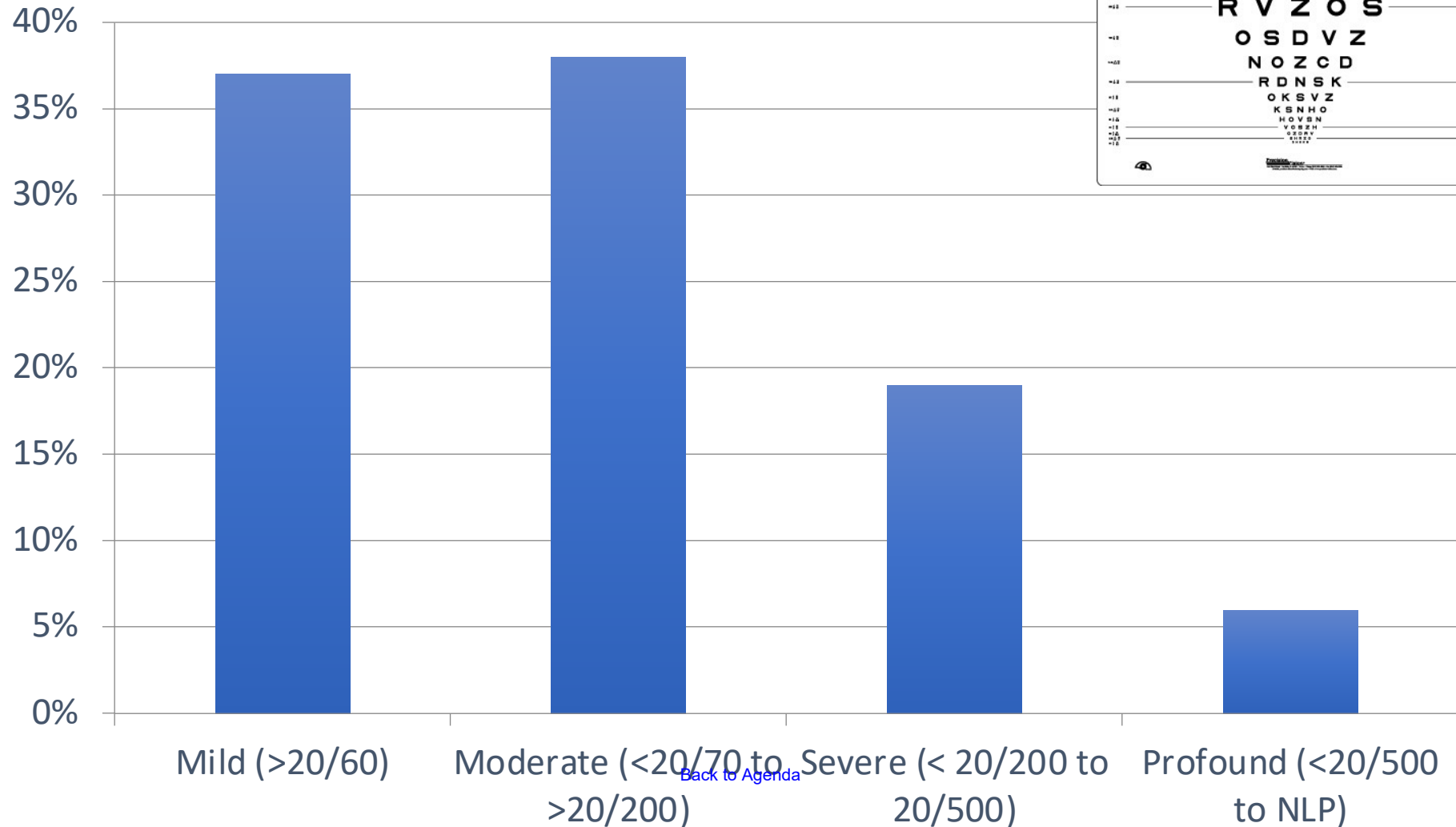


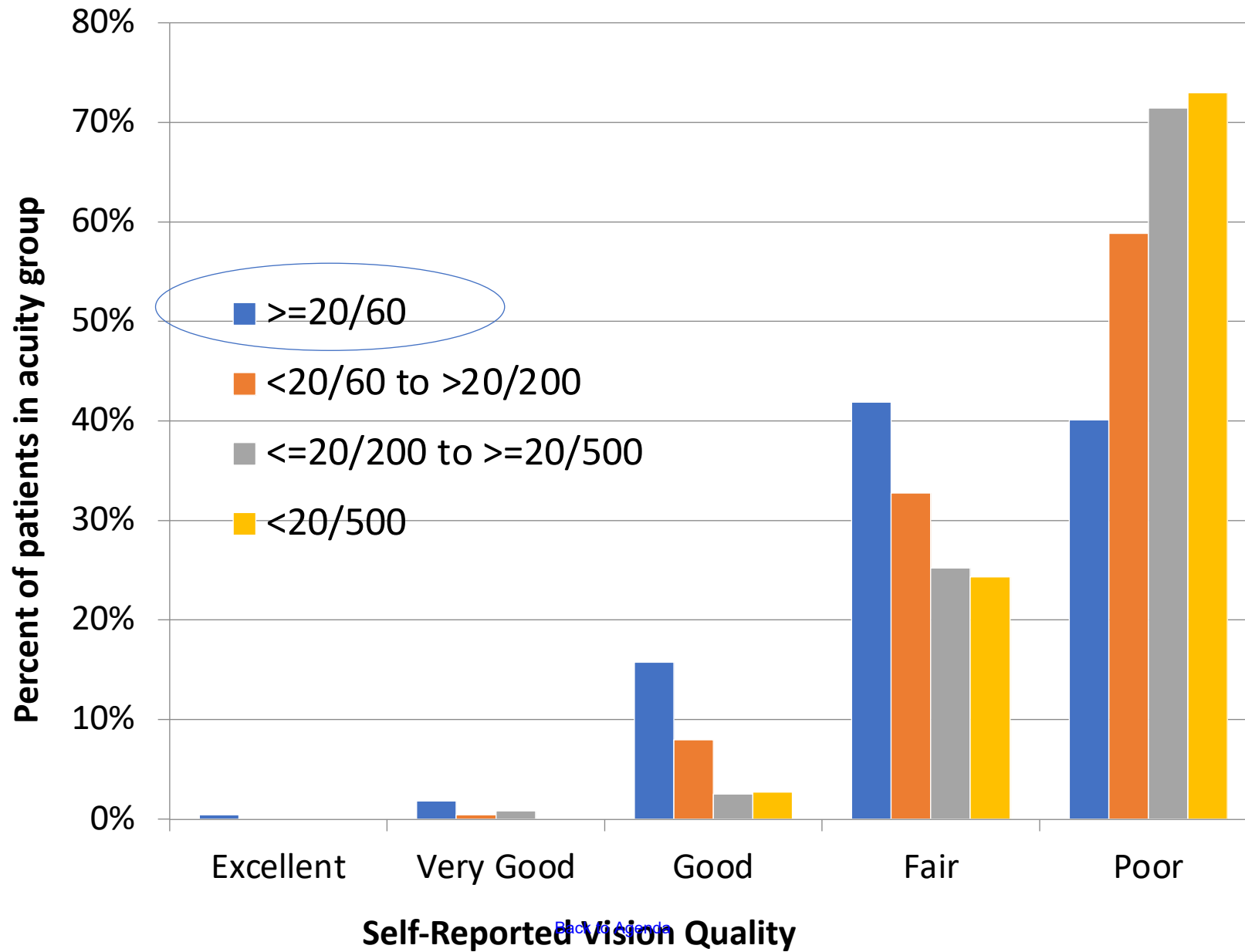
Goldstein, et al Arch Ophthalmol 2012

# Population Seeking LVR



# Visual Acuity

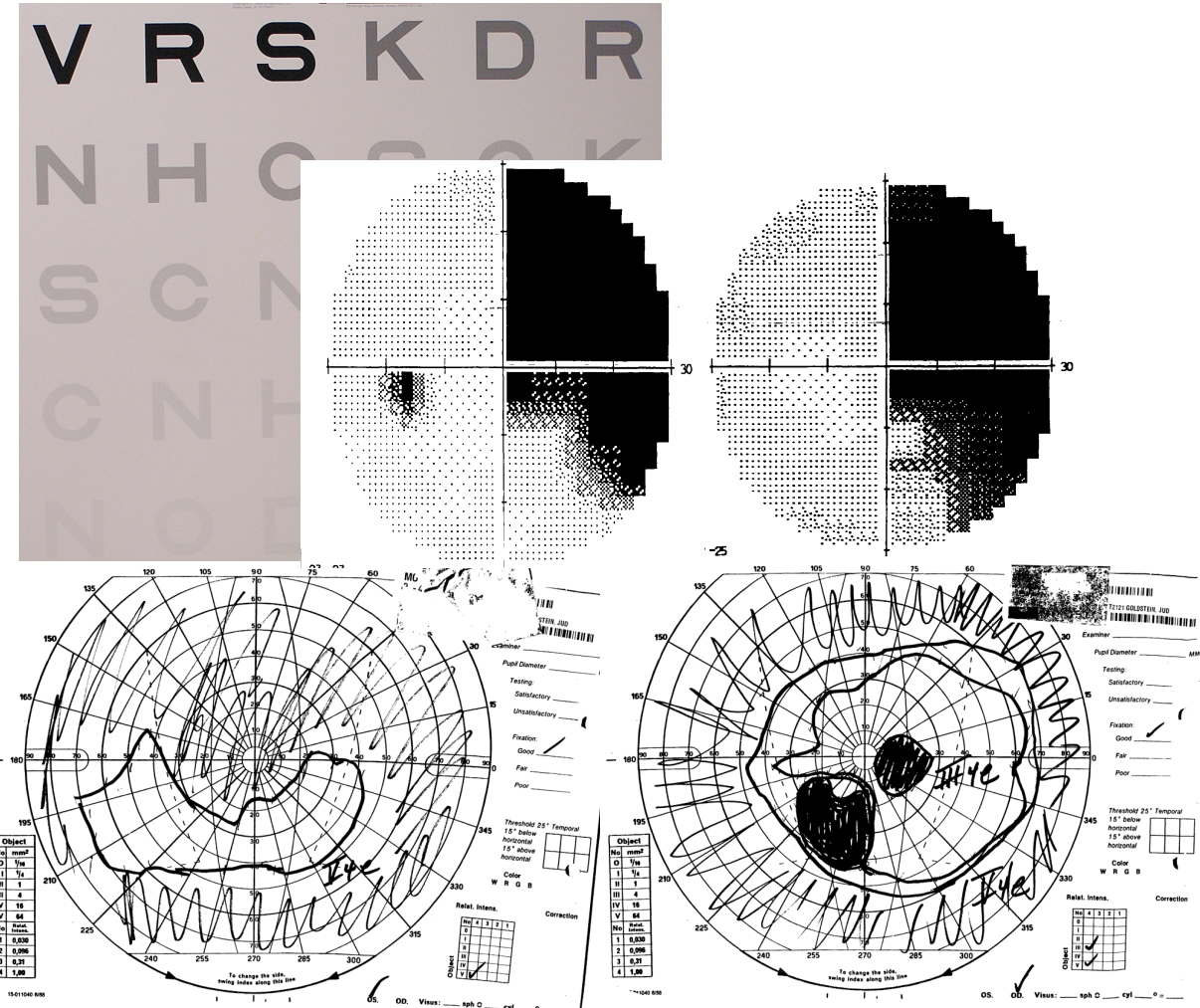
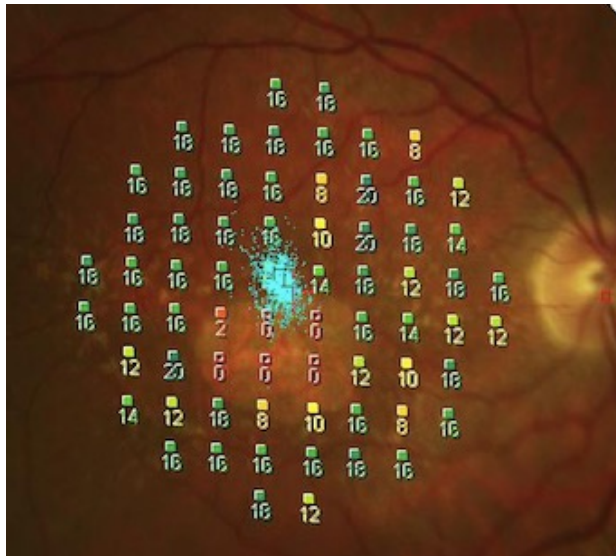






# Other Visual Impairment Factors





- Contrast sensitivity
- Central visual field
- Peripheral visual field



# Comorbidities Affect Visual Ability

- Depression
- Physical ability
- Cognition
- Dual sensory impairment

## Associations of ophthalmic and systemic conditions with incident dementia in the UK Biobank

Xianwen Shang,<sup>1,2</sup> Zhuoting Zhu,<sup>1,2</sup> Yu Huang,<sup>1,2</sup> Xueli Zhang,<sup>1,2</sup> Wei Wang,<sup>3</sup>  
Danli Shi ,<sup>3</sup> Yu Jiang ,<sup>3</sup> Xiaohong Yang ,<sup>1</sup> Mingguang He <sup>1,3,4</sup>

- ▶ Those with both ophthalmic and systemic conditions are at higher risk of dementia compared to those with an isolated ophthalmic or systemic condition
- ▶ AMD, cataract, diabetic eye disease associated with increased risk of dementia
- ▶ DM, heart disease, stroke, and depression at baseline all associated with increased risk of dementia

# Sensory Loss & Cognitive Decline

- “Comorbid vision, hearing, and cognitive impairments in older adults are more common than would be expected by chance alone, suggesting that some common mechanisms might affect these neurological systems.”
- “Vision deprivation may result in reduced activation in central sensory pathways, which is associated with higher risk of cognitive load and brain structure damage”

JAMA Neurology | **Brief Report**

## Addition of Vision Impairment to a Life-Course Model of Potentially Modifiable Dementia Risk Factors in the US

Joshua R. Ehrlich, MD, MPH; Jenna Goldstein, BA; Bonnie K. Swenor, PhD, MPH; Heather Whitson, MD, MHS; Kenneth M. Langa, MD, PhD; Phillip Veliz, PhD

- The 12 dementia risk factors in the model were associated with an estimated 62.4% of dementia cases in the US
- The risk factor with the highest weighted PAF for dementia was hypertension (12.4%)
- The PAF of vision impairment was 1.8%
  - Suggests that more than 100,000 prevalent dementia cases in the US could potentially have been prevented through healthy vision

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Original Report

## **Caring for Older Adults With Vision Impairment and Dementia**

Varshini Varadaraj, MD, MPH,<sup>1,✉</sup> Shang-En Chung, ScM,<sup>2</sup> Kayla S. Swiatek, BA,<sup>3</sup> Orla C. Sheehan, MD, PhD,<sup>2,4</sup> Ashley Deemer, OD,<sup>5</sup> Joshua R. Ehrlich, MD, MPH,<sup>6,7,✉</sup> Jennifer L. Wolff, PhD,<sup>4,8</sup> Lama Assi, MD,<sup>1</sup> David L. Roth, PhD,<sup>2</sup> and Bonnielin K. Swenor, PhD, MPH<sup>1,\*</sup>

- ▶ 55.1% assisted older adults without dementia or VI, 21.9% dementia only, 13% VI only, 10% with both
- ▶ Caregivers of individuals with dementia and VI spent 1.7x as many hours providing care than those without either impairment
  - ▶ 1.3x as many hours when caring for those with VI or dementia alone
- ▶ 3.2x as many valued activities affected with dementia and VI, 1.9x dementia only, 1.3x VI only
- ▶ **Caring for older adults with VI involves similar time demands as caring for adults with dementia and impacts are greater when caring for older adults with both**

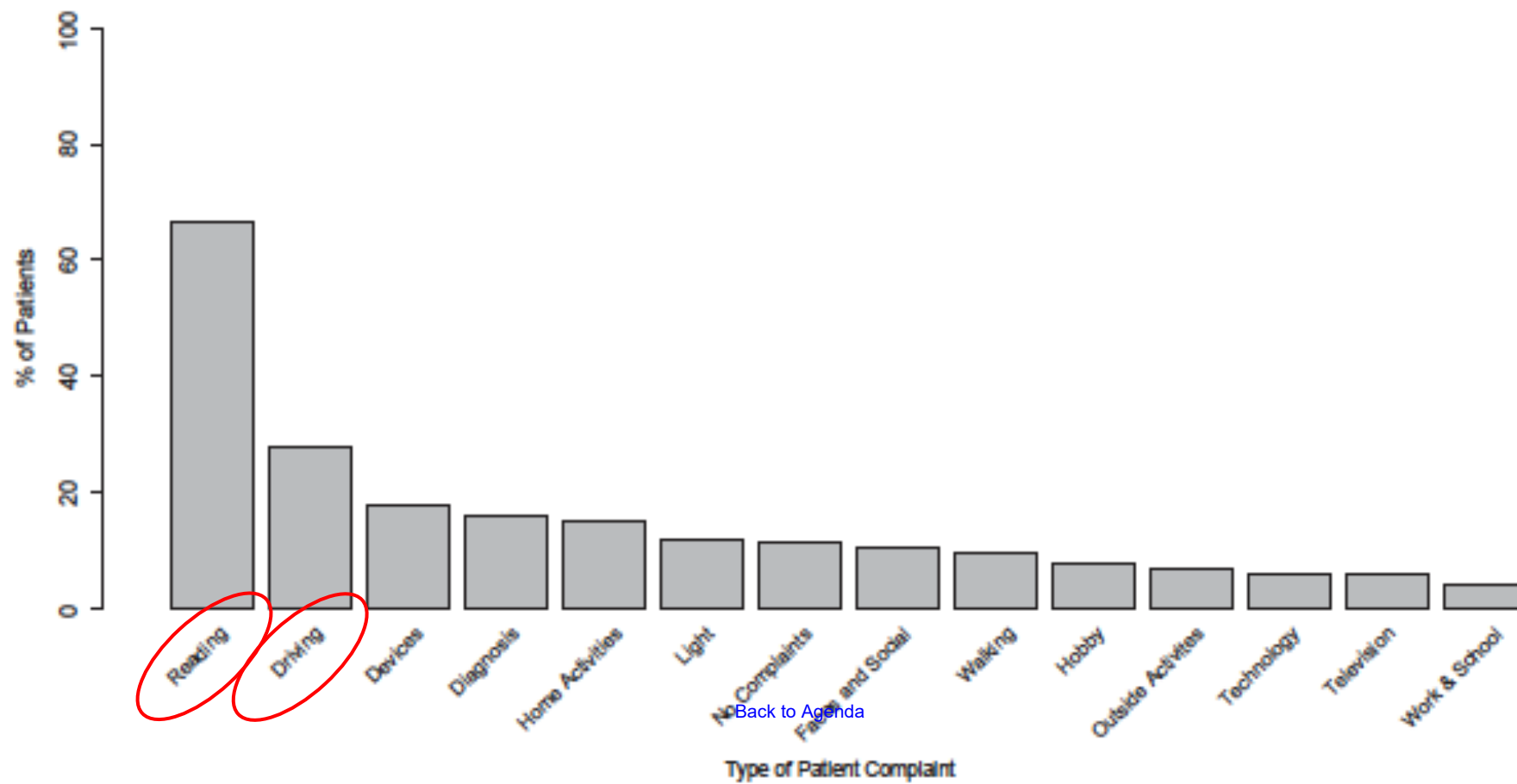


# Addressing Visual Function

- **Not** restorative; **Behavioral intervention**
- Maximize spectacle correction and type because most have useable vision
- Incorporate:
  - Visual Assistive Equipment (VAE)
  - Sensory substitution strategies
  - Education
  - Counseling

# Characterizing Functional Complaints in Patients Seeking Outpatient Low-Vision Services in the United States

Jamie C. Brown, BS,<sup>1</sup> Judith E. Goldstein, OD,<sup>2</sup> Tiffany L. Chan, OD,<sup>2</sup> Robert Massof, PhD,<sup>2</sup> Pradeep Ramulu, MD, PhD,<sup>1</sup> for the Low Vision Research Network Study Group\*



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# Aging in Place



<https://www.rehabmagazine.ca/healthcare/aging-in-place-myth-or-reality/>

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# Case #1

- 87 yo female
- POHx:
  - Mild dry AMD OD, exudative AMD OS with active CNVM
  - Dry eye
- PMHx:
  - Hyperthyroidism
  - Rheumatoid arthritis





# Visual Function Domains

- Uses OTC HM to read but very bothered by holding the device due to neck and wrist pain
- Lives with her adult children but spends most of the day alone
- Tries to get out the home for walks but very slow and hesitant due to pain and joint arthritis
- D/c night driving because she was feeling uncomfortable
- Emotional status: feeling depressed due to social isolation, very anxious at doctor's visits

# Exam information

- BCVA 20/50 OD, 20/500 OS
- Contrast severely reduced 0.88 log units
- CVF full peripherally, central scotomas noted OU
- +3.25 add - 1.0M print
- Lighting improved fluency
- No benefit to additional VAE/magnifiers due to physical limitations

- Plan:
  - +3.25 add
  - Educated on lighting
  - Emotional support services



## Insights \*(In-Home Behavioral Health Program)

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- Insights provides seniors and their caregivers with friendly LCSW or LMFT therapists to support them with the challenges related to aging
- Address most commonly, mild-to-moderate symptoms of depression, anxiety, grief, bereavement, interpersonal conflicts and high stress/ caregiver burnout
- Services currently provided virtually or telephonically \*(*in-home model currently on hold due to COVID*)
- Modalities Used: CBT, IPT
- General number of sessions with therapist are from 6-15 (on average)
- Must identify a barrier to access service elsewhere (e.g. transportation, home-bound, cost, insurance coverage).
- Therapeutic services in alternate languages (English, Spanish, Korean, Vietnamese)

# Case #2

- 76 yo male
- Presenting for Rx check
- POHx:
  - POAG
- PMHx:
  - Parkinson disease – notable hand tremor left hand
  - Hypercholesterolemia
- CC: thinks segment is too low on his glasses and he is having difficulty reading and seeing the television
- Retired – prior work as a software engineer
- Spends a lot of time on the computer and on his phone

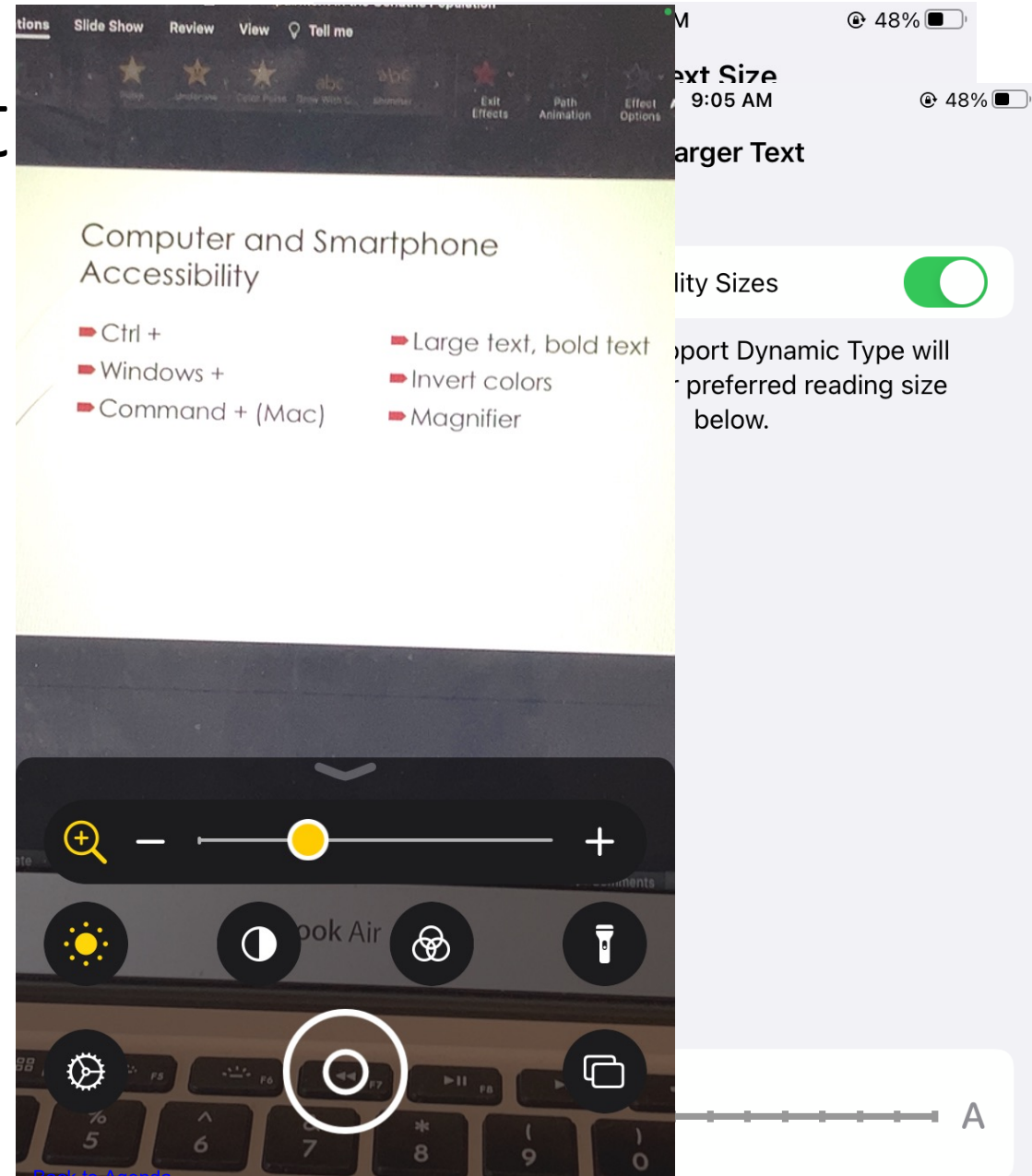
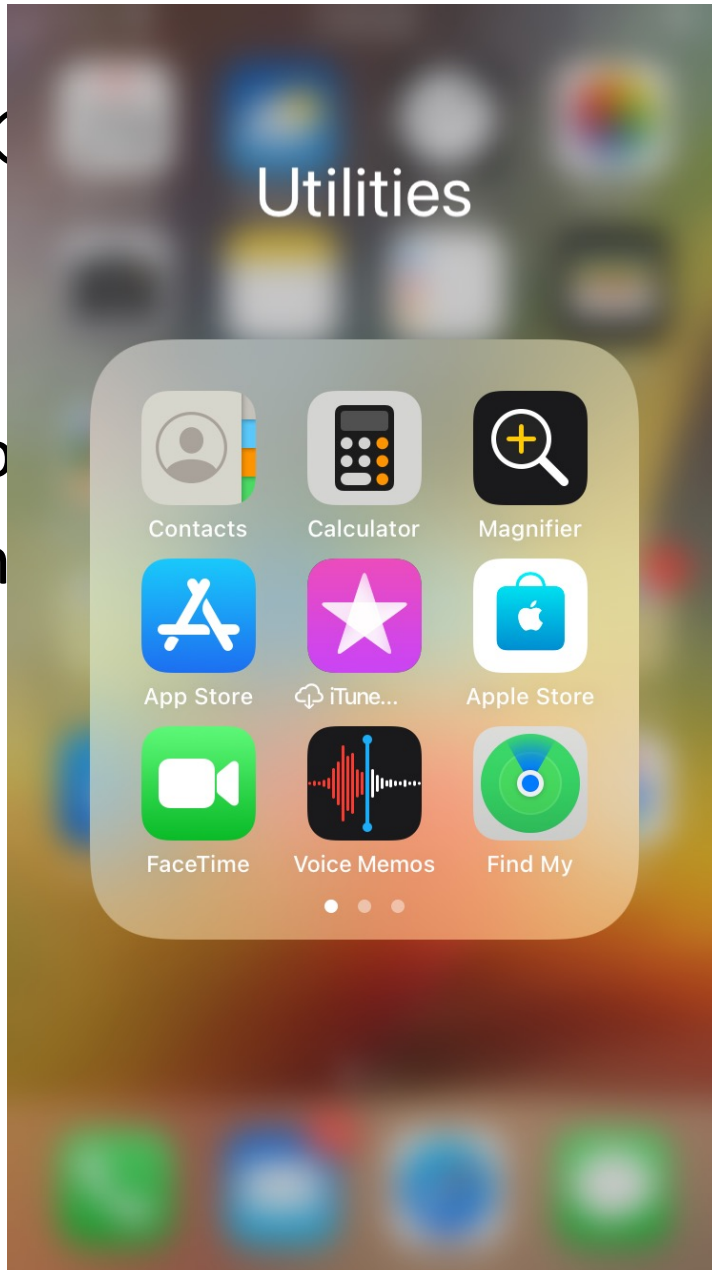


# Exam Information

- BCVA 20/50 OD, 20/20 OS with no change in refraction
- Superior nasal loss noted on HVF and CVF OD
- Plan
  - Compliance with glaucoma meds and f/u
  - Re-do seg ht on PAL to maximize reading ability
    - Considering SVN/Intermediate
  - Educated on computer and iPhone accessibility features

# Comp

- Ctrl +
- Window
- Comm



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# Geriatric Optometry

- Older adults that may require more time and attention
  - Mild visual impairment
  - Extra time needed for education and counseling
  - Patients with significant co-morbidities

# Summary

- Older adults with mild to moderate VA loss and concerns regarding everyday function will seek care in optometric clinics
- Visual acuity is not the sole predictor of visual ability (CS + VF)
- Difficulty with reading and driving are most common concerns
- Behavioral intervention/adaptations are effective in improving visual ability
- Team approach will help address significant comorbidities and to improve patient outcomes

# Thank you!

adeemer@ketchum.edu



# Kaiser Permanente Medi-Cal Direct Contract Overview

CalOptima Health Member and Provider Advisory Committees Joint Meeting  
October 14, 2023

# The Kaiser Permanente (KP) Mission



**Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.**

# About Kaiser Permanente

A unique, **integrated** nonprofit provider of health care and coverage

Founded in 1945, Kaiser Permanente is headquartered in Oakland, California, and comprises:

**Kaiser Foundation Health Plan, Inc.**

*A health insurance provider*

**Kaiser Foundation Hospitals and its subsidiaries**

*Our hospitals and medical offices*

**The Permanente Medical Groups**

*Our physicians*

Kaiser Permanente operates in 8 U.S. states and the District of Columbia.

For more information, go to  
<https://about.kaiserpermanente.org/who-we-are/fast-facts>



Members

**12.7M**



Hospitals

**39**



Medical offices<sup>1</sup>

**622**



Physicians<sup>2</sup>

**23,982**



Nurses<sup>3</sup>

**68,218**



Employees<sup>+</sup>

**212,974**

**KP National Medicaid and CHIP Enrollment**

*July 2023*

**1,359,672**

<sup>1</sup> Medical offices and other outpatient facilities as of June 30, 2023.

<sup>2</sup> Approximate as of December 31, 2022, representing all specialties.

<sup>3</sup> Approximate as of January 31, 2023, representing all specialties.

<sup>+</sup> Approximate as of June 30, 2023, representing technical, administrative, and clerical employees, nurses, and non-physician caregivers.

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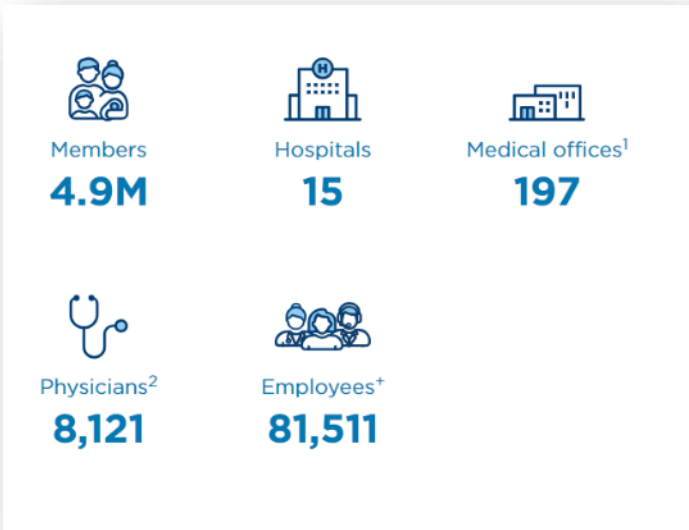
# About Kaiser Permanente in California

## Northern California Market



**KP Medi-Cal Enrollment** **429,475**  
*Northern California, July 2023*

## Southern California Market



**KP Medi-Cal Enrollment** **607,854**  
*Southern California, July 2023*

<sup>1</sup> Medical offices and other outpatient facilities as of June 30, 2023.

<sup>2</sup> Approximate as of December 31, 2022, representing all specialties.

<sup>+</sup> Approximate as of June 30, 2023, representing technical, administrative, and clerical employees, nurses, and non-physician caregivers.

# Kaiser Permanente Medi-Cal Direct Contract Footprint

Effective 1/1/24, Kaiser Foundation Health Plan, Inc. will have a direct Medi-Cal contract in 32 counties in California.

NORTHERN CALIFORNIA		SOUTHERN CALIFORNIA
Existing Direct Contract (no change after 1/1/24)		
Amador El Dorado	Placer Sacramento	San Diego
Plan Partner (Medi-Cal enrollees in these counties will transition to direct coverage with KP, effective 1/1/24)		
Alameda Contra Costa Marin Napa San Francisco San Joaquin	San Mateo Santa Clara Solano Sonoma Yolo	Kern Los Angeles Orange Riverside San Bernadino Ventura
New to KP Medi-Cal* (KP will accept new enrollees in these counties after 1/1/24)		
Fresno Kings Madera Mariposa	Santa Cruz Sutter Stanislaus Tulare** Yuba	Imperial Tulare**



\*New Medi-Cal County under Direct Contract – expansion counties meet current KP Commercial footprint.

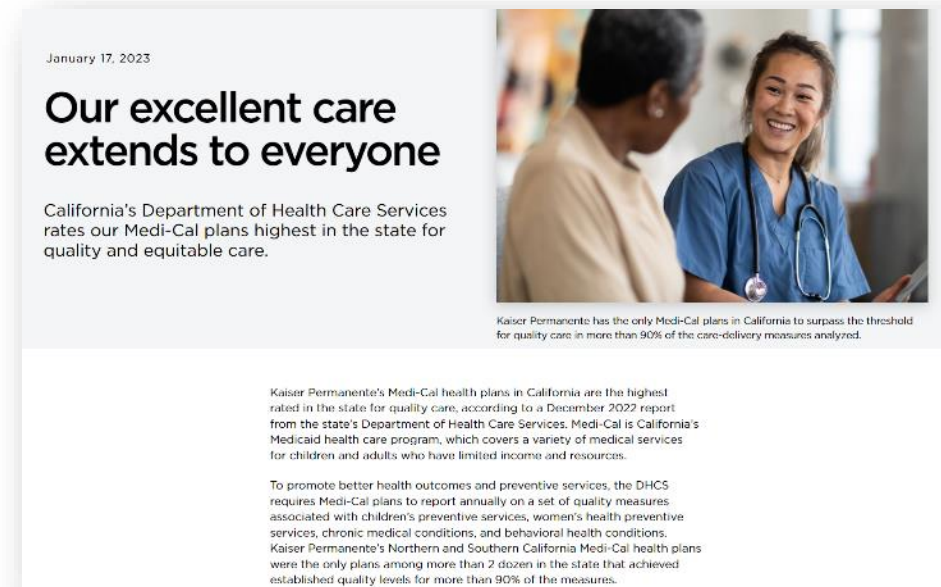
\*\*Tulare Northern CA: 93618, 93631, 93646, 93654, 93666, 93673; Tulare Southern CA: 93238, 93261.

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# Medi-Cal Direct Contract, effective 1/1/24

- Creates a single, direct contract between the California Department of Health Care Services (DHCS) and Kaiser Foundation Health Plan, Inc. to provide coverage and care for Medi-Cal enrollees in 32 California counties
  - ✓ Expands Kaiser Permanente's Medi-Cal services from 22 to 32 counties
  - ✓ Allows Kaiser Permanente to offer Medi-Cal coverage in all areas of the state where it offers commercial health care coverage
  - ✓ Extends access to Kaiser Permanente care, including Specialty care, to non-members in selected areas via community partners and pilot programs



**Kaiser Permanente's Medi-Cal plans are rated highest for quality and equitable care.**

<https://about.kaiserpermanente.org/news/our-excellent-care-extends-to-everyone>

# Eligibility for Medi-Cal Enrollment into Kaiser Permanente

**The following populations are eligible to join KP's Medi-Cal managed care plan effective 1/1/2024:**

- Those who have had KP coverage within the past 12 months
- Those who are qualified family linkages of existing KP members
- Those who are foster youth and former foster youth
- Those who are duals, covered by both Medicare and Medi-Cal

Additional growth may occur through auto assignment for beneficiaries who do not select a health plan. KP will participate in auto assignment through default enrollment, depending on capacity in each county.

## **Qualified Family Linkages include:**

- A beneficiary's spouse or domestic partner
- A beneficiary's dependent child, foster child, or stepchild under 26 years of age
- A beneficiary's dependent who is disabled and over 21 years of age
- A parent or stepparent of a beneficiary under 26 years of age
- A beneficiary's grandparent, guardian, foster parent, or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship.

# Kaiser Permanente Medi-Cal Membership in Orange County

KP expects to serve 58,463 Medi-Cal enrollees in Orange County by the end of 2024, in alignment with its commitments to the state under the Direct Contract.

Year-End KP Medi-Cal Membership Projection	2023	2024
Orange County	53,301	58,463

2024 Year-End KP Medi-Cal Membership Projections  
by Eligibility Pathway for Orange County

Continuity of Care and Coverage	Duals Alignment	Foster Youth	Default*
50,401	7,450	612	0

## Whole Child Model

KP Medi-Cal Membership	1/1/2024
Orange County	909

# CalOptima Health and Kaiser Permanente Transition Planning

## Governance

- ✓ August 10, 2023
- ✓ October 30, 2023
- ✓ December 14, 2023

## Check-In Meetings

- ✓ September 29, 2023 (to review Transition Plan)
- ✓ October 26, 2023 (agenda prep for October 30, 2023 meeting)

## Other Focused Topics:

### Permission to Enroll

- ✓ September 11, 2023

### Grievance and Appeals

- ✓ December 8, 2023

### Continuity of Care

- ✓ Scheduling in process for a December meeting

### Duals

- ✓ October 30, 2023
- ✓ Scheduling in process for a December follow up meeting

### 2024 Post-Transition Meetings

- ✓ To be scheduled.

# Kaiser Permanente Transition Planning Meetings, Continued

- KP has completed and planned several meeting with Orange County stakeholders throughout 2023 on a variety of topics.

Meeting topic	Date
Orange County - MOUs	7/18/2023
Orange County CCS Prep	7/25/2023
Orange County CCS	8/3/2023
Orange County - MOUs	8/11/2023
Mental Health and Recovery Services	9/26/2023
Orange PATHCPI Collaborative	9/26/2023
Local Collaboration Discussion with KP, County of Orange, and CalOptima	10/13/2023
Orange County CCS/KP WCM Planning Meeting	11/3/2023
Orange County CCS/KP WCM Planning Meeting	11/9/2023
Orange County CCS/KP WCM Planning Meeting	11/16/2023
KP and WCM County Workgroup Meeting re: MOU	11/17/2023
KP-WCM County MTU meeting	11/17/2023
Whole Child Model Meeting with County Healthcare Association of California (CHEAC)	11/20/2023
The County of Orange Health Care Agency & Kaiser Permanente – Final MOU Templates Discussion	11/28/2023
County of Orange, SSA & Kaiser - Managed Care Plan MOU	11/28/2023
Orange PATHCPI Collaborative	11/28/2023
Orange County CCS/KP WCM Planning Meeting	11/30/2023
Institute for Healthcare Improvement/KP PATHCPI Collaborative Planning Meeting	12/4/2023
Orange PATHCPI Collaborative	12/19/2023

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# Transition Workplan Update

Completed Activities	Estimated Date of Completion
<ul style="list-style-type: none"><li>✓ Negotiate and Finalize 2023 Rate Updates / Amendments</li><li>✓ Termination Notices to Regulators and CalOptima</li><li>✓ Member Transition Notices 60/30 Days (Regular and Whole Child Model)</li><li>✓ Member Services Call Center FAQs</li><li>✓ Enrollment Freeze Clarifications and FAQs</li><li>✓ Provider FAQs</li></ul>	<ul style="list-style-type: none"><li>✓ 03/28/23</li><li>✓ 07/21/23</li><li>✓ 11/20/23</li><li>✓ 10/05/23</li><li>✓ 10/4/23</li><li>✓ 11/6/23</li></ul>
In Process Activities	Estimated Date of Completion
<ul style="list-style-type: none"><li>✓ Continuity of Care / Data Sharing / Care Coordination</li><li>✓ PTE / Transitioning Membership Lists</li><li>✓ County MOUs / Local Engagement</li><li>✓ Reporting runout alignment</li><li>✓ Process for Handling of Grievances post 1/1/24</li></ul>	<ul style="list-style-type: none"><li>✓ TBD</li><li>✓ 1/2/24</li><li>✓ TBD</li><li>✓ TBD</li><li>✓ TBD</li></ul>

# Transition Workplan Update - Continued

Post 1/1/2024 Transition Activities	Estimated Date of Completion
✓ Continuity of Care / Data Sharing / Care Coordination	✓ Ongoing
✓ County MOUs / Local Engagement	✓ Ongoing
✓ Audits of KP and KP Support when CalOptima Health is audited	✓ TBD
✓ Final Financial reconciliations	✓ TBD
✓ Reporting Runouts	✓ TBD
✓ Notify CalOptima when all deliverables are completed	✓ TBD
✓ Secure File Transfer Site Disconnections	✓ TBD
✓ 2024 - 2028 Collaboration with KP and CalOptima Health	✓ Ongoing

# Questions

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