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

THURSDAY, MAY 12, 2022

3:00 P.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 Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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

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

1) **Register to Participate via Zoom at:**
   https://us06web.zoom.us/webinar/register/WN_DaEq3XxRTWGXfvCdbLeEiA
   (Webinar instructions are provided below)

2) **Listen to the Webinar using one of the dial in audio options as follows: +1 253-215-8782 or +1 346-248-7799 or +1 720-707-2699 or +1 301-715-8592 or +1 312-626-6799 or +1 646-558-8656**

   Webinar ID: 816 0248 7357

   Passcode: 495463

I.   **CALL TO ORDER**
     Pledge of Allegiance

II. **ESTABLISH QUORUM**

III. **MINUTES**

     A. Approve Minutes from the March 10, 2022 Special Joint Meeting of the Member Advisory
         Committee and the Provider Advisory Committee

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

V.   **REPORTS**
     A. Consider Approval of Member Advisory Committee FY 2022-2023 Meeting Schedule
     B. Consider Approval of Member Advisory Committee FY 2021-2022 Accomplishments
     C. Consider Recommendation of Member Advisory Committee Slate of Candidates

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

VII. **INFORMATIONAL ITEMS**
     A. Children's Mental Health Access Collaborative Project
     B. Homeless Health Initiatives
     C. CalFresh Update
     D. Committee Member Updates

VIII. **COMMITTEE MEMBER COMMENTS**

IX. **ADJOURNMENT**

Webinar Information

Please register for the Regular Provider Advisory Committee Meeting on May 12, 2022 at 3:00 p.m. PDT at:

https://us06web.zoom.us/webinar/register/WN_DaEq3XxRTWGXfvCdbLeEiA

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

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Webinar ID: **816 0248 7357**

Passcode: **495463**

MINUTES

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

March 10, 2022

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), and the Provider Advisory Committee (PAC) was held on Thursday, March 10, 2022 via teleconference (Zoom) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER
PAC Chair Dr. Lazo-Pearson called the meeting to order at 8:05 a.m. and MAC Chair Christine Tolbert led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee
Members Present:	Christine Tolbert, Chair; Maura Byron, Vice Chair; Sandy Finestone; Meredith Chillemi; Connie Gonzalez; Jacqueline Gonzalez; Hai Hoang; Lee Lombardo; Sally Molnar (8:30 a.m.); Melisa Nicholson; Kate Polezhaev; Steve Thronson; Sr. Mary Terese Sweeney;
Members Absent:	Linda Adair
Others Present:	Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Chief Medical Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Kelly Giardini, Executive Director, Clinical Operations; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations; Troy Szabo, Consultant;

At this time, PAC Chair Dr. Lazo-Pearson rearranged the agenda to hear VI.A CEO and Management Reports while awaiting a quorum for the Provider Advisory Committee.

PUBLIC COMMENT
There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report
Michael Hunn, Chief Executive Officer (CEO), shared that CalOptima has begun preparing internal protocols in preparation for phone calls that were scheduled to begin around April 1,

CalOptima Board of Directors' Minutes
of the Special Joint Meeting of the
Member Advisory Committee and the
Provider Advisory Committee
March 10, 2022
Page 2

2022 to approximately 18,000 or more undocumented Orange County residents who will become eligible for Medi-Cal, based on recent legislative acts signed by Governor Newsom. Mr. Hunn also noted that CalOptima is working diligently to make sure we can accommodate these new members with continued improvements to the operational infrastructure to ensure timely approval of treatment authorizations. Mr. Hunn noted that CalOptima's treatment authorizations are fully up to speed and current and that CalOptima is continuing to collaborate with the provider community

At this time, PAC Chair Dr. Lazo-Pearson asked for a roll-call to establish quorum for the Provider Advisory Committee and continue with the approval of meeting minutes before continuing with VI.B under CEO and Management Reports.

ESTABLISH QUORUM

Provider Advisory Committee
Members Present: Junie Lazo-Pearson, Ph.D., Chair; Anjan Batra, M.D. (8:15 a.m.); Tina Bloomer, WHNP; Gio Corzo; Andrew Inglis, M.D.; Jena Jensen; Alex Rossel (8:15 a.m.); Loc Tran, Pharm.D.; Jacob Sweidan, M.D. (8:10 a.m.); Christy Ward

Members Absent: Alpesh Amin, M.D.; Jennifer Birdsall, Ph.D; Donald Bruhns; John Nishimoto, O.D., Vice Chair

MINUTES

Approve the Minutes of the February 10, 2022 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee and Provider Advisory Committee

> *MAC Action:* **On motion of MAC Member Sally Molnar, seconded and carried, the Committee approved the minutes of the February 10, 2022 Special Joint meeting. (Motion carried 13-0-0; Member Adair Absent)**

> *PAC Action:* **On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the February 10, 2022 Special Joint meeting. (Motion carried 10-0-0; Members Dr. Amin.; Dr. Birdsall; Donald Bruhns; Dr. Nishimoto, Vice Chair Absent)**

CEO AND MANAGEMENT REPORTS (continued)

Chief Operating Officer Report
Yunkyung Kim, Chief Operating Officer highlighted legislation at the State and Federal levels that may impact CalOptima programs and members. Ms. Kim also discussed the Crisis

CalOptima Board of Directors' Minutes
of the Special Joint Meeting of the
Member Advisory Committee and the
Provider Advisory Committee
March 10, 2022
Page 3

Assistance Helping Out On The Streets (CAHOOTS) Act which provides 24/7 community-based mobile crisis intervention services and provided a CalAIM update.

Chief Medical Officer Report
Richard Pitts, D.O., Chief Medical Officer (CMO), discussed COVID-19 protocols with the committee members and noted that while we should still use caution in everyday life, the pandemic was moving to more of an endemic status. Dr. Pitts also spoke of the use of Monoclonal antibodies for those COVID patients with compromised immune systems. Dr. Pitts also commended Tyronda Moses, Director of Grievance and Appeals for her above and beyond customer service to a member in need.

Chief Financial Officer Report
Nancy Huang, Chief Financial Officer, provided a quarterly financial update and reviewed the FY 2022-23 State budget outlook, Medi-Cal enrollment trend analysis forecast CalOptima's FY 2022-23 budget preparations. Ms. Huang noted that the State budget has increased approximately 9.1% from prior year and that the Medi-Cal budget compared to fiscal year FY 2021-2022 has an overall increase of 7% which equates to $133 billion. CalOptima will continue to monitor changes to the State budget and provide an update to the committees in the near future.

INFORMATION ITEMS

Strategic Plan Update
Claudia Magee, Interim Director, Strategic Development, provided an overview of the strategic planning process that is on-going and noted that although 2021 continued to be a complex year in healthcare, CalOptima staff sustained their commitment and advanced five strategic plan priorities which included: Innovate, Expand CalOptima's Member Centric Focus, Strengthen Community Partnerships, Increase Value, Improve Care Delivery and Enhance Operational Excellence And Efficiency. She also noted that for calendar year 2021, CalOptima staff tracked the progress of 50 initiatives, including 12 new initiatives. A total of 19 of the 50 initiatives were completed and 30 are ongoing and one is expected to launch mid-2022.

School Based Behavioral Health
Natalie Zavala, Director, Behavioral Health Services provided a verbal update on the Youth Behavioral Health initiative that will focus on improving behavioral health system for youth zero to 25 year of age over the next five years. Ms. Zavala noted that this program focused on a three-year behavioral health incentive program for Medi-Cal managed care plan and that the Department of Health Care Services (DHCS) has recognized that mental health hospitalizations, suicide rates, overdose deaths have all increased over the last decade in children and adolescents due to the public health emergencies, stay at home orders and school closures. She also noted that the program was currently in year one and that CalOptima was focused on establishing partnerships between the managed care plans and the County Office of Education. Once these partnerships are established the expectation is that together they will determine which school

CalOptima Board of Directors' Minutes
of the Special Joint Meeting of the
Member Advisory Committee and the
Provider Advisory Committee
March 10, 2022
Page 4

districts will participate in the program and work collaboratively to identify the needs. Member Lee Lombardo asked Ms. Zavala if community based organizations would be included in the project as they had expertise and information that might be beneficial. Ms. Zavala noted that this program was in the beginning stages and agreed to update the members as more information becomes available.

Committee Member Updates
MAC Chair Christine Tolbert reminded the MAC members that recruitment was underway for seats which would expire on June 30, 2022. She reminded the members that they must reapply for their seat if their term was expiring by March 31, 2022. Chair Tolbert formed an ad hoc committee to review applications received and make a recommendations to the committee at the May 12, 2022 meeting. Vice Chair Maura Byron, Hai Hoang and Steve Thronson agreed to be part of the nominations ad hoc. Chair Tolbert also reminded the committee that the next MAC meeting was scheduled for April 14, 2022 at 3:00 PM.

PAC Chair Dr. Junie Lazo-Pearson also announced that the next PAC meeting was scheduled for April 14, 2022 at 8:00 AM. She also notified reminded the PAC that the annual recruitment for those terms expiring on June 30, 2022 was underway and she reminded those members whose terms were expiring that they must reapply for their seat by March 31, 2022. Chair Lazo-Pearson also formed an ad hoc committee of Dr. Inglis, Dr. Sweidan and herself, to review applications received during the recruitment period and make recommendations on candidates at the May 12, 2022 PAC meeting.

ADJOURNMENT
There being no further business before the Committees, MAC Chair Christine Tolbert adjourned the meeting at 9:40 a.m.

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

Approved by MAC and PAC: May 12, 2022

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Member Advisory Committee
Provider Advisory Committee

FY 2022-23 Joint Meeting Schedule

August 2022
Thursday, August 11, 2022
8:00 a.m.
Virtual or Room 109

October 2022
Thursday, October 13, 2022
8:00 a.m.
Virtual or Room 109

*December 2022
Thursday, December 8, 2022
8:00 a.m.
Virtual or Room 109

February 2023
Thursday, February 9, 2023
8:00 a.m.
Virtual or Room 109

April 2023
Thursday, April 13, 2023
8:00 a.m.
Virtual or Room 109

June 2023
Thursday, June 8, 2023
8:00 a.m.
Virtual or Room 109

Regular Meeting Location and Time
CalOptima
505 City Parkway West
Orange, CA 92868

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

*Joint Meeting of the Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee

Member Advisory Committee
FY 2021-22 Accomplishments

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

- MAC members shared input into the formation of the new CalOptima Strategic Plan.

- MAC attended three joint meetings with the PAC during FY 2021-2022 and two joint meeting with all of the advisory committees. MAC also increased their meeting frequency from bi-monthly to monthly which added an additional four meetings to their schedule.

- MAC's Chair and Vice Chair were also part of a joint ad hoc to plan and prepare for joint meetings during FY 2021-22.

- MAC held special recruitments to identify candidates for the Children Representative seat and MAC convened a special ad hoc committee to review the candidates for the vacant seat and submitted their recommendation at a MAC meeting.

- A MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates for the seven seats due to expire on June 30, 2022. The ad hoc met on April 25, 2022 to review the seven seats consisting of Behavioral/Mental Health Representative, Children Representative, Consumer Representative, Foster Children Representative, Long-Term Services and Supports Representative, Medical Safety Net Representative and Persons with Special Needs Representative. The ad hoc reviewed the seven applicants for the open seats and then reviewed their recommendations at the MAC's May 12, 2022 meeting. The MAC then forwarded their recommendations to the Board for consideration and approval at the June 2, 2022 Board of Director's meeting.

- MAC members and individuals from the community gave informative presentations at MAC meetings to help MAC stay connected to those they represent.

- Several MAC members continued to attend CalOptima sponsored community education events, such as Community Alliance Forums and Awareness and Education Seminars. MAC members also represented and/or attended

collaboratives/committees including, but not limited to, the State Council on Developmental Disabilities Health Care Task Force, Be Well OC Coalition and Result Areas 1-4, OC HCA Behavioral Health Advisory Board, Orange County Adult Transition Task Force, CIE Blue Print Orange County Local Partnership Agreement Meetings, Postsecondary Education Transition Consortium (PSETC), and the Help Me Grow Connection Café which were all held virtually.

- All MAC members completed their annual Compliance Training within the required timeframe.

- Christine Tolbert, MAC Chair submitted and presented the MAC Report to the Board at 10 CalOptima's Board of Directors' meetings to provide the Board with input and updates on the MAC's current activities and any identified needs.

- The MAC Chair solicited discussion topics/presentations from other MAC members which led to sharing their expertise about new innovative programs. The Chair and Vice Chair spent on average three hours a month working with the CalOptima Staff to the Advisory Committees to formalize meeting agendas and reviewing/editing the MAC Board Report.

- MAC members contributed at least 484 official hours to CalOptima during FY 2021-22, including MAC meetings, planning meetings, compliance courses, ad hoc meetings, and Board meetings which is equivalent to 61 days per year. These hours do not account for the innumerable hours that MAC members dedicated to members on a day-to-day basis, nor the time spent preparing for meetings, and communicating with CalOptima.

- MAC members shared the news with their constituencies and professional organizations regarding CalOptima's milestones and COVID-19 Information (including vaccine events/locations).

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

DATE:	April 28, 2022
TO:	CalOptima Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — May 5, 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. Assembly Health Committee Passes AB 2724 on Kaiser's Direct Medi-Cal Contract

The Assembly Health Committee held the first public hearing on Assembly Bill (AB) 2724, which would implement Gov. Gavin Newsom's proposed no-bid, statewide Medi-Cal contract with Kaiser Permanente. The committee passed the bill without accepting any amendments requested by state trade association Local Health Plans of California or CalOptima. However, in support of your Board's action on April 7 to adopt an Oppose Unless Amended position, the Orange County Board of Supervisors approved the same position at its April 26 meeting. Next, AB 2724 will be considered by the Assembly Appropriations Committee before May 20 and then the full Assembly by May 27. In coordination with the County, CalOptima's staff and contracted lobbyists will continue to work with Orange County's state delegation to pursue an amendment preventing a direct Kaiser contract in counties with a County Organized Health System.

b. Community-Based Adult Services (CBAS) Centers Request More State Funding

As the public health emergency draws to a close mid-July, continued efforts are needed to ensure ongoing member health and safety in congregate settings, including CBAS centers that provide care for vulnerable members. CalOptima has signed a letter of support from the California Association for Adult Day Services requesting $61.4 million in additional state funding for CBAS centers to improve COVID-19 prevention and mitigation measures. As CBAS centers return to full-capacity operations in the coming months, it is critical that they have financial resources to make necessary workforce investments and facility modifications, including improved ventilation systems and physical spacing.

c. CalFresh Outreach Campaign Launched April 2022

CalOptima's CalFresh outreach campaign kicked off in April with the launch of a warm line transfer to the County of Orange Social Services Agency, a direct mailer to members who are potentially eligible to enroll in CalFresh and billboard advertising. CalOptima will host CalFresh Enrollment Events and Resource Fairs on May 6, June 11 and June 18. The events will also offer food and diaper distribution (while supplies last), community resources and fun activities for families. The full campaign will run through the fall and includes a toolkit for providers and community-based organizations, additional community events, media outreach and advertising, and other tactics to encourage enrollment in CalFresh to combat food insecurity among members. Additionally, there will be a focus on Title 1 schools to distribute awareness materials.

d. Expansion of Medi-Cal to Undocumented Age 50+ Starts May 1
Effective May 1, CalOptima will begin to serve undocumented people age 50 and older as Medi-Cal members, under new access via AB 133 signed into law last summer. Staff estimates that approximately 17,000 may join. Undocumented children and young adults under age 26 are already eligible. A new proposal, unveiled in Gov. Newsom's proposed January budget, would expand eligibility to include remaining undocumented adults in the 26 to 49 age group. If approved in this year's final budget, the expanded coverage could start as early as 2024.

e. Be Well OC Increases Staffing With CalOptima Funding
As a result of CalOptima's recent $1 million grant, Be Well OC's Orange Campus added three new positions. The team will assist with admissions and discharge coordination to ensure timely access to services, assessment and care for CalOptima members. In reviewing campus call data from the first six months following Be Well OC's opening in 2021, 67% of the nearly 800 calls reviewed were from CalOptima members. The team will coordinate with partners co-located at the campus to ensure quick linkage to care and access to resources, including CalOptima's Mental Health Line.

f. FY 2023 Federal Earmark Requests Seek $10 Million
Staff have been working with CalOptima's contracted federal lobbyists to submit FY 2023 earmark requests seeking $10 million in federal funding for CalOptima's proposed Street Medicine Program and "Care Traffic Control" system. Specifically, the latter earmark would go toward development of a data system to digitally manage member health information.

g. Governor's CARE Court Proposal Gains Traction
Identical bills were introduced in April — Senate Bill 1338 and Assembly Bill 2830 — that would implement Gov. Newsom's proposed Community Assistance, Recovery and Empowerment (CARE) Court Program. If enacted by the Legislature, CARE Court would facilitate delivery of mental health and substance use disorder services to the most severely impaired Californians, such as those with schizophrenia spectrum or other psychotic disorders, who often experience homelessness and/or incarceration without treatment. CARE Court 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, to prevent conservatorships by intervening prior to the need for such restrictive services. The care plan could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and a housing plan.

h. CalOptima Gains Media Coverage
- On April 7, Chief Medical Officer Richard Pitts, D.O., Ph.D., was featured in an LA Times – Daily Pilot article on CalOptima's efforts to promote CalFresh.
- Since the April 13 distribution of a press release about CalOptima's record $50 million investment in Orange County's community health centers, a number of outlets have carried the news, including OC Breeze, Becker's Payer Issues, Becker's Hospital Review, Noticias Por El Mundo and The Epoch Times.
- On April 13, California Healthline ran a profile on CEO Michael Hunn's journey from the priesthood to health care executive and his perspective on a number of timely health care topics.
- On April 18, the Orange County Business Journal published a special Healthcare Roundtable supplement featuring interviews with Orange County health care leaders, including Michael Hunn.

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

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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: Additional member and provider outreach activities by CalOptima staff.*	**01/31/2022** Passed Assembly floor; referred to Senate	CalOptima: Watch
AB 2830 Bloom **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 Medi-Cal members.*	**02/18/2022** Introduced	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
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: ■ <u>Dental</u>: Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures ■ <u>Vision</u>: Routine eye examinations, eyeglasses, contact lenses and low vision devices ■ <u>Hearing</u>: Routine hearing examinations, hearing aids and related examinations 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.*	**02/10/2022** Introduced	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.*	02/18/2022 Introduced	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.*	02/02/2022 Introduced	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
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.*	02/18/2022 Introduced	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 members.*	**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 January 1, 2024, would require DHCS to reimburse pregnant Medi-Cal beneficiaries up to $1,250 for out-of-pocket pregnancy costs, including but not limited to birthing classes, midwife and doula care, car seats, cribs, and related items. *Potential CalOptima Impact: Increased financial stability for CalOptima Medi-Cal members who are currently or were recently pregnant.*	**02/10/2022** Introduced	CalOptima: Watch
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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
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 civil penalties for any violations of managed health care laws and regulations under the jurisdiction of DMHC.*	**01/19/2022** Introduced	CalOptima: Watch CAHP: Oppose
SB 923 Wiener	**TGI Inclusive Care Act:** No later than January 1, 2024, would require health plan staff and contracted providers to complete cultural competency training to help provide inclusive health care services for individuals who identify as transgender, gender nonconforming or intersex (TGI). In addition, no later than July 31, 2023, would require a health plan to include in its provider directory any in-network providers who offer gender-affirming services. *Potential CalOptima Impact: Additional training requirement for CalOptima employees and contracted providers; additional requirement for provider directory publication.*	**04/06/2022** 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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
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. 4131 Dingell (MI) **S. 2210 Casey (PA)**	**Better Jobs Better Care 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

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.*	**04/05/2022** Passed Senate Human Services Committee; referred to Senate Judiciary 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.*	**01/19/2022** Introduced	CalOptima: Watch CAHP: Oppose
SB 958 Limón	**Medication and Patient Safety Act of 2022:** Would prohibit health plans from arranging "brown bagging" or "white bagging": ■ "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

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.*	**02/18/2022** Introduced	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.*	**02/18/2022** Introduced	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
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. An MCP would reimburse a Cancer Center at the Medi-Cal FFS rate. *Potential CalOptima Impact: Additional provider credentialing and contracting; increased access to cancer care for CalOptima Medi-Cal members.*	**02/14/2022** Introduced	CalOptima: Watch CAHP: 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 Medicare Advantage (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
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
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
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: April 19, 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

CHILDREN'S MENTAL HEALTH ACCESS PROJECT

Children's Mental Health Access (CMHA) Collaborative

Back to Agenda

ACCESS COORDINATION

▸ The CMHA Access Coordination team at Western Youth Services provides full continuity of support to help intake and connect families to CalOptima children's mental health providers

▸ CMHA Access Coordination is currently limited to CalOptima members and has been significantly increasing follow-through and linkages compared to the options that were available previously

▸ Based on the experience during the first two years of CMHA Project, the need for expanding access coordination services to non-CalOptima members is very apparent

OUTREACH TO ETHNIC COMMUNITIES

▸ Increased access to and utilization of children's mental health services requires increased awareness and empowerment of communities of color that are currently disproportionately underserved by these resources

▸ The CMHA Project takes the approach that the organizations that are in and are focused on communities of color in Orange County are also in the best position to reach, educate, and bring families into access coordination to address the mental health treatment needs of their children

▸ The right community education that is linguistically appropriate and culturally responsive also increases individual and community level resilience and supports prevention

▸ Education providers include Access Cal, KCS, OMID, Southland Integrated Services, OMID and The Cambodian Family

UNIVERSAL MENTAL HEALTH SCREENINGS IN SCHOOLS

▸ The CMHA Project has implemented various children's mental health screening tools such as the Y-OQ, ECBI, ASQ-SE, PHQ-9, Heads Up Checkup, and others

▸ The Heads Up Checkup (HUCU) screening tool has been found to be particularly effective within the context of conducting large-scale universal mental health screenings in schools

▸ Universal Screening Events piloted by the CMHA project have demonstrated the effectiveness of linking screenings of an entire grade at a school to response teams available onsite and virtually the same day as the event

▸ There is an opportunity to bring combined screening and response to scale as we see increase severity of needs

SUPPORT PROVIDED BY PC-CARE

- Related PCIT, PC-CARE is a 6-week intervention designed to improve the quality of the caregiver-child relationship and to teach caregivers skills to help them manage their children's difficult behaviors.

- In addition to increased integration of more community responsive approaches such as PC-CARE, Peer Support Specialists to address whole child and whole family needs in coordination with a therapist have been beneficial as part of the CMHA project

- An addition need exists for even more peer-based and community-based options to support many of the needs of CMHA project families

SUPPORT PROVIDED BY ECMH CASE MANAGEMENT

▸ Early Childhood Mental Health (ECMH) is often an overlooked and misunderstood area of children's mental health needs

▸ The Children's Bureau case management team focused on increased access and utilization of mental health services for young children (ages 0-8)

▸ There are opportunities to substantially increase the availability of ECMH resources

OPPORTUNITIES FOR EXPANSION TO NON CALOPTIMA MEMBERS

- The project so far has been focused on the mental health needs of CalOptima members

- In implementing CMHA Project access coordination, screening, and supportive services we've universal seen the need to extend this work to children and families who are not CalOptima members but are significant underserved

- The very nature of these services being siloed (CalOptima, HCA, OCDE, districts) creates a barrier in itself. More is needed for CalOptima members as well!

- We are looking to ALL county agencies to invest in this work to fill the gaps in improved access to children's mental health services

Homeless Health Initiatives (HHI) Update

May 12, 2022

Katie Balderas, Interim Director, Population Health Management

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

Compliant & Sustainable

Strategic & Integrated

Defined & Accountable

Transparent & Inclusive

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Funding Allocations

○ As 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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Current Priorities

○ Enhance data collection and program evaluation

○ Formalize HHI-specific communication plan

○ Ensure alignment with CalAIM

○ Engage members with lived experience and homeless service providers

○ Evaluate current initiatives and expand services

○ Implement Housing & Homeless Incentive Program (HHIP)*

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HHI Overview & Outcomes

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Clinical Field Team (CFT) On-call

○ CFT launched in April 2019 to address urgent care needs of those experiencing homelessness

- 4 clinics provide CFT services

- Top 5 referral sources: O&E (52%), Courtyard Shelter (8%), City Net (7%), Salvation Army (6%), MHA (5%)

- Services provided at shelters, street, park, parking lots, encampments, among other locations

- Most common conditions include wound care, swelling of extremities, medication refills, flu-like symptoms, and skin infestation/rashes

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Clinical Field Team (CFT) On-call

○ Dispatch data from April 2019-December 2021

	# Calls Dispatched	% of Calls Dispatched	# Treated	% # of Treated
Member*	925	72.9%	817	73.7%
Non-Member	161	12.7%	132	11.9%
Prior Member**	183	14.4%	160	14.4%
Total	**1,269**	**100%**	**1,109**	**100%**

○ 269 recuperative care referral recommendations were initiated***

○ 39 visits were completed via telehealth

*Includes OneCare, OneCare Connect and Medi-Medi members

**Member was not enrolled at time of CFT on-call visit

***Agency responding to call responsible for follow up on Recuperative Care referrals

Back to Agenda

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Homeless Response Team (HRT)

○ HRT provides members with case management services and encouraged to actively participate in their treatment to achieve self-sufficiency

- From April 2019 to December 2021, HRT staff completed 631 outreaches for CFT on-call visits

- HRT staff have been providing personal care coordination services virtually since April 2020

- Beginning in August 2021, HRT staff provide regularly scheduled virtual hours at Yale Navigation Center and Costa Mesa Bridge Shelter

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Homeless Clinic Access Program

○ HCAP began in August 2019

- Monthly incentive paid to clinics to provide primary and preventive health care at homeless shelters and hotspots

- Modified in April 2020 to include on-call and telehealth in response to COVID-19

- Partnered Clinics: Families Together, Korean Community Services, Central City, Serve the People, St. Jude, Share Our Selves, AltaMed, Hurtt

○ Data from August 2019 – December 2021

Program Metric*	HCAP (scheduled mobile units)	CFT (on-call and telehealth)
# persons served	6,457	725
# hours scheduled/available	4,476	4,720
# clinics actively providing services	8	4
# of different locations served	32	-

* Data represents what is reported by clinics on invoices submitted to CalOptima

Back to Agenda

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Program Outcomes

○ Compared visits six months before and after HHI service

- Members may receive multiple services within the same initiative or across multiple initiatives

- CFT and HRT count is based on internal tracking

- Combined CFT/HCAP is based on Claims submission data

○ Utilization change for service dates 4/1/2019-3/31/2021

Service by type	HRT *(n=1570)*	CFT Dispatch *(n=519)*	Combined CFT/ HCAP *(n=246)**
Emergency department	- 17.2%	- 8.7%	- 1.0%
Inpatient hospital	- 31.3%	+ 9.3%	+ 26.1%
Primary care	- 4.5%	+ 22.1%	+ 46.1%
Specialist	+ 15.5%	+ 47.8%	+ 78.4%

* Claims cannot be separated by program, thus combined for purposes of the analysis

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Housing & Homelessness Incentive Program (HHIP)

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12

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 to be provided as MCPs meet operational and performance metrics.

  ▪ 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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CalOptima HHIP Goals

1. Design and implement a robust street medicine model that provides preventive and urgent care, promoting continuity of care.

2. Increase Medi-Cal enrollment among individuals experiencing homelessness.

3. Integrate CalOptima systems with the existing coordinated entry system used for getting individuals into housing by establishing effective data matching and sharing standard operating procedures.

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Local Homelessness Plan (LHP)

○ LHP 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, how referrals will be made, how other funding streams will be leveraged or braided, and how progress will be tracked toward goals.

Street Medicine

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HHI: Current System of Care

UNSHELTERED

Gap in Services

Clinician Field Team (CFT)

SHELTERED

Homeless Clinical Access Program (HCAP)

Clinician Field Team (CFT)

PREVENTIVE

URGENT

Back to Agenda

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17
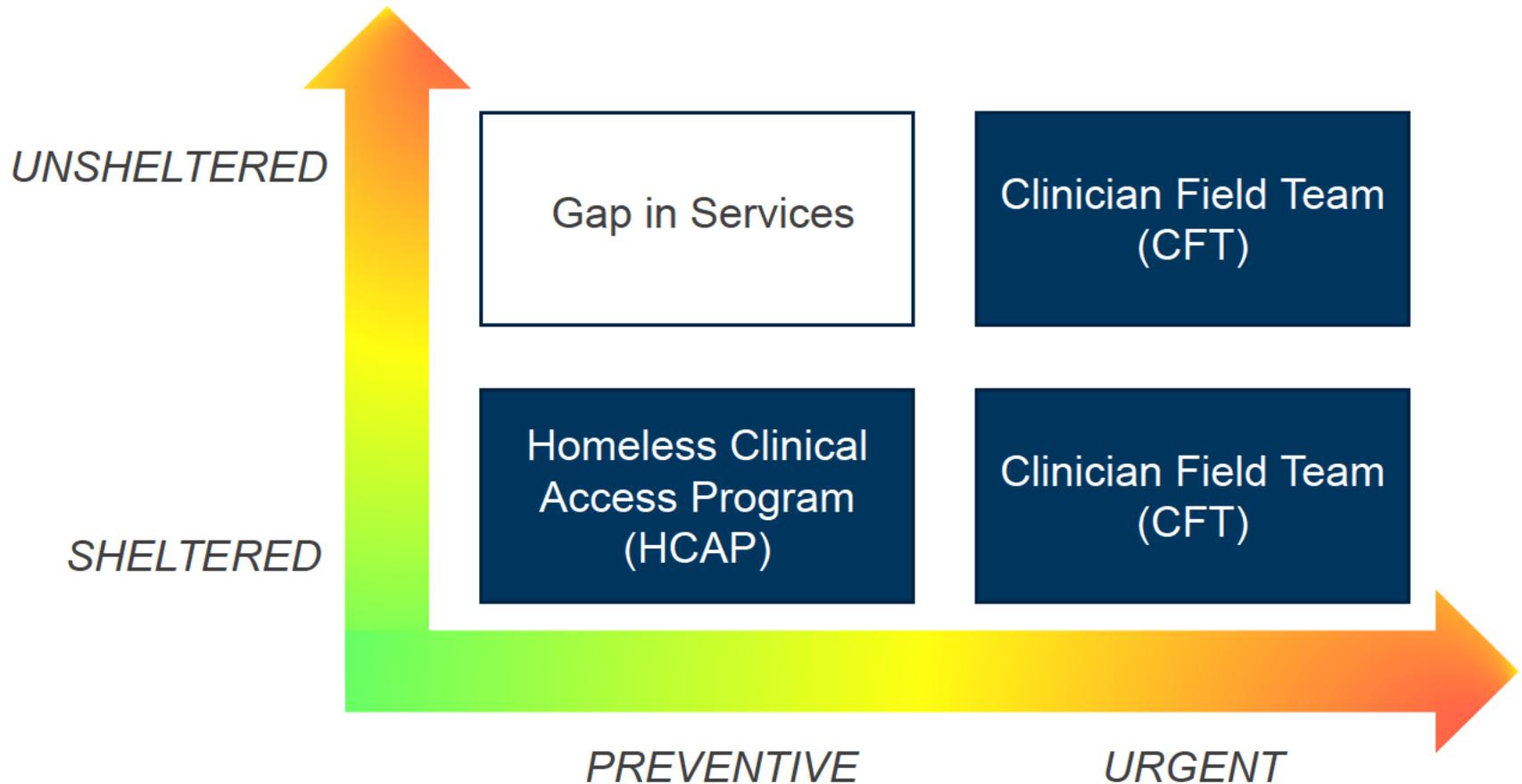
HHI: Proposed System of Care

UNSHELTERED

**Comprehensive
Homeless Health Care:**

Street Medicine (Primary & Urgent)
Shelter-Based Care

SHELTERED

PREVENTIVE

URGENT

Back to Agenda

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Street Medicine: Proposed Elements

- Providers can participate in one or more pathway:
  - Scheduled clinic days at homeless shelters and hotspots (Currently HCAP)
  - Street-based medical care for unsheltered individuals
    - Urgent Care calls for service (Currently CFT)
    - Regularly scheduled preventive healthcare services
- Engagement Strategies
  - Emphasis on trust building by providing individualized services
  - Basic needs "kits" (e.g., hygiene items, gift cards for food, etc.)
  - Wraparound services using a multi-agency case management approach
  - Utilize a trauma-informed, person-centered approach

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Street Medicine: Next Steps

- Outline scope of work *(pending Board approval)*
- Draft full scope of work
  - Includes vetting of proposed payment structure
- Develop and launch Request for Proposals (RFP)
- Evaluate and select vendor(s) to award contract
- Launch Street Medicine program

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Feedback? Questions?

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Our Mission

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

Connect with Us

www.caloptima.org

@CalOptima

Back to Agenda

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CalFresh Outreach Strategy

Tiffany Kaaiakamanu, Community Relations Manager, CalOptima

CalFresh Outreach Strategy

- CalOptima is launching a $2 million CalFresh Outreach Strategy

  - During the pandemic, food insecurity has been exacerbated for CalOptima members and the community at large

  - 344,000 CalOptima members (about 226,000 households) identified as potentially eligible but not enrolled in CalFresh

- Goal is to enroll 100,000 CalOptima members in CalFresh by the end of 2022

CalFresh Outreach Strategy (cont.)

○ Comprehensive strategy to reach members, providers, staff and community stakeholders

  ▪ Warm line transfer for CalOptima members to County of Orange Social Services Agency's CalFresh Call Center

   • Flagged 344,000 potentially eligible members in Facets

   • Developed a script to promote CalFresh with members

  ▪ Direct mailer – 226,000 households

  ▪ CareNet outbound call campaign

  ▪ mPulse text message campaign

  ▪ Provider and health network engagement

   • Sharing flyers, posters, FAQs

   • Requesting support with communicating message to members

Obtenga más dinero para comprar alimentos.

Una familia de cuatro puede ser elegible para recibir hasta

$835*

de CalFresh cada mes

alimentación saludable. mejor salud.

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

Llámenos gratuitamente al 1-888-587-8088 (TTY 711) o visite caloptima.org/calfresh

CalFresh Outreach Strategy (cont.)

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

Nhận được thêm tiền để mua thực phẩm

Una familia de cuatro puede ser elegible para recibir hasta

$835*

mỗi tháng từ chương trình CalFresh

thực phẩm bổ dưỡng.
tăng cường sức khỏe.

Là một thành viên của CalOptima, quý vị có thể hội đủ điều kiện cho chương trình CalFresh, và giờ đây việc nộp đơn sẽ dễ dàng hơn thông qua CalOptima!

Xin gọi cho chúng tôi ở số miễn phí **1-888-587-8088 (TTY 711)** hoặc vào trang mạng **caloptima.org/calfresh**

Gửi Liên lạc với Chúng tôi
Vào trang mạng www.caloptima.org
Hoặc Theo dõi Chúng tôi tại @CalOptima

ATTENTION CALOPTIMA MEMBERS   Get Food Support

$250
Up To

For an eligible individual each month

...ly today at: caloptima.org/calfresh

ATTENTION CALOPTIMA MEMBERS   Get Food Support

$835
Up To

For an eligible family of 4 each month

Apply today at: **caloptima.org/calfresh**

Visit www.caloptima.org Or Follow Us @CalOp

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4

CalFresh Community Information Session

Assistance Programs

CalFresh

2022

Vision:

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

Mission:

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

Back to Agenda

SSA Overview

Providing assistance to Orange County residents:

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

19 office locations throughout Orange County

SSA is made up of four divisions:

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

CalFresh Myths

- 🍊 **Myth:** CalFresh is welfare.

- 🍊 **Myth:** I need to be employed or have some income to receive CalFresh.

- 🍊 **Myth:** I cannot receive CalFresh if I own a home or car, or have a savings and/or retirement account.

- 🍊 **Myth:** I applied for CalFresh in the past and did not qualify. I cannot apply again.

- 🍊 **Myth:** CalFresh is only for mothers or families with children.

- 🍊 **Myth:** My child is not eligible for CalFresh benefits because I am not a U.S. citizen.

CalFresh Facts

- **Fact:** While CalFresh is a state and federal nutrition assistance program, it is not welfare. CalFresh helps those who meet eligibility guidelines buy healthy food. Benefits are loaded on an Electronic Benefit Transfer (EBT) card, which can be used at grocery stores, farmers' markets and online at Walmart and Amazon.

- **Fact:** Employment is not an eligibility requirement for CalFresh and there is no minimum income requirement. You may receive CalFresh if you earn money from a job, receive unemployment benefits or receive child support.

- **Fact:** You can own a home and/or a car, and have a savings and/or retirement account and still qualify. Basic CalFresh eligibility is determined based on income, not assets.

CalFresh Facts

- **Fact:** Applicants are welcome to apply even if they did not qualify in the past. There may have been changes to your circumstances and/or to regulations. You can apply again at www.mybenefitscalwin.org or call (800) 281-9799.

- **Fact:** CalFresh is for anyone who meets the eligibility guidelines. Fathers, single adults, people with disabilities, those experiencing homelessness and people ages 60 or older may qualify for CalFresh.

- **Fact:** Children in mixed immigration status households may be eligible for CalFresh benefits.

CalFresh

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

What can be purchased?

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

What can't be purchased?

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

Where to Shop with EBT

- **Visit:** www.cdss.ca.gov/ebt-card

- Popular chains such as **Wal-Mart, Target, Ralphs, Dollar Tree,** etc.

- **Mas Fresco:** www.masfresco.org

- **Market Watch:** www.marketmatch.org

Restaurant Meals Program

- For elderly, disabled and homeless

- Over 200 Orange County restaurants participate

- Restaurant Meal Program logo or "EBT" sign

- Participating restaurants:
https://www.ssa.ocgov.com/calfresh/calfresh/rmp

CalFresh Household

🍊 A CalFresh household can consist of:

- An individual living alone or with others who buys and prepares food separately.

- A group of individuals related or unrelated residing together who purchase or prepare food together.

- If an individual is under 22 years of age and lives with parents, this is considered one household and they must apply together.

CalFresh – Who is Eligible?

- 🍊 Must be a resident of Orange County

- 🍊 Must be a citizen or eligible non-citizen

- 🍊 Eligible elderly or disabled individuals who receive Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits

Gross Income Limits

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

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

CalFresh Allotment - Standard Benefit Maximums

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

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

CalFresh Application Process

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

CalFresh Application Process

Apply for CalFresh → Complete Interview → Application Disposition → EBT Issuance
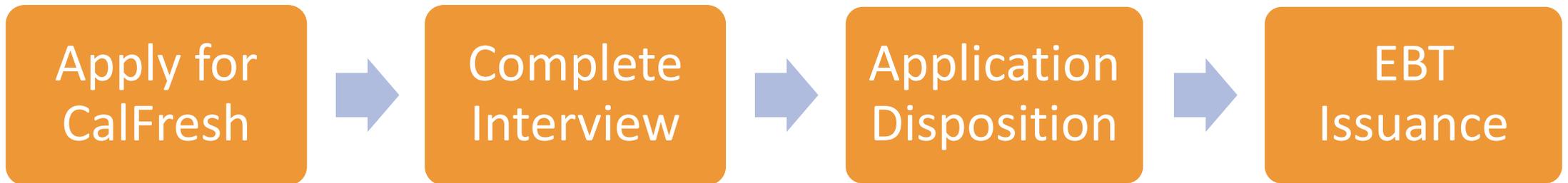
CalFresh – How to Apply?

ONLINE:

Individuals/families may apply online at
www.mybenefitscalwin.org

BY PHONE:

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

IN PERSON:

At select SSA locations
Monday-Friday
8 a.m. to 5 p.m.

BY MAIL/FAX:

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

Alternative Access Points

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

SSA's Assistance Programs Office Locations

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

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

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

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

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

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