



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

**THURSDAY, MAY 14, 2020
2:30 P.M.**

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

AGENDA

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

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

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

- 1) Listen to the live audio at +1 (415) 655-0052 - Access Code: 158-933-848 or**
- 2) Participate via Webinar at:**
<https://attendee.gotowebinar.com/register/6771222919596448779> **rather than attending in person. Webinar instructions are provided below.**

- I. CALL TO ORDER**
Pledge of Allegiance
- II. ESTABLISH QUORUM**

III. APPROVE MINUTES

- A. Approve Minutes of the February 25, 2020 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee
- B. Approve Minutes of the April 9, 2020 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee and Provider Advisory Committee

IV. PUBLIC COMMENT

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

V. REPORT

- A. Consider Approval of Member Advisory Committee FY 2020-21 Meeting Schedule
- B. Consider Recommendation of Member Advisory Committee Slate of Candidates

VI. MANAGEMENT REPORTS

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

VII. INFORMATION ITEMS

- A. Committee Member Updates
- B. Coronavirus (COVID-19) Update
- C. Virtual Care Strategy and Roadmap
- D. Federal and State Legislative Update

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

SPECIAL MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

February 25, 2020

A Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on February 25, 2020, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Tolbert called the meeting to order at 9:03 a.m. and Sally Molnar led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Christine Tolbert, Chair; Diana Cruz-Toro (9:08 am); Connie Gonzalez; Patty Mouton (9:13 am); Sally Molnar; Jaime Munoz (9:05 am); Iliia Rolon; Sr. Mary Therese Sweeney; Mallory Vega.

Members Absent: Pamela Pimentel, Sandra Finestone

Others Present: Michael Schrader, Chief Executive Officer Ladan Khamseh, Chief Operating Officer; Dr. David Ramirez, Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Belinda Abeyta, Executive Director, Operations; Tracy Hitzeman, Executive Director Clinical Operations; Betsy Ha, Executive Director, Quality & Population Health Management; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Sr. Program Specialist, Staff to the Advisory Committees, Customer Service; Samantha Fontenot, Program Assistant, Customer Service.

At this time, Chair Tolbert rearranged the agenda to hear Public Comment and the CEO and Management reports while awaiting a quorum.

PUBLIC COMMENT

No public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer (CEO) Update

Michael Schrader, Chief Executive Officer, provided a verbal update to the committee on how CalOptima's Program of All-Inclusive Care to the Elderly (PACE) has been recognized for increasing access to services by the National PACE Association. He also noted that CalOptima's PACE Program has also achieved "Supernova" and "Shooting Stars" distinctions for growing over 90% in the fourth quarter of 2019.

Chief Operating Officer (COO) Update

Ladan Khamseh, Chief Operating Officer, provided a verbal update on the Qualified Medicare Beneficiary (QMB) Program outreach to the members. She noted that CalOptima has received approximately 450 forms out of the 650 forms that were mailed out to members. Ms. Khamseh also

mentioned CalOptima's new Behavioral Health internal transition and its benefits for the OneCare and OneCare Connect members, which launched on January 1, 2020.

Chief Medical Officer (CMO) Update

Dr. David Ramirez, CMO, provided a verbal update on CalOptima's initiatives to improve member access to care. He also discussed the new incentives for providers to host afterhours access for evenings and weekends for all CalOptima members. He also mentioned CalOptima's initiatives regarding Telehealth which is a part of the Intergovernmental Transfer 9 (IGT) Fund.

Upon achieving a quorum, Chair Tolbert asked to return to agenda items III and V.

MINUTES

Approve the Minutes of the August 8, 2019 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted. (Motion carried 9-0-0; Members Pimentel and Finestone absent)

Approve the Minutes of the October 10, 2019 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee, and the Whole-Child Model Family Advisory Committee

Action: On motion of Member Sr. Mary Therese Sweeney, seconded and carried, the MAC approved the minutes as submitted. (Motion carried 9-0-0; Members Pimentel and Finestone absent)

REPORTS

Consider Recommendation to Rename Member Advisory Committee Seats

The Joint Advisory Recruitment Ad Hoc Committee recommended that the Member Advisory Committee rename the Persons with Mental Illness seat to Mental/Behavioral Health Representative and rename the Medically Indigent Persons seat to Medical Safety Net Representative.

Action: On motion of Member Mallory Vega, seconded and carried, the MAC approved the recommendation to rename the MAC Committee seats. (Motion carried 9-0-0; Members Pimentel and Finestone absent)

Consider Recommendation to Revise Member Advisory Committee Chair and Vice Chair Term Lengths

The Joint Advisory Recruitment Ad Hoc Committee also recommended that the Chair and Vice Chair term lengths be changed from a one-year term to a two-year term to be aligned with all committees.

Action: *On motion of Member Patty Mouton, seconded and carried, the Committee approved the recommendation to extend the MAC Chair and Vice Chair Term Lengths. (Motion carried 9-0-0; Members Pimentel and Finestone absent)*

Consider Recommendation of Member Advisory Committee Candidate for Persons with Disabilities Representative

The Joint Ad Hoc Committee met to review the applications received for the open Persons with Disabilities Representative seat. The ad hoc reviewed and scored two applicants for the Persons with Disabilities Representative seat, Hai Hoang and Lucille Kowalski.

Action: *On motion of Member Jaime Munoz, seconded and carried, the MAC approved the Recommendation of the Member Advisory Committee Candidate for Persons with Disabilities Representative. (Motion carried 9-0-0; Members Pimentel and Finestone absent)*

INFORMATION ITEMS

MAC Member Updates

Chair Tolbert noted that recruitment has an opened for the following seats whose terms are expiring on June 30, 2020. They are as follows; Children, Consumer, Foster Children, Long-Term Services and Supports, Medically Indigent Persons, Persons with Mental Illness, and Persons with Special Needs. Mrs. Tolbert also mentioned that the Health Care Agency seat is open and CalOptima staff is working on appointing someone for that seat. The recruitment will run from March 1 – March 31, 2020. She noted that the candidate recommendations will be presented at the May or June Board meeting. Member Ilia Rolon, noted that the First 5 Commission is actively recruiting for their Board of Directors.

Trauma Informed Care and Proposition 56 (Tobacco Tax) ACE Screening Presentation

Betsy Ha, Executive Director, Quality and Population Health Management, gave a presentation on a Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening. Ms. Ha discussed the impact of trauma on health, evidence-based studies of ACEs and the impact to population health and trauma informed care.

Health Homes Update

Tracy Hitzeman, Executive Director, Clinical Operations, provided an update on the Health Homes Program (HHP), which went live on January 1, 2020. Ms. Hitzeman mentioned that 3,000 CalOptima members are eligible for the first phase of this program, including those meeting criteria who are homeless. Ms. Hitzeman noted that outreach began via robo-call in January and approximately 1247 individuals were reached, with 34 members opting into the program.

Intergovernmental Transfer (IGT) 9 Presentation

Debra Kegel, Director, Strategic Planning, provided a presentation on the Intergovernmental Transfer (IGT) 9 funds that CalOptima is expecting. Ms. Kegel noted that CalOptima will receive approximately \$45 million which will be available to be used for Medi-Cal services and that

beginning with IGT 8, the Department of Health Care Services (DHCS) views IGT funding as part of the capitation CalOptima receives in exchange for providing medically necessary, covered services for Medi-Cal beneficiaries. She also noted that four focus areas had been identified for use of these funds, including member access and engagement, quality performance programs, data exchange and support, and other identified priority areas.

Medi-Cal Healthier California for All Presentation

Pallavi Patel, Director, Process Excellence, presented on the CalAIM program that has been renamed Medi-Cal Healthier California for All. Ms. Patel provided an overview of the goals for this program as well as the DHCS timeline for this new program, which will be implemented statewide in stages concluding with full integration by January 1, 2026. Ms. Patel also mentioned that CalOptima is required to submit a transition plan by July 2020 that addresses how the Whole-Person Care (WPC) and HHP will move to enhance care management and in lieu of services, effective January 2021.

Behavioral Health Update

Edwin Poon, Ph.D., Director, Behavioral Health Services presented on CalOptima's Behavioral Health program and noted that at its May 9, 2019 meeting, the CalOptima Board of Directors approved transitioning the OneCare and OneCare Connect behavioral health services from Magellan to CalOptima. This transition became effective on January 1, 2020 for members with mild to moderate mental health conditions. Dr. Poon also reviewed the behavioral health benefits that are managed by CalOptima and noted an internal department restructuring had been completed to enhance the management of behavioral health for all CalOptima lines of business.

ADJOURNMENT

Chair Tolbert announced that the next MAC meeting is scheduled for Thursday, April 9, 2020 at 2:30 p.m. Hearing no further business, she adjourned the meeting at 11:02 a.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved: May 14, 2020

MINUTES

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

April 9, 2020

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), and Provider Advisory Committee (PAC) was held on Thursday, April 9, 2020, via live Webinar originating at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Nishimoto called the meeting to order at 9:10 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Pamela Pimentel, Vice Chair; Diana Cruz-Toro; Sandy Finestone; Connie Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Jamie Munoz; Sr. Mary Therese Sweeney.

Members Absent: Mallory Vega

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anja Batra, M.D.; Tina Bloomer, MHNP; Donald Bruhns; Andrew Inglis M.D.; Jena Jensen; John Kelly, M.D.; Junie Lazo-Pearson Ph.D.; Pat Patton, MSN, RN; Jacob Sweidan M.D.; Loc Tran, Pharm.D.

Members Absent: Craig Myers

Others Present: Michael Schrader, Chief Executive Officer; Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D. Chief Medical Officer; Gary Crockett, Chief Counsel; Silver Ho, Executive Director, Compliance; Belinda Abeyta, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Betsy Ha, Executive Director, Quality & Population Health Management; TC Rody, Director, Regulatory Affairs and Compliance; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Staff to the Advisory Committees, Customer Service; Kathi Porcho, Administrative Assistant, Provider Relations; Samantha Fontenot, Program Assistant, Customer Service

PUBLIC COMMENT

Chair Tolbert announced there were no requests for public comment.

At this time, Chair Tolbert welcomed Hai Hoang to the MAC. Mr. Hoang was appointed by the CalOptima Board of Director's on April 2, 2020 as the Persons with Disabilities representative. Mr. Hoang is the Chief Operating Officer of the Illumination Institute.

CEO MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer (CEO), welcomed members of the Committees and introduced the new Interim Chief Executive Officer, Richard Sanchez. Mr. Sanchez provided a CEO update and mentioned that the Federal and State Legislative update would be returning to the committees. He also reviewed upcoming legislative items with the Committees.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer (COO), welcomed Hai Hoang to the MAC. Ms. Khamseh provided an update on the Qualified Medicare Beneficiaries (QMB) outreach to CalOptima members and she noted the application period for 2020 had ended in the March. She also noted that CalOptima members who qualified for Medicare Part A would receive benefits starting in July 2020. Ms. Khamseh also mentioned that CalOptima has updated their Customer Service phone messages and the Member Portal with COVID-19 information.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, welcomed Interim Chief Executive Officer Richard Sanchez and gave a brief update on the Health Homes Program, and as of April 1, 2020 there are over 265 CalOptima members enrolled in this program. He noted that phase two of the Health Homes Program will become effective July 1, 2020. Dr. Ramirez mentioned the Department of Health Care Services (DHCS) pharmacy carve out remains scheduled for January 1, 2021. Dr. Ramirez also mentioned that the DHCS Behavioral Health Incentive Program implementation has been deferred to July 1, 2020.

INFORMATION ITEMS

Coronavirus (COVID-19) Update

David Ramirez, M.D., Chief Medical Officer, provided an up-to-date presentation on the Coronavirus (COVID-19) to both committees. The presentation highlighted CalOptima's response to COVID-19. Dr. Ramirez discussed telehealth, testing and treatment, surge capacity, and CalOptima's COVID-19 communication methods with members, the public, and with CalOptima staff.

Optometry Scope of Practice Presentation

Dr. Nishimoto provided an informative presentation on the expansion of the scope of practice for Optometry. Dr. Nishimoto discussed AB- 443 legislative bill which became effective January 2018 and expands the number of procedures optometrists may offer to patients. He noted that this bill authorizes an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat specified conditions and perform certain procedures.

Provider Advisory Committee Update

PAC Chair Dr. Nishimoto also provided a requested PAC initiative update to the MAC members since both committees are interested in doing more collaborative work.

Committee Member Updates MAC and PAC

MAC Chair Tolbert notified both the MAC and PAC that recruitment has been extended through April 30, 2020. Chair Tolbert also told the MAC members that there would be a Special MAC meeting on May 14, 2020.

Committee Member Comments

The MAC and PAC members extended their individual well wishes to Michael Schrader and welcomed Richard Sanchez to CalOptima.

ADJOURNMENT

There being no further business before the Committees, Chair Nishimoto adjourned the meeting at 11:12 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: May 14, 2020

Member Advisory Committee

FY 2020-21 Meeting Schedule

August

Thursday, August 13, 2020

October*

Thursday, October 8, 2020

December

Thursday, December 10, 2020

February

Thursday, February 11, 2021

April

Thursday, April 8, 2021

June

Thursday, June 10, 2021

Regular Meeting Location and Time

CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
2:30 p.m. – 5:00 p.m.

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

*Joint Meeting to be held at 8 AM

CalOptima Board of Director's Member Advisory Committee Candidate Biographies 2020 Recruitment

- The members of the 2020 nominations subcommittee were Diana Cruz-Toro, Connie Gonzalez, and Mallory Vega
- The seven expiring seats are:
 - Children
 - Consumer
 - Foster Children
 - Long-Term Services and Supports
 - Medically Indigent (Medical Safety Net)
 - Persons with Mental Illness (Mental/Behavioral Health)
 - Persons with Special Needs
- Ad Hoc members also reviewed an application for an open Family Support Representative that were also part of the recruitment effort to fill remaining term:
 - Family Support Representative to fill a vacant seat through June 30, 2021
- The subcommittee reviewed a total of 15 applications: one for the Children Representative; Three for the Foster Children Representative; three for the Long-Term Services and Supports Representative; four applications for the Medically Indigent (Medical Safety Net) Representative; two for the Persons with Mental Illness (Mental/Behavioral Health) Representative and two applications for the Persons with Special Needs Representative. One application was received for the special recruitment for the Family Support Representative with a term through June 30, 2021.

Candidate Biographies

Children

Pamela Pimentel

Pamela Pimentel, RN is the former Chief Executive Officer of MOMS Orange County. MOMS Orange County provides access to prenatal care, health screenings, infant development screenings, health education and referral services through monthly home visits and group classes. Ms. Pimentel serves on several committees through the OC community, among them NIH Community Recruitment Steering Committee, Chair for Children's Research, UCI Clinical Translational Science Enterprise Leadership Community Advocate, Community Benefits Committee, St. Joseph Hospital, Pediatric Services Lead, Orange County Perinatal Council, Current Member and Past President, Orange County Women's Health Project Advisory Board and the Community Health Initiative Orange County, Children's Health Insurance sub-committee. She is a former member of the CalOptima Provider Advisory Committee (PAC) having served for nine consecutive years in various seats most recently as the Nurse representative. She has currently served as the Vice Chair of the MAC.

Consumer

No application received

Foster Children

Kendyl King

Ms. King is a Senior Social Worker Special Medical Program and Special Medical Intake Coordinator for the Social Services Agency of Orange County. She works with special medical needs foster children and medically fragile children which include CalOptima members. She interfaces regularly with CalOptima, specifically for Medi-Cal foster children needs.

Kim Leason

Mr. Leason is a self-employed volunteer. Having lived in Orange County since 1977 and being a former recruiter for the Automobile Association of America (AAA) and retired with over 35 years of service. He now dedicates his days to volunteering and has been a community leader/volunteer for many years. Mr. Leason has a Bachelor of Arts in Business Administration from California State University, Fullerton.

Melisa Nicholson

Ms. Nicholson is a Special Medical Senior Social Worker with the Orange County Children and Family Services Social Services Agency. She deals daily with foster children who have an open dependency cases in the special medical program for the foster children population with

moderate to severe medical conditions who are on Medi-Cal through CalOptima. She collaborates with medical providers, hospital medical social works and Medi-Cal providers to ensure dependent children have medical needs met. Ms. Nicholson holds a master's degree in Social Work from California State University, Fullerton.

Long Term Services and Supports

Kim Leason

Mr. Leason is a self-employed volunteer. Having lived in Orange County since 1977 and being a former recruiter for the Automobile Association of America (AAA) and retired with over 35 years of service. He now dedicates his days to volunteering and has been a community leader/volunteer for many years

Patty Mouton

Patty Mouton is the Vice President of Outreach and Advocacy at Alzheimer's Orange County and has worked in the area of health care for older adults for 17 years. Ms. Mouton oversees professional and clinical activities and events, provides community education programs, and coordinates the legislative advocacy and public policy forming activities. In addition, Ms. Mouton speaks to community groups about issues of medical coverage and defining the continuum of care. Ms. Mouton is a current committee member of CalOptima's OneCare Connect Member Advisory Committee where she serves as its Chair. Ms. Mouton is the current Medi-Cal Beneficiaries Representative and is asking to move to the Long-Term Services and Supports seat to better align her experience with this population.

Donald Stukes

Donald Stukes is the Founder/Managing Director of Innovative Healthcare Solutions & Services whose mission is to improve lives with health care. A disabled veteran, Mr. Stukes is a Volunteer/Contractor/Affiliate at the Veterans Administration Medical Center in Long Beach where he advises Board members in the medical research areas on administrative and operational activities. He is an active member of the Orange County Veterans & Military Families Collaborative which represents over 103 public/private agencies to share information and currently sits on the Behavioral Health Working Group. Mr. Stukes is also an active volunteer with the Orange County Health Care Agency and a member of the California Healthcare Foundation. Mr. Stukes has been the Member Advocate on the OneCare Connect Member Advisory Committee since 2019.

Medically Indigent (Medical Safety Net)

Erika Jewell

Ms. Jewell is the Manger of Case Management and Social Services at Children's Hospital of Orange County (CHOC) were she works closely with CHOC Health Alliance and other Medi-Cal patients and families to ensure they received the Social Services support they need. Ms. Jewell

is a licensed Clinical Social Worker and has managed departments and programs in community health centers and hospitals, with all age groups and individuals from a variety of ethnic/socioeconomic backgrounds.

Sally Molnar

Sally Molnar advocates for breast health screenings and treatment programs that provide a safety net for under-insured and uninsured women in Orange County. She is a past Public Policy Chair and advocated for breast cancer services at the state and federal level. She has volunteered with Susan G. Komen in Orange County for many years in various capacities. She has previously served as the MAC Chair.

Alexander Sweidan, M.D.

Dr. Sweidan is the Medical Director for Strong Families Medical Group, an Assistant Clinical Professor of Medicine at UCI and holds the position of Associate Medical Director at Noble Mid OC IPA. Dr. Sweidan is an internal medicine and neurological/critical care physician who actively treats CalOptima members both in outpatient and hospital settings. Dr. Sweidan is a member of CalOptima's Utilization Management Committee.

Ryan Yamamoto

Mr. Yamamoto is the Chief Operating Officer for The Coalition of Orange County Community Health Centers (CoalitionOC). The CoalitionOC currently serves over 370,000 low income, underinsured and uninsured patients in the county. In addition to working with member health centers, he is responsible for establishing, developing and maintaining relationships with other non-medical safety net providers that address the social determinants of health for the underserved. Before his employment with CoalitionOC, Mr. Yamamoto has served on a national taskforce to solve homelessness in the City of Oakland for the frail and elderly and also developed a homeless patient pilot program to address uninsured homeless patients that frequent two Kaiser Permanente Medical Center Emergency Departments in Southern California.

Persons with Mental Illness (Behavioral/Mental Health)

Donald Stukes

Donald Stukes is the Founder/Managing Director of Innovative Healthcare Solutions & Services whose mission is to improve lives with health care. A disabled veteran, Mr. Stukes is a Volunteer/Contractor/Affiliate at the Veterans Administration Medical Center in Long Beach where he advises Board members in the medical research areas on administrative and operational activities. He is also in training to provide behavioral health peer support/facilitating services. He is also an active member of the Orange County Veterans & Military Families Collaborative which represents over 103 public/private agencies to share information and currently sits on the Behavioral Health Working Group. Mr. Stukes is also an active volunteer with the Orange County Health Care Agency and a member of the California Healthcare

Foundation. Mr. Stukes has been the Member Advocate on the OneCare Connect Member Advisory Committee since 2019.

Sr. Mary Therese Sweeney

Sr. Mary Therese Sweeney is the Director of Mental Health for St. Joseph Health. She has served the mentally ill for over 20 years, especially those with limited access to services. Sr. Sweeney is sensitive to the needs of the mentally ill and believes that direct contact with those served is essential. She often visits service sites and spends considerable time talking to people with mental illness at meetings, at drop-in centers and in the community. She currently holds the Persons with Mental Illness seat on the MAC.

Persons with Special Needs

Kim Leason

Mr. Leason is a self-employed volunteer. Having lived in Orange County since 1977 and being a former recruiter for the Automobile Association of America (AAA) and retired with over 35 years of service. He now dedicates his days to volunteering and has been a community leader/volunteer for many years.

Christine Tolbert

Christine Tolbert's current work for the State Council on Developmental Disabilities has allowed her to advocate for thousands of people dealing with an expansive number of medical and/or special needs' conditions. She has helped transition people from the state hospital into the community necessitating her involvement in their transition to managed care and accessing health care services. Christine has served as the MAC Chair since 2019.

Family Support (Special Recruitment)

Maura Byron

Ms. Byron is the Executive Director of the Family Support Network (FSN) and is the parent of a young adult who is a current CCS client. Ms. Byron became involved in the CCS Parent Advisory Committee resulting in her being hired by FSN. As the executive director, she assists families of children with complex health care needs to maneuver in the system and secure services. In addition, she responds to families' questions and provides peer and emotional support. She is the current Chair of CalOptima's Whole-Child Model Family Advisory Committee.

MEMORANDUM

DATE: April 28, 2020

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Interim CEO

SUBJECT: CEO Report — May 7, 2020, 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

Coronavirus Disease-19 (COVID-19) Crisis Drives CalOptima Action Across Many Fronts

CalOptima's primary focus remains a comprehensive yet flexible COVID-19 response that considers the needs of members, providers, stakeholders and employees. As of April 28, Orange County had 2,151 COVID-19 cases, and 229 have been reported as CalOptima members. Below are a range of updates.

- *Governor's Executive Order and All-Plan Letter:* On April 22, Gov. Gavin Newsom issued an Executive Order that provides flexibility in state regulations so the Department of Health Care Services (DHCS) can take appropriate actions to mitigate the pandemic's effects on Medi-Cal managed care plans, including CalOptima. In response, DHCS issued an All-Plan Letter on April 24 with temporary changes in three areas:
 1. **Site Reviews and Delegate Monitoring:** DHCS is permitting managed care plans to temporarily suspend the contractual requirement for in-person site reviews, and medical audits of delegates and network providers. DHCS suggests the use of virtual alternatives until future guidance permits on-site verification.
 2. **Audits:** Annual DHCS medical audits are suspended due to COVID-19; however, all managed care plans must comply with currently imposed Corrective Action Plan requirements and milestones.
 3. **Health Risk Assessments (HRAs):** DHCS is extending the timeframes allowed for completing HRA surveys for newly enrolled Seniors and Persons with Disabilities to ensure that staff time and resources are directed to urgent needs. For the duration of the public health emergency, CalOptima must conduct HRAs within 135 days of enrollment for high-risk members and 195 days for lower-risk members. HRAs can be completed by phone or video conference.
- *Skilled Nursing Facilities (SNFs):* CalOptima is protecting vulnerable SNF residents by addressing COVID-19 outbreaks and launching a new infection prevention program. As of this writing, a small percentage of CalOptima's 67 contracted SNFs have members who are positive for COVID-19. CalOptima is coordinating response with the Orange County Health Care Agency (OCHCA), which has visited certain impacted facilities along with the California Department of Public Health (CDPH) to review infection control best practices and provide testing. With Board approval on April 2, CalOptima is now expanding the Post-Acute Infection Prevention Quality Initiative (PIPQI) to more SNFs. PIPQI uses Chlorhexidine soap instead of regular soap for bathing nursing home residents in conjunction with the use of Iodophor nasal swabs. While PIPQI is focused on lowering the incidence of

Multi-Drug Resistant Organisms, such as MRSA, coronaviruses are also highly sensitive to Chlorhexidine. Further, CalOptima has implemented a new collaborative effort with OCHCA and UC Irvine, the Nursing Home COVID-19 Prevention Team protocol, which disseminates infection prevention strategies to contracted SNFs. Developed by UCI Infectious Disease Professor Susan Huang, M.D., the protocol includes refresher training for safe personal protective equipment (PPE) use along with recommendations for widespread testing for the presence of virus and antibodies in both patients and staff. Because prevention is especially important prior to the availability of a vaccine, the training sessions and oversight will be ongoing during the next year. This project will operate alongside PIPQI and any OCHCA rapid response efforts being conducted at individual facilities. Finally, and separately, the Centers for Medicare & Medicaid Services (CMS) announced on April 20 new regulatory requirements for SNFs to inform residents and their families of COVID-19 cases and to report data at the federal level directly to the Centers for Disease Control and Prevention.

- *Testing:* COVID-19 testing is separated into molecular tests for diagnosis as well as serologic tests for the presence of antibodies. To increase diagnostic test availability locally, Orange County announced the OC COVID-19 Testing Network with six sites launched at present. CalOptima is updating our guidance about how to access testing to include the new OC COVID-19 Testing Network and will be sharing information with members and providers. However, for continuity of care, members should try to access tests through their providers or health network first before using this new testing network. CalOptima continues to meet with the County to discuss how serologic testing fits into the overall testing strategy. Given the critical importance of both tests in reopening our community, CalOptima will continue to actively collaborate on a comprehensive testing strategy for Orange County, with the County as lead.
- *Providers and Health Networks:* CalOptima distributes frequent communications to contracted providers and health networks via website [updates](#) and fax blasts. Staff reorganized the website to highlight links to those agencies at the center of the COVID-19 response, including CMS, CDPH, DHCS and OCHCA. Also, because telehealth is essential at this time, we collected telehealth resources into one area on the website for ease of use.
- *Community Updates:* CalOptima is sharing COVID-19 information and resources with hundreds of community-based organizations via a weekly electronic newsletter, which can also be accessed online [here](#).
- *All-Member Call Campaign:* Our Population Health Team developed a COVID-19 message for all CalOptima members and will complete an interactive voice response call campaign in early May. The message covers preventive measures, symptoms and high-risk groups, then closes with the recommendation that members seeking health advice should call their doctor or health network first, or our 24-hour Nurse Advice Line if those other contacts are not available.
- *Senior Outreach:* A recent DHCS All-Plan Letter issued requirements for health plans to work to prevent isolation in older and at-risk populations and to support them with health and community resources. OneCare Connect and OneCare Customer Service staff began an outreach call campaign in mid-April. Thus far, more than 450 members have been contacted, and several common issues emerged. The members were generally thankful for the inquiry about their well-being during COVID-19. Members also confirmed that they have not encountered access issues with obtaining health services via telehealth. Some members were

assisted with customer service-type needs during their conversation, such as accessing vision care or locating a pharmacy with home delivery.

- *Awareness Campaign:* From May 4 to June 28, digital billboards along the 5, 22, 57 and 91 freeways will show timely COVID-19 messages as part of CalOptima's overall awareness campaign. Our Population Health Management and Communications teams developed the material to ensure our campaign reflects the current health care environment.
- *Community Health Centers:* On April 17, CalOptima staff and I participated in a virtual meeting of the quarterly Safety Net Summit, which brings together members of the Coalition of Orange County Community Health Centers. Like other parts of the health care delivery system, community health centers are facing great operational and financial difficulties in the COVID-19 crisis and would like to explore partnering with CalOptima for additional support. Coalition CEO Isabel Becerra and I had a discussion regarding options, and I agreed to continue the conversation as the situation evolves.
- *Hospital Payments:* Significant revenue losses and cash flow problems at hospitals across the state spurred two letters: one from the California Hospital Association to Gov. Newsom and another from a group of hospital organizations to DHCS. Both communications requested funding and regulatory adjustments to ensure hospital system solvency in the future. CalOptima's hospital partners shared copies of the letters as they include certain requests of managed care plans, including to resolve unpaid claims, make advance payments and remove administrative barriers to payments. While DHCS is looking into programs to provide broad support to hospitals, CalOptima is working on accelerating hospital claims payment. Our goal is to pay 97% of claims within 30 days. Similarly, we have contacted health networks that have contracted relationships with hospitals to request that they also expedite payment.
- *Intergovernmental Transfer (IGT) Community Grants:* This past year, your Board authorized community grants using IGT 5, 6 and 7 funds. Twelve grants were approved for 11 grantees, with one organization receiving grants in two different funding categories. Due to California's Stay at Home Order and regulatory guidance, most of the IGT grantees have had to curtail grant activities on new initiatives in order to focus on the immediate crisis. Staff has contacted grantees to discuss requests they may have to mitigate the impact of COVID-19, such as workplan modifications, budget adjustments, grant extensions or modified reporting requirements. Staff will return to your Board for approval of any necessary grant contract modifications.
- *Opening Up Health Care:* Orange County providers have limited nonessential surgeries and medical procedures during the COVID-19 crisis. However, on April 20, CMS issued new [recommendations](#) for health care services in communities beginning to reopen. CMS recommends a gradual transition into restarting or increasing in-person care that is coordinated with local and state public health officials, and considers PPE supplies, workforce availability and facility readiness. CMS aims to give health care facilities some flexibility in providing essential non-COVID-19 care to patients without COVID-19 symptoms. CalOptima shared the new guidelines with our provider partners and will incorporate the recommendations into our overall response efforts.
- *Employees:* CalOptima is exempted from the governor's Stay at Home Order based on our role in health care. However, to respond to social distancing mandates, CalOptima has transitioned most staff to temporary telework status. As of April 24, 87% of CalOptima's 1,379 employees are working from home. To provide support for leaders now managing

teleworkers, CalOptima hosted a series of three webinars presented by an experienced speaker/consultant who shared practical strategies for boosting productivity and engagement in team members working remotely.

Timeline Shifts for Behavioral Health Integration (BHI) Incentive Programs

As you know, DHCS created six BHI incentive programs using Proposition 56 funds and tasked Medi-Cal managed care plans with administering the application process and applying DHCS-developed selection criteria. Of the 30 applications CalOptima received, 17 applications met the DHCS requirement and were forwarded to the state for consideration. On March 30, DHCS announced that program implementation will be moved to July 1, 2020, with determination letters being issued no later than June 1, 2020. The program will be adjusted to a new 2.5-year period, from July 1, 2020, to December 31, 2022. Additionally, funding requests for the first year (July 1, 2020, to December 31, 2020) will be adjusted to reflect the shortened program period.

CalOptima's 2020 Medi-Cal Audit Scope Adjusted Again

DHCS' on-site audit of CalOptima Medi-Cal and elements of OneCare Connect took place from January 27, 2020, to February 7, 2020. The regulator reviewed an array of documents and data and conducted interviews with CalOptima staff and a DHCS-selected delegate, Monarch HealthCare. On February 12, the state notified CalOptima that, in response to a request from DHCS leadership, it planned to add to the Medi-Cal audit scope by reviewing authorization practices related to post-stabilization care. In addition to auditing CalOptima's practices, DHCS asked to examine the practices of two CalOptima delegates, Prospect Medical Group and Family Choice Medical Group. CalOptima prepared and submitted the requested data and documentation throughout March. However, on April 24, DHCS notified CalOptima that it decided not to include the post-stabilization authorization review in the audit scope due to COVID-19. CalOptima is awaiting an audit exit conference in the coming weeks.



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Coronavirus Disease 2019 (COVID-19) Update

Member Advisory Committee (MAC)

May 14, 2020

Emily Fonda, MD MMM CHCQM

Deputy Chief Medical Officer

Introduction

- Unprecedented global pandemic radically changing daily life and health care system
- Significant short- and long-term impact on Orange County's health care system
 - Incremental “opening up”
 - Decreased but continued spread of the virus in the community
 - Vulnerable populations continue to be at increased risk
 - Community-based providers are experiencing decreased revenue
 - Increased unemployment may drive significant growth in CalOptima membership

COVID-19 Status as of May 12

	United States	California	Orange County	CalOptima
Cases	1.34M	67,939	3,602	399
Deaths	80,820	2,770	77	14

CalOptima COVID-19 Response

- Goals

- Educate members and ensure they have access to needed care while reducing the risk of COVID-19 spread
- Educate and support providers and the local health care system as they respond to COVID-19
- Support and protect CalOptima staff
- Coordinate with county, state and federal public health efforts

Health Care System Changes

- Expanded testing of mildly symptomatic and asymptomatic individuals
- Aggressive contact tracing of any new cases
- Continued attention to those at high risk
 - Nursing home residents and staff
 - Healthcare workers
 - Age >65 and/or significant comorbid conditions
- Return to a new normal?
 - Resuming select elective surgeries and non-essential medical, surgical and dental procedures
 - Catching up with preventive care
 - Continued social distancing and infection prevention efforts
 - Continued use of telehealth

Telehealth

- Use continues to increase
- CalOptima virtual care strategy using IGT-9 funds
 - Contract with mPulse Mobile for mobile health interactive text messaging services to effectively communicate with at-risk populations
 - Support HIPPA compliant virtual care platform(s) to for CalOptima provider visits
 - Select and contract with a vendor focused on using virtual visits to expand after-hours and behavioral health coverage
 - Develop an integrated CalOptima member app
 - CCN: select and contract with a vendor for eConsults with the ultimate goal of replacing referral authorization requests for specialists

COVID-19 Testing

- CalOptima reimburses at the Medi-Cal/Medicare rate, with no prior authorization required
- Members: Cannot be charged a co-pay; can self-assess using online tool; or contact provider or public health lab
- Increased testing capacity and availability in Orange County
 - OC COVID-19 Testing Network
 - Health Network testing centers
- Testing being expanded to include mildly symptomatic and asymptomatic individuals
- Patient self-collected testing has advantages of limiting close contact and PPE use

Pharmacy

- Promoting home delivery options for members
 - Available through most pharmacies
- Authorizing early refills if requested
- Allowing 90-day medication fills
- Added disinfectants and gloves to the formulary
- Added dextromethorphan (generic for Robitussin DM) and acetaminophen (generic for Tylenol) to formulary
- Added hydroxychloroquine (generic for Plaquenil) prior authorization based on California Department of Public Health guidance that hydroxychloroquine only be used in hospitalized patients with COVID-19

OC Nursing Home Prevention Program

- Anticipated COVID -19 resurgence due in the Fall
- Usual patterns of care based on the absence of a potentially deadly virus
- Developed new partnership with UCI and OCHCA directed toward combatting COVID-19 in nursing homes through prevention readiness training
- Goal is to boost the cultural change needed with 2-4 patients in a room and shared sinks, toilets and showers without social distancing

OC Nursing Home Prevention Program

- Three-part project:
 - Intensive COVID-19 infection prevention training by UCI epidemiology team in 12 facilities with 20 training sessions per month for all other sites
 - Testing of residents and staff
 - Development of a toolkit for effective PPE use, screening visitors, etc.
- Runs parallel to the Post-Acute Infection Prevention Quality Initiative (PIPQI) that incentivizes use of Chlorhexidine soap in place of regular liquid soap
 - Originally aimed against Multi-Drug Resistant Organisms(MRSA)
 - Supported by the CDC
 - Corona viruses are highly sensitive to Chlorhexidine

Provider Communications

- CalOptima website updated with COVID-19 provider information
 - Links to CMS, CDPH, DHCS and HCA
 - Regulatory highlights
 - Telehealth information
 - Provider alerts
- Provider alerts (fax blasts)
 - Sent with significant regulatory updates

CalOptima's Mission

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





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Virtual Care Strategy: Road Map to Increase Access to Care

**Provider Advisory Committee/Special Member Advisory Committee
May 14, 2020**

**Betsy Chang Ha, RN, MS, LSSMBB
Executive Director, Quality & Population Health Management**

Sajid Ahmed, CEO WISE Healthcare, CalOptima Virtual Care Expert

On Strategy

“For some organizations, near-term survival is the only agenda item.

Others are peering through the fog of uncertainty, thinking about how to position themselves once the crisis has passed and things return to normal.

The question is, ‘What will normal look like?’ While no one can say how long the crisis will last, what we find on the other side will not look like the normal of recent years.”

~ Ian Davis, 2009

During the Great Recession

Crisis

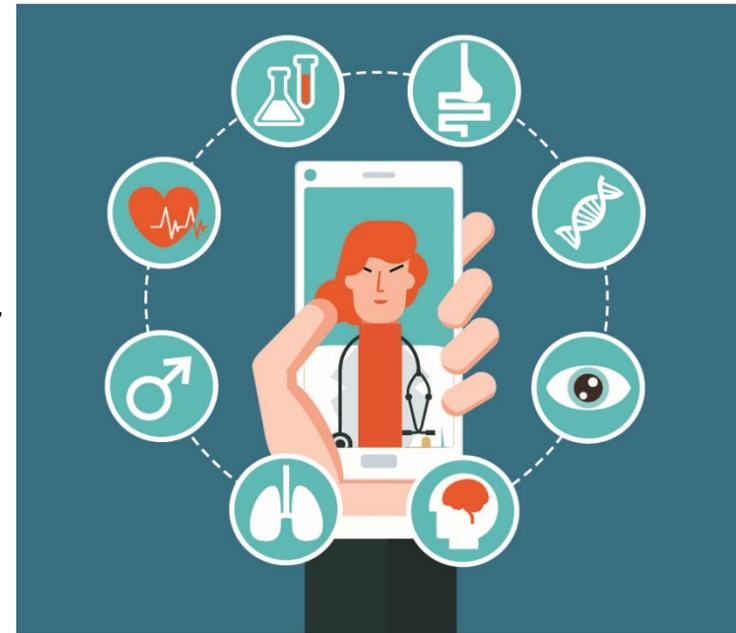
危機

*A time of
danger*

*A time of
opportunity*

Agenda

- Traditional Barriers to Telehealth
 - Impact of COVID-19 on Regulations
- Virtual Care Definition (Telehealth)
- Virtual Care Modalities
- Virtual Care Roadmap Approach
 - Logic Model: Virtual Care Adoption for CalOptima
- The Future
 - Lifting of Barriers
 - Will They Stay or Will They Go Now?
- CalOptima Virtual Care Strategy



Traditional Barriers

- Payment and compensation (Provided due to COVID-19)
- Disruptive to current workflow (Yes, post COVID-19)
- Got enough on my plate (COVID-19 response is priority)
- Their convenience, not mine (COVID-19 response is priority)
- New technology, learning (Not really but in some cases)
- Laws, rules, and regulations (Relaxed due to COVID-19)
- Liability questions (Telehealth Insurance now standard)

Impact of COVID-19 on Regulations

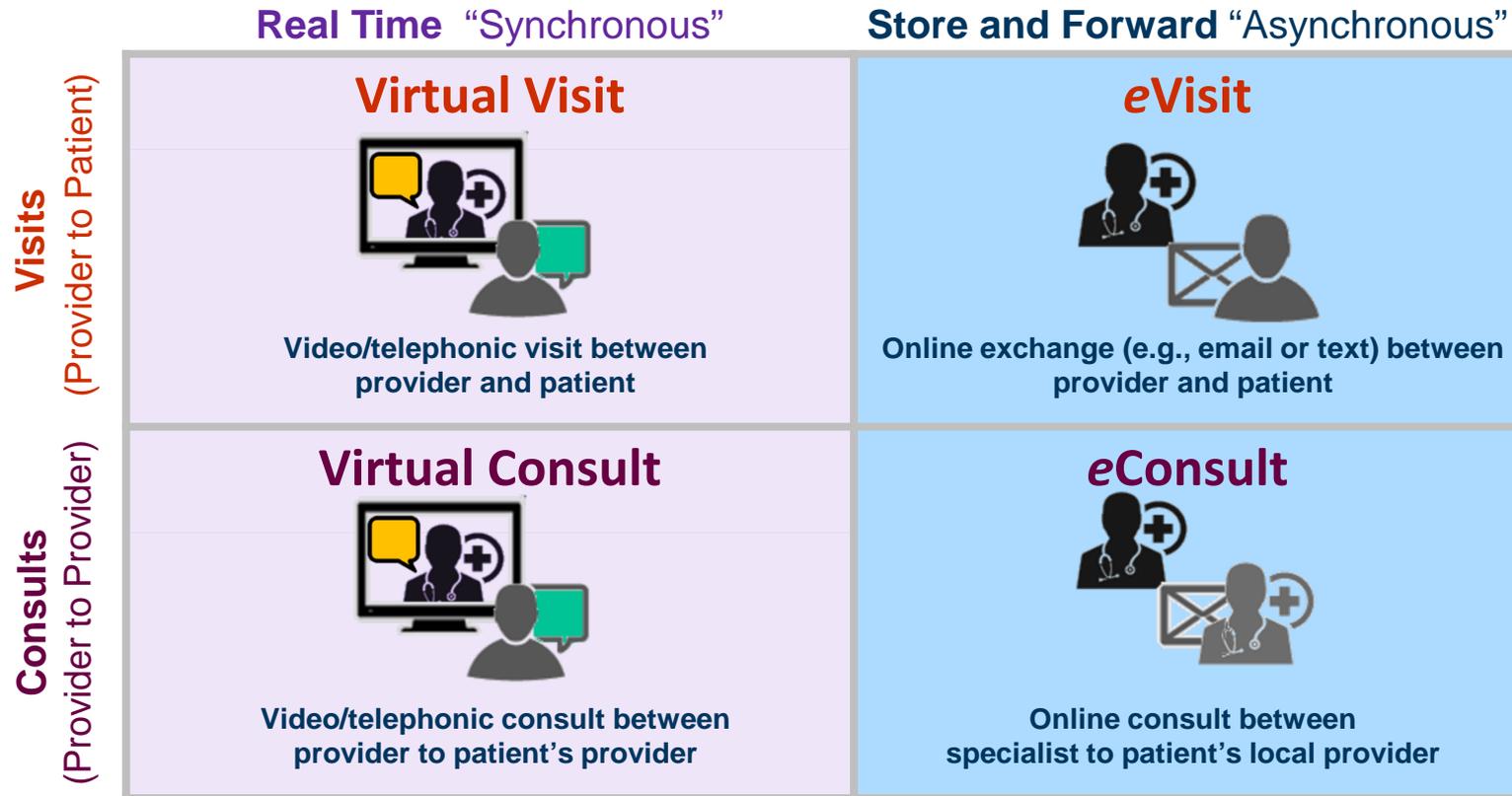
- On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic.
- On March 15, Health and Human Services issued a “limited waiver” of Health Insurance Portability and Accountability Act sanctions.
- On March 17, Centers for Medicare & Medicaid Services said it would expand Medicare coverage of telemedicine services.
 - CMS said Medicare will pay providers the same in-person rates for virtual visits with hospitals, doctors and other licensed clinicians [...] regardless of the patients’ location.
- And on and on ...

Virtual Care Definition

- Beyond telehealth, Virtual Care is a broad definition encompassing any modality of remote technologically driven patient health care delivery, device use, monitoring and treatment.
- A recent paper offered the following definition of virtual care:
 - Any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.

By Shaw J, Jamieson T, Agarwal P, et al. Virtual care policy recommendations for patient-centered primary care: findings of a consensus policy dialogue using a nominal group technique. J Telemed Telecare 2018;24(9):608-15.

Virtual Care Modalities



Virtual Care **IS** care provided via phone, email, text, and video.
87% of all diagnostic decisions can be made via Virtual Care

Image courtesy of Sajid Ahmed at WISE Healthcare.

Examples of Virtual Care Modalities

	Real Time / “Synchronous”	Store and Forward / “Asynchronous”
Visits (Provider to Patient)	<p>Virtual Visit (Telephone or Video Calls)</p> 	<p>eVisit (Emails & Text Messages)</p> 
Consults (Provider to Provider)	<p>Virtual Consult</p> <ul style="list-style-type: none"> • Live Case-based Learnings • Live remote monitoring 	<p>eConsult</p> <ul style="list-style-type: none"> • Direct email via EHR • Health Information Exchanges 

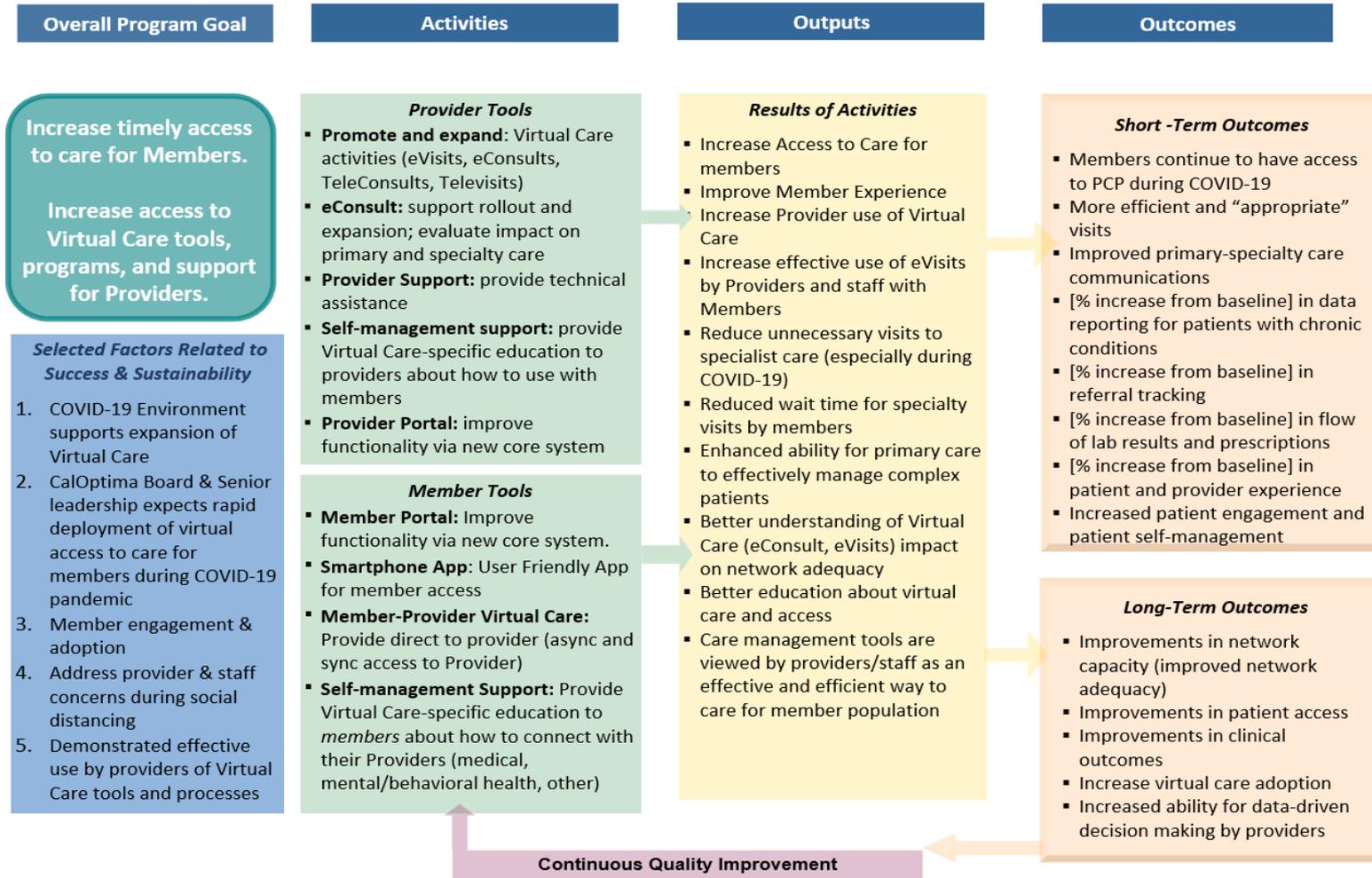
Examples only. CalOptima does not endorse specific vendor.

Image courtesy of Sajid Ahmed at WISE Healthcare.

Logic Model: Increase Access to Care Through Virtual Care

Logic Model: *Increase access to care through Virtual Care*

Draft v2



MCP Guidance for Use of Virtual Care by Members and Contracted Providers (cont.)



Member



- Member will use the provider-given cell number to **text** the provider with their reason to request a virtual visit (chief complaint, medical concern, follow-up visit).
- Provider and member will communicate back and forth using text messages (member to provider eConsult).
 - If member concerns are resolved at this stage, no further action is necessary.
- If the provider deems a phone **call** necessary, text messages will be used to coordinate the call.
 - With all stages of communication, the provider can use any location (home) as a responding site.
- If after the phone conversation the provider deems that a **video call** would be necessary, text messages are used to coordinate a video call.

Disclaimer: MCPs do not recommend, endorse, nor sponsor specific messaging applications nor cellular providers.

MCP Guidance for Use of Virtual Care by Members and Contracted Providers

Due to COVID-19, select federal and state virtual care restrictions have been lifted — the use of smartphones and other communication applications to facilitate dialogue between providers and members has been approved. This communication will be allowed and reimbursable per CMS and DHCS directives.

Protocol: Providers and members can text, call and video call to coordinate and manage care to and from any location (home).



Providers



Providers will select a SMS text enabled cell number that can be used by patients. If possible, this can be the provider's primary cell number or:

- An app can be used that allows the provider to receive multimedia messages (WhatsApp, iMessage, Line, GroupMe, Google Duo, Arya, etc.)
- Providers can obtain a new cell number to be used for this purpose through any cellular carrier



Providers can designate a staff member to monitor communication with this number (possibly through a group chat) and facilitate member provider coordination.



Every Cloud Has a Silver Lining...

- It took the COVID-19 pandemic to
 - Waive or relax most health care regulations to ensure that patients get the best possible care at the lowest possible cost, when and where they need it.
- The federal rules and regulations providing limited waivers due to the COVID-19 pandemic are:
 - **HIPAA sanctions waiver** — waiving patient consent
 - **Telemedicine reimbursement** — provided for all virtual care
 - **Physician scope of practice** — lets “all doctors and medical professionals to practice across state lines to meet the needs of hospitals that may arise in adjoining areas”
 - **Elective surgery guidance** — limits elective surgical and dental procedures for adults
 - **Quality reporting requirements** — suspended or extended

Regulations: Will They Stay, or Will They Go?

- The outbreak shined a light on all the rules and regulations that the U.S. health care system operates under.
- Regulations and rules shown to be impediments to safe, effective, convenient, accessible and affordable care for members.
- CalOptima's long term Virtual Care strategy provides a roadmap to navigate the future in providing low-cost, high quality, timely access to care.

Key Takeaways

- COVID-19 morphed virtual care into a powerful resource that enables the disruption of health care delivery.
- In-person care and virtual care are to be treated the same as appropriate. With virtual care expected to be the primary modality to access care in the future.
 - The “new normal”
- Leadership support is needed from the Board, Chiefs, physician champions, and Health Networks to achieve success and meet the challenges and opportunities of the health care “new normal”



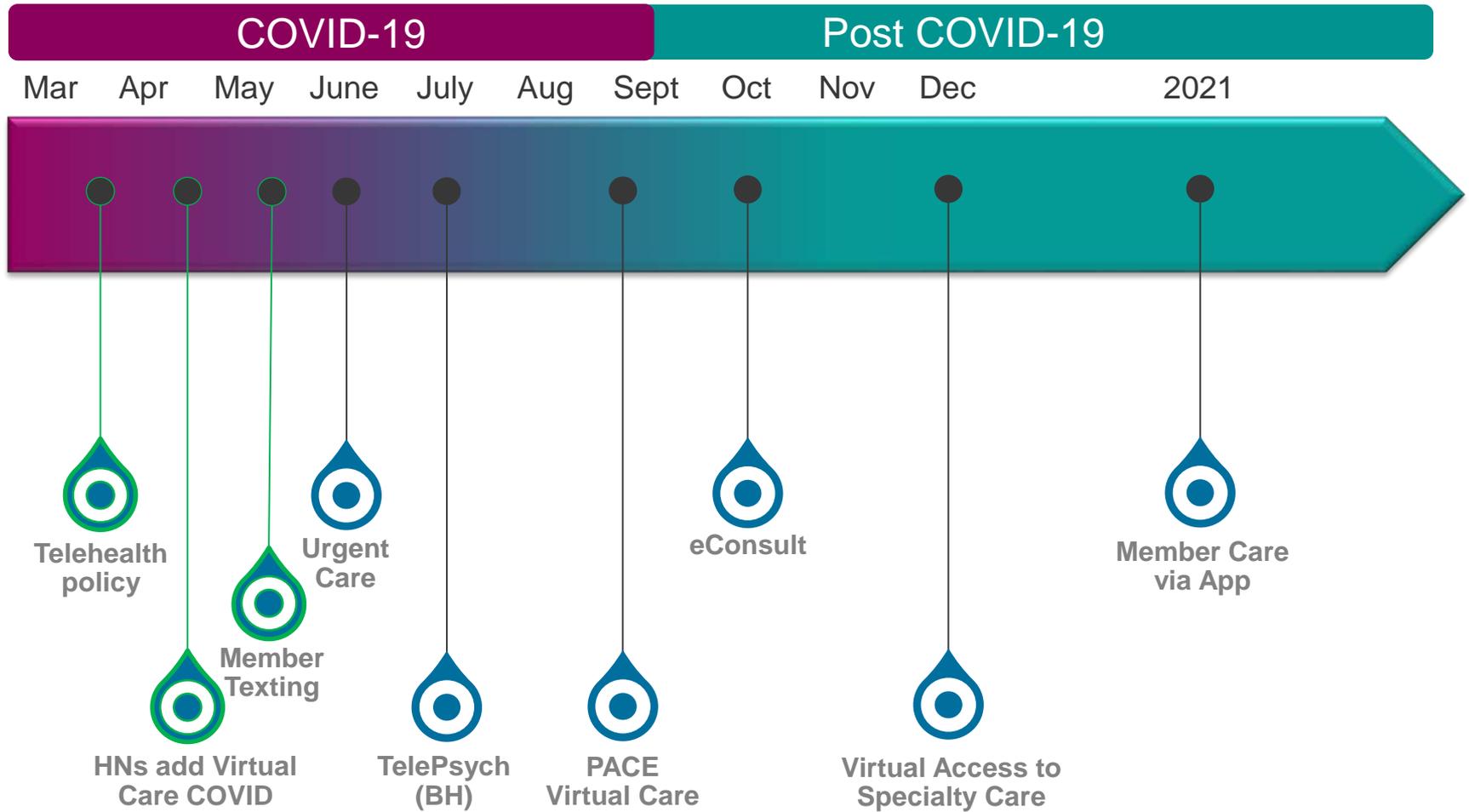
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CalOptima Virtual Care Strategy (Road Map)

Betsy Chang Ha, RN, MS, LSSMBB

Executive Director, Quality & Population Health Management

High Level Virtual Care Roadmap



Virtual Care Guiding Principles

- Promote the availability and use of virtual modes of service delivery for CalOptima members using information and communications technologies to facilitate diagnosis, consultation, treatment, education, care management and member self-management;
- Leverage existing delivery model where possible;
- To be proactive in seeking out opportunities to innovate; and
- To provide technology-agnostic solutions.

Proposed Initial Virtual Care Strategy: All Members (HN/CCN/COD)

Member to Provider

Goals	Use Existing Network Providers	Contract Vendor(s) to support limited scope of services during COVID-19
Tasks	<ul style="list-style-type: none"> • Leverage existing capabilities • Guidance • Technical support • Technology agnostic 	<ul style="list-style-type: none"> • Member self-referral via Member Portal (web) • Urgent care • Prescription management • Access to Behavioral Health
Time	Q1 2020	Initiate Contract in Q2–Q3 2020
Action	Update Telehealth Policy (completed)	RFP (IGT 9) for Member Texting vendor(s) (Completed)

Proposed Initial Virtual Care Strategy: CalOptima Community Network & CalOptima Direct

Member to Provider		Provider to Provider
Goals	Provide Virtual Care: Member access to Provider Group(s), eVisits to primary care and specialist services	Implement eConsult (CCN) (Provider to Provider) per DHCS APL 19-009 to provide eConsult as a covered benefit
Tasks	<ul style="list-style-type: none"> • Support existing physical primary care providers and specialists • Behavioral Health Services (for all members) • Expand specialty providers with a virtual care focus 	<ul style="list-style-type: none"> • Prior Authorization process modified to allow eConsult to replace authorization • Make available to PACE as well • Provider self-service and submit authorization via Provider Portal and eConsult
Time	Selection in Q3 2020	Contract in Q4 2020
Action	Evaluate telehealth providers/groups	Develop plan to implement eConsult

Virtual Care Roadmap Q2–Q4

High Level Activities

1. May 7, 2020, Board approved
 - Virtual Care Strategy and Roadmap
 - Member engagement approaches expanding from Member portal to include member texting using mPulse Mobile
2. Virtual Care technical platform for PACE
 - Facilitate provider-member virtual visits
3. Investigate and implement provider support and technical assistance
4. Expand specialty providers with a virtual care focus
 - Behavioral health and other specialties – in progress

Virtual Care Roadmap Q2–Q4 (cont.)

High Level Activities (cont.)

7. Offer 24/7 virtual visits (after-hour access)
 - For all members
 - Acute non-emergency medical conditions
 - Behavioral health conditions
8. Investigate and implement CalOptima member engagement access via member portal app
 - APIs to virtual visits, eVisits, secure messaging
9. Plan and launch eConsult/eReferral program for CCN
10. RFP for member direct to provider access
 - Member to provider



2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 748 Courtney	<p>CARES Act: Authorizes \$2.2 trillion in spending for health care and employment-related interventions. This includes:</p> <ul style="list-style-type: none"> ■ \$1.5 billion to support the purchase of personal protective equipment, lab testing, and other activities; ■ \$127 billion to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19; ■ \$1.32 billion in supplemental funding for community health centers; ■ \$955 million to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities; ■ \$945 million to support research on COVID-19; and ■ \$425 million to increase mental health services. 	<p>03/27/2020 Signed into law</p> <p>03/27/2020 Passed the House</p> <p>03/25/2020 Passed the Senate</p> <p>01/24/2019 Introduced</p>	CalOptima: Watch
H.R. 6201 Lowey	<p>Families First Coronavirus Response Act: Would include billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of \$8.3 billion for treating and preventing the spread of COVID-19.</p>	<p>03/18/2020 Signed into law</p> <p>03/17/2020 Passed the Senate</p> <p>03/14/2020 Passed the House</p> <p>03/11/2020 Introduced</p>	CalOptima: Watch
H.R. 6462 Cisneros, Gallegos	<p>Emergency Medicaid for Coronavirus Treatment Act: Would expand Medicaid eligibility to any American diagnosed with COVID-19 or any other illness that rises to the level of a presidential national emergency declaration. Additionally, would require Medicaid coverage for all COVID-19 treatment and testing to continue even after the national emergency is over.</p>	<p>04/07/2020 Introduced</p>	CalOptima: Watch
AB 89 Ting	<p>Emergency Budget Response to COVID-19: Similar to SB 89, would appropriate \$500 million General Fund by amending the Budget Act of 2019. Funds are to be allocated to any use related to Governor Newsom’s March 4, 2020 State of Emergency regarding COVID-19. Additionally, would authorize additional appropriations related to COVID-19 in increments of \$50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed \$1 billion.</p>	<p>03/16/2020 Amended and referred to the Senate Committee on Budget and Fiscal Review</p> <p>12/03/2018 Introduced</p>	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 117 Ting	Emergency Budget Response to COVID-19 at Schools: Similar to SB 117, appropriate \$100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	03/16/2020 Amended and referred to the Senate Committee on Budget and Fiscal Review 12/03/2018 Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	Emergency Budget Response to COVID-19: Similar to AB 89, appropriates \$500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of \$50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed \$1 billion.	03/17/2020 Signed into law 03/16/2020 Enrolled with the Governor 01/10/2019 Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	Emergency Budget Response to COVID-19 at Schools: Similar to AB 117, appropriates \$100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	03/17/2020 Signed into law 03/16/2020 Enrolled with the Governor 01/10/2019 Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	Mental Health Services Dispute Resolution: Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	01/30/2020 Passed Assembly floor; Referred to Senate floor 02/20/2020 Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Similar to AB 2266, would authorize MHSA funds to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The authorization would apply across the state.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2266 Quirk-Silva	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 803 Beall	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Would create the Certified Support Specialist (CSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, to become a CSS. A CSS would be able to provide non-medical mental health and substance abuse support services. Additionally, would require the Department of Health Care Services to include CSS as a provider type, covered by Medi-Cal, no sooner than January 1, 2022. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	01/15/2020 Referred to Committee on Health 01/08/2020 Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	Blood Lead Screening Tests Age Guidelines: Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. Additionally, if a child 2 to 6 years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide that test. This bill would also require the Department of Health Care Services to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2277 Salas	Blood Lead Screening Tests Contracted Providers: Would require the Medi-Cal managed care plan (MCP) to impose requirements of the contracted provider to conduct blood lead screenings tests and for the provider to identify patients eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screenings tests and identify eligible beneficiaries on a monthly basis.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2278 Quirk	Childhood Lead Poisoning Prevention Health Plan Identification: Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2279 Garcia	Childhood Lead Poisoning Prevention Risk Factors: Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: <ul style="list-style-type: none"> ■ A child's residency or visit to a foreign country ■ A child's residency in a high-risk ZIP Code ■ A child's relative who has been exposed to lead poisoning ■ The likelihood of a child placing nonfood items in the mouth ■ A child's proximity to current or former lead-producing facilities ■ The likelihood of a child using food, medicine, or dishes from other countries 	02/24/2020 Referred to Committees on Health; Environmental Safety and Toxic Materials 02/14/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2422 Grayson	Blood Lead Screening Tests Medi-Cal Identification Number: Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	02/27/2020 Referred to Committee on Health 02/19/2020 Introduced	CalOptima: Watch
SB 1008 Leyva	Childhood Lead Poisoning Prevention Act Online Registry: Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	03/05/2020 Referred to Committees on Health; Judiciary 02/14/2020 Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	CalAIM Enhanced Care Management and In-Lieu-Of Services: Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	03/12/2020 Referred to Committee on Health 02/03/2020 Introduced	CalOptima: Watch
AB 2055 Wood	CalAIM Drug Medi-Cal and Behavioral Health: Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	03/12/2020 Referred to Committee on Health 02/03/2020 Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated: Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	02/20/2020 Referred to Committee on Health 02/11/2020 Introduced	CalOptima: Watch
SB 910 Pan	CalAIM Population Health Management: Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	02/03/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 916 Pan	CalAIM Enhanced Care Management and In-Lieu-Of Services: Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	02/03/2020 Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	Medicare Hearing Act of 2019: Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	10/17/2019 Passed the Committee on Energy and Commerce 10/08/2019 Introduced	CalOptima: Watch
H.R. 4650 Kelly	Medicare Dental Act of 2019: Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	10/17/2019 Passed the Committee on Energy and Commerce 10/11/2019 Introduced	CalOptima: Watch
H.R. 4665 Schrier	Medicare Vision Act of 2019: No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	10/17/2019 Passed the Committee on Energy and Commerce 10/11/2019 Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	Maternal Physical Therapy: Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	01/17/2020 Referred to Committee on Health 01/08/2020 Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	Human Papillomavirus (HPV) Vaccine: Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	01/30/2020 Referred to Committee on Health 01/21/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2258 Reyes	Doula Care: Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	02/20/2020 Referred to Committee on Health 02/13/2020 Introduced	CalOptima: Watch
AB 3118 Bonta	Medically Supportive Food and Nutrition Services: Would include medically supportive food and nutrition services as a Medi-Cal Benefit. Would also include transportation services for a beneficiary to access healthy food as a way to help prevent or manage chronic illnesses.	03/09/2020 Referred to Committee on Health 02/21/2020 Introduced	CalOptima: Watch

DENTAL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2535 Mathis	Denti-Cal Education Pilot Program: Would establish a 5-year pilot program to provide education and training to Denti-Cal providers providing care to individuals who attend a regional center and are living with a developmental disability. Additionally, Denti-Cal providers who participate in the pilot program and complete the required continuing education units would be eligible for a supplemental provider payment. The supplemental provider payment amount has yet to be defined by the Department of Health Care Services.	02/27/2020 Referred to Committee on Health 02/19/2020 Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately \$900 million General Fund (GF) in 2019-2020 and \$3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	07/02/2019 Hearing canceled at the request of the author 06/06/2019 Referred to Senate Committee on Health 05/28/2019 Passed Assembly floor 12/03/2018 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 526 Petrie-Norris	Women, Infants, and Children (WIC) to Medi-Cal Express Lane: Similar to SB 1073, would establish an “express lane” eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children’s Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	08/30/2019 Senate Committee on Appropriations; Held under submission 06/27/2019 Passed Senate Committee on Health 05/23/2019 Passed Assembly floor 02/13/2019 Introduced	CalOptima: Watch
AB 683 Carrillo	Adjusting the Assets Test for Medi-Cal Eligibility: Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment.	05/16/2019 Committee on Appropriations; Hearing postponed at the request of the Committee 04/02/2019 Passed Committee on Health 02/15/2019 Introduced	CalOptima: Watch
SB 29 Durazo	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately \$134 million each year (\$100 million General Fund, \$21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older. The financial costs for In-Home Supportive Services is estimated to cost \$13 million General Fund.	09/13/2019 Held in Assembly 05/29/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch
SB 1073 Gonzalez	Women, Infants, and Children (WIC) to Medi-Cal Express Lane: Similar to AB 526, would establish an “express lane” eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children’s Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	02/18/2020 Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	<p>Fighting Homelessness Through Services and Housing Act: Similar to S. 923, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	<p>03/28/2019 Introduced; Referred to the House Committee on Financial Services</p>	CalOptima: Watch
S. 923 Feinstein	<p>Fighting Homelessness Through Services and Housing Act: Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	<p>03/28/2019 Introduced; Referred to Committee on Health, Education, Labor, and Pensions</p>	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1907 Santiago, Gipson, Quirk-Silva	California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing: Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	01/30/2020 Referred to Committees on Natural Resources; Housing and Community Development 01/08/2020 Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	Fairview Developmental Center: Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor’s Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	02/14/2020 Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	Ground Emergency Medical Transportation (GEMT): Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	03/02/2020 Referred to Committee on Health 02/20/2020 Introduced	CalOptima: Watch
SB 936 Pan	Medi-Cal Managed Care Plans Contract Procurement: Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	02/20/2020 Referred to Committee on Health 02/06/2020 Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2100 Wood	Pharmacy Carve-Out Benefit: Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	02/20/2020 Referred to Committee on Health 02/05/2020 Introduced	CalOptima: Watch
SB 852 Pan	California Affordable Drug Manufacturing Act of 2020: Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	01/13/2020 Introduced	CalOptima: Watch
SB 1084 Umberg	Secure Dispensing of a Controlled Substance: Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	03/05/2020 Referred to Committees on Business, Professions and Economic Development; Judiciary 02/19/2020 Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	Program of All-Inclusive Care for the Elderly (PACE) Enrollment: Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	03/12/2020 Referred to Committees on Aging; Long-Term Care 02/19/2019 Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	Nurse Practitioners: Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would create the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs to certify nurse practitioners wanting to practice without direct, ongoing supervision of one or more physicians.	01/27/2019 Passed Assembly floor 02/20/2019 Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 66 Atkins/ McGuire	Federally Qualified Health Center (FQHC) Reimbursement: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow an FQHC to be reimbursed for a mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	09/13/2019 Carry-over bill; Moved to inactive filed at the request of the author 08/30/2019 Passed Assembly Committee on Appropriations 05/23/2019 Passed Senate floor 01/08/2019 Introduced	CalOptima: Watch CAHP: Support LHPC: Co-Sponsor, Support
AB 2871 Fong	Drug Medi-Cal Reimbursement Rates: Would require the Department of Health Care Services to establish reimbursement rates for services provided through the Drug Medi-Cal program to be equal to rates for similar services provided through the Medi-Cal Specialty Mental Health Services program.	03/05/2020 Referred to Committee on Health 02/21/2020 Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019: Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also:</p> <ul style="list-style-type: none"> ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes. 	<p>10/30/2019 Introduced; Referred to the Committees on Energy and Commerce; Ways and Means</p>	CalOptima: Watch AHIP: Support
S. 2741 Schatz	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019: Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also:</p> <ul style="list-style-type: none"> ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes. 	<p>10/30/2019 Introduced; Referred to the Senate Committee on Finance</p>	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	<p>Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons: Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.</p>	<p>05/16/2019 Committee on Appropriations; Held under submission</p> <p>04/24/2019 Passed Committee on Health</p> <p>02/22/2019 Introduced</p>	CalOptima: Watch CAHP: Oppose
AB 2007 Salas	<p>Telehealth Services for New Patients: Would no longer require the first visit at a federally qualified health clinic to be an in-person visit. Instead, would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.</p>	<p>02/14/2020 Referred to Committee on Health</p> <p>01/28/2020 Introduced</p>	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2164 Rivas	<p>Telehealth Pilot Program: Would establish a five-year grant and pilot program, to establish the eConsult Services and Telehealth Assistance Program. The grant funding would be available to health centers and community clinics providing care in rural and underserved areas. The pilot program is projected to cost \$7.5 million over five-years and would be use for:</p> <ul style="list-style-type: none"> ■ Conducting infrastructure assessments, clinical objectives, and staffing plans; ■ Procuring technology and software and implementing eConsult services; and ■ Workforce training. 	<p>02/14/2020 Referred to Committee on Health</p> <p>01/28/2020 Introduced</p>	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2002918 Trailer Bill – Medi-Cal Expansion	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor’s Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost \$80.5 million (\$62.4 million General Fund) in 2021 and \$350 million (\$320 million General Fund) each year after, including the cost of In-Home Supportive Services.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
RN 2003830 Trailer Bill: Drug Price Negotiations	Med-Cal Drug Pricing Negotiations: Would authorize the Department of Health Care Services negotiate “best prices” with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
RN 2006526 Trailer Bill – Medication-Assisted Treatment	Medication-Assisted Treatment (MAT): Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: April 20, 2020

2020 Federal Legislative Dates

April 4–19	Spring recess
August 10–September 7	Summer recess
October 12–November 6	Fall recess

2020 State Legislative Dates

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
April 24	Last day for policy committees to hear and report bills to fiscal committees
May 1	Last day for policy committees to hear and report non-fiscal bills to the floor
May 15	Last day for fiscal committees to report fiscal bills to the floor
May 26–29	Floor session only
May 29	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 2–August 3	Summer recess
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

Sources: 2020 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>

About CalOptima

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