NOTICE OF A SPECIAL JOINT MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE, ONECARE CONNECT CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE, PROVIDER ADVISORY COMMITTEE AND WHOLE-CHILD MODEL FAMILY ADVISORY COMMITTEE

THURSDAY, JUNE 9, 2022

8:00 A.M.

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

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:
Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_9L9JTC-8SdebtC6pkuNotg and Join the Meeting.

Webinar ID: 862 0513 1320

Passcode: 741130 -- Zoom webinar instructions are provided below.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

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

IV. CEO AND MANAGEMENT REPORTS
A. Chief Executive Officer Update
B. Chief Operating Officer Update
C. Chief Medical Officer Update

V. INFORMATIONAL ITEMS
A. Homeless Health Initiatives
B. CalAIM Update
C. Medi-Cal Rx
D. Population Needs Assessment
E. Committee Member Updates

VI. COMMITTEE UPDATES

VII. ADJOURNMENT

Webinar Information

Please register for the Special Joint Meeting of the CalOptima Board Advisory Committees Meeting on June 9, 2022 at 8:00 a.m. PDT at:

https://us06web.zoom.us/webinar/register/WN_9L9JTC-8SdebtC6pkuNotg
(After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.)

TO USE YOUR TELEPHONE:
If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using one of the numbers below and enter the Webinar ID and Passcode below.

United States: US: +1 (720) 707 2699 or +1 (253) 215 8782 or +1 (346) 248 7799 or +1 (646) 558 8656 or +1 (301) 715 8592 or +1 (312) 626 6799

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MEMORANDUM

DATE:	May 26, 2022
TO:	CalOptima Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — June 2, 2022, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

a. CalOptima Requests Change in Ordinance to Join Covered California

On May 24, the Orange County Board of Supervisors voted 3-2 to support a modification to the CalOptima Ordinance that will allow CalOptima to participate in the California Health Benefit Exchange. One more vote is needed in order to formally adopt the amended Ordinance on Tuesday, June 7. To date, the agency has received more than 20 letters of support from CEOs of our health networks, medical groups, hospitals and community-based organizations supporting the effort. Once the modified Ordinance is approved, CalOptima will offer a Covered California product line by January 2024 based on the following drivers:

- To improve care: A CalOptima Covered California plan will provide continuity of care for former Medi-Cal members and allow them to keep their "medical home" if they choose.
- To improve access: A CalOptima Covered California plan will expand the choice of options for members who lose eligibility through redetermination.

CalOptima will continue to provide additional information requested by the Board of Supervisors ahead of the next meeting. We will also continue to educate Hospital Association of Southern California (HASC) on the benefits of CalOptima's participation in the Exchange.

NOTE: L.A. Care has been in the Exchange since 2014 and Inland Empire Health Plan will be offering its Exchange product in January 2024.

b. Governor Releases Revised Budget Proposal

On May 13, Gov. Gavin Newsom released his revised Fiscal Year (FY) 2022–23 budget proposal, also known as the May Revise, with total spending at $300.7 billion ($227.4 billion General Fund). This represents an increase of $14.3 billion compared with his original budget proposal released in January and $38.1 billion compared with the current FY 2021–22 enacted budget. Specifically, the May Revise proposes $135.5 billion ($36.6 billion General Fund) in Medi-Cal spending, an 11.2% increase from the current FY, with an assumption that Medi-Cal caseload will increase by 0.6% to 14.5 million beneficiaries as redeterminations resume later this year. Based on a record-high budget surplus, the May Revise also forecasts $46.2 billion for one-time spending initiatives and $37.1 billion for reserves. Major components included in the May Revise that may impact CalOptima include:

- $18.1 billion in an inflation relief package, including $933 million for retention payments to frontline hospital and skilled nursing facility workers
- Additional funding to address reproductive health, children's behavioral health and homelessness, including implementation of Community Assistance, Recovery and Empowerment (CARE) Court

- Ensuring continuity of Medi-Cal coverage during redeterminations, including funding to support additional county workloads, Health Enrollment Navigators Project expansion, and media and outreach campaigns to collect updated member contact information
- Medi-Cal expansion for ages 26–49, regardless of immigration status, effective January 1, 2024
- Permanent extension of certain COVID-19 flexibilities, including but not limited to:
    - Medicare reimbursement rates for the COVID-19 vaccine, COVID-19 lab services, and oxygen and respiratory durable medical equipment
    - Presumptive Medi-Cal eligibility for older adults and individuals with disabilities.

Next, Gov. Newsom and the State Legislature will begin negotiating a final budget, which must pass both houses of the Legislature by June 15 and be signed by Gov. Newsom by June 30. A full analysis of the May Revise follows this report.

c. Kaiser Medi-Cal Contract Proposal Included in Governor's May Revise

The FY 2022–23 May Revise includes the proposed statewide Kaiser Medi-Cal contract, indicating that Gov. Newsom still intends to advance the proposal through a budget trailer bill rather than a policy bill (AB 2724). It is not yet clear whether legislative leaders will accommodate the governor's request or continue to use AB 2724 as a vehicle. Regardless, given the accelerated timeline of the state budget process, it is critical that CalOptima enhance its advocacy efforts. As such, staff has contracted with a supplemental state lobbying firm, Rostrum LLC, to provide additional resources on top of current advocacy efforts by Local Health Plans of California and CalOptima's primary state lobbyist, Edelstein Gilbert Robson and Smith LLC (EGRS), which represents nearly all of California's County Organized Health Systems. This will enable a more focused, tailored effort on CalOptima-specific strategies with Orange County's legislative delegation. Ratification of Rostrum's contract will be considered by your Board on June 2. In a positive sign, the National Union of Healthcare Workers recently announced their opposition to the Kaiser proposal. EGRS and Rostrum are amplifying this with Orange County's Assembly delegation ahead of a floor vote on AB 2724 by May 27.

d. CalOptima Requests Federal Earmark Funding

U.S. Reps. Young Kim and Lou Correa are sponsoring CalOptima's request for $5 million in FY 2023 federal funding for the agency's Care Traffic Control initiative, which would develop a single coordinated data system to digitally manage member health across the continuum of care. CalOptima is still awaiting decisions from U.S. Senators regarding potential sponsorship of CalOptima's second $5 million funding request to support delivery of street medicine for individuals experiencing homelessness in Orange County. While this is promising news, it is still an early step in the federal budget process. The Senate and House Appropriations Committees are now reviewing submissions from Members of Congress before negotiating their inclusion in final appropriations bills.

e. Community Events Help Members Sign up for CalFresh

CalOptima is holding three CalFresh Enrollment Event and Resource Fairs on the following Saturdays from 10 a.m. to 2 p.m.: June 11 in Anaheim, June 18 in La Habra and June 25 in Garden Grove. Due to anticipated high demand, additional staff from the County of Orange Social Services Agency (SSA) and representatives from community-based organizations will be on site to process enrollments. CalOptima has started calling and texting members who are potentially eligible to enroll in CalFresh, either through a warm line transfer to SSA or by visiting www.caloptima.org/calfresh.

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f. Members' Use of Enhanced Care Management and Community Supports Increases

Since California Advancing and Innovating Medi-Cal (CalAIM) launched January 1, CalOptima now has 1,500 members receiving Community Supports and 1,700 members receiving Enhanced Care Management (ECM). ECM is available for those experiencing homelessness, suffering from Serious Mental Illness or Substance Use Disorder, and other members who are most frequently in need of Medi-Cal services. Community Supports include housing transition navigation services, housing deposits, housing tenancy and sustaining services, and recuperative care. Eligibility for ECM will expand in future phases of CalAIM, and additional Community Supports will become available July 1. This includes short-term post-hospitalization housing, day habilitation programs, meals/medically tailored meals, personal care/homemaker services, and sobering centers.

g. Information Technology Services (ITS) Deploys Security Enhancements

A new security software called Crowdstrike was fully deployed in May, providing continuous active monitoring and threat protection against malware and ransomware. Other important elements to the security enhancements include blocking malicious access attempts from outside the United States and conducting assessments to better understand our security posture and adherence to HIPAA requirements. The ITS team is also planning a test to study the effect an attempted attack or intrusion could have on CalOptima systems. This test will help improve our current protection capabilities and identify areas that can be enhanced.

h. Advertising Campaign Focuses on Preventive Health

From February to June, CalOptima's will run its FY22 Preventive Health advertising campaign. This is a collaboration between the Population Health Management (PHM) and the Communications departments. Advertising is one element of the PHM multimodal communications strategy, and the goals are to: 1) raise member and community understanding about the importance of preventive health and other wellness topics; 2) support current HEDIS quality measures; and 3) increase awareness about CalOptima in Orange County. The data-driven campaign focuses on reaching members with the highest noncompliance rates for preventive care as well as general community members living in high-density areas affected by the social determinants of health.

i. New Initiative to Create a Culture of Equity

CalOptima has formed an Equity Initiative that will launch in June, to help instill a culture of equity throughout the agency by periodically reviewing data, policies and practices to identify equity issues and then take action to tailor strategies to address them. The initiative involves 62 employees across the following workgroups:

- Communications, Cultural and Narrative Change
- Diversity, Equity and Inclusion in Workforce Development
- Health Equity and Social Determinants of Health
- Stakeholder Engagement

j. Federal Government Introduces Maternal Mental Health Hotline

On May 8, the U.S. Department of Health and Human Services (HHS) launched the first phase of the Maternal Mental Health Hotline, a new, confidential, toll-free hotline for expectant and new mothers experiencing mental health challenges. Callers can receive a range of support, including brief interventions from trained counselors who are culturally and trauma-informed, as well as referrals to both community-based and telehealth providers as needed. The hotline is accessible by phone or text at 1-833-9-HELP4MOMS (1-833-943-5746) in English and Spanish.

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k. Two New Executives Join CalOptima in May

Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, is focusing on CalAIM initiatives, including recuperative care, housing navigation and deposits, and Community Supports programs. Kelly brings more than 25 years of experience serving vulnerable populations in Southern California through innovative work in health care and nonprofit organizations.

Deanne Thompson, Executive Director, Marketing and Communications, is responsible for overseeing the efforts of the Communications and Community Relations departments, which focus on advancing CalOptima's member-focused mission and key messages through internal and external communications, marketing and advertising, media relations, and community engagement. Deanne brings more than 20 years of leadership experience from marketing and communications roles in the health care field.

l. CalOptima Gains Media Coverage

- On May 11, CalMatters published a report on COVID-19 vaccination rates among the state's Medi-Cal population. CalOptima data was included in a chart.
- On May 13, Health Plan Weekly published an article on the expansion of postpartum care coverage quoting Chief Medical Officer Richard Pitts, D.O., Ph.D. discussing CalOptima's maternity health program called Bright Steps.
- On May 25, CxO Tech Magazine published an article written by Wael Younan, CalOptima's Chief Information Officer/Chief Information Security Officer.

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FY 2022–23 California State Budget:
Analysis of the May Revise

Introduction

On May 13, 2022, Gov. Gavin Newsom released the Fiscal Year (FY) 2022–23 Revised Budget Proposal (May Revise) at a total of $300.7 billion, including $227.4 billion in General Fund (GF) spending. This represents an increase of $14.3 billion compared to his original budget proposal released in January and $38.1 billion compared with the current FY 2021–22 enacted budget. The proposed budget also includes a record-high $49.2 billion discretionary surplus and $37.1 billion in budget reserves. 94% of the surplus would be allocated towards one-time spending. This analysis discusses major proposed initiatives, with a focus on key changes from the January Proposed Budget, that may impact CalOptima.

Overview

Gov. Newsom proposes an overall Medi-Cal budget of $135.5 billion ($36.6 billion GF), an 11.2% increase from FY 2021–22, with an assumption that caseload will increase by 0.6% as eligibility redeterminations resume following termination of the COVID-19 public health emergency (PHE) this fall. An average of 14.5 million Californians are expected to be covered in FY 2022–23.

California Advancing and Innovating Medi-Cal (CalAIM)

Gov. Newsom's proposal includes $3.1 billion ($1.2 billion GF) in FY 2022–23 to implement CalAIM. CalAIM initiatives being implemented in FY 2022–23 continue to include:

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

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

COVID-19

As the COVID-19 pandemic enters its endemic phase, the governor has proposed investments to ensure ongoing preparedness for potential future surges of additional COVID-19 variants. This includes $100 million for medical surge staffing, $40 million for vaccine staff to prepare for children under five and boosters, and $530 million for additional tests in schools and rapid sites.

In addition, with the PHE expected to terminate in fall 2022, the May Revise includes funding to ensure continuity of Medi-Cal coverage as eligibility redeterminations resume. Proposed funding would support additional county workloads, Health Enrollment Navigators Project expansion and media and outreach campaigns to collect updated member contact information.

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

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

California State Budget Analysis *(continued)*

Inflation Relief
In an effort to provide direct relief for rising costs due to inflation, the May Revise proposes an $18.1 billion relief package, including the following elements:

- $933 million for retention payments of up to $1,500 each for 600,000 patient-facing hospital and skilled nursing facility (SNF) workers
- $304 million for health care premium assistance for individuals purchasing health care coverage through Covered California

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

Kaiser Medi-Cal Contract
As expected, the May Revise includes the Department of Health Care Services proposal to enter into a direct, statewide contract with Kaiser Permanente to provide Medi-Cal services in any county, starting January 1, 2024. If such proposal is finalized, it is expected to result in significant negative impacts to CalOptima and its members, providers and stakeholders as well as the broader safety net health system. CalOptima and the County of Orange have therefore adopted positions of *Oppose Unless Amended* to prohibit a direct contract in counties with County Organized Health Systems, such as CalOptima.

Key Funding Increases
With higher-than-expected state revenues, the May Revise invests significant additional funding to expand previously proposed programs addressing homelessness, reproductive health and children's behavioral health.

Specifically, the budget includes $700 million in additional funding to address homelessness through expansion of Project Homekey, building "tiny homes" as interim crisis response housing and implementing Community Assistance, Recovery, and Empowerment (CARE) Court. CARE Court would facilitate delivery of mental health and substance use disorder services to individuals with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capabilities. The program would connect a person in crisis with a court-ordered care plan for up to 24 months as a diversion from homelessness, incarceration or conservatorship. Care plans could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and a housing plan.

The May Revise also includes additional funding of $57 million to improve access to reproductive health services through grants to such providers as well as community-based organizations to increase education and outreach. An extra $290 million is also proposed to address children's behavioral health needs through remote digital supports, wellness programs, parent training and education, and school-based crisis response pilots to prevent youth suicide.

Medi-Cal Eligibility
Notably, the May Revise continues to include the governor's January proposal to expand full-scope Medi-Cal benefits to income-eligible adults ages 26–49 regardless of immigration status no sooner that January 2024. This would extend eligibility to include all ages following prior action to expand coverage for those under age 26 as of January 1, 2020, and those ages 50 and older as of May 1, 2022. Along with the latter expansion, this proposal could increase CalOptima's membership by approximately 75,000–80,000 individuals.

The proposed budget also continues to include funding to eliminate Medi-Cal premiums for approximately 500,000 pregnant women, children and disabled working adults.

Provider Payments
The May Revise includes $700 million for Equity and Practice Transformation Payments (EPTPs), an increase of $300 million from the January Proposed Budget. EPTPs would be one-time provider payments focused on advancing equity, supporting upstream interventions to address social determinants of health and improving quality in children's preventive, maternity, and integrated behavioral health care. It is anticipated that some if not all of these payments would flow through managed care plans, but key details on implementation have not been shared.

The revised budget also includes $280 million for a new Workforce and Quality Incentive Program that would provide directed payments to SNFs that meet quality benchmarks or who have demonstrated substantial improvement. Medi-Cal managed care plans would coordinate program implementation and issue payments.

Miscellaneous
Gov. Newsom's budget also includes the following provisions that may impact CalOptima:

- $350 million to recruit, train and certify 25,000 new community health workers by 2025

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California State Budget Analysis *(continued)*

- $100 million for the CalRX Biosimilar Insulin Initiative, which would create public-private partnerships to increase generic insulin manufacturing and lower insulin costs
- $50 million in technical assistance grants for small and under-resourced providers to improve data exchange capabilities
- Cancellation of the proposed Community-Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations
- Continuation of all current Proposition 56 payment programs
- Delayed implementation of the doula benefit from July 1, 2022, until January 1, 2023
- Elimination of AB 97 rate reductions for additional provider types
- Reclassification of diabetic products as pharmacy benefits covered under Medi-Cal Rx

Next Steps

Next, Gov. Newsom and the State Legislature will begin negotiating a final budget, which must pass both houses of the Legislature by June 15 and be signed by Gov. Newsom before the July 1 start of FY 2022–23. CalOptima will continue to closely follow ongoing discussions and provide updates on issues that support the advancement of CalOptima's legislative priorities.

About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing guaranteed access to Medi-Cal for all eligible individuals in Orange County and is responsible for almost all medical acute services, including custodial long-term care. CalOptima is governed by a locally appointed Board of Directors, which represents the diverse interests that impact Medi-Cal.

If you have any questions regarding the above information, please contact GA@caloptima.org.

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4735 Axne (IA) **S. 2493 Bennet (CO)**	**Provider Relief Fund Deadline Extension Act:** Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund (PRF) — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency (PHE), whichever occurs later. Funds that are unspent by any deadline must be repaid to the U.S. Department of Health and Human Services (HHS). ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima's contracted providers.*	**07/28/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 5963 Spanberger (VA) **S. 3611 Shaheen (NH)**	**Provider Relief Fund Improvement Act:** Would delay the deadline by which providers must spend any funds received from the PRF until the end of the COVID-19 PHE. Would also direct HHS to distribute any funds remaining in the PRF by March 31, 2022. Finally, would allow workplace safety improvements as an allowable use of PRF dollars. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima's contracted providers.*	**11/12/2021** Introduced; referred to committees	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1368 Porter (CA) **S. 515 Warren (MA)**	**Mental Health Justice Act:** Would require HHS to award grants to states and local governments to hire, train and dispatch mental health professionals instead of law enforcement personnel to respond to behavioral health crises. ***Potential CalOptima Impact:*** *Increased access to behavioral health services for CalOptima members; decreased rates of arrest and incarceration.*	**02/25/2021** Introduced; referred to committees	CalOptima: Watch County of Orange: Support
H.R. 1914 DeFazio (OR) **S. 764 Wyden (OR)**	**Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:** Would increase the Federal Medical Assistance Percentage (FMAP) for states to cover 24/7 community-based mobile crisis intervention services for those experiencing a mental health or substance use disorder (SUD) crisis from 85% to 95% for three years. Would also require HHS to issue an additional $25 million in planning and evaluation grants to states. ***Potential CalOptima Impact:*** *Increased behavioral health and SUD services to CalOptima Medi-Cal members.*	**03/16/2021** Introduced; referred to committees	**08/05/2021** CalOptima: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 552 **Quirk-Silva**	**Integrated School-Based Behavioral Health Partnership Program:** Would establish the Integrated School-Based Behavioral Health Partnership Program to expand prevention and early intervention behavioral health services for students. This would allow a county mental health agency and local education agency to develop a formal partnership whereby county mental health professionals would deliver brief school-based services to any student who has, or is at risk of developing, a behavioral health condition or SUD. ***Potential CalOptima Impact:*** *Increased coordination with the Orange County Health Care Agency and school districts to ensure non-duplication of other school-based behavioral health services and initiatives.*	**01/31/2022** Passed Assembly floor; referred to Senate	CalOptima: Watch
SB 1019 **Gonzalez**	**Mental Health Benefit Outreach and Education:** Would require a Medi-Cal managed care plan (MCP) to conduct annual outreach and education to beneficiaries and primary care physicians regarding covered mental health benefits while incorporating best practices in stigma reduction. DHCS must conduct an annual assessment of Medi-Cal beneficiaries' experience with mental health services, which an MCP must supplement through regional surveys or listening sessions. ***Potential CalOptima Impact:*** *Additional member and provider outreach activities by CalOptima staff.*	**04/06/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch
SB 1338 **Umberg**	**Community Assistance, Recovery, and Empowerment (CARE) Court Program:** Would establish the CARE Court Program to facilitate delivery of mental health and SUD services to individuals with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capabilities. The program would connect a person in crisis with a court-ordered care plan for up to 12 months, with the option to extend an additional 12 months as a diversion from homelessness, incarceration or conservatorship. Care plans could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and a housing plan. Eligible individuals may be referred by family members, counties, behavioral health providers or first responders among others. ***Potential CalOptima Impact:*** *Increased behavioral health and SUD services for eligible CalOptima members.*	**04/27/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **04/26/2022** Passed Senate Judiciary Committee	CalOptima: Watch CAHP: Concern
RN 22 06818 **Trailer Bill**	**Qualifying Community-Based Mobile Crisis Intervention Services:** No sooner than January 1, 2023, and through March 31, 2027, would add 24/7 community-based mobile crisis intervention services as a covered Medi-Cal benefit for beneficiaries experiencing a mental health or SUD crisis. Services would be provided through county behavioral health systems. ***Potential CalOptima Impact:*** *Increased coordination with the Orange County Health Care Agency for behavioral health services; increased follow-up care by CalOptima and its contracted behavioral health providers.*	**03/03/2022** Published by the Department of Finance	CalOptima: Watch

BUDGET

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 2471 DeLauro (CT)	**Consolidated Appropriations Act, 2022:** Appropriates $1.5 trillion to fund the federal government through September 30, 2022, including earmarks for the following projects in Orange County: ■ Children's Hospital of Orange County: $325,000 to expand capacity for mental health treatment services and programs in response to the COVID-19 pandemic ■ City of Huntington Beach: $500,000 to establish a mobile crisis response program ■ County of Orange: $2 million to develop a second Be Well Orange County campus in the City of Irvine ■ County of Orange: $5 million to develop a Coordinated Reentry Center to help justice-involved individuals with mental health conditions or SUDs reintegrate into the community ■ North Orange County Public Safety Task Force: $5 million to expand homeless outreach and housing placement services In addition, extends all current telehealth flexibilities in the Medicare program until approximately five months following the termination of the COVID-19 PHE. ***Potential CalOptima Impact:*** *Increased coordination with the County of Orange and other community partners to support implementation of projects that benefit CalOptima members; continuation of all current telehealth flexibilities for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).*	**03/15/2022** Signed into law	CalOptima: Watch

COVERED BENEFITS

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4187 **Schrier (WA)**	**Medicare Vision Act of 2021:** Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and PACE.*	**06/25/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4311 **Doggett (TX)** **S. 2618** **Casey (PA)**	**Medicare Dental, Vision, and Hearing Benefit Act of 2021:** Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits: ■ Dental: Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures ■ Vision: Routine eye examinations, eyeglasses, contact lenses and low vision devices ■ Hearing: Routine hearing examinations, hearing aids and related examinations The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare, OneCare Connect and PACE; higher federal funding rate for current Medi-Cal benefits.*	**07/01/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4650 **Kelly (IL)**	**Medicare Dental Coverage Act of 2021:** Effective January 1, 2025, would require Medicare Part B coverage of dental and oral health services, including routine dental cleanings and examinations, basic and major dental treatments, and dentures. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and PACE.*	**07/22/2021** Introduced; referred to committees	CalOptima: Watch
AB 1929 **Gabriel**	**Violence Preventive Services:** Would add violence preventive services as a covered Medi-Cal benefit for beneficiaries who have experienced, are at risk of experiencing or have been chronically exposed to community violence, including gunshot wounds, stabbing injuries and other violent harms. DHCS would approve training and certification programs for qualified violence prevention professionals, who would be designated as community health workers (CHWs). ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members; additional credentialing and contracting for a new provider type.*	**04/05/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
AB 1930 **Arambula**	**Perinatal Services:** Would require Medi-Cal coverage of additional perinatal assessments and services as developed by the California Department of Public Health and additional stakeholders for beneficiaries up to one year postpartum. A nonlicensed perinatal worker could deliver such services if supervised by an enrolled Medi-Cal provider or a non-enrolled community-based organization (CBO) if a Medi-Cal provider is available for billing. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members up to one-year postpartum.*	**04/26/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2697 Aguiar-Curry	**Community Health Workers and Promotores:** Would add preventive services provided by CHWs and promotores as a Medi-Cal covered benefit. Services include health education and navigation for individuals who have or are at risk of a chronic condition or injury and are unable to prevent or manage such condition. Upon implementation, Medi-Cal MCPs would conduct annual benefit education to beneficiaries and providers as well as complete an annual assessment of CHW and promotores capacity and need. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members; additional member and provider outreach activities; additional network adequacy analyses.*	**04/26/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
SB 245 Gonzalez	**Abortion Services:** Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2023. In addition, a health plan and its delegated entities may not require a prior authorization or impose an annual or lifetime limit on such coverage. ***Potential CalOptima Impact:*** *Modified Utilization Management (UM) procedures for a covered Medi-Cal benefit.*	**03/22/2022** Signed into law	CalOptima: Watch CAHP: Oppose
SB 912 Limón	**Biomarker Testing:** No later than July 1, 2023, would add biomarker testing, including whole genome sequencing, as a Medi-Cal covered benefit to diagnose, treat or monitor a disease. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members.*	**04/20/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch CAHP: Oppose

MEDI-CAL ELIGIBILITY AND ENROLLMENT

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1738 Dingell (MI) **S. 646 Brown (OH)**	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**03/10/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support
H.R. 5610 Bera (CA) **S. 3001 Van Hollen (MD)**	**Easy Enrollment in Health Care Act:** To streamline and increase enrollment into public health insurance programs, would allow taxpayers to request their federal income tax returns include a determination of eligibility for Medicaid, CHIP or advance premium tax credits to purchase insurance through a health plan exchange. Taxpayers could also consent to be automatically enrolled into any such program or plan if they would be subject to a zero net premium. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**10/19/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 6636 **Trone (MD)** **S. 2697** **Cassidy (LA)**	**Due Process Continuity of Care Act:** Would allow states to extend Medicaid coverage to inmates who are awaiting trial and have not been convicted of a crime. ***Potential CalOptima Impact:*** *If DHCS exercises option and requires enrollment into managed care, increased number of CalOptima Medi-Cal members.*	**08/10/2021** Introduced; referred to committees	CalOptima: Watch
AB 2402 **Rubio, B.**	**Medi-Cal Continuous Eligibility for Children:** Would allow Medi-Cal beneficiaries under five years of age to remain continuously eligible for Medi-Cal regardless of income changes. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**03/29/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch LHPC: Support
AB 2680 **Arambula**	**Community Health Navigator Program:** Would require DHCS to create the Community Health Navigator Program to issue direct grants to qualified CBOs to conduct targeted outreach, enrollment and access activities for Medi-Cal-eligible individuals and families. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**04/26/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
RN 22 07748 **Trailer Bill**	**Extend the Duration of Suspension of Medi-Cal Benefits for Adult Incarcerated Individuals:** Would require that Medi-Cal benefits are paused for the entire duration of incarceration without any termination of Medi-Cal eligibility. Current law requires that Medi-Cal benefits are paused for adult inmates for only one year before termination. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members who are recently released from incarceration; improved continuity of care and health outcomes for such members.*	**02/10/2022** Published by the Department of Finance	CalOptima: Watch
RN 22 08022 **Trailer Bill**	**Expansion of Full Scope Medi-Cal Coverage to Individuals 26 to 49 Years of Age, Regardless of Immigration Status:** No sooner than January 1, 2024, would expand eligibility for full-scope Medi-Cal benefits to include individuals ages 26 to 49 years, regardless of immigration status. With previous legislative action extending such eligibility to those under 26 years and over 50 years, this would provide Medi-Cal coverage for all ages regardless of immigration status. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**02/01/2022** Published by the Department of Finance	CalOptima: Watch

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1355 **Levine**	**Medi-Cal Independent Medical Review (IMR) System:** Would require DHCS to establish an IMR system, effective January 1, 2023, for Medi-Cal services provided through the following: ■ County Drug Medi-Cal Organized Delivery Systems ■ County Mental Health Plans ■ Medi-Cal fee-for-service (FFS) ■ Medi-Cal MCPs without a Knox-Keene license from the California Department of Managed Health Care (DMHC) ■ PACE The proposed DHCS IMR would closely mirror the current DMHC IMR process for Knox-Keene licensed health plans. As a result, the bill would provide every Medi-Cal beneficiary with access to an IMR. ***Potential CalOptima Impact:*** *Implementation of an additional Grievance and Appeals process for CalOptima Medi-Cal and PACE.*	**01/27/2022** Passed Assembly floor; referred to Senate	CalOptima: Watch
AB 1400 **Kalra, Lee, Santiago**	**California Guaranteed Health Care for All:** Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of CHIP, Medi-Cal, Medicare, the Knox-Keene Act, and ancillary health care or social services covered by regional centers for people with developmental disabilities. ***Potential CalOptima Impact:*** *Unknown but potentially significant impacts to the Medi-Cal delivery system and MCPs, including changes to administration, covered benefits, eligibility, enrollment, financing and organization.*	**01/31/2022** Died on Assembly floor	CalOptima: Watch CAHP: Oppose
AB 1937 **Patterson**	**Out-of-Pocket Pregnancy Costs:** No later than July 1, 2023, would require DHCS to reimburse pregnant Medi-Cal beneficiaries up to $1,250 for out-of-pocket pregnancy costs, including birth and infant care classes, midwife and doula services, lactation support, prenatal vitamins, lab tests or screenings, prenatal acupuncture or acupressure, and medical transportation. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members who are currently or were recently pregnant.*	**04/29/2022** Died in Assembly Health Committee	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1944 **Lee**	**Brown Act Flexibilities:** Would extend certain Brown Act flexibilities, temporarily enacted in response to the COVID-19 PHE, until January 1, 2030, regardless of the existence of a PHE. Specifically, teleconferencing locations for any members of a legislative body would not need to be identified or publicly accessible. If exercising these flexibilities, a legislative body must comply with the following requirements: ■ The agenda must identify which members are teleconferencing. ■ Members of the public must have access to a video stream of the primary meeting location. ■ Members of the public must be able to provide public comment via in-person, audio-visual or call-in options. ***Potential CalOptima Impact:*** *Continued ability for members of CalOptima's Board of Directors and advisory committees to participate in meetings by teleconference; modified posting and noticing requirements for the Clerk of the Board.*	**05/04/2022** Passed Assembly Local Government Committee; referred to Assembly floor	CalOptima: Watch LHPC: Support
AB 1995 **Arambula**	**Medi-Cal Premium and Copayment Elimination:** Would eliminate Medi-Cal premiums for low-income children whose family income exceeds 160% federal poverty level (FPL), working disabled persons with incomes less than 250% FPL and pregnant women and infants enrolled in the Medi-Cal Access Program. Would also eliminate copayments for all Medi-Cal beneficiaries. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members.*	**03/22/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch LHPC: Support
AB 2077 **Calderon**	**Medi-Cal Personal Needs Allowance:** Would increase the monthly income that a Medi-Cal beneficiary residing in a long-term care (LTC) facility or receiving PACE services is allowed to retain from $35 to $80. Beneficiaries must contribute remaining income as a share of cost to the facility before Medi-Cal pays remaining expenses. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima PACE participants and CalOptima Medi-Cal members residing in LTC facilities with a share of cost.*	**03/22/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch CalPACE: Support LHPC: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2449 **Rubio, B.**	**Brown Act Flexibilities:** Would permanently extend certain Brown Act flexibilities, temporarily enacted in response to the COVID-19 PHE, regardless of the existence of a PHE. Specifically, teleconferencing locations for any members of a legislative body would not need to be identified or publicly accessible. If exercising these flexibilities, a legislative body must comply with the following requirements: ■ A quorum of members must participate in-person at a single location identified on the agenda and publicly accessible. ■ Teleconferencing members must participate through audio and visual technology. ■ Members of the public must be able to provide public comment via in-person, call-in or internet-based options. ***Potential CalOptima Impact:*** *Continued ability for members of CalOptima's Board of Directors and advisory committees to participate in meetings by teleconference; modified posting and noticing requirements for the Clerk of the Board.*	**05/04/2022** Passed Assembly Local Government Committee; referred to Assembly floor	CalOptima: Watch
AB 2724 **Arambula** **RN 22 08897** **Trailer Bill**	**Alternate Health Care Service Plan:** No sooner than January 1, 2024, would authorize DHCS to contract directly with an Alternate Health Care Service Plan (AHCSP) as a Medi-Cal MCP in any region. An AHCSP is a nonprofit health plan with at least four million enrollees statewide that owns or operates pharmacies and provides medical services through an exclusive contract with a single medical group in each region. Enrollment into an AHCSP would be limited to the following Medi-Cal beneficiaries: ■ Previous AHCSP enrollees and their immediate family members ■ Dually eligible for Medi-Cal and Medicare benefits ■ Foster youth ***Potential CalOptima Impact:*** *Additional Medi-Cal MCP in Orange County; decreased number of CalOptima Medi-Cal members; increased percentage of CalOptima members who are high-risk.*	**04/19/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	**04/07/2022** CalOptima: Oppose Unless Amended LHPC: Oppose
SB 858 **Wiener**	**Health Plan Civil Penalties:** Would increase the civil penalty amount that DMHC could levy on a health plan from no more than $2,500 per violation to no less than $25,000 per violation per impacted beneficiary per day. The penalty amount would be adjusted annually, beginning January 1, 2024. ***Potential CalOptima Impact:*** *Increased financial penalties for CalOptima OneCare, OneCare Connect and PACE.*	**04/26/2022** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/20/2022** Passed Senate Health Committee	CalOptima: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 923 **Wiener**	**TGI Inclusive Care Act:** No later than January 1, 2024, would require Medi-Cal MCP and PACE organization staff in direct contact with beneficiaries to complete cultural competency training to help provide inclusive health care services for individuals who identify as transgender, gender nonconforming or intersex (TGI). In addition, no later than July 31, 2023, would require a Medi-Cal MCP and PACE organization to include in its provider directory any in-network providers who offer gender-affirming services. Finally, no later than January 1, 2025, would require the California Health and Human Services Agency to implement a quality standard that measures patient experience with TGI cultural competency. ***Potential CalOptima Impact:*** *Additional training requirement for member-facing CalOptima employees; additional requirement for provider directory publication.*	**04/06/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch CAHP: Oppose Unless Amended
RN 22 08129 **Trailer Bill**	**Copayments in the Medi-Cal Program:** Effective July 1, 2022, would allow DHCS to eliminate copayments for all Medi-Cal beneficiaries. Currently, providers may impose the following copayments on Medi-Cal beneficiaries, except children, foster youth and women receiving pregnancy or postpartum care: ■ $5 copayment for nonemergency services in an emergency department ■ $1 copayment for most outpatient and dental services, except preventive and family planning services ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members.*	**02/17/2022** Published by the Department of Finance	CalOptima: Watch
RN 22 10705 **Trailer Bill**	**Reducing Premiums for the Optional Targeted Low-Income Children's Program (OTLICP), 250 Percent Working Disabled Program (WDP), and Children's Health Insurance Program (CHIP):** Effective July 1, 2022, would allow DHCS to eliminate Medi-Cal premiums for low-income children whose family income exceeds 160% FPL, working disabled persons with incomes less than 250% FPL and pregnant women and infants enrolled in the Medi-Cal Access Program. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members in certain aid code categories.*	**03/03/2022** Published by the Department of Finance	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 3173 **DelBene (WA)** **S. 3018** **Marshall (KS)**	**Improving Seniors' Timely Access to Care Act:** Would require Medicare Advantage (MA) plans to issue real-time decisions for routine prior authorization requests. HHS would determine and biannually update the definitions of "real-time" and "routine." In addition, HHS would establish electronic prior authorization transmission standards for MA plans. ***Potential CalOptima Impact:*** *Modified UM procedures and timelines for CalOptima OneCare.*	**05/13/2021** Introduced; referred to committees	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4131 **Dingell (MI)** **S. 2210** **Casey (PA)**	**Better Care Better Jobs Act:** Would make permanent the enhanced 10% FMAP for Medicaid home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with $100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS. ***Potential CalOptima Impact:*** *Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.*	**06/24/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 4941 **Blumenauer (OR)**	**PACE Part D Choice Act of 2021:** Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option. ***Potential CalOptima Impact:*** *Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.*	**08/06/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 6770 **Dingell (MI)** **S. 1162** **Casey (PA)**	**PACE Plus Act:** Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers. Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility. ***Potential CalOptima Impact:*** *Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the size and/or service area of a current PACE center or to establish a new PACE center(s).*	**04/15/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 6823 **Brownley (CA)** **S. 3854** **Moran (KS)**	**Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act:** Would require Veterans Affairs (VA) medical centers to establish partnerships with PACE organizations to enable veterans to access PACE services through their VA benefits. ***Potential CalOptima Impact:*** *Increased number of CalOptima PACE participants; increased care coordination for CalOptima PACE participants who are veterans.*	**02/25/2022** Introduced; referred to committees	CalOptima: Watch NPA: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
S. 3626 **Casey**	**PACE Expanded Act:** To increase access to and the affordability of PACE, would allow PACE organizations to set premiums individually for Medicare-only beneficiaries consistent with their health status. Would also allow individuals to enroll in PACE at any time during the month. In addition, would simplify and expedite the process for organizations to apply for the following: ■ New PACE program ■ New centers for an existing PACE program ■ Expanded service area for an existing PACE center Finally, would allow pilot programs to test the PACE model of care with new populations not currently eligible to participate in PACE. ***Potential CalOptima Impact:*** *Increased number of CalOptima PACE participants; expanded eligibility criteria; new premium development procedure; simplified process to establish new PACE centers.*	**02/10/2022** Introduced; referred to committee	CalOptima: Watch NPA: Support
SB 1342 **Bates**	**Older Adult Care Coordination:** Would allow a county and/or an Area Agency on Aging to create a multi-disciplinary team (MDT) for county departments and aging service providers to exchange information about older adults to better address their health and social needs. By eliminating data silos, MDTs could develop coordinated case plans for wraparound services, provide support to caregivers and improve service delivery. ***Potential CalOptima Impact:*** *Participation in Orange County's MDT; improved care coordination for CalOptima's older adult members.*	**04/26/2022** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/05/2022** Passed Senate Human Services Committee	**03/29/2022** CalOptima: Support County of Orange: Sponsor

PHARMACY

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 853 **Wiener**	**Medication Access Act:** Effective January 1, 2023, would require a health plan to cover a prescribed medication for the duration of utilization review and any appeals if the drug was previously covered for the beneficiary by any health plan. Would prohibit a plan from seeking reimbursement from a beneficiary if a denial is sustained. ***Potential CalOptima Impact:*** *Modified UM and Grievance and Appeals requirements for prescribed drugs covered by CalOptima; increased CalOptima costs for drug coverage.*	**04/20/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch CAHP: Oppose
SB 958 **Limón**	**Medication and Patient Safety Act of 2022:** Would prohibit health plans from arranging for "brown bagging" or "white bagging," as follows, except under certain limited conditions: ■ "Brown bagging" involves specialty pharmacies dispensing an infused or injected medication directly to a patient who transports it to a provider for administration. ■ "White bagging" involves specialty pharmacies distributing such medications to a provider ahead of a patient's visit. ***Potential CalOptima Impact:*** *Increased CalOptima costs and decreased member access for certain physician-administered drugs covered by CalOptima.*	**04/18/2022** Rereferred to Senate Appropriations Committee **04/06/2022** Passed Senate Health Committee; referred to Senate Judiciary Committee	CalOptima: Watch CAHP: Oppose LHPC: Oppose Unless Amended

PROVIDERS

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2581 Salas	**Behavioral Health Provider Credentialing:** Effective January 1, 2023, would require health plans to process credentialing applications from mental health and SUD providers within 60 days of receipt. ***Potential CalOptima Impact:*** *Modified provider credentialing processes for Quality Improvement staff.*	**04/26/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
AB 2659 Patterson	**Midwife Access:** Would require a Medi-Cal MCP to include at least one licensed midwife (LM), certified-nurse midwife (CNM) and alternative birth center specialty clinic in each county within its provider network. An MCP would be exempt if such providers or centers are not located within the county or do not accept Medi-Cal payments. An MCP must reimburse an out-of-network provider who accepts the Medi-Cal FFS rate. ***Potential CalOptima Impact:*** *Additional provider contracting and credentialing; increased access to midwifery services for CalOptima Medi-Cal members.*	**04/29/2022** Died in Assembly Health Committee	CalOptima: Watch
SB 966 Limón	**Clinic Providers:** Effective 60 days following the termination of the COVID-19 PHE, would allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to be reimbursed for visits with an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner. ***Potential CalOptima Impact:*** *Increased member access to behavioral health providers at contracted FQHCs.*	**03/23/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch LHPC: Support
SB 987 Portantino	**California Cancer Care Equity Act:** Would require a Medi-Cal MCP to contract directly with at least one National Cancer Institute Designated Cancer Center in each county — where one exists — within the MCP's service area. In addition, an MCP must refer a beneficiary to a Cancer Center within 15 business days of a complex cancer diagnosis, subject to expedited appeals and authorization timelines. ***Potential CalOptima Impact:*** *Modified UM procedures for CalOptima Medi-Cal members referred to the UCI Health Chao Family Comprehensive Cancer Center; increased access to cancer care.*	**04/20/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima: Watch CAHP: Oppose LHPC: Oppose

REIMBURSEMENT RATES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1892 Flora	**California Orthotic and Prosthetic Patient Access and Fairness Act:** Would require reimbursement for prosthetic and orthotic appliances and durable medical equipment (DME) to be at least 80% of the lowest maximum allowance for California established by the federal Medicare program. ***Potential CalOptima Impact:*** *Increased cost to CalOptima Medi-Cal due to higher reimbursement to DME providers; adjustment to DHCS capitation rates.*	**04/05/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2458 **Weber**	**Whole Child Model (WCM) Reimbursement Rates:** Effective January 1, 2023, would increase provider reimbursement rates for WCM services by 25% if provided at a medical practice in which at least 30% of pediatric patients are Medi-Cal beneficiaries. ***Potential CalOptima Impact:*** *Increased cost to CalOptima Medi-Cal due to higher reimbursement to WCM providers; adjustment to DHCS capitation rates.*	**03/22/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima: Watch
RN 22 08446 **Trailer Bill**	**FQHC Alternative Payment Methodology (APM) Project:** No sooner than January 1, 2024, would authorize DHCS to permanently implement an APM option for FQHCs to receive value-based payments instead of volume-based payments. Specifically, Medi-Cal MCPs would pay an FQHC a per-member-per-month rate, based on historic utilization, which would be no less than the current amount paid through its Prospective Payment System rate. ***Potential CalOptima Impact:*** *New rate structure and modified contracts for CalOptima's contracted FQHCs who participate in the APM project; increased reporting requirements to DHCS.*	**03/07/2022** Published by the Department of Finance	CalOptima: Watch

SOCIAL DETERMINANTS OF HEALTH

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 2503 Bustos (IL) **S. 3039 Young (IN)**	**Social Determinants Accelerator Act of 2021:** Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than $25 million (House version) or $10 million (Senate version) as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries. ***Potential CalOptima Impact:*** *Increased availability of federal grants to address the SDOH of members with complex needs.*	**07/15/2021** Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee	CalOptima: Watch
H.R. 3894 Blunt Rochester (DE)	**Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:** Would require the Centers for Medicare & Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**12/08/2021** Passed House floor; referred to Senate Committee on Finance	CalOptima: Watch
H.R. 4026 Burgess (TX)	**Social Determinants of Health Data Analysis Act of 2021:** Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**11/30/2021** Passed House floor; referred to Senate Committee on Health, Education, Labor, and Pensions	CalOptima: Watch

TELEHEALTH

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 366 Thompson (CA)	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or PHE and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC as well as allow patients to receive telehealth services in the home without restrictions. ***Potential CalOptima Impact:*** *Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.*	**01/19/2021** Introduced; referred to committees	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1332 **Carter (GA)** **S. 368** **Scott (SC)**	**Telehealth Modernization Act of 2021:** Would permanently extend certain current telehealth flexibilities in the Medicare program, enacted temporarily in response to the COVID-19 pandemic. Specifically, would permanently allow the following: ■ FQHCs and RHCs may serve as the site of a telehealth provider ■ Beneficiaries may receive all telehealth services at any location, including their own homes ■ CMS may retain and expand the list of covered telehealth services ■ CMS may expand the types of providers eligible to provide telehealth services ***Potential CalOptima Impact:*** *Continuation of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.*	**02/23/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 2166 **Sewell (AL)**	**Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA and PACE plans during the COVID-19 PHE. ***Potential CalOptima Impact:*** *For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	**03/23/2021** Introduced; referred to committees	**08/05/2021** CalOptima: Support ACAP: Support NPA: Support
H.R. 2903 **Thompson (CA)** **S. 1512** **Schatz (HI)**	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021:** Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would: ■ Remove all geographic restrictions for telehealth services ■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS ■ Remove restrictions on the use of telehealth in emergency medical care ■ Allow FQHCs and RHCs to provide telehealth services ***Potential CalOptima Impact:*** *Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**04/28/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 3447 **Smith (MO)**	**Permanency for Audio-Only Telehealth Act:** Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 PHE: ■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and SUD services, or any other service specified by HHS. ■ Medicare beneficiaries may receive telehealth services at any location, including their homes. ***Potential CalOptima Impact:*** *Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**05/20/2021** Introduced; referred to committees	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4058 **Matsui (CA)** **S. 2061** **Cassidy (LA)**	**Telemental Health Care Access Act of 2021:** Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth. ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.*	**06/22/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 7573 **Axne (IA)** **S. 3593** **Cortez Masto (NV)**	**Telehealth Extension and Evaluation Act:** Would extend current Medicare telehealth payments authorized temporarily in response to the COVID-19 pandemic for two additional years following the termination of the PHE. Would require HHS to study the impact of telehealth flexibilities and report its recommendations for permanent telehealth policies to Congress. ***Potential CalOptima Impact:*** *Continuation of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**02/08/2022** Introduced; referred to committee	CalOptima: Watch
S. 150 **Cortez Masto (NV)**	**Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 PHE. ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	**02/02/2021** Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support
RN 22 09807 **Trailer Bill**	**Medi-Cal Telehealth Services:** Would permanently extend or modify certain Medi-Cal telehealth flexibilities currently authorized during the COVID-19 pandemic as follows: ■ DHCS must specify the Medi-Cal covered benefits that may be delivered via telehealth as well as the telehealth provider types allowed in addition to FQHCs and RHCs. ■ Telehealth services may be delivered via video, audio only, remote patient monitoring and other virtual modalities. ■ Video and audio-only telehealth services must be reimbursed at the same rate as in-person services, while remote patient monitoring and other modalities may be reimbursed at different rates. ■ Medi-Cal providers, including FQHCs and RHCs, may establish a new Medi-Cal patient using video telehealth but not audio-only telehealth or other virtual modalities. Finally, would allow Medi-Cal MCPs to include video telehealth encounters when determining compliance with network adequacy requirements. ***Potential CalOptima Impact:*** *Continuation and modification of certain telehealth flexibilities for CalOptima Medi-Cal.*	**03/08/2022** Published by the Department of Finance	CalOptima: Watch

YOUTH SERVICES

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

Two-Year Bills

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

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

2021 Signed Bills

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

2021 Vetoed Bills

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

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

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

Last Updated: May 12, 2022

2022 Federal Legislative Dates

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

2022 State Legislative Dates

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

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

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CalOptima's Homeless Health Initiative (HHI)

June 2022

Katie Balderas, Interim Director, Population Health Management

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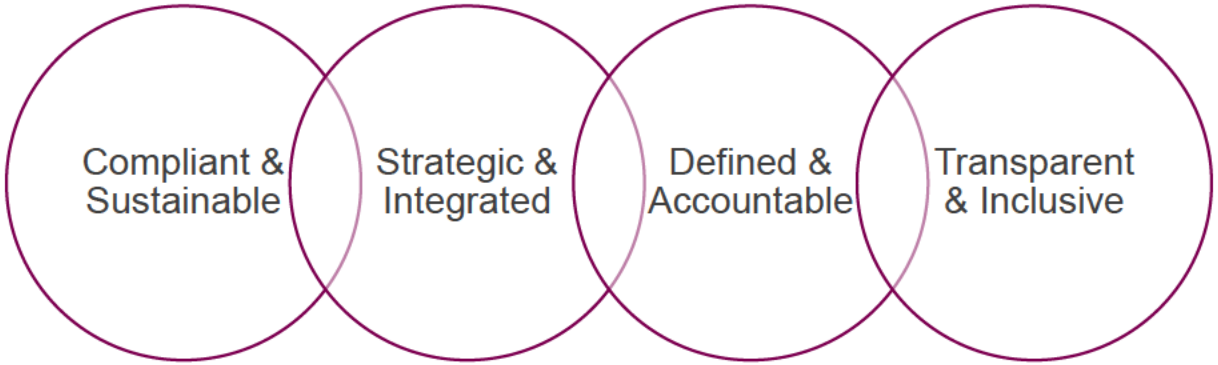
History of HHI

- Goal - Enhance and strengthen the delivery system to better meet the needs of individuals experiencing homelessness
  - March 2019 – Board established an Ad Hoc committee
  - April 2019 – Made $100 million commitment
  - December 2019 – Board adopted HHI Guiding Principles



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Funding Allocations

- As of March 2022, $51.2 million has been allocated

Be Well OC	Homeless Response Team (HRT)	Clinical Field Teams (CFT) Pilot Program	COVID-19 Vaccination Incentive Program for the Homeless
Homeless Clinic Access Program (HCAP)	Homekey Day Habilitation	Homeless Coordination at Hospitals	Housing for a Healthy California*
Housing Navigation & Support Services*	WPC Recuperative Care	Medical Respite	Street Medicine (new/upcoming)

*Currently no financial impact/not tied to directly to current HHI reserve, though relevant to homeless health

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Housing & Homelessness Incentive Program (HHIP)

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HHIP Overview

- DHCS incentive program available to Medi-Cal managed care plans (MCP) to incentivize investments in the community and progress made in addressing homelessness and keeping people housed
  - Funds provided as operational and performance metrics are met
  - 85% of incentive funds must go to beneficiaries, providers, local Continuum of Care or counties

Orange County Funding Allocation	
Year 1	$37,690,000
Year 2	$46,065,556
Total	**$83,755,557***

* Funds cannot be used as payment for room and board

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DHCS Proposed Strategic Approach

Program Vision, Goals & Strategic Approach

Drawing on the HCBS Spending Plan and the DHCS Quality Strategy, DHCS proposes the following program vision, goals, and strategic approach that will guide and shape the design and implementation of HHIP.

VISION: improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population

PROPOSED GOALS

1. Ensure MCPs have the necessary capacity and partnerships to connect their members to needed housing services
2. Reduce and prevent homelessness

PROPOSED STRATEGIC APPROACH

- **Develop** partnerships between MCPs and social service agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness
- **Provide** rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations
- **Expand** access to housing services and street medicine programs
- **Improve** access to coordinated housing, health and other social services
- **Reduce** avoidable use of costly health care services
- **Improve** whole person health for Medi-Cal enrollees, including behavioral health treatment and resources
- **Implement** solutions that manage information to better identify populations of focus and Member needs

3

HHIP Information

- Letter of Intent submitted to DHCS March 22, 2022
- Local Homelessness Plan due to DHCS June 30, 2022
- Must partner with local Continuums of Care, public health, county BH, public hospitals, county social services, and local housing departments
- DHCS guidance for LHP:
  - Build off existing local HUD or other homeless plans and map existing services
  - Outline how services will be offered, referrals will be made, how other funding streams will be leveraged or braided, and how progress will be tracked toward goals

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CalOptima's Letter of Intent (LOI)

- Preliminary goals identified include
  1. Design/implement robust street medicine model that provides preventive and urgent care, promoting continuity of care
  2. Increase Medi-Cal enrollment among individuals experiencing homelessness who are eligible for CalOptima
  3. Integrate CalOptima systems with CES used for getting individuals into housing by establishing effective data matching and sharing operating procedures

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Local Homelessness Plan (LHP)

Part	LHP Structure	Content*
1	HHIP Measures	Measurement across the 3 priority areas: 1. Partnerships and capacity to support referrals for services 2. Infrastructure to coordinate and meet member housing needs 3. Delivery of services and member engagement
2	MCP Strategies	To address housing and service gaps
3	Landscape Analysis	Identification of demographics, needs and gaps
4	Identification of Funding	Includes current and budgeted funds from HHAP application

* Expected to align with/compliment HHAP applications and action plans

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Priority Measures

- 1.2 Connection and integration with the local Coordinated Entry System
- 1.4 Partnerships with counties, COC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely exchange of information and member matching
- 2.1 Connection with street medicine team providing healthcare for individuals who are homeless
- 2.2 MCP connection with the local Homeless Management Information System (HMIS)
- 3.5 MCP Members who were successfully housed
- 3.6 MCP Members who remained successfully housed*

*Applicable to subsequent submission to DHCS and not in LHP

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CalAIM-related Measures

- 1.3 Outreach and engagement efforts and approach to providing medically appropriate and cost-effective housing-related Community Supports services
- 1.4 Partnerships with counties, COC, and/or organizations that deliver housing services with which the MCP has a data sharing agreement that allows for timely exchange of information and member matching
- 2.3 Process for tracking and managing referrals for the housing-related Community Supports
- 3.4 Number of individuals and families experiencing homelessness receiving at least one housing-related Community Supports

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Next Steps

- Continue to analyze HHI pilot program data & build upon lessons learned
- Consolidate HHAP Round 3 applications into LHP Landscape Analysis
- Collaborate with HHAP applicants to identify high-level strategies for LHP
- Strengthen and formalize our partnerships with homeless service providers
- Continue to monitor evolving guidelines from DHCS

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Comments

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Our Mission

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

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CalAIM

California Advancing and Innovating Medi-Cal Update

June 2022

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Populations of Focus (POFs)

January 1, 2022

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- Adults transitioning from incarceration

January 1, 2023

- Adults eligible for Long-Term Care
- Adult nursing facility residents

July 1, 2023

- Children with special conditions: high utilizers, Serious Emotional Disturbance (SED), California Children's Services (CCS), Whole-Child Model (WCM), child welfare and transitioning from incarceration

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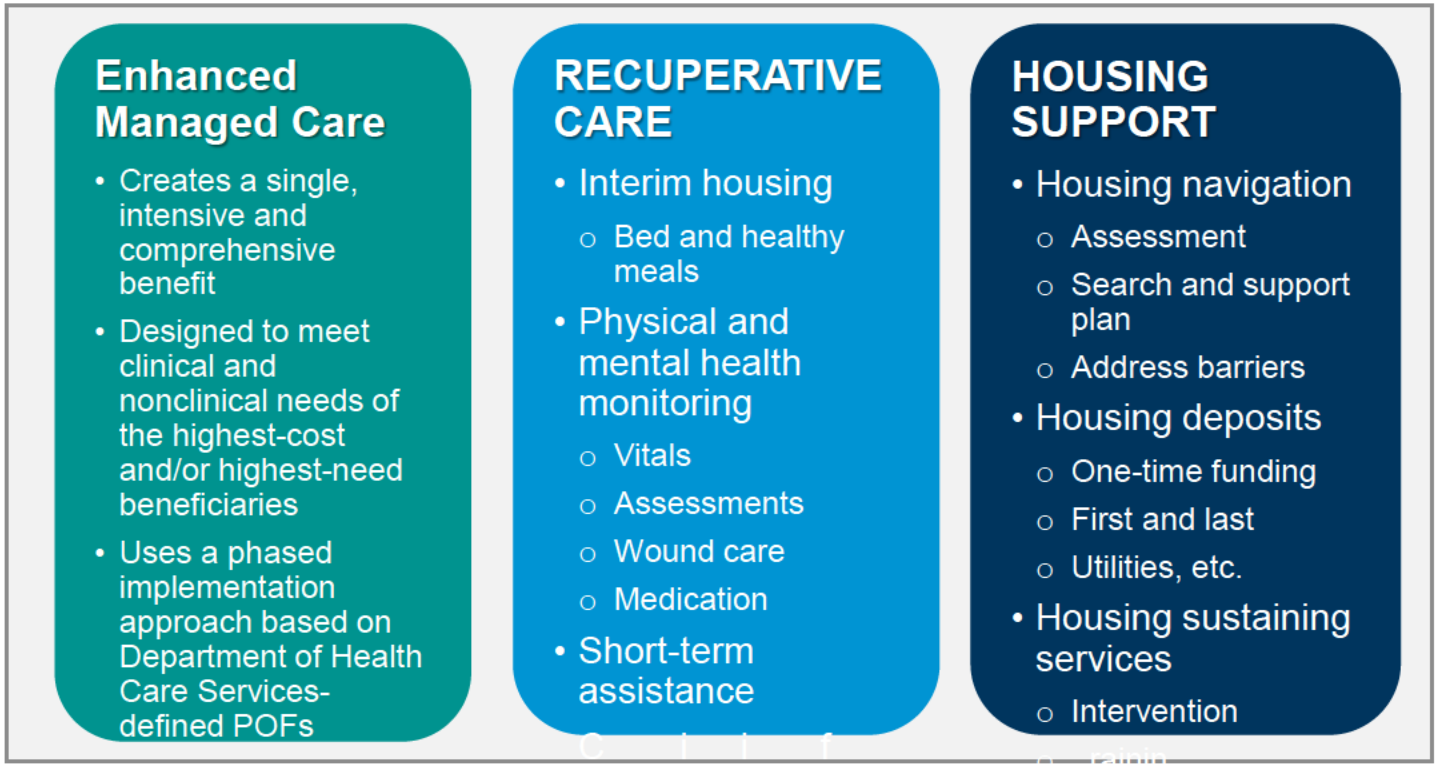
CalAIM: January 1, 2022



Refer to Appendix J: Community Supports Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations

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Service Authorizations

*As of 6/1/2022

Service Type	Count
ECM	1,586
Recuperative Care	163
Housing Navigation	927
Housing Deposits	257
Housing Tenancy	365
Total authorizations	3,298
Total # of unique members receiving ECM and/or CS services	2,924

1,549

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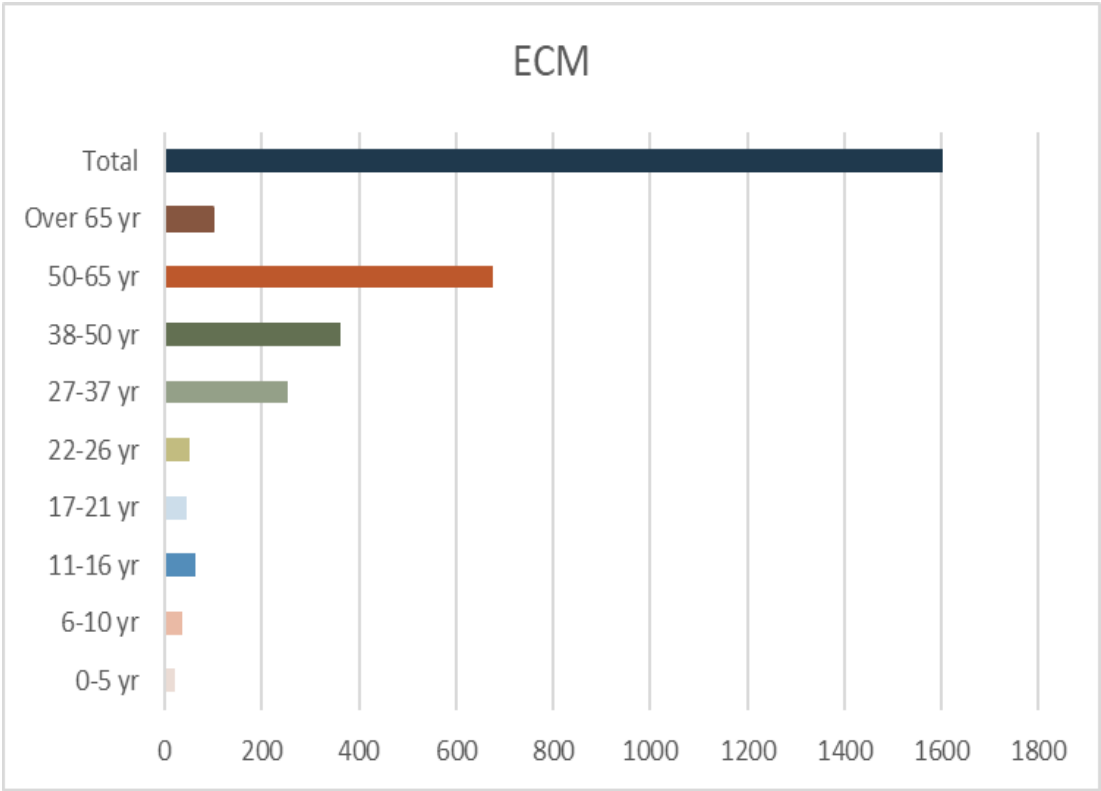
ECM Services

ECM Provider	
AltaMed Health Services	221
AMVI Medical Group	18
CalOptima	390
CHOC Health Alliance	107
Noble Mid Orange County	6
Optum Care Network Arta	411
Optum Care Network Monarch	160
Optum Care Network Talbert	151
Prospect Medical Group	52
United Care Medical Group	32
Health Care Agency (SMI/SUD)	36
Total	**1,584**



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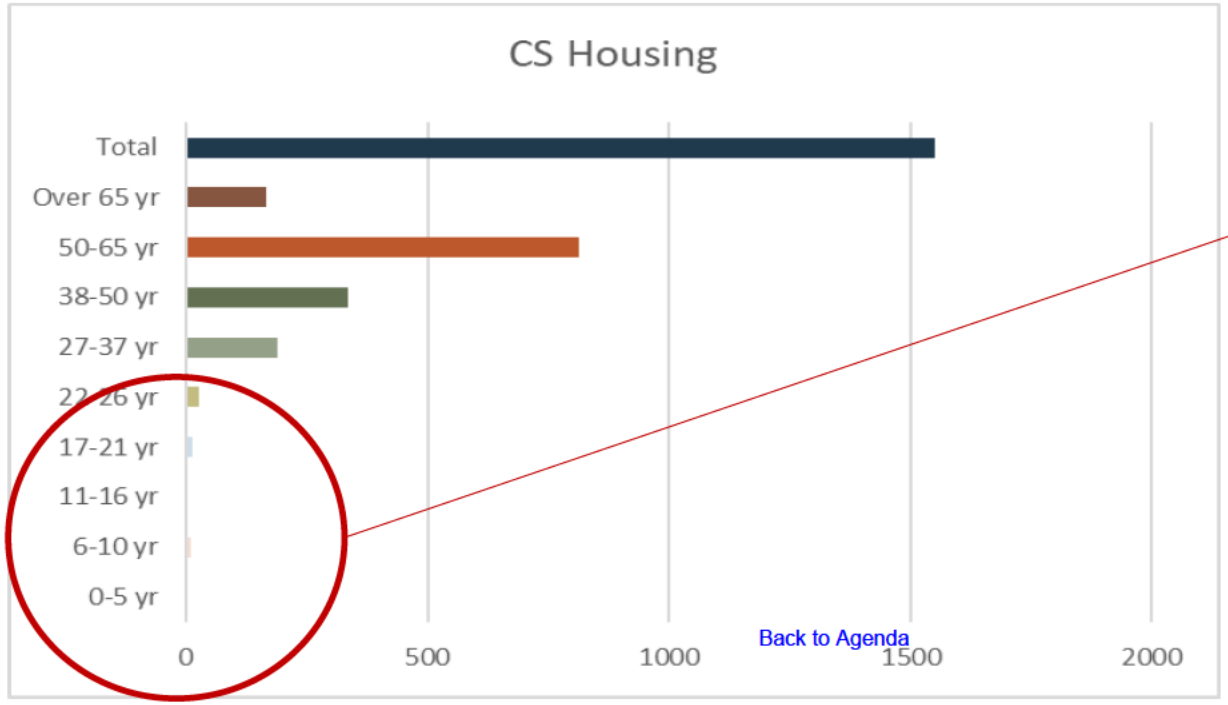
Housing Services

Provider	Navigation	Deposits	Tenancy	Totals
American Family Housing	142	48	145	335
CAPOC	24	18	21	63
Friendship Shelter	57	47	53	157
Illumination Foundation	294	31	80	405
Jamboree	20	3	3	26
Lutheran Social Services	79	19	23	121
Mercy House	147	84	35	266
VOALA	164	7	5	176
Total	927	257	365	1549



Opportunity with Family Solutions Collaborative

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CalAIM Awareness

Shelter Centers	Date/Time
Buena Park Navigation Center	May 24th: 9-10:30am
Yale Navigation Center	May 24th: 12-1 PM
Bridges at Kramer Place (virtual)	June 6th: 2-3pm
Placentia Navigation Center	June 7th: 1 PM-2PM
Costa Mesa Shelter	June 15th: 9-10am
Huntington Beach Navigation Center	June 20th: 9-10am

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Community Supports: July 1, 2022

Short-Term Post-Hospitalization Housing

- Provides members who do not have a residence and who have high medical or behavioral health needs to continue recovery immediately after exiting a facility

Day Habilitation Programs

- Provides members with assistance in acquiring, retaining and improving the skills necessary to reside successfully at home and in their community

Personal Care and Homemaker Services

- Provides members with assistance with Activities of Daily Living and Instrumental Activities of Daily Living

Meals/Medically-Tailored Meals

- Provides members with meals and nutrition services that help to achieve nutrition goals at critical times to help regain and maintain health

Sobering Centers

- Provides members who are found to be publicly intoxicated with an alternative destination to an emergency department or jail

Refer to Appendix J: Community Supports Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations

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Planned Providers for July 1, 2022

Providers	Services
24 HR Homecare, LLC	Personal Care
Cambrian Homecare	Personal Care
Illumination Foundation	Short Term Post Hospitalization Housing/Day Habilitation/Meals - Medical Tailored Meals
Mom's Meals	Meals/Medical Tailored Meals
Meals on Wheels	Meals/Medical Tailored Meals
Sunterra	Meals/Medical Tailored Meals
Life Spring (provides services for PACE and MSSP)	Meals/Medical Tailored Meals
Be Well	Sobering Centers
Chapman House	Sobering Centers
Step House Recovery	Sobering Centers
Friendship Shelter	Short Term Post Hospitalization Housing/Day Habilitation
Jamboree Housing	Short Term Post Hospitalization Housing/Day Habilitation
Mercy House	Short Term Post Hospitalization Housing/Day Habilitation
Costa Mesa Bridge Shelter	Short Term Post Hospitalization Housing/Day Habilitation
American Family Housing	Short Term Post Hospitalization Housing/Day Habilitation

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Community Supports: January 1, 2023

Respite Services

- Provided to caregivers of members who require intermittent temporary supervision

Environmental Accessibility Adaptations (Home Modification)

- Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the member to function with greater independence in the home: without which the member would require institutionalization

Nursing Facility Transition / Diversion to Assisted Living Facilities

- Assist members to live in the community and/or avoid institutionalization when possible

Community Transitions to Home / Nursing Facility Transition to a Home

- Helps members to live in the community and avoid further institutionalization

Asthma Remediation

- Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the member, or enable the member to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization

Refer to Appendix J: Community Supports Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations

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Our Mission

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

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2022 Population Needs Assessment

Board Advisory Committees, June 9, 2022

Katie Balderas, MPH
Interim Director, Population Health Management

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Topics

- Population Needs Assessment (PNA) Overview
- PNA Update
- Population Health Management (PHM) Overview
- 2021 CalOptima Member Profile
- 2021-2023 CalOptima PNA Objectives
- PNA Key Findings

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Population Needs Assessment (PNA) Overview

- Department of Health Care Services (DHCS) requires all Managed Care Health Plans (MCPs) to complete the PNA annually
- The PNA identifies and addresses Medi-Cal member needs
- CalOptima uses internal and external data sources to identify gaps in care
- Key findings inform workplans, strategies and quality initiatives
- PNA results may assist in resources allocation including staffing, identifying appropriate tools and building partnerships with the community

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Population Health Management (PHM)

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CalOptima PHM vs. DHCS PHM

CalOptima Population Health Management	DHCS Population Health Management
A CalOptima department originally known as Health Education and Disease Management or Health and Wellness Services	A state-initiated program; part of CalAIM initiatives to assist with expanding Medi-Cal services in collaboration with community partners

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CalOptima PHM Overview

Identifies, assesses and implements appropriate health interventions for members in all programs including health networks (HNs).

Develops programs that address health disparities and social determinants of health to help close gaps in health care.

Provides member health coaching and self-management tools.

Oversees health literacy requirements, approves and administers non-monetary (incentive) Member Health Reward Programs.

All programs and resources are provided at no-cost to our members. Programs may have specific eligibility requirements.

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CalOptima PHM Key Functions

Health and Wellness

- Heath and Wellness Counseling and Referrals
- Member Material Approvals (MMA)
- Educational Classes
- Provider Education Trainings
- Member Incentive Approvals

Chronic Conditions

- Health Coach Counseling for Asthma, Diabetes and Congestive Heart Failure
- Registered Dietitian Counseling and Outreach for Chronic Conditions

Specialty Programs

- Shape Your Life
- Child Obesity Program
- Homeless Clinical Access Program
- Bright Steps
- Maternal Health Program

Quality Initiatives

- Quality Improvement Work Teams
- Improvement Projects
- NCQA PHM Standards
- Publications and Materials Development
- COVID-19 Member Health Rewards

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2021 Member Profile

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Medi-Cal Population Distribution

Population Distribution (Aid Code)

Aid Code	Count	Percentage	% Change
Aged	75,468	9%	0%
Blind and Disabled	45,908	5%	-1%
Family	728,655	86%	1%
GRAND TOTAL	**850,030**	**100%**	

Data Source: 2021 CalOptima Tableau Dashboard

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As of 12/31/2021

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Medi-Cal Members by Age and Gender

Age Range	Count	Percentage	% Change
0–5	82,162	10%	0%
6–18	232,688	27%	-2%
19–40	260,359	31%	2%
41–64	185,139	22%	0%
65+	89,684	11%	0%

Data Source: 2021 CalOptima Tableau Dashboard

Gender	Count	Percentage	% Change
Female	453,925	53%	-1%
Male	396,105	47%	1%

Data Source: 2021 CalOptima Tableau Dashboard

Top 10 Member Ethnicities

Ethnicity	Count	Percentage	% Change
Hispanic/Latino	375,910	44%	1%
White	147,408	17%	1%
Vietnamese	104,389	12%	1%
No Response	94,205	11%	1%
Other	41,131	5%	0%
Korean	21,573	3%	0%
Black	15,686	2%	0%
Filipino	12,899	1%	0%
Chinese	11,610	1%	0%
Asian & Pacific Islander	10,671	1%	0%

Data Source: 2021 CalOptima Tableau Dashboard

Top 10 Member Languages

Language	Count	Percentage	% Change
English	434,271	51%	1%
Spanish	200,866	24%	0%
Unknown	103,375	12%	0%
Vietnamese	73,356	9%	0%
Korean	10,783	1%	0%
Farsi	8,631	1%	0%
Arabic	5,383	1%	0%
Mandarin	2,950	0%	0%
Chinese	1,558	0%	0%
Tagalog	1,479	0%	0%

Data Source: 2021 CalOptima Tableau Dashboard

Subpopulations

Serious and Persistent Mental Illness (SPMI)

	Count	Percentage	% Change
BH SPMI	60,153	7%	0%
No BH SPMI	789,878	93%	0%

End-Stage Renal Disease (ESRD)

	Count	Percentage	% Change
ESRD	4,513	1%	0%
No ESRD	845,517	99%	0%

Tobacco Use

	Count	Percentage	% Change
Smoker	85,030	10%	1%
Non-Smoker	765,001	90%	-1%

Data Source: 2021 CalOptima Tableau Dashboard

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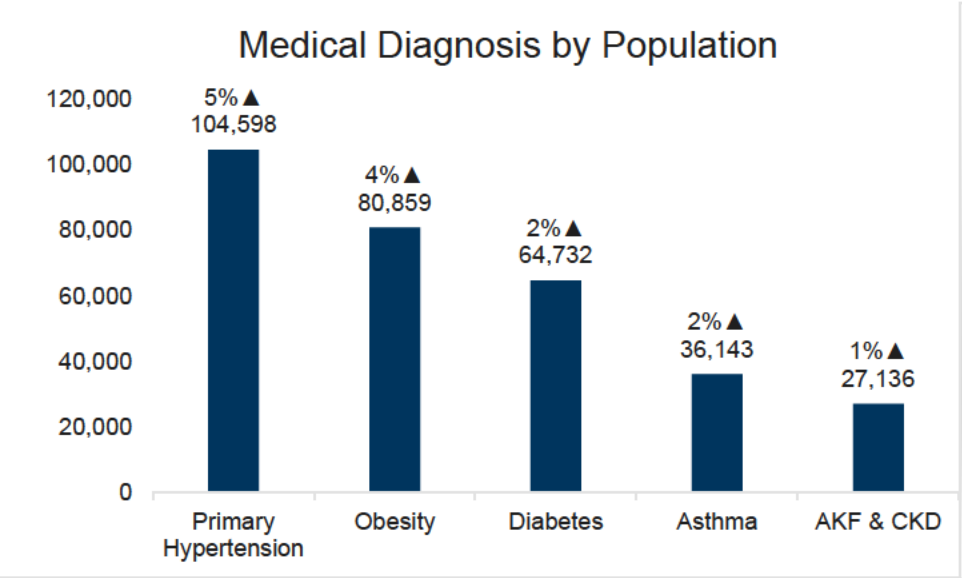
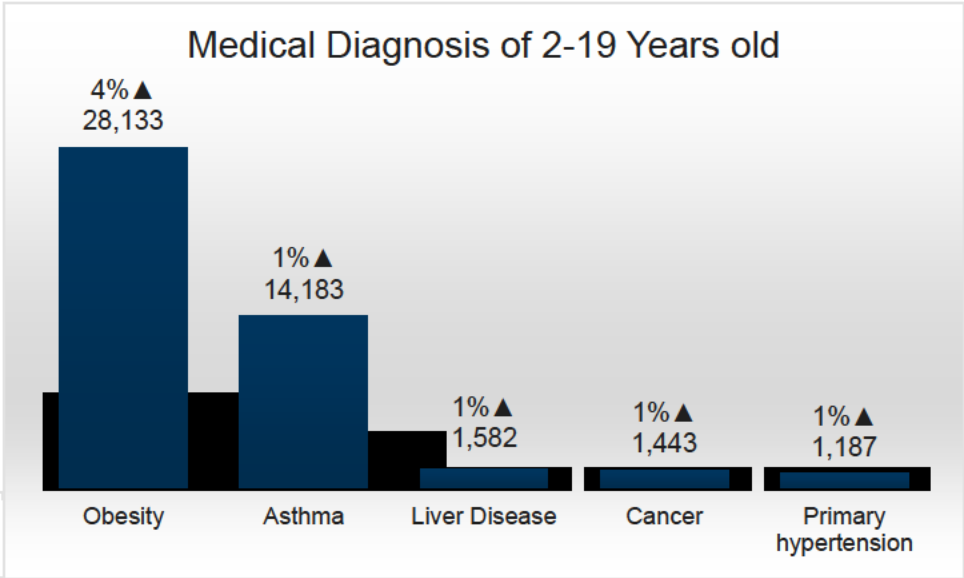
Potential Barriers

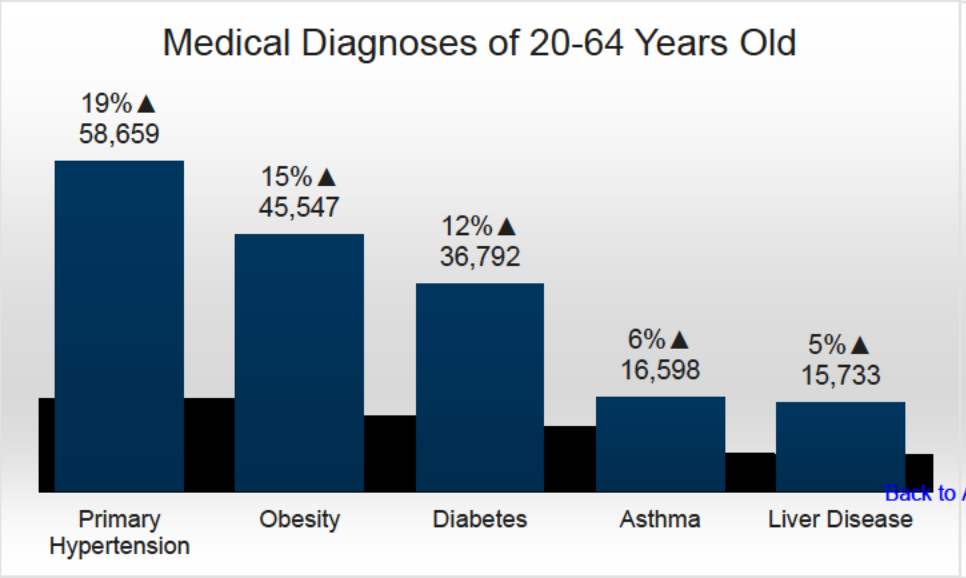
Social Determinant	Count	Percentage	% Change
Housing & Economic	5,486	0.6%	0.1%
Support & Family	3,830	0.4%	0%
Psychosocial	3,783	0.4%	0%
Upbringing	2,304	0.2%	0%
Education & Literacy	1,027	0.1%	0%
Employment	732	0.08%	-0.02%
Social Environment	583	0.06%	-0.04%
Occupational Risk	57	0%	0%

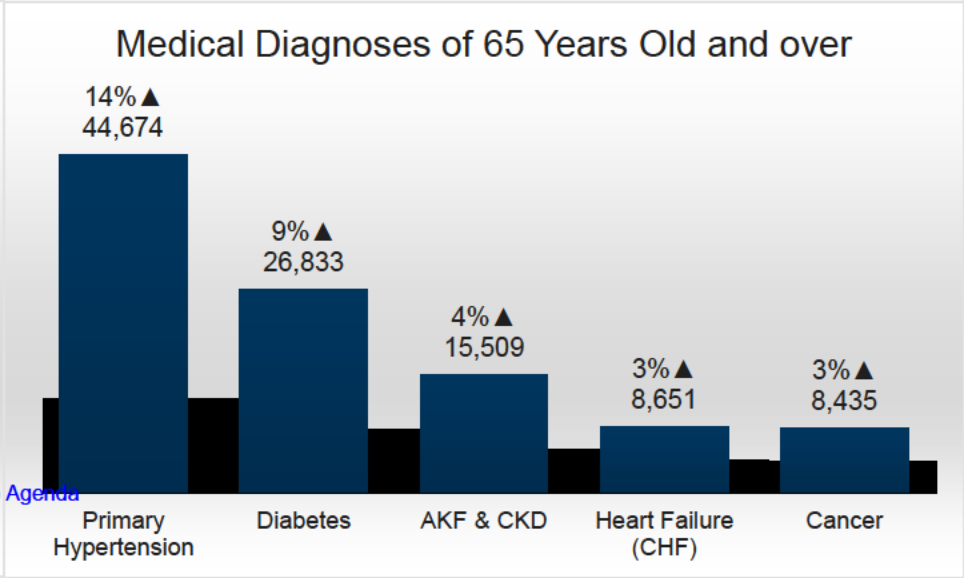
Data Source: 2021 CalOptima Tableau Dashboard

Top Five Medical Diagnoses by Age









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CalOptima PNA Objectives

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2021-2023 PNA Objectives

- **Objective 1:** Improve Adult Member Experience measures of "Getting Needed Care" from 10th percentile to the 33rd percentile, and the measure of "Getting Care Quickly" from 10th percentile to 33rd percentile by December 31, 2023

- **Objective 2:** Increase the Comprehensive Diabetes Care (CDC) Screenings rates for HbA1c testing from 88.20% to 89.78% and Eye Exams from 67.40% to 64.72% by December 31, 2023

- **Objective 3:** Increase overall immunization rates for child/toddler Combo 10 (CIS-10) from 40.60% to 45.65%, and to maintain the current rate of 55.6% or not fall below minimum performance level of 47.20% for adolescent immunizations (IMA) by December 31, 2023

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2021-2023 PNA Objectives

- **Objective 4:** Increase blood lead screening (LSC) rates from 67.73% to 73.11% by December 31, 2023

- **Objective 5:** Achieve COVID-19 vaccine adherence of at least 70% for eligible members by December 31, 2022

- **Objective 6:** Increase Breast Cancer Screening (BCS) rates for Chinese subgroup ethnicity from 49.45% to 63.98% and Korean subgroup ethnicity from 57.74% to 63.98% by December 31, 2023

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PNA Key Findings

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Progress on PNA Objectives

Quality Performance (HEDIS):

- CalOptima met all DHCS Minimum Performance Levels (MPLs)
- Nine of the measures for Medi-Cal achieved the 90th percentile
- 68% (43/63) of measures met the National Medicaid 50th percentile or higher

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Objective 1: Gap Analysis Finding

Status: Improve Adult Member Experience measures of "Getting Needed Care" from 10th percentile to the 33rd percentile **(MET - 33rd percentile)**, and the measure of "Getting Care Quickly" from 10th percentile to 33rd percentile **(NOT YET MET - 10th percentile)** by December 31, 2023.

Key Finding: Vast demand due to COVID-19; lack of PPE

Planned activities:

- Expand telehealth services and promotion efforts
- Monitor appointment time and distance standards by health networks, member portal utilization and provider education meeting timely access standards

2021 CAHPS data

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Objective 2: Gap Analysis Findings

Status: Increase the Comprehensive Diabetes Care (CDC) Screenings rates for HbA1c testing from 88.20% to 89.78% **(NOT YET MET – 83.4%)** and Eye Exams from 67.40% to 64.72% **(NOT YET MET – 63.2%)** by December 31, 2023.

Key Findings: Targeted telephonic health coach outreach program to previously controlled, now uncontrolled A1c level, reached 61.34% of members and reduced this population by 5%.

Planned activities:

- Continue member health rewards
- Telephonic health coach outreach program
- Robocall and social media campaigns
- Community events in areas with lower utilization rates

HEDIS MY 2020 data

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Objective 3: Gap Analysis Findings

Status: Increase overall immunization rates for child/toddler (CIS-Combo 10) from 40.60% to 45.65% **(NOT YET MET – 45.5%)**, and to maintain the current rate of 55.6% or not fall below minimum performance level of 47.20% **(NOT YET MET – 53.3%)** for adolescent (IMA-Combo 2) immunizations by December 31, 2023.

Key Findings: Decrease in well child care office visits and immunizations; member hesitation due to risk of COVID-19

Planned activities:

- Member newsletter articles
- Social media awareness posts
- Back-to-School and community events
- Use DHCS Don't Wait – Vaccinate campaign on CalOptima's website, digital, radio, TV and billboard ads

HEDIS MY 2020 data

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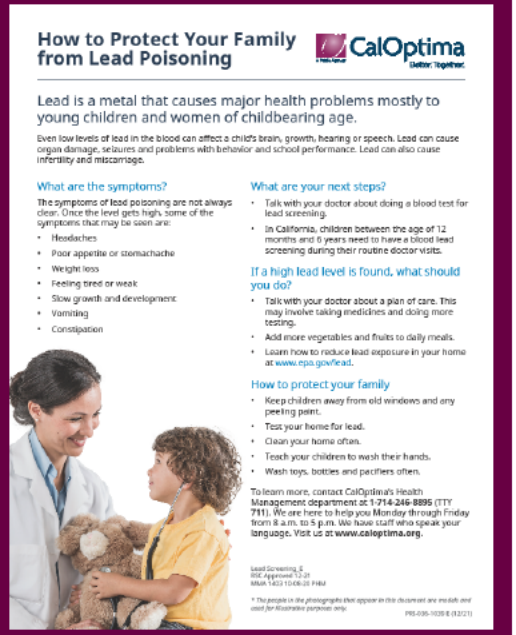
Objective 4: Gap Analysis Findings

Status: Increase blood lead screening (LSC) rates from 67.73% to 73.11% **(NOT YET MET – 66.42%)** by December 31, 2023.

Key Findings: Decrease in well child care office visits; lack of awareness on benefits of screening

Planned activities:

- Texting campaign is under DHCS review
- Member handouts in seven languages and provider office posters
- Quarterly provider blood lead screening reports of members who have not been screened
- Provider education



How to Protect Your Family from Lead Poisoning

CalOptima

Lead is a metal that causes major health problems mostly to young children and women of childbearing age.

Even low levels of lead in the blood can affect a child's brain, growth, hearing or speech. Lead can cause organ damage, seizures and problems with behavior and school performance. Lead can also cause infertility and miscarriage.

What are the symptoms?

The symptoms of lead poisoning are not always clear. Once the level gets high, some of the symptoms that may be seen are:

- Headaches
- Poor appetite or stomachache
- Weight loss
- Feeling tired or weak
- Slow growth and development
- Vomiting
- Constipation

What are your next steps?

- Talk with your doctor about doing a blood test for lead screening.
- In California, children between the age of 12 months and 6 years need to have a blood lead screening during their routine doctor visits.

If a high lead level is found, what should you do?

- Talk with your doctor about a plan of care. This may involve taking medicines and doing more testing.
- Add more vegetables and fruits to daily meals.
- Learn how to reduce lead exposure in your home at www.epa.gov/lead.

How to protect your family

- Keep children away from old windows and any peeling paint.
- Test your home for lead.
- Clean your home often.
- Teach your children to wash their hands.
- Wash toys, bottles and pacifiers often.

To learn more, contact CalOptima's Health Management department at 1-714-246-8895 (TTY 711). We are here to help you Monday through Friday from 8 a.m. to 5 p.m. We have staff who speak your language. Visit us at www.caloptima.org.

Lead Screening_E
RDC Approved: 12-21
MMA 1403-10406-20 PHM

* The people in the photographs that appear in this document are models and used for illustrative purposes only.

PRS-036-1020-E (12/21)

Objective 5: Gap Analysis Findings

Status: Achieve COVID-19 vaccine adherence of at least 70% **(NOT YET MET – 58%)** for eligible members by December 31, 2022.

Key Findings: Inconsistent access and availability; Vaccine hesitancy included freedom of choice, lack of trust in government agencies, misinformation about deaths following vaccinations, concerns about long-term vaccine effects and fear due to pre-existing conditions.

Planned activities:

- More varied vaccine clinic locations
- Trusted messenger videos, text and social media campaigns in seven languages
- Texts to the lowest performing ethnicities
- Member health rewards for all doses

Vaccination Rates

- **468,443** Medi-Cal members vaccinated by 12/31/21
- 58% of all members ages five and older are vaccinated
  - 53% fully vaccinated
  - 5% vaccinated with at least one COVID-19 dose

Data source: 2021 CalOptima Tableau Dashboard

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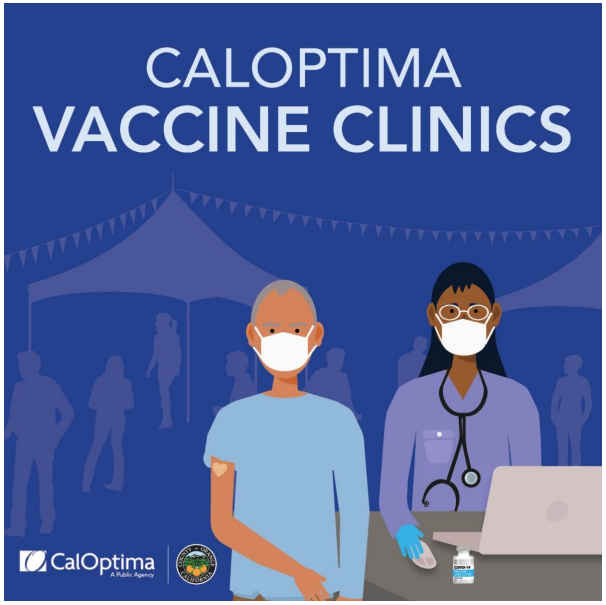
Vaccination Rates (cont.)

- 66% of members ages 12 and older are vaccinated
  - 61% of these members fully vaccinated
  - 5% received at least one COVID-19 vaccine
- 68% of members ages 16 and older are vaccinated
  - 62% of these members fully vaccinated
  - 5% received at least one COVID-19 vaccine



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CalOptima Vaccination Rates

Total Members	870,214
Vaccine-Eligible	803,097

By Age Group

Grand Total	803,097	463,771	58%
Age 5-11	115,769	12,250	11%
Age 12-15	77,147	39,999	52%
Age 16-49	381,018	237,207	62%
Age 50-64	125,717	91,959	73%
Age 65-74	55,095	43,962	80%
Age 75+	48,351	38,394	79%

By Ethnicity

Grand Total	803,097	463,771	58%
Alaskan Nat / Amer Indian	1,401	662	47%
Asian	171,439	134,968	79%
Black	15,081	6,649	44%
Hispanic	345,999	169,863	49%
Others	125,896	75,658	60%
White	143,281	75,971	53%

Source: 2021 CalOptima Tableau Dashboard as of December 17, 2021

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Observed Patterns for COVID-19

- CalOptima Medi-Cal members have the lowest COVID vaccination rate compared to OneCare (OC) or OneCare Connect (OCC) lines of business
- Older CalOptima members were more likely to get vaccinated for COVID-19 compared to younger members. Vaccination rates increased with age
- Among all ethnicities, Black members had the lowest vaccination rate followed by Alaskan Native/American Indian
  - Similar to the rate of members who refused immunizations among all CalOptima members being highest among Alaskan Native/American Indian followed closely by Black

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COVID-19 Continued Efforts

Next steps:

- Focus on a comprehensive yet flexible COVID-19 response that aims to increase members' access to care while taking into consideration the needs of members, providers, stakeholders and employees
- For collaborations, provide frequent communications to contracted providers and health networks via website updates, fax blasts and others

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Objective 6: Gap Analysis Findings

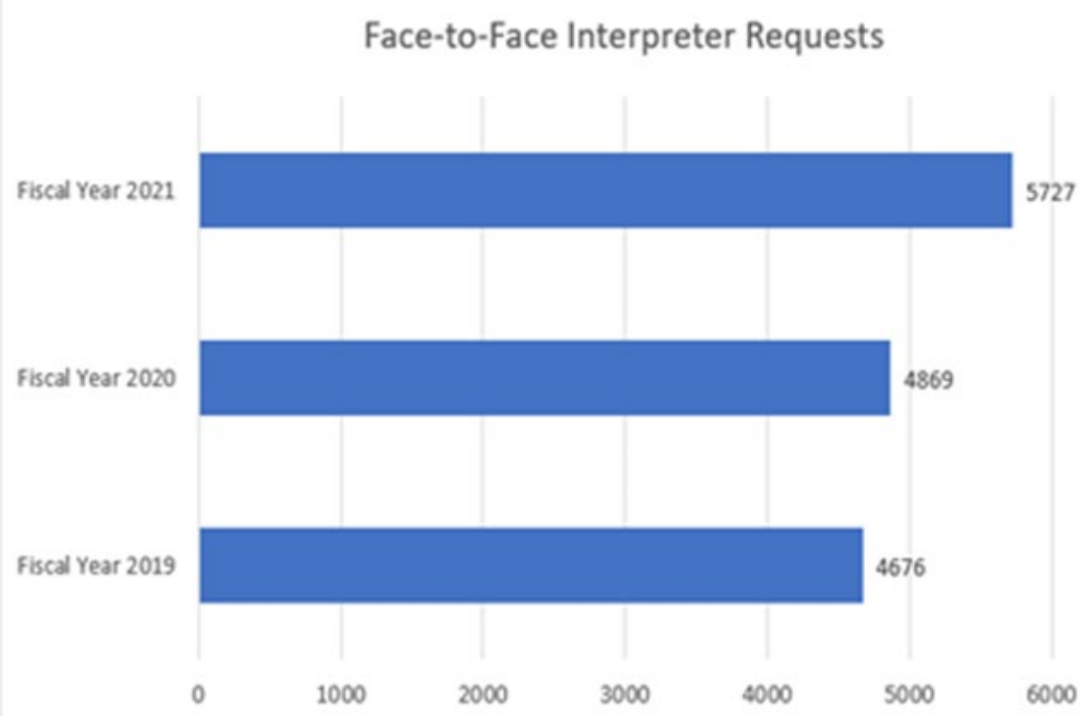
Status: Increase breast cancer screening among Chinese members from 49.45% to 63.98% **(NOT YET MET – 44.5%)** and Korean members from 57.74% to 63.98% by **(NOT YET MET – 58%)** December 31, 2023.

Key Findings: Slight increase for Korean rate, but Chinese rate dropped.

Planned activities:

- Partner with existing services in the community to offer cancer screenings at members' trusted community locations
- Mobile mammography events
- Texting campaign under DHCS review

Face-to-Face Interpretation Increases



CalOptima continues to meet 100% of all interpreter requests.

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Moving forward, the PNA will:

- Move to a three-year cycle, due next in 2025.
- Be based on the new DHCS PHM Strategy and Roadmap, which will:
  - Provide comprehensive data on members' health history and needs to improve integrated care and avoid duplicative processes
  - Include a single, statewide, open-source risk stratification and segmentation (RSS) methodology for all Medi-Cal members
- Maximize alignment with hospital and local health department community health needs assessments
- Guide CalOptima's investments in community health

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Our Mission

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

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