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

THURSDAY, AUGUST 11, 2022

8:00 A.M.

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

AGENDA

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

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

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

1) **Register to Participate via Zoom at: https://us06web.zoom.us/webinar/register/WN_FeSUGWfMSGSTkXM7Ld0kqQ Zoom webinar instructions are provided below. Or**

2) **Listen to the Webinar using one of the dial in audio options as follows: +1 (669) 444 9171 or +1 (253) 215 8782 or +1 (346) 248 7799 or +1 (720) 707 2699 or +1 (564) 217 2000 or +1 (646) 558 8656 or +1 (646) 931 3860 or +1 (301) 715 8592 or +1 (312) 626 6799 or +1 (386) 347 5053**

   Webinar ID: 823 9189 5435

   Passcode: **679986**

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

2. **ESTABLISH QUORUM**

3. **WELCOME NEW MEMBERS**

4. **MINUTES**
   A. Approve Minutes from the May 12, 2022 Member Advisory Committee Meeting
   B. Approve Minutes from the May 12, 2022 Provider Advisory Committee Meeting
   C. Approve Minutes from the June 9, 2022 Special Joint Meeting of the Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee

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

6. **REPORTS**
   A. Consider Recommendation to Rename Member Advisory Committee Seats
   B. Consider Recommendation of Physician Representative on the Provider Advisory Committee
   C. Consider Recommendation of Member Advisory Committee Chair and Vice Chair
   D. Consider Recommendation of Provider Advisory Committee Chair and Vice Chair

7. **CEO AND MANAGEMENT REPORTS**
   A. Chief Executive Officer Update
   B. Chief Operating Officer Update
   C. Chief Medical Officer Update
   D. Chief Financial Officer Update

8. **INFORMATIONAL ITEMS**
   A. Housing and Homelessness Incentive Program (HHIP) Update
   B. Committee Member Updates

9. **ADJOURNMENT**

Webinar Information

Please register for the Regular Joint Member Advisory and Provider Advisory Committees Meeting on August 11, 2022 at 8:00 a.m. PDT at:

Join from a PC, Mac, iPad, iPhone or Android device: Please click the URL below to join.

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Webinar ID: 823 9189 5435

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MINUTES

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

May 12, 2022

A regular meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on May 12, 2022 at CalOptima, 505 City Parkway West, Orange, California and via teleconference (Zoom) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

Chair Christine Tolbert called the meeting to order at 3:10 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Christine Tolbert, Chair; Maura Byron, Vice Chair; Linda Adair (3:20 p.m.) Meredith Chillemi; Connie Gonzalez Jacqueline Gonzalez; Hai Hoang; Lee Lombardo; Sally Molnar; Kate Polezhaev; Steve Thronson
Members Absent:	Sandra Finestone; Melisa Nicholson; Sr. Mary Therese Sweeney
Others Present:	Michael Hunn, Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O. Chief Medical Officer; Ladan Khamseh, Executive Director, Operations; Albert Cardenas, Director, Customer Service; Katie Balderas, Interim Director, Population Health Management; Tiffany Kaaiakamanu, Manager, Community Relations; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations

MINUTES

Approve the Minutes of the March 10, 2021 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) and Provider Advisory Committee (PAC)

After review of the minutes, Member Lee Lombardo asked that the minutes be modified to reflect her question on School Based Behavioral Health.

Action: ***On motion of Vice Chair Maura Byron, seconded and carried, the MAC approved the minutes with modifications as requested by Member Lee Lombardo, the March 10, 2022 joint MAC/PAC meeting. (10-0-0, Members Adair, Finestone, Nicholson, Sweeney absent)***

PUBLIC COMMENT

No public comments were received.

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At this time Chair Christine Tolbert rearranged the agenda to hear the Chief Medical Officer Report before continuing on with the Report Items on the agenda.

Chief Medical Officer Report

Richard Pitts, D.O., Chief Medical Officer, provided a COVID-19 update and screen shared via Zoom a color coded monthly calendar that showed a seasonal COVID pattern populated over the last 90 days. He encouraged everyone to get vaccinated, continue wearing masks and keep at least a six foot distance from others.

REPORTS

Consider Approval of Joint Member Advisory Committee and Provider Advisory Committee Meeting Schedule For FY 2022-2023

Chair Christine Tolbert reviewed the proposed bi-monthly meeting schedule. She noted that going forward the MAC and the PAC would be meeting jointly bi-monthly with separate special meetings if needed.

Action: ***On motion of Member J. Gonzalez, seconded and carried, the Committee approved the Joint MAC/PAC Meeting Schedule for FY 2022-2023 (Motion carried 11-0-0, Members Finestone, Nicholson, Sweeney absent)***

Consider Approval of FY 2021-2022 Member Advisory Committee Accomplishments

Chair Christine Tolbert reviewed the FY 2021-2022 MAC Accomplishments noting that MAC had contributed 484 hours which equated to 61business days in service to members.

Action: ***On motion of Vice Chair Byron, seconded and carried, the Committee approved the FY 2021-2022 MAC Accomplishments. (Motion carried 11-0-0, Members Finestone, Nicholson, Sweeney absent)***

Consider Approval of Recommendation for MAC Slate of Candidates

Member Hai Hoang on behalf of the MAC Nominations Ad Hoc Committee reviewed the candidates for the open seats on MAC. At the request of Member Lee Lombardo, the committee took a roll call for each individual candidate.

Consider Recommendation for appointment of Iliana Soto-Welty as the Behavioral/Mental Health Representative

Action: ***On motion of Vice Chair Byron, seconded and carried, the Committee approved the recommendation to approve Iliana Soto-Welty as the Behavioral/Mental Health Representative Motion carried 10-0-1, Member Lombardo abstained; Members Finestone, Nicholson, Sweeney absent)***

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Consider Recommendation for reappointment of Lee Lombardo as the Children Representative

Action: ***On motion of Member Hoang, seconded and carried, the Committee approved the recommendation to approve the reappointment of Lee Lombardo as the Children Representative. (Motion carried 11-0-0, Members Nicholson, Sweeney absent)***

Consider Recommendation for reappointment of Kate Polezhaev as the Consumer Representative

Action: ***On motion of Chair Tolbert, seconded and carried, the Committee approved the recommendation to approve the reappointment of Kate Polezhaev as the Consumer Representative. (Motion carried 11-0-0, Members C. Gonzalez, Nicholson, Sweeney absent)***

Consider Recommendation for appointment of Alyssa Vandenburg as the Foster Children Representative

Action: ***On motion of Chair Tolbert, seconded and carried, the Committee approved the recommendation to approve the Alyssa Vandenberg as the Foster Children Representative. (Motion carried 11-0-0, Members C. Gonzalez, Nicholson, Sweeney absent)***

Consider Recommendation for appointment of Sara Lee as the Long-Term Services and Supports Representative

Action: ***On motion of Member J. Gonzalez, seconded and carried, the Committee approved the recommendation to approve the appointment of Sara Lee as the Long-Term Services and Supports Representative. (Motion carried 11-0-0, Members C. Gonzalez, Nicholson, Sweeney absent)***

Consider Recommendation for appointment of Ryan Yamamoto as the Medical Safety Net Representative

Action: ***On motion of Vice Chair Byron, seconded and carried, the Committee approved the recommendation to approve the appointment of Ryan Yamamoto as the Medical Safety Net Representative. (Motion carried 11-0-0, Members C. Gonzalez, Nicholson, Sweeney absent)***

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Consider Recommendation for reappointment of Christine Tolbert as the Persons with Special Needs Representative

Action: ***On motion of Vice Chair Byron, seconded and carried, the Committee approved the recommendation to approve the reappointment of Christine Tolbert as the Persons with Special Needs Representative. (Motion carried 11-0-0, Members C. Gonzalez, Nicholson, Sweeney absent)***

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, thanked the PAC for their service to CalOptima by serving on the PAC. Ms. Hunn also discussed CalOptima's receipt of $83 million over two a two year period to assist with homelessness street medicine. These funds would also be used to assist those homeless members navigate into housing. Mr. Hunn also discussed CalOptima's request of the Board to submit a request to the Board of Supervisors to change to the CalOptima Ordinance in order participate in the California Exchange and noted that the Board had approved this request at their June 2, 2022 meeting. He noted that a change to the Ordinance would allow for continuity of care for those members who risk losing coverage at the end of the pandemic emergency by allowing them to continue with CalOptima under Cover California.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, discussed how on May 1, 2022 adults 50 years and over regardless of their immigration status were now eligible for full scope Medi-Cal. This resulted in an additional 16K members for CalOptima. She noted that CalOptima continues to identify those who may be eligible for full scope Medi-Cal. Ms. Kim also provided a brief CalAIM update to the committee and noted that approximately 3000 members were now receiving CalAIM services that began on January 1, 2022.

INFORMATION ITEMS

Children's Mental Health Access Collaborative Project

Michael Arnot, Executive Director, Children's Cause Orange County presented on the Children's Mental Health Collaborative Project (CHMA Project) that began in December 2019 to assist with access coordination which provides full continuity of support to help intake and connect families to CalOptima children's mental health providers. The CHMA Project also assists with outreach to ethnic communities, universal mental health screenings in schools as well as other services necessary to assist children with mental health issues. He noted that while currently the CHMA Project is limited to CalOptima members they are also looking towards offering similar services to non-CalOptima members through all county agencies to help fill the gaps in improved access to children's mental health services.

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Homeless Health Initiatives
Katie Balderas, Interim Director, Population Health Management provided the committee a brief overview of the homeless health initiatives and noted that she would be providing a more in-depth presentation at the joint meeting on June 9, 2022 to all of the committees.

CalFresh Update
Tiffany Kaaiakamanu, Manager, Community Relations and Angela Carrington, Supervisor, Orange County Social Services Agency presented on CalFresh and the comprehensive strategy developed to reach members, providers, staff and community stakeholders. Angela Carrington of Social Services presented on how eligible members could apply for CalFresh, office locations and the various CalFresh items that could be purchased.

MAC Member Updates
Chair Christine Tolbert reminded the members that the next meeting would be a joint meeting of all the committees on June 9, 2022 at 8:00 AM.

ADJOURNMENT
Chair Christine Tolbert hearing no further business, adjourned the meeting at 5:10 p.m.

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

Approved: August 11, 2022

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MINUTES

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

May 12, 2022

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on May 12, 2022, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Zoom) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

PAC Chair Dr. Junie Lazo-Pearson, called the meeting to order at 8:10 a.m. and led the Pledge of Allegiance.

At this time, Chair Dr. Lazo-Pearson rearranged to agenda to hear CEO and Management Reports before establishing quorum.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, thanked the members for their service to CalOptima by serving on the PAC. Ms. Hunn also discussed CalOptima's receipt of $83 million over two a two year period to assist with homeless street medicine and noted that these funds would also be used to assist those homeless members navigate into housing. Mr. Hunn also discussed CalOptima's request of the Board to submit a request to the Board of Supervisors to change to the CalOptima Ordinance in order participate in the California Exchange and noted that the Board had approved this request at their May 5, 2022 meeting. He noted that a change to the Ordinance would allow for continuity of care for those members who risk losing coverage at the end of the pandemic emergency by allowing them to continue with CalOptima under Cover California.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, discussed how on May 1, 2022 that adults 50 years and over regardless of their immigration status were now eligible for full scope Medi-Cal. This resulted in an additional 16K members for CalOptima. She noted that CalOptima continues to identify those who may be eligible for full scope Medi-Cal. Ms. Kim also provided a brief CalAIM update to the committee and also noted that enrollment had reached 3000 in this new program.

Chief Medical Officer Report

Richard Pitts, D.O., Chief Medical Officer, provided a COVID-19 update and screen shared via Zoom a color coded monthly calendar that showed a seasonal COVID pattern populated over the last two years. He encouraged everyone to continue wearing masks and keep at least a six foot distance from others.

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ESTABLISH QUORUM

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Anjan Batra, M.D.; Tina Bloomer, MHNP ; Donald Bruhns; Andrew Inglis, M.D.; Alexander Rossel, Jacob Sweidan, M.D.; Christy Ward

Members Absent: Dr. Amin; Dr. Birdsall, Gio Corzo; Jena Jensen; Dr. Tran

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Chief Medical Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Kelly Giardini, Executive Director, Clinical Operations; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations; Troy Szabo, Consultant;

MINUTES

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

Action: ***On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the March 10, 2022 special joint meeting. (Motion carried 9-0-0; Members Amin, Birdsall, Corzo, Jensen and Tran absent)***

PUBLIC COMMENTS

There were no public comments.

REPORTS

Consider Approval of the FY 2022-2023 Joint Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) Meeting Schedule

PAC members reviewed the proposed FY 2022-2023 meeting schedule. The PAC will now meet jointly with the MAC a bi-monthly basis on the second Thursday of every month.

Action: ***On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the PAC 2022-23 Joint Meeting Schedule (Motion carried 8-0-0; Members Amin, Birdsall, Corzo, Jensen, Rossel and Tran absent)***

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Consider Approval of FY 2021-2022 PAC Accomplishments

Chair Lazo-Pearson reviewed the FY 2021-2022 PAC with the committee and asked for a motion to approve the PAC Accomplishment.

Action: ***On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the PAC FY 2021-22 Accomplishments (Motion carried 8-0-0; Members Amin, Birdsall, Corzo, Jensen, Rossel and Tran absent)***

Consider Recommendation of PAC Slate of Candidates

Dr. Inglis on behalf of the PAC Nominations Ad Hoc summarized the recommendations of the ad hoc committee, which consisted of Chair Dr. Lazo-Pearson, Member Dr. Sweidan and himself. The ad hoc committee met on April 25, 2022 to review the six applications received from the recent recruitment to fill the seven expiring PAC seats for Allied Health Services, Long-Term Services and Supports, Non-Physician Medical Practitioner, Pharmacy and two Physician Representatives.

The ad hoc committee recommended the following candidates for the seven expiring PAC seats: John Nishimoto, O.D. as the Allied Health Representative; Patty Mouton as the Long-Term Services and Supports Representative; Ji Ei Choi, L.Ac as the Non-Physician Medical Practitioner; Mary Pham, Pharm.D as the Pharmacy Representative and Timothy Korber, M.D. as a Physician Representative. Dr. Inglis noted that the PAC would continue recruitment for the open physician seat.

Action: ***On motion of Member Dr. Sweidan, seconded and carried, the Committee approved the recommended PAC Slate of Candidates (Motion carried 8-0-0; Members Amin, Birdsall, Corzo, Jensen, Rossel and Tran absent)***

INFORMATION ITEMS

Homeless Health Initiatives

Katie Balderas, Interim Director, Population Health Management presented on the Homeless Health Initiatives being undertaken by CalOptima. Ms. Balderas reviewed how working with the Clinical Field Teams they are reaching out to the most vulnerable unhoused residents of Orange County. She noted that the current priorities were to enhance data collection and program evaluation, formalize homeless health initiative specific communications plan, insure alignment with CalAIM, engage members with lived experience and homeless service providers, evaluate current initiatives and expand services and implement house and homeless incentive programs. Ms. Balderas will keep the committees updated in upcoming months.

CalFresh Update

Tiffany Kaaiakamanu, Manager, Community Relations and Taylor Adray, Supervisor, Orange County Social Services Agency presented on CalFresh and the comprehensive strategy developed to reach members, providers, staff and community stakeholders. Taylor Adray of

Social Services presented on how eligible members could apply for CalFresh and what it covered.

PAC Member Updates

Chair Lazo-Pearson reminded the members that the next meeting would be a joint meeting with the other Board advisory committees on June 9, 2022.

ADJOURNMENT

Hearing no further business, Chair Lazo-Pearson adjourned the meeting at 9:39 a.m.

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

Approved: August 11, 2022

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MINUTES

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

June 9, 2022

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and Whole-Child Model Advisory Committee (WCM FAC) was held on Thursday, December 9, 2021 and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

PAC Chair Dr. Lazo-Pearson called the meeting to order at 8:05 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Maura Byron, Vice Chair; Linda Adair (8:39 a.m.); Meredith Chillemi; Sandy Finestone; Connie Gonzalez; Jacqueline Gonzalez; Hai Hoang; Lee Lombardo; Sally Molnar; Kate Polezhaev; Steve Thronson

Members Absent: Melisa Nicholson; Sr. Mary Terese Sweeney;

OneCare Connect Member Advisory Committee

Members Present: Meredith Chillemi; Gio Corzo (8:29 a.m.); Josefina Diaz; Sandy Finestone; Eleni Hailemariam, M.D. (non-voting); Sara Lee; Nury Melara

Members Absent: Patty Mouton, Chair; Keiko Gamez, Vice Chair

Provider Advisory Committee

Members Present: Junie Lazo-Pearson, Ph.D., Chair; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D; Tina Bloomer, WHNP; Donald Bruhns; Gio Corzo (8:29 a.m.); Andrew Inglis, M.D.; Jena Jensen; Alex Rossel; Christy Ward

Members Absent: Alpesh Amin, M.D.; John Nishimoto, O.D., Vice Chair; Jacob Sweidan, M.D.; Loc Tran, Pharm.D.

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Whole-Child Model Family Advisory Committee

Members Present: Kristen Rogers, Chair; Maura Byron;

Members Absent: Jacque Knudsen; Kathleen Lear, Vice Chair; Monica Maier; Sandra Cortez-Schultz; Malissa Watson;
WCM FAC did not achieve a quorum.

Others Present: Michael Hunn, Chief Executive Officer; Richard Pitts, D.O., Chief Medical Officer; Ladan Khamseh, Executive Director, Operations; Kelly Bruno-Nelson, Executive Director, Program Implementation; Marie Jeannis, Executive Director, Medical Management; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Katie Balderas, Interim Director, Population Health Management; Kris Gericke, Pharm.D, Director, Pharmacy Operations; Mike Herman, Sr. Director, Operations Management; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations; Troy Szabo, Consultant;

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, thanked all the committee members for their service to CalOptima and notified the committees that the CalOptima Board has approved the FY 2023 budget and noted that CalOptima received approval from the Board to move forward for the next three years with tactical priorities. Mr. Hunn also discussed the creation of a new strategic plan and that he would seek feedback from the committees as staff moved forward in the process.

Chief Medical Officer Report

Richard Pitts, D.O., Chief Medical Officer, provided a COVID-19 update and noted that COVID was surging again with new variants and that hospitalizations had been increasing in Orange County. Dr. Pitts also discussed a syphilis epidemic in Orange County that that is affecting both men, women and babies. Dr. Pitts noted that it is still easily treated with Penicillin. Dr. Pitts also shared an article with the committees on this topic.

INFORMATION ITEMS

Homeless Health Initiative

Katie Balderas, Interim Director, Population Health Management presented on the Homeless Health Initiatives being undertaken by CalOptima. Ms. Balderas reviewed how working with the Clinical Field Teams they are reaching out to the most vulnerable unhoused residents of Orange County. She noted that the current priorities were to enhance data collection and program evaluation, formalize homeless health initiative specific communications plan, insure alignment with CalAIM, engage members with lived experience and homeless service providers, evaluate current initiatives and expand services and implement house and homeless incentive programs. Ms. Balderas will keep the committees updated in upcoming months.

CalAIM Update

Kelly Bruno-Nelson, Executive Director, Program Implementation, and Michael Herman, Sr. Director, Operations, presented on CalAIM and reviewed the upcoming July 1, 2022 addition to the CalAIM program which adds Community Supports services. Community Supports includes short-term post-hospitalization housing and day habilitation programs, personal care and homemaker services which includes meals/medically tailored meals and sobering centers.

Medi-Cal Rx

Kristin Gericke, Pharm.D, Director, Clinical Pharmacy, provided an update on the transition of Medi-Cal Rx to Magellan that went into effect on January 1, 2022. Dr. Gericke reviewed the last five months of Medi-Cal Rx. She noted that as part of the implementation the Department of Health Care Services (DHCS) had a transition period that would allow members to continue on a medication that otherwise would require a prior authorization that was supposed to end on June 30, 2022. The DHCS however has extended that transition period and while they do not have a firm end date, it is anticipated that the transition period will end around January 2023. This would allow providers to be prepared to submit prescriptions for those medications that would need a prior authorization within a 90-day period. Dr. Gericke agreed to keep the committees updated on this on-going process.

Population Needs Assessment

Katie Balderas, Interim Director, Population Health Management provided an update on CalOptima's Population Needs Assessment (PNA) which summarized the results of the annual assessment on a variety of data including: CalOptima Tableau Dashboard and Core Reports, California Department of Health Care Services (DHCS) Health Disparities data set, Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) data, Healthcare Effectiveness Data and Information Set (HEDIS), Managed Care Accountability Sets (MCAS) and various Orange County data sets. Through this analysis, the intent of CalOptima's PNA is to

consider the characteristics and needs of the agency's member population and relevant subpopulations.

CalOptima's Population Needs Assessment (PNA) summarizes the results of an annual assessment on a variety of data including: CalOptima Tableau Dashboard and Core Reports, California Department of Health Care Services (DHCS) Health Disparities data set, Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) data, Healthcare Effectiveness Data and Information Set (HEDIS), Managed Care Accountability Sets (MCAS) and various Orange County data sets. Through this analysis, the intent of CalOptima's PNA is to consider the characteristics and needs of the agency's member population and relevant subpopulations. Ms. Balderas noted that at least annually, CalOptima uses data to plan and adjust PHM activities based on member needs and that resources were also regularly assessed which included the readjustment of staffing, self-management health tools, and community resources and partnerships and how they would play into the fulfillment of planned activities.

COMMITTEE MEMBER UPDATES

MAC Chair Christine Tolbert reminded the MAC members that the next meeting was scheduled for August 11, 2022 at 8:00 AM and this would begin the new joint meeting format with the PAC. Ms. Tolbert also notified the MAC that the Board had deferred the MAC appointments to their August 4, 2022 meeting.

Chair Tolbert on behalf of the OCC MAC Chair, notified the OCC MAC members that their next meeting was scheduled for August 25, 2022 at 3:00 PM.

PAC Chair Dr. Junie Lazo-Pearson announced that the next PAC meeting was scheduled for August 11 at 8:00 AM. She also notified the PAC members that the Board had approved the appointments as recommended by the PAC at the May meeting. She thanked Dr. Batra, Dr. Birdsall, Donald Bruhns and Dr. Tran for their service on the PAC over the last few years. She also notified the PAC that Dr. Nishimoto would continue on the PAC as the Allied Health Representative.

Chair Kristen Rogers announced that the next WCM FAC meeting would be held on September 20, 2022 at 9:30 AM. She also notified the members that the Board had appointed new family members and community members to the committee.

The committee chairs for MAC, PAC and WCM FAC each notified their individual committees that nominations would open for the Chair and Vice Chair seats on July 1, 2022 and interested candidates from each committee should send a letter of interest to Cheryl Simmons, Staff to the Advisory Committees.

ADJOURNMENT

There being no further business before the Committees, WCM FAC Chair Rogers adjourned the meeting at 10:05 a.m.

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

Approved: August 11, 2022 by Member Advisory and Provider Advisory Committees

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MEMORANDUM

DATE:	July 28, 2022
TO:	CalOptima Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — August 4, 2022, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

a. New Deputy Chief Medical Officer Joins CalOptima

On July 25, Zeinab Dabbah, M.D., J.D., started as Deputy Chief Medical Officer. She is responsible for overseeing the health care delivery system, including development and implementation of strategies, programs, policies and procedures for all medical services. Dr. Dabbah has more than 27 years of experience as a primary care physician, medical group leader, managed care specialist and health plan executive. Most recently, she was Senior Medical Director for Blue Shield of California Promise Health Plan, which serves Medi-Cal beneficiaries. Prior to that, she held a variety of roles, including running a private practice as an internist, working as a consultant on medical and legal issues, and serving as a hospital attending physician. Dr. Dabbah earned her medical degree from Cairo University School of Medicine and completed her internal medicine residency at LAC+USC Medical Center. She also holds a Juris Doctor degree from Chapman University and is a Certified Health Insurance Executive.

b. Communication Efforts Focus on Benefits of Covered California Participation

The Orange County Board of Supervisors' second reading regarding CalOptima's proposal to offer a Covered California plan has been moved to August 23. In anticipation of this reading, CalOptima has engaged in targeted communications efforts. The proactive measures include providing a binder with extensive background information about the proposal to the Board of Supervisors and engaging media with a press release about the benefits of CalOptima offering a consumer health plan. Media outreach resulted in a Los Angeles Times/TimesOC article on July 20, with more coverage by other outlets expected in the coming weeks.

c. Public Health Emergency (PHE) Extended

On July 15, the COVID-19 public health emergency (PHE) was extended for an additional 90 days through October 13, 2022. It is not yet known if the PHE will be allowed to expire at that time or if it will be renewed once more. However, officials previously committed to providing states with a 60-day notice before terminating the PHE, so CalOptima will know if it is being extended again by September 13.

d. AB 2724 Signed Into Law

On June 30, Gov. Gavin Newsom signed into law Assembly Bill (AB) 2724, which authorizes the California Department of Health Care Services (DHCS) to enter into a direct, statewide Medi-Cal contract with Kaiser Permanente. Both CalOptima and the County of Orange had adopted positions of *Oppose Unless Amended* to prohibit the contract in counties with a County Organized Health System (COHS). The final bill did not include the requested amendment. Staff

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is currently considering next steps, including any potential advocacy opportunities at the federal level.

e. Impacting CalOptima Board Governance, AB 498 Passed by Senate Committees

The Senate Health Committee and Senate Governance and Finance Committee have passed AB 498, the proposed legislation introduced by Assemblymember Sharon Quirk-Silva that places new restrictions on the CalOptima Board of Directors. AB 498 will be considered next by the Senate Appropriations Committee in early August after the Legislature reconvenes from recess. While some of CalOptima's requested amendments have been adopted, staff is working with Assemblymember Quirk-Silva's office to secure additional changes. Concurrently, CalOptima is meeting with other members of Orange County's state legislative delegation who have signed on as co-authors of AB 498.

f. Joint Legislative Audit Committee Approves Audit of CalOptima

In addition to authoring AB 498, Assemblymember Sharon Quirk-Silva submitted a request to the Joint Legislative Audit Committee (JLAC) to conduct a programmatic audit of CalOptima, including an examination of the budget, reserves, homeless services, timely access standards, executive changes, salaries and hiring practices. After meeting with JLAC staff, CalOptima submitted written responses to the questions in Assemblywoman Quirk-Silva's audit request. JLAC formally considered and approved the audit request at a hearing on June 27, after CalOptima was unable to provide verbal testimony since the item was placed on the consent calendar. CalOptima received the official audit notice from the California State Auditor on July 15. While a start date has not yet been set, the audit may last several months. The audit scope is publicly posted here.

g. Fiscal Year (FY) 2023 State Budget Finalized

Gov. Gavin Newsom signed into law the final Enacted State Budget for FY 2022–23 and related trailer bills. Effective July 1, the enacted budget appropriates a total of just over $300 billion, an increase of $37.4 billion compared with the FY 2021–22 enacted budget. Specifically, the budget includes $135.5 billion in Medi-Cal spending, an 11.2% increase from the current FY. Based on a record-high budget surplus, the budget allocates 93% toward one-time spending initiatives and $37.2 billion for reserves. Several major components that may impact CalOptima include:

- 24/7 mobile crisis intervention services as a new Medi-Cal benefit
- Additional provider funding, including new equity payments, elimination of most AB 97 rate cuts, continuation of most Proposition 56 programs and new incentive payments for skilled nursing facilities that meet quality benchmarks
- Alternative payment model for Federally Qualified Health Centers
- Continuous Medi-Cal eligibility for children up to 5 years of age
- Elimination of Medi-Cal premiums for higher-income pregnant women, children and disabled working adults
- Ensuring continuity of Medi-Cal coverage during redeterminations, including funding for additional county workloads, health enrollment navigators and outreach campaigns to collect updated member contact information
- Full-scope Medi-Cal for all income-eligible individuals ages 26–49, regardless of immigration status, no later than January 1, 2024
- Increased funding for reproductive health, children's behavioral health and homelessness, including Community Assistance, Recovery and Empowerment (CARE) Court

- Permanent Medi-Cal telehealth policy that allows for both audio-video and audio-only telehealth encounters to be reimbursed at the same rate as in-person visits
- Retention payments of up to $1,500 each for hospital and skilled nursing facility workers

h. CalFresh Awareness Campaign Continues Momentum

CalOptima's CalFresh awareness campaign continues to have success in reaching members who may need food support. As of May, 21,438 members have joined CalFresh from the pool of more than 344,000 originally identified as potentially eligible but not enrolled. At the four CalFresh Enrollment Event and Resource Fairs in May and June, 7,000 community members attended. The County of Orange Social Services Agency (SSA) and representatives from community-based organizations were on site to process enrollments. CalOptima's advertising efforts continue with large bus wraps on 36 OCTA buses with routes in cities with the highest percentage of residents eligible for CalFresh. To date, Customer Service has received a total of 9,679 calls about CalFresh, with 2,831 members opting for a warm-line transfer to SSA. Further, more than 67,500 members have received text messages with a link to enrollment information.

i. Medi-Cal Pilot Program With Justice-Involved Members Set to Launch

CalOptima is co-designing and participating in a pilot with the Orange County Health Care Agency's Correctional Health Services Jail to Community Re-entry Program team. The pilot will focus on CalOptima's justice-involved members who are homeless and on medication assisted treatment (MAT) for a substance use disorder during their incarceration. The main goal will be to integrate and coordinate services to decrease barriers to care, including continuing MAT medications, behavioral health and substance use treatments, as well as addressing physical health needs, housing navigation and social determinants of health. CalOptima's Homeless Response Team will be participating in this pilot set to launch in the third quarter this year.

j. Chief Medical Officer Sends Letter to Providers Aimed at Rebuilding Relationships

Rebuilding productive relationships with CalOptima's provider community is a top priority. In just a few months, Chief Medical Officer Dr. Richard Pitts and his team have been able to make many positive changes to strengthen these partnerships. To communicate the achievements, he sent an open letter to set a new tone and reinforce CalOptima's commitment to collaboration. The message was distributed to the Orange County Medical Association as well as CalOptima's contracted health networks, hospitals and providers.

k. Vaccination and Wellness Events Benefit School-Age Children

CalOptima's Population Health Management department is partnering with Orange County Federally Qualified Health Centers, community clinics, community-based organizations and school districts to provide a series of public health and wellness events for school-age children. The July and August events offer immunizations and other health resources to CalOptima Medi-Cal members ages 5–15 years old. A separate private event will be held July 30 for children in families that are unhoused or living in hotels or shelters.

l. Percentage of Members Vaccinated Against COVID-19 Steadily Increases

As of July 18, 537,322 CalOptima members have now been vaccinated for COVID-19. This represents 70% of all members age 16+ and 58.7% of all members age 6 months and older. CalOptima has 62,835 members in the age category of 6 months to 4 years, which is the group most recently made eligible for vaccines.

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m. CalOptima Earns Significant Local, National Media Coverage

- On May 24, CalOptima issued a press release about Kelly Bruno-Nelson joining as Executive Director, Medi-Cal/CalAIM. The announcement was carried in Becker's Payer Issues and Payers and Providers. The news brought requests for interviews with Bruno-Nelson about CalAIM and the Community Supports benefit, with Becker's Payer Issues publishing an article on June 20 and State of Reform running a piece on June 22.
- On June 3, U.S. News published an article on the best diets for men and quoted CalOptima registered dietitian Jessie Fragoso.
- On June 8, U.S. News published an article on the merits of a high-protein, low-carb diet, quoting Ariadna Mendez, a registered dietitian and certified diabetes educator at CalOptima.
- On June 10, U.S. News published an article about choosing the right type of therapy, quoting Carmen Katsarov, Executive Director, Behavioral Health Integration.
- On June 15, the Orange County Register published an article on Orange County's $8.8 billion budget that included a mention of CalOptima's Street Medicine Program. It was syndicated by Excélsior and Sing Tao Daily.
- On June 21, Modern Healthcare published an article on insurers who are addressing social determinants of health, quoting Marie Jeannis, Executive Director, Quality & Population Health Management.
- On June 27, CalOptima issued a press release regarding Board approval of $64 million in additional provider support via supplemental payments for pandemic expenses and other funding. It was picked up by OC Breeze, Newsbreak and HealthLeaders. The press release was also shared with the provider community through emailed communications.
- On July 15, Healthline quoted Katsarov in an article about the mental health impact of inflation and financial anxiety.
- On July 18, Chief Medical Officer Richard Pitts, D.O., Ph.D., spoke about coronavirus issues in senior populations on a podcast by LeadingAge, a national nonprofit organization supporting aging services providers.
- On July 19, Illumination Foundation issued a press release that CalOptima contributed to regarding Orange County's selection for the California Health Care & Homelessness Learning Collaborative.
- On July 20, the Los Angeles Times/TimesOC published an article on CalOptima's proposal to offer a Covered California plan. As a follow-up to that piece, CalOptima issued a press release on PR Newswire on July 21. The release was subsequently published by Our Community Now. Additional media coverage of the Covered California plan is expected in the coming weeks.

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

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

BEHAVIORAL HEALTH

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

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 552 **Quirk-Silva**	**Integrated School-Based Behavioral Health Partnership Program:** Would establish the Integrated School-Based Behavioral Health Partnership Program to expand prevention and early intervention behavioral health services for students. This would allow a county mental health agency and local education agency to develop a formal partnership whereby county mental health professionals would deliver brief school-based services to any student who has, or is at risk of developing, a behavioral health condition or SUD. ***Potential CalOptima Impact:*** *Increased coordination with the Orange County Health Care Agency and school districts to ensure non-duplication of other school-based behavioral health services and initiatives.*	**06/15/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/01/2022** Passed Senate Education Committee **01/31/2022** Passed Assembly floor	CalOptima: Watch
SB 1019 **Gonzalez**	**Mental Health Benefit Outreach and Education:** Would require a Medi-Cal managed care plan (MCP) to conduct annual outreach and education to beneficiaries and primary care physicians regarding covered mental health benefits while incorporating best practices in stigma reduction. The California Department of Health Care Services (DHCS) must review an MCP's outreach and engagement plan for approval. Every three years, DHCS would conduct an assessment of Medi-Cal beneficiaries' experience with mental health services, which an MCP must supplement through regional surveys or listening sessions. ***Potential CalOptima Impact:*** *Additional member and provider outreach activities by CalOptima staff.*	**06/21/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/26/2022** Passed Senate floor	CalOptima: Watch
SB 1338 **Umberg**	**Community Assistance, Recovery, and Empowerment (CARE) Court Program:** Would establish the CARE Court Program to facilitate delivery of mental health and SUD services to individuals with schizophrenia spectrum or other psychotic disorders who are unable to survive safely in the community. The program would connect a person in crisis with a court-ordered care plan for up to 12 months, with the option to extend an additional 12 months as a diversion from homelessness, incarceration or conservatorship. Care plans could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and housing resources. Eligible individuals may be referred by family members, counties, behavioral health providers or first responders among others. ***Potential CalOptima Impact:*** *Increased behavioral health and SUD services for eligible CalOptima members.*	**06/28/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **06/21/2022** Passed Assembly Judiciary Committee **05/25/2022** Passed Senate floor	CalOptima: Watch CAHP: Concern

BUDGET

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 2471 DeLauro (CT)	**Consolidated Appropriations Act, 2022:** Appropriates $1.5 trillion to fund the federal government through September 30, 2022, including earmarks for the following projects in Orange County: ■ Children's Hospital of Orange County: $325,000 to expand capacity for mental health treatment services and programs in response to the COVID-19 pandemic ■ City of Huntington Beach: $500,000 to establish a mobile crisis response program ■ County of Orange: $2 million to develop a second Be Well Orange County campus in the City of Irvine ■ County of Orange: $5 million to develop a Coordinated Reentry Center to help justice-involved individuals with mental health conditions or SUDs reintegrate into the community ■ North Orange County Public Safety Task Force: $5 million to expand homeless outreach and housing placement services In addition, extends all current telehealth flexibilities in the Medicare program until approximately five months following the termination of the COVID-19 PHE. ***Potential CalOptima Impact:*** *Increased coordination with the County of Orange and other community partners to support implementation of projects that benefit CalOptima members; continuation of all current telehealth flexibilities for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).*	**03/15/2022** Signed into law	CalOptima: Watch
AB 178 Ting **SB 154 Skinner**	**Budget Act of 2022:** Makes appropriations for the government of the State of California for Fiscal Year (FY) 2022–23. Total spending is just over $300 billion, of which $234.4 billion is from the General Fund. ***Potential CalOptima Impact:*** *Impacts are discussed in the enclosed Analysis of the Enacted Budget.*	**06/30/2022** Signed into law	CalOptima: Watch
AB 186 Committee on Budget	**Skilled Nursing Facility (SNF) Financing Reform Trailer Bill:** Enacts budget trailer bill language containing the policy changes needed to implement FY 2022–23 budget expenditures regarding SNF financing. ***Potential CalOptima Impact:*** *Impacts are discussed in the enclosed Analysis of the Enacted Budget.*	**06/30/2022** Signed into law	CalOptima: Watch
SB 184 Committee on Budget and Fiscal Review	**Health Trailer Bill:** Consolidates and enacts certain budget trailer bill language containing the policy changes needed to implement health-related expenditures in the FY 2022–23 state budget. ***Potential CalOptima Impact:*** *Impacts are discussed in the enclosed Analysis of the Enacted Budget.*	**06/30/2022** Signed into law	CalOptima: Watch

COVERED BENEFITS

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 56 **Biggs (AZ)**	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima's lines of business.*	**01/04/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 1118 **Dingell (MI)**	**Medicare Hearing Aid Coverage Act of 2021:** Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima OneCare, OneCare Connect and PACE.*	**02/18/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4187 **Schrier (WA)**	**Medicare Vision Act of 2021:** Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and PACE.*	**06/25/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4311 **Doggett (TX)** **S. 2618** **Casey (PA)**	**Medicare Dental, Vision, and Hearing Benefit Act of 2021:** Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits: ■ Dental: Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures ■ Vision: Routine eye examinations, eyeglasses, contact lenses and low vision devices ■ Hearing: Routine hearing examinations, hearing aids and related examinations The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare, OneCare Connect and PACE; higher federal funding rate for current Medi-Cal benefits.*	**07/01/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4650 **Kelly (IL)**	**Medicare Dental Coverage Act of 2021:** Effective January 1, 2025, would require Medicare Part B coverage of dental and oral health services, including routine dental cleanings and examinations, basic and major dental treatments, and dentures. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and PACE.*	**07/22/2021** Introduced; referred to committees	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1929 **Gabriel**	**Violence Preventive Services:** Would add violence prevention services as a covered Medi-Cal benefit to reduce the rate of violent injury and trauma as well as promote recovery, stabilization and improved health outcomes ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members; additional credentialing and contracting for a new provider type.*	**06/16/2022** Passed Senate Appropriations Committee; referred to Senate floor **06/08/2022** Passed Senate Health Committee **05/25/2022** Passed Assembly floor	CalOptima: Watch
AB 1930 **Arambula**	**Perinatal Services:** Would require Medi-Cal coverage of additional perinatal assessments and services as developed by the California Department of Public Health and additional stakeholders for beneficiaries up to one year postpartum. A nonlicensed perinatal worker could deliver such services if supervised by an enrolled Medi-Cal provider or a non-enrolled community-based organization (CBO) if a Medi-Cal provider is available for billing. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members up to one-year postpartum.*	**06/15/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/26/2022** Passed Assembly floor	CalOptima: Watch
AB 2697 **Aguiar-Curry**	**Community Health Workers (CHWs) and Promotores:** Would add preventive services provided by CHWs and promotores as a Medi-Cal covered benefit. Services include health education, navigation and advocacy for the purpose of preventing disease, prolonging life and promoting physical and behavioral health. CHWs would qualify to provide services upon completion of a certification program or after three years of analogous work experience. Medi-Cal MCPs would conduct annual benefit education to beneficiaries and providers as well as complete an annual assessment of CHW and promotores capacity and need. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members; additional member and provider outreach activities; additional network adequacy analyses.*	**06/29/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/25/2022** Passed Assembly floor	CalOptima: Watch
SB 245 **Gonzalez**	**Abortion Services:** Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2023. In addition, a health plan and its delegated entities may not require a prior authorization or impose an annual or lifetime limit on such coverage. ***Potential CalOptima Impact:*** *Modified Utilization Management (UM) procedures for a covered Medi-Cal benefit.*	**03/22/2022** Signed into law	CalOptima: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 912 Limón	**Biomarker Testing:** No later than July 1, 2023, would add biomarker testing, including whole genome sequencing, as a Medi-Cal covered benefit to diagnose, treat or monitor a disease. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima Medi-Cal members.*	**06/21/2022** Passed Assembly Health Committee; referred to Assembly Appropriation Committee **05/25/2022** Passed Senate floor	CalOptima: Watch CAHP: Oppose Unless Amended

MEDI-CAL ELIGIBILITY AND ENROLLMENT

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 1738 Dingell (MI) **S. 646 Brown (OH)**	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**03/10/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support
H.R. 5610 Bera (CA) **S. 3001 Van Hollen (MD)**	**Easy Enrollment in Health Care Act:** To streamline and increase enrollment into public health insurance programs, would allow taxpayers to request their federal income tax returns include a determination of eligibility for Medicaid, CHIP or advance premium tax credits to purchase insurance through a health plan exchange. Taxpayers could also consent to be automatically enrolled into any such program or plan if they would be subject to a zero net premium. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**10/19/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support
H.R. 6636 Trone (MD) **S. 2697 Cassidy (LA)**	**Due Process Continuity of Care Act:** Would allow states to extend Medicaid coverage to inmates who are awaiting trial and have not been convicted of a crime. ***Potential CalOptima Impact:*** *If DHCS exercises option and requires enrollment into managed care, increased number of CalOptima Medi-Cal members.*	**08/10/2021** Introduced; referred to committees	CalOptima: Watch
AB 2402 Rubio, B.	**Medi-Cal Continuous Eligibility for Children:** Would allow Medi-Cal beneficiaries under five years of age to remain continuously eligible for Medi-Cal regardless of income changes. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**06/22/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/25/2022** Passed Assembly floor	CalOptima: Watch LHPC: Support
AB 2680 Arambula	**Community Health Navigator Program:** Would require DHCS to create the Community Health Navigator Program to issue direct grants to qualified CBOs to conduct targeted outreach, enrollment and access activities for Medi-Cal-eligible individuals and families. ***Potential CalOptima Impact:*** *Increased number of CalOptima Medi-Cal members.*	**06/30/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/25/2022** Passed Assembly floor	CalOptima: Watch

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 498 **Quirk-Silva**	**CalOptima Board of Directors:** Would remove the December 31, 2022, sunset date for the current structure of the CalOptima Board of Directors (Board). Would also prohibit an Orange County Supervisor who serves on the Board from being appointed to any other seat on the Board within one year of their Board service. In addition, would prohibit Board members, except for those representing the community clinic, health network and physician seats, from the following activities for one year following their Board service: ■ Lobbying CalOptima ■ Employment at CalOptima ■ Employment at any entity which has received funds from CalOptima within the previous five years ***Potential CalOptima Impact:*** *Permanent continuation of the current Board structure; new employment restrictions for one year following service on the Board.*	**06/29/2022** Passed Senate Finance and Governance Committee; referred to Senate Appropriations Committee **06/22/2022** Passed Senate Health Committee	CalOptima: Watch
AB 1355 **Levine**	**Medi-Cal Independent Medical Review (IMR) System:** Would require DHCS to establish an IMR system, effective January 1, 2023, for Medi-Cal services provided through the following: ■ County Drug Medi-Cal Organized Delivery Systems ■ County Mental Health Plans ■ Medi-Cal fee-for-service (FFS) ■ Medi-Cal MCPs without a Knox-Keene license from the California Department of Managed Health Care (DMHC) ■ PACE The proposed DHCS IMR would closely mirror the current DMHC IMR process for Knox-Keene licensed health plans. As a result, the bill would provide every Medi-Cal beneficiary with access to an IMR. ***Potential CalOptima Impact:*** *Implementation of an additional Grievance and Appeals process for CalOptima Medi-Cal and PACE.*	**06/14/2022** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **06/01/2022** Passed Senate Health Committee **01/27/2022** Passed Assembly floor	CalOptima: Watch
AB 1400 **Kalra, Lee, Santiago**	**California Guaranteed Health Care for All:** Would create the California Guaranteed Health Care for All program (CalCare) to provide a comprehensive universal single-payer health care benefit for all California residents. Would require CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of CHIP, Medi-Cal, Medicare, the Knox-Keene Act, and ancillary health care or social services covered by regional centers for people with developmental disabilities. ***Potential CalOptima Impact:*** *Unknown but potentially significant impacts to the Medi-Cal delivery system and MCPs, including changes to administration, covered benefits, eligibility, enrollment, financing and organization.*	**01/31/2022** Died on Assembly floor	CalOptima: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1937 **Patterson**	**Out-of-Pocket Pregnancy Costs:** No later than July 1, 2023, would require DHCS to reimburse pregnant Medi-Cal beneficiaries up to $1,250 for out-of-pocket pregnancy costs, including birth and infant care classes, midwife and doula services, lactation support, prenatal vitamins, lab tests or screenings, prenatal acupuncture or acupressure, and medical transportation. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members who are currently or were recently pregnant.*	**04/29/2022** Died in Assembly Health Committee	CalOptima: Watch
AB 1944 **Lee**	**Brown Act Flexibilities:** Would extend certain Brown Act flexibilities, temporarily enacted in response to the COVID-19 PHE, until January 1, 2030, regardless of the existence of a PHE. Specifically, teleconferencing locations for any members of a legislative body would not need to be identified or publicly accessible. If exercising these flexibilities, a legislative body must comply with the following requirements: ■ A quorum of members must participate in person at a single location identified on the agenda and publicly accessible. ■ The agenda must identify which members are teleconferencing. ■ Members of the public must have access to a video stream of the primary meeting location. ■ Members of the public must be able to provide public comment via in-person, audio-visual or call-in options. ***Potential CalOptima Impact:*** *Continued ability for members of the Board and advisory committees to participate in meetings by teleconference; modified posting and noticing requirements for the Clerk of the Board.*	**07/01/2022** Died in Senate Governance and Finance Committee **05/26/2022** Passed Assembly floor	CalOptima: Watch
AB 1995 **Arambula**	**Medi-Cal Premium and Copayment Elimination:** Would eliminate Medi-Cal premiums for low-income children whose family income exceeds 160% federal poverty level (FPL), working disabled persons with incomes less than 250% FPL and pregnant women and infants enrolled in the Medi-Cal Access Program. Would also eliminate copayments for all Medi-Cal beneficiaries. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima Medi-Cal members.*	**06/15/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/26/2022** Passed Assembly floor	CalOptima: Watch LHPC: Support
AB 2077 **Calderon**	**Medi-Cal Personal Needs Allowance:** Would increase the monthly income that a Medi-Cal beneficiary residing in a long-term care (LTC) facility or receiving PACE services is allowed to retain from $35 to $80. Beneficiaries must contribute remaining income as a share of cost to the facility before Medi-Cal pays remaining expenses. ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima PACE participants and CalOptima Medi-Cal members residing in LTC facilities with a share of cost.*	**06/08/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/25/2022** Passed Assembly floor	CalOptima: Watch CalPACE: Support LHPC: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2449 **Rubio, B.**	**Brown Act Flexibilities:** Would extend certain Brown Act flexibilities, temporarily enacted in response to the COVID-19 PHE, until January 1, 2026, regardless of the existence of a PHE. Specifically, teleconferencing locations for any members of a legislative body would not need to be identified or publicly accessible. If exercising these flexibilities, a legislative body must comply with the following requirements: ■ A quorum of members must participate in person at a single location identified on the agenda and publicly accessible. ■ Teleconferencing members must participate through audio and visual technology. ■ Members of the public must be able to provide public comment via in-person, two-way audiovisual platform or two-way telephonic service with a live meeting webcast. ■ Members may only teleconference due to a medical emergency for themselves or family, or, at no more than two meetings per calendar year, another "just cause" for remote participation, such as a caregiving need, contagious illness, disability or travel while on official business. ***Potential CalOptima Impact:*** *Continued ability for members of the Board and advisory committees to participate in meetings by teleconference; modified posting and noticing requirements for the Clerk of the Board.*	**06/28/2022** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **06/22/2022** Passed Senate Governance and Finance Committee **05/26/2022** Passed Assembly floor	CalOptima: Watch
AB 2724 **Arambula**	**Alternate Health Care Service Plan:** No sooner than January 1, 2024, would authorize DHCS to contract directly with an Alternate Health Care Service Plan (AHCSP) as a Medi-Cal MCP in any region. An AHCSP is a nonprofit health plan with at least four million enrollees statewide that owns or operates pharmacies and provides medical services through an exclusive contract with a single medical group in each region. Enrollment into an AHCSP would be limited to the following Medi-Cal beneficiaries: ■ Previous AHCSP enrollees and their immediate family members ■ Dually eligible for Medi-Cal and Medicare benefits ■ Foster youth ■ A share of default enrollments when a Medi-Cal MCP is not selected ***Potential CalOptima Impact:*** *Additional Medi-Cal MCP in Orange County; decreased number of CalOptima Medi-Cal members; increased percentage of CalOptima members who are high-risk.*	**06/30/2022** Signed into law	**04/07/2022** CalOptima: Oppose Unless Amended LHPC: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 250 **Pan**	**Prior Authorization "Deemed Approved" Status:** Beginning January 1, 2024, would require a health plan to review a provider's prior authorization requests to determine eligibility for "deemed approved" status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if the health plan approved at least 80% of their prior authorization requests within the past year. ***Potential CalOptima Impact:*** *Implementation of new UM procedures to assess provider appeals rates and exempt certain providers from UM requirements.*	**06/28/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **06/01/2021** Passed Senate floor	CalOptima: Watch CAHP: Oppose
SB 858 **Wiener**	**Health Plan Civil Penalties:** Would increase the civil penalty amount that DMHC could levy on a health plan from no more than $2,500 per violation to no more than $25,000 per violation. The penalty amount would be adjusted annually, beginning January 1, 2024. ***Potential CalOptima Impact:*** *Increased financial penalties for CalOptima OneCare, OneCare Connect and PACE.*	**06/28/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/24/2022** Passed Senate floor	CalOptima: Watch CAHP: Oppose
SB 923 **Wiener**	**TGI Inclusive Care Act:** No later than January 1, 2024, would require Medi-Cal MCP and PACE organization staff in direct contact with beneficiaries to complete cultural competency training to help provide inclusive health care services for individuals who identify as transgender, gender diverse or intersex (TGI). In addition, no later than July 31, 2023, would require a Medi-Cal MCP and PACE organization to identify in its provider directory any in-network providers who share that they offer gender-affirming services. Finally, no later than January 1, 2025, would require the California Health and Human Services Agency to implement a quality standard that measures patient experience with TGI cultural competency. ***Potential CalOptima Impact:*** *Additional training requirement for member-facing CalOptima employees; additional requirement for provider directory publication.*	**06/21/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/23/2022** Passed Senate floor	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 3173 **DelBene (WA)** **S. 3018** **Marshall (KS)**	**Improving Seniors' Timely Access to Care Act:** Would require Medicare Advantage (MA) plans to issue real-time decisions for routine prior authorization requests. HHS would determine and biannually update the definitions of "real-time" and "routine." In addition, HHS would establish electronic prior authorization transmission standards for MA plans. ***Potential CalOptima Impact:*** *Modified UM procedures and timelines for CalOptima OneCare.*	**05/13/2022** Introduced; referred to committees	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4131 **Dingell (MI)** **S. 2210** **Casey (PA)**	**Better Care Better Jobs Act:** Would make permanent the enhanced 10% FMAP for Medicaid home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with $100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS. ***Potential CalOptima Impact:*** *Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.*	**06/24/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 4941 **Blumenauer (OR)**	**PACE Part D Choice Act of 2021:** Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option. ***Potential CalOptima Impact:*** *Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.*	**08/06/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 6770 **Dingell (MI)** **S. 1162** **Casey (PA)**	**PACE Plus Act:** Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers. Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility. ***Potential CalOptima Impact:*** *Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the size and/or service area of a current PACE center or to establish a new PACE center(s).*	**04/15/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 6823 **Brownley (CA)** **S. 3854** **Moran (KS)**	**Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act:** Would require Veterans Affairs (VA) medical centers to establish partnerships with PACE organizations to enable veterans to access PACE services through their VA benefits. ***Potential CalOptima Impact:*** *Increased number of CalOptima PACE participants; increased care coordination for CalOptima PACE participants who are veterans.*	**07/19/2022** Passed House Committee on Veterans' Affairs; referred to House floor	CalOptima: Watch NPA: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
S. 3626 **Casey**	**PACE Expanded Act:** To increase access to and the affordability of PACE, would allow PACE organizations to set premiums individually for Medicare-only beneficiaries consistent with their health status. Would also allow individuals to enroll in PACE at any time during the month. In addition, would simplify and expedite the process for organizations to apply for the following: ■ New PACE program ■ New centers for an existing PACE program ■ Expanded service area for an existing PACE center Finally, would allow pilot programs to test the PACE model of care with new populations not currently eligible to participate in PACE. ***Potential CalOptima Impact:*** *Increased number of CalOptima PACE participants; expanded eligibility criteria; new premium development procedure; simplified process to establish new PACE centers.*	**02/10/2022** Introduced; referred to committee	CalOptima: Watch NPA: Support
SB 1342 **Bates**	**Older Adult Care Coordination:** Would allow a county and/or an Area Agency on Aging to create a multi-disciplinary team (MDT) for county departments and aging service providers to exchange information about older adults to better address their health and social needs. By eliminating data silos, MDTs could develop coordinated case plans for wraparound services, provide support to caregivers and improve service delivery. ***Potential CalOptima Impact:*** *Participation in Orange County's MDT; improved care coordination for CalOptima's older adult members.*	**06/21/2022** Passed Assembly Aging and Long-Term Care Committee; referred to Assembly Appropriations Committee **05/25/2022** Passed Senate floor	**03/29/2022** CalOptima: Support County of Orange: Sponsor

PHARMACY

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 853 **Wiener**	**Medication Access Act:** Effective January 1, 2023, would require a health plan to cover a prescribed medication for the duration of any internal and external appeals if the drug was previously covered for the beneficiary by any health plan. ***Potential CalOptima Impact:*** *Modified UM and Grievance and Appeals requirements for prescribed drugs covered by CalOptima; increased CalOptima costs for drug coverage.*	**06/28/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/25/2022** Passed Senate floor	CalOptima: Watch CAHP: Oppose
SB 958 **Limón**	**Medication and Patient Safety Act of 2022:** Would prohibit health plans from arranging for "brown bagging" or "white bagging," as follows, except under certain limited conditions: ■ "Brown bagging" involves specialty pharmacies dispensing an infused or injected medication directly to a patient who transports it to a provider for administration. ■ "White bagging" involves specialty pharmacies distributing such medications to a provider ahead of a patient's visit. ***Potential CalOptima Impact:*** *Increased CalOptima costs and decreased member access for certain physician-administered drugs covered by CalOptima.*	**07/01/2022** Died in Assembly Health Committee **05/25/2022** Passed Senate floor	CalOptima: Watch CAHP: Oppose LHPC: Oppose Unless Amended

PROVIDERS

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2581 **Salas**	**Behavioral Health Provider Credentialing:** Effective January 1, 2023, would require health plans to process credentialing applications from mental health and SUD providers within 60 days of receipt. ***Potential CalOptima Impact:*** *Modified provider credentialing processes for Quality Improvement staff.*	**06/08/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/23/2022** Passed Assembly Health Committee	CalOptima: Watch
AB 2659 **Patterson**	**Midwife Access:** Would require a Medi-Cal MCP to include at least one licensed midwife (LM), certified-nurse midwife (CNM) and alternative birth center specialty clinic in each county within its provider network. An MCP would be exempt if such providers or centers are not located within the county or do not accept Medi-Cal payments. An MCP must reimburse an out-of-network provider who accepts the Medi-Cal FFS rate. ***Potential CalOptima Impact:*** *Additional provider contracting and credentialing; increased access to midwifery services for CalOptima Medi-Cal members.*	**04/29/2022** Died in Assembly Health Committee	CalOptima: Watch
SB 966 **Limón**	**Clinic Providers:** Effective 60 days following the termination of the COVID-19 PHE, would allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to be reimbursed for visits with an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner. ***Potential CalOptima Impact:*** *Increased member access to behavioral health providers at contracted FQHCs.*	**06/14/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/25/2022** Passed Senate floor	CalOptima: Watch LHPC: Support
SB 987 **Portantino**	**California Cancer Care Equity Act:** Would require a Medi-Cal MCP to make a good faith effort to contract directly with at least one National Cancer Institute Designated Cancer Center in each county — where one exists — within the MCP's service area. In addition, an MCP must inform a beneficiary within seven days of a complex cancer diagnosis regarding their ability to request a referral to a Cancer Center. DHCS would establish payment rates for MCPs and Cancer Centers that do not already have an agreed-upon rate. ***Potential CalOptima Impact:*** *Modified UM procedures for CalOptima Medi-Cal members referred to the UCI Health Chao Family Comprehensive Cancer Center; increased access to cancer care.*	**06/28/2022** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/24/2022** Passed Senate floor	CalOptima: Watch LHPC: Oppose

REIMBURSEMENT RATES

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1892 **Flora**	**California Orthotic and Prosthetic Patient Access and Fairness Act:** Would require reimbursement for prosthetic and orthotic appliances and durable medical equipment (DME) to be at least 80% of the lowest maximum allowance for California established by the federal Medicare program. ***Potential CalOptima Impact:*** *Increased cost to CalOptima Medi-Cal due to higher reimbursement to DME providers; adjustment to DHCS capitation rates.*	**06/08/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/25/2022** Passed Senate floor	CalOptima: Watch
AB 2458 **Weber**	**Whole Child Model (WCM) Reimbursement Rates:** Effective January 1, 2023, would increase provider reimbursement rates for WCM services by 25% if provided at a medical practice in which at least 30% of pediatric patients are Medi-Cal beneficiaries. ***Potential CalOptima Impact:*** *Increased cost to CalOptima Medi-Cal due to higher reimbursement to WCM providers; adjustment to DHCS capitation rates.*	**05/20/2022** Died in Assembly Appropriations Committee **03/22/2022** Passed Assembly Health Committee	CalOptima: Watch

SOCIAL DETERMINANTS OF HEALTH

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 2503 **Bustos (IL)** **S. 3039** **Young (IN)**	**Social Determinants Accelerator Act of 2021:** Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than $25 million (House version) or $10 million (Senate version) as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries. ***Potential CalOptima Impact:*** *Increased availability of federal grants to address the SDOH of members with complex needs.*	**07/15/2021** Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee	CalOptima: Watch
H.R. 3894 **Blunt Rochester (DE)**	**Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:** Would require the Centers for Medicare & Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**12/08/2021** Passed House floor; referred to Senate Committee on Finance	CalOptima: Watch
H.R. 4026 **Burgess (TX)**	**Social Determinants of Health Data Analysis Act of 2021:** Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**11/30/2021** Passed House floor; referred to Senate Committee on Health, Education, Labor, and Pensions	CalOptima: Watch
SB 17 **Pan**	**Office of Racial Equity:** Would establish the independent Office of Racial Equity and the position of Chief Equity Officer to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals. ***Potential CalOptima Impact:*** *Increased reporting requirements to DHCS.*	**06/30/2021** Passed Assembly Accountability and Administrative Review Committee; referred to Assembly Appropriations Committee **06/02/2021** Passed Senate floor	CalOptima: Watch

TELEHEALTH

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

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 4058 **Matsui (CA)** **S. 2061** **Cassidy (LA)**	**Telemental Health Care Access Act of 2021:** Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth. ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.*	**06/22/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 7573 **Axne (IA)** **S. 3593** **Cortez Masto (NV)**	**Telehealth Extension and Evaluation Act:** Would extend current Medicare telehealth payments authorized temporarily in response to the COVID-19 pandemic for two additional years following the termination of the PHE. Would require HHS to study the impact of telehealth flexibilities and report its recommendations for permanent telehealth policies to Congress. ***Potential CalOptima Impact:*** *Continuation of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**02/08/2022** Introduced; referred to committee	CalOptima: Watch
S. 150 **Cortez Masto (NV)**	**Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 PHE. ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	**02/02/2021** Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support
AB 32 **Aguiar-Curry**	**Medi-Cal Telehealth Payment and Flexibilities:** Would permanently extend or modify certain Medi-Cal telehealth flexibilities currently authorized during the COVID-19 pandemic as follows: ■ FQHC and RHC encounters, including those which establish a new patient, include audiovisual, audio-only and asynchronous store and forward telehealth modalities reimbursed at the same rate as an in-person visit. ■ DHCS must specify the Medi-Cal covered benefits that may be delivered via telehealth as well as the other telehealth provider types allowed in addition to FQHCs and RHCs. ■ Medi-Cal telehealth providers may deliver services through audiovisual, audio-only, asynchronous store and forward, remote patient monitoring, and other virtual modalities subject to future DHCS billing and UM policies. ■ Remote patient monitoring and other virtual modalities may not be used to establish new patient relationships and may be subject to different reimbursement rates. ■ Medi-Cal providers delivering audiovisual and audio-only telehealth services must also offer in-person services. ■ PACE organizations may use audiovisual telehealth services to conduct eligibility assessments. Finally, would allow Medi-Cal MCPs to include telehealth encounters when determining compliance with network adequacy standards or alternative access requirements, subject to certain restrictions. ***Potential CalOptima Impact:*** *Continuation and modification of certain telehealth flexibilities for CalOptima Medi-Cal and PACE.*	**06/29/2022** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/01/2021** Passed Assembly floor	CalOptima: Watch CAHP: Concern

YOUTH SERVICES

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

Two-Year Bills

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

- AB 4 (Arambula)
- AB 114 (Maienschein)
- AB 470 (Carrillo)
- AB 540 (Petrie-Norris)
- SB 56 (Pan)
- SB 293 (Limón)
- SB 316 (Eggman)
- SB 523 (Leyva)
- SB 562 (Portantino)

2021 Signed Bills

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

2021 Vetoed Bills

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

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

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

Last Updated: July 25, 2022

2022 Federal Legislative Dates

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

2022 State Legislative Dates

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

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

FY 2022–23 California State Budget: Analysis of the Enacted Budget

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Background

On January 10, 2022, Gov. Gavin Newsom released the Fiscal Year (FY) 2022–23 Proposed State Budget with total spending at $286.4 billion, including $213.1 billion General Fund (GF). The proposed budget also estimated a $45.7 billion surplus and proposed $34.6 billion in budget reserves, which could be attributed to federal COVID-19 stimulus funding and higher than expected tax receipts.

On May 13, 2022, Gov. Newsom released the FY 2022–23 Revised Budget Proposal (May Revise) at a total of $300.7 billion, including $227.4 billion in GF spending, representing an increase of $14.3 billion compared to the January Proposed Budget due to further revenue growth. The May Revise included an even larger $49.2 billion discretionary surplus and $37.1 billion in budget reserves.

To meet the constitutionally obligated deadline to pass a balanced budget, on June 14, 2022, the Senate and Assembly passed Senate Bill (SB) 154, the Budget Act of 2022, a preliminary state budget representing the Legislature's counterproposal to the May Revise. The Legislature's Budget included a spending plan of $300 billion, including $235.5 billion GF.

Following negotiations with the Legislature, Gov. Newsom signed into law the preliminary state budget (SB 154) on June 27 and the final budget revisions (Assembly Bill [AB] 178) on June 30. On the same day, he signed the consolidated Health Trailer Bill (SB 184) and the Skilled Nursing Facility (SNF) Financing Reform Trailer Bill (AB 186) containing the statutory policy changes needed to implement health-related budget expenditures. Together, these bills represent the Enacted Budget for FY 2022–23, effective July 1, 2022.

Overview

In summary, the enacted budget appropriates a total of just over $300 billion, of which $234.4 billion is from the GF. This represents an increase of $37.4 billion compared with the FY 2021–22 enacted budget. Specifically, the budget includes $135.5 billion ($36.6 billion GF) in Medi-Cal spending, an 11.2% increase from the current FY, with an assumption that Medi-Cal caseload will increase by 0.6% to 14.5 million beneficiaries as redeterminations resume this FY following termination of the COVID-19 public health emergency (PHE). Based on a record-high budget surplus, the budget allocates 93% towards one-time spending initiatives and $37.2 billion for reserves. Major components included in the enacted budget that may impact CalOptima are discussed below.

Behavioral Health

The Enacted Budget includes significant investments in behavioral health, particularly for children and youth. As expected, there is ongoing funding towards implementing the Children and Youth Behavioral Health Initiative (CYBHI), including the following components in FY 2022–23:

- Dyadic services as a new Medi-Cal benefit, as discussed later
- Evidence-based behavioral health practices
- School behavioral health partnerships and capacity
- Statewide behavioral health services platform and related e-consult service and provider training

While some CYBHI initiatives are directly managed by DHCS, CalOptima's Behavioral Health Integration department may still be involved in guiding certain programs or coordinating member access.

In addition, the budget includes an extra $290 million in one-time funding over three years to address urgent needs and emergent issues in children's behavioral health through the following initiatives:

- Wellness and mindfulness programs
- Parent training and education
- Digital supports for remote assessment and intervention
- School-based crisis response pilots to prevent youth suicide
- Peer-to-peer support programs

A total of $8 million in one-time finding is also allocated for National Suicide Prevention Lifeline crisis centers to prepare for the implementation of the 9-8-8 calling code on July 16, 2022.

Finally, to address the immediate housing and treatment needs of those with serious behavioral health conditions, the budget also includes $1.5 billion over two years to purchase and install tiny homes for immediate behavioral health bridge housing.

California Advancing and Innovating Medi-Cal (CalAIM)

The Enacted Budget includes $3.1 billion ($1.2 billion GF) in FY 2022–23 to implement CalAIM. CalAIM initiatives being implemented in FY 2022–23 continue to include:

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

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

In addition to $1.8 billion of previously allocated PATH funding, the budget provides an additional $50 million ($16 million GF) for counties and correctional entities to support capacity building, technical assistance, collaboration and planning. While plans are not eligible for this funding, CalOptima is expected to coordinate PATH and CalAIM Incentive Payment Program investments with the County of Orange.

COVID-19

As the COVID-19 pandemic enters its endemic phase, the budget allocates $1.9 billion to ensure ongoing pandemic response and preparedness for potential future surges of additional COVID-19 variants. This includes investments towards vaccinations (including boosters), rapid and school-based testing, enhanced surveillance, test to treat therapeutics and medical surge staffing.

In addition, with the PHE expected to terminate in the coming months, the budget includes funding to ensure continuity of Medi-Cal coverage as eligibility redeterminations resume. Funding supports additional county workloads, Health Enrollment Navigators expansion and media and outreach campaigns to collect updated member contact information. CalOptima is separately executing its own member communication strategies.

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

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

Housing and Homelessness

Building off a $12 billion multiyear investment to address homelessness as part of last year's enacted budget, this year's budget includes an additional $2 billion multiyear affordable housing package, including investments in the Multifamily Housing Program, Housing Accelerator Program, Farmworker Housing Program, Accessory Dwelling Unit financing and Veterans Housing and Homelessness Prevention Program. The budget also includes $700 million over two years for local jurisdictions to address encampments through short- and long-term rehousing strategies.

Contingent on passage of implementing legislation (SB 1338), the budget sets aside funding for the governor's proposed Community Assistance, Recovery, and Empowerment (CARE) Court. CARE Court would facilitate delivery of mental health and substance use disorder services to individuals with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capabilities. The program would connect a person in crisis with a court-ordered care plan for up to 24 months as a diversion from homelessness, incarceration or conservatorship. Care plans could include court-ordered stabilization medications, wellness and recovery supports, and connection to social services and a housing plan. It is not yet known how Medi-Cal managed care plans (MCPs) may be involved in the delivery or coordination of care to their members.

Inflation Relief

In an effort to provide direct relief for rising costs due to inflation, the budget includes a $17 billion relief package, which includes the following elements:

- $1.3 billion for retention payments of up to $1,500 each for hospital and SNF workers
- Permanent extension of the State Premium Subsidy Program to provide financial assistance for individuals purchasing health care coverage through Covered California

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

Kaiser Medi-Cal Contract

As part of the budget packet, Gov. Newsom also signed into law AB 2724, which authorizes DHCS to enter into a direct, statewide contract with Kaiser Permanente to provide Medi-Cal services in any county, starting January 1, 2024. If the Centers for Medicare and Medicaid Services approves DHCS' waiver request, the contract is expected to result in significant negative impacts to CalOptima and its members and providers as well as the broader safety net health system. CalOptima and the County of Orange adopted positions of Oppose Unless Amended to prohibit a direct contract in counties with County Organized Health Systems (COHS), but the final bill still applies to COHS counties.

Medi-Cal Benefits

The Enacted Budget includes additional funding for several new Medi-Cal benefits.

As referenced earlier, the budget funds the implementation of dyadic services, effective January 1, 2023. Similar to Parent-Child Interaction Therapy, currently managed by the Orange County Health Care Agency (HCA), dyadic care provides integrated physical and behavioral health screening and services to the whole family. The goal of providing dyadic care is to improve access to preventive and coordinated care for children, rates of immunization completion, social-emotional health services, developmentally appropriate parenting and maternal mental health.

In addition, 24/7 mobile crisis intervention services will become a Medi-Cal benefit implemented through county behavioral health systems as soon as January 1, 2023. It is expected that HCA may operate this benefit out of the Be Well OC campus. While not provided by MCPs, this new benefit may still require increased coordination and follow-up care by CalOptima and its contracted providers.

The budget also delays implementation of the doula benefit from July 1, 2022, until January 1, 2023, and provides funding to increase the maximum reimbursement rate from an average of $450 to $1,094 per birth for doula services. Lastly, effective July 1, 2022, annual cognitive health assessments become a Medi-Cal benefit for beneficiaries ages 65 years and older if they are ineligible under Medicare.

Medi-Cal Eligibility

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

The budget also continues to include $53 million ($19 million GF) funding to eliminate Medi-Cal premiums for approximately 500,000 higher-income pregnant women,

children and disabled working adults covered under the Children's Health Insurance Program (CHIP), Medi-Cal Access Program (MCAP) and 250% Working Disabled Program.

Additionally, trailer bill language authorizes continuous Medi-Cal eligibility for children up to 5 years of age, beginning January 1, 2025, preventing disenrollment regardless of changes in family income. DHCS will also expand the Children's Presumptive Eligibility Program by allowing all Medi-Cal providers to enroll children under 19 years of age into Medi-Cal through the presumptive eligibility process.

No sooner than January 1, 2025, seniors and persons with disabilities who qualify for Medi-Cal under Medically Needy criteria will have reduced share of cost requirements by increasing the Medi-Cal Maintenance Need Income Level to match the income eligibility limit for Medi-Cal without a share of cost. As a result of CalAIM, these share of cost beneficiaries are currently covered under Medi-Cal FFS, as of January 1, 2022.

Provider Payments

The Enacted Budget includes $700 million over five years for Equity and Practice Transformation Payments, which are one-time provider payments focused on advancing equity, reducing COVID-19-driven care gaps, supporting upstream interventions to address social determinants of health and improving quality in maternity, children's preventive and integrated behavioral health care. It is anticipated that some if not all of these payments will flow through Medi-Cal MCPs, though key details on implementation have not been shared.

A new Workforce and Quality Incentive Program will provide $280 million in directed payments to SNFs that meet quality benchmarks or who have demonstrated substantial improvement. Medi-Cal MCPs will coordinate program implementation and issue payments. Other changes to SNF payments include:

- New reimbursement rate structure, beginning January 1, 2023
- Average 4% annual rate increase
- One-year extension of the temporary 10% rate increase effective during the COVID-19 PHE

The budget continues nearly all Proposition 56 supplemental payment programs, with several transferring to the GF to allow for ongoing funding regardless of fluctuations in Proposition 56 revenues. However, the Value Based Payment program still sunsetted on June 30, 2022, and the Behavioral Health Integration program is still set to sunset on December 31, 2022. The budget made permanent the Medi-Cal Physician and Dentist Loan Repayment Program, also funded through Proposition 56, and provided additional funds from the GF for FY 2022–23.

The Enacted Budget also eliminates most remaining Great Recession-era ("AB 97") Medi-Cal rate cuts for 35 additional provider types and services, effective either July 1, 2022, or January 1, 2023.

Telehealth

To build off telehealth flexibilities adopted during the COVID-19 pandemic, the budget authorizes a permanent telehealth policy that allows Medi-Cal providers, including FQHCs, to be reimbursed for both video and audio-only telehealth encounters at the same rate as an in-person visit. Providers must still provide an option for in-person visits. However, a new Medi-Cal patient relationship may not be established via audio-only telehealth.

Miscellaneous

The Enacted Budget also includes the following provisions that may impact CalOptima:

- $351.6 million over four years for workforce development, including:
  - $200 million for the behavioral health workforce
  - $76 million for the primary care, clinic and reproductive health workforce
  - $75.6 million for the public health workforce
- $350 million over three years to recruit, train and certify 25,000 new community health workers by 2025, with specialized training to work with those who are justice-involved, unhoused, older adults or disabled
- $200 million to improve access to reproductive health services
- $101 million to expand medication-assisted treatment to help address the opioid crisis
- $100 million for the CalRX Biosimilar Insulin Initiative to create public-private partnerships to increase generic insulin manufacturing and lower insulin costs
- $50 million over two years for technical assistance grants and capacity development programs for small and under-resourced providers to improve data exchange capabilities
- Development of an Alternative Payment Model for FQHCs, optionally allowing them to transition from a volume-based to value-based reimbursement methodology, no sooner than January 1, 2024
- Reclassification of diabetic products, including continuous glucose monitors, as pharmacy benefits covered under Medi-Cal Rx, effective July 1, 2022

Next Steps

The Legislature will continue to advance budget trailer bills and policy bills through the legislative process. Bills with funding allocated in the Enacted Budget are likely to be passed and signed into law. The Legislature has until August 31 to pass legislation, and Gov. Newsom has until September 30 to either sign or veto that legislation. Additionally, state agencies will begin implementing the policies enacted through the budget. Staff will continue to monitor these polices and provide updates regarding issues that have a significant impact to CalOptima.

About CalOptima

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

If you have any questions, please contact GA@caloptima.org.

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Finance Update

Special Joint Meeting
Member Advisory Committee
Provider Advisory Committee

August 11, 2022

Nancy Huang, Chief Financial Officer

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Overview

- Fiscal Year (FY) 2022-23 State Budget Highlights
- FY 2022-23 CalOptima Budget Summary
- Public Health Emergency (PHE) Update
- CalOptima Membership Trend and Forecast

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FY 2022-23 State Budget Highlights

- Medi-Cal investments included in the enacted FY 2022-23 State Budget
  - Expand Medi-Cal coverage to adults 26-49 regardless of immigration status effective 1/1/24
  - Eliminate remaining AB 97 provider rate reductions from 2011
  - Add qualifying community-based mobile crisis intervention services as a Medi-Cal benefit effective 1/1/23 – 3/31/27

- Implements equity and practice transformation provider payments to managed care plans or providers
  - $700 million available through 6/30/27

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FY 2022-23 CalOptima Budget Summary

FY 2022-23 Consolidated Budget	
Average Enrollment	909,523
Revenue	$4,002,166,212
Medical Costs	$3,763,613,678
Medical Loss Ratio (MLR)	***94.04%***
Administrative Expenses	$199,084,236
Administrative Loss Ratio (ALR)	***4.97%***
Operating Income/Margin	$39,468,298 or 0.99%

CalOptima spends 94 cents of every dollar received on member care.

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Public Health Emergency (PHE) Update

- PHE Status Update
  - Currently set to expire on October 13, 2022
  - CMS will give 60 days notice before the end of the PHE
  - DHCS released COVID-19 PHE Unwinding Plan on May 17, 2022
    - State will have 14 months to unwind suspensions/flexibilities and resume eligibility activities for over 14.5 million Medi-Cal members statewide
- Impact to Medi-Cal Enrollment Post-PHE
  - Assumes the first set of ineligible members would not lose coverage until February 1, 2023
  - Assumes 2-3 million members could lose coverage over the 14-month period after the end of the PHE

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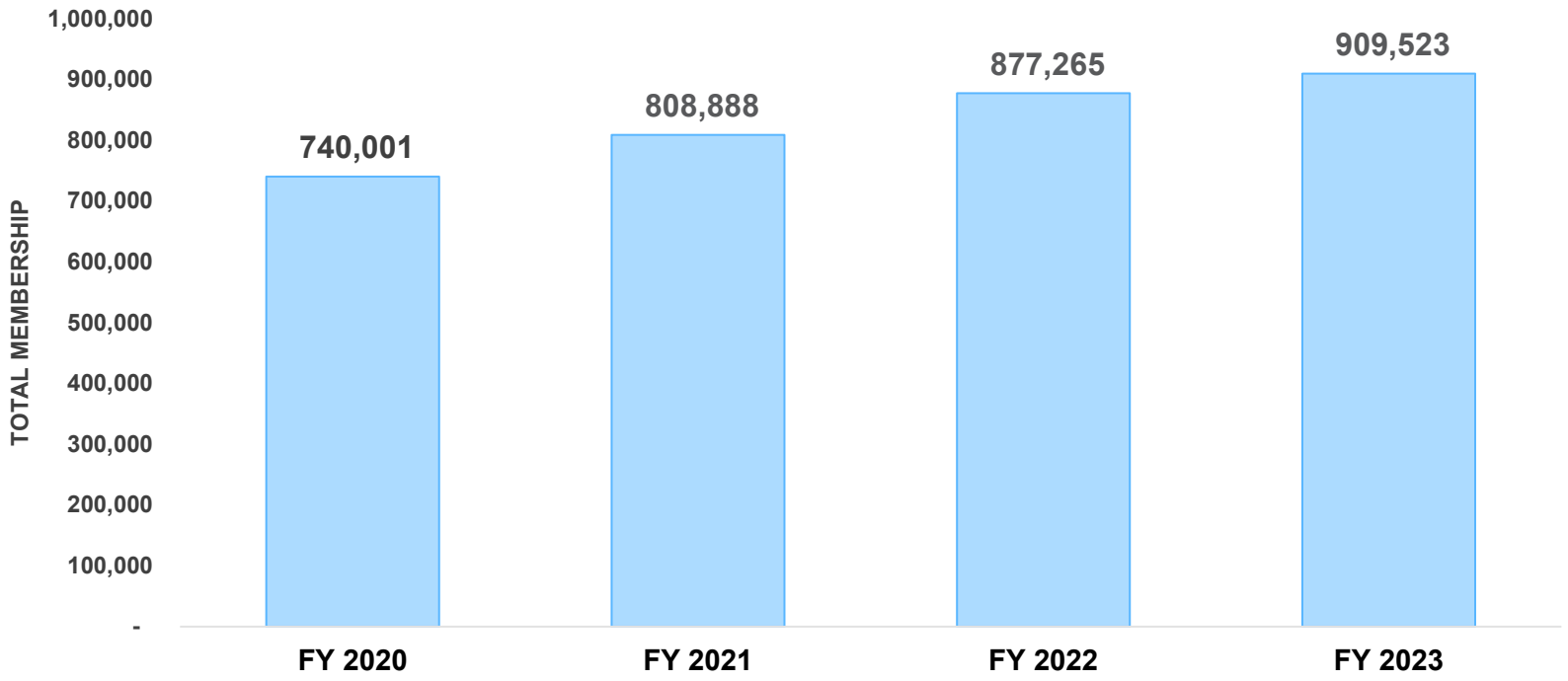
CalOptima Membership Trend and Forecast - Consolidated



CalOptima has seen a 23% or 170,000 increase in enrollment since the beginning of the pandemic

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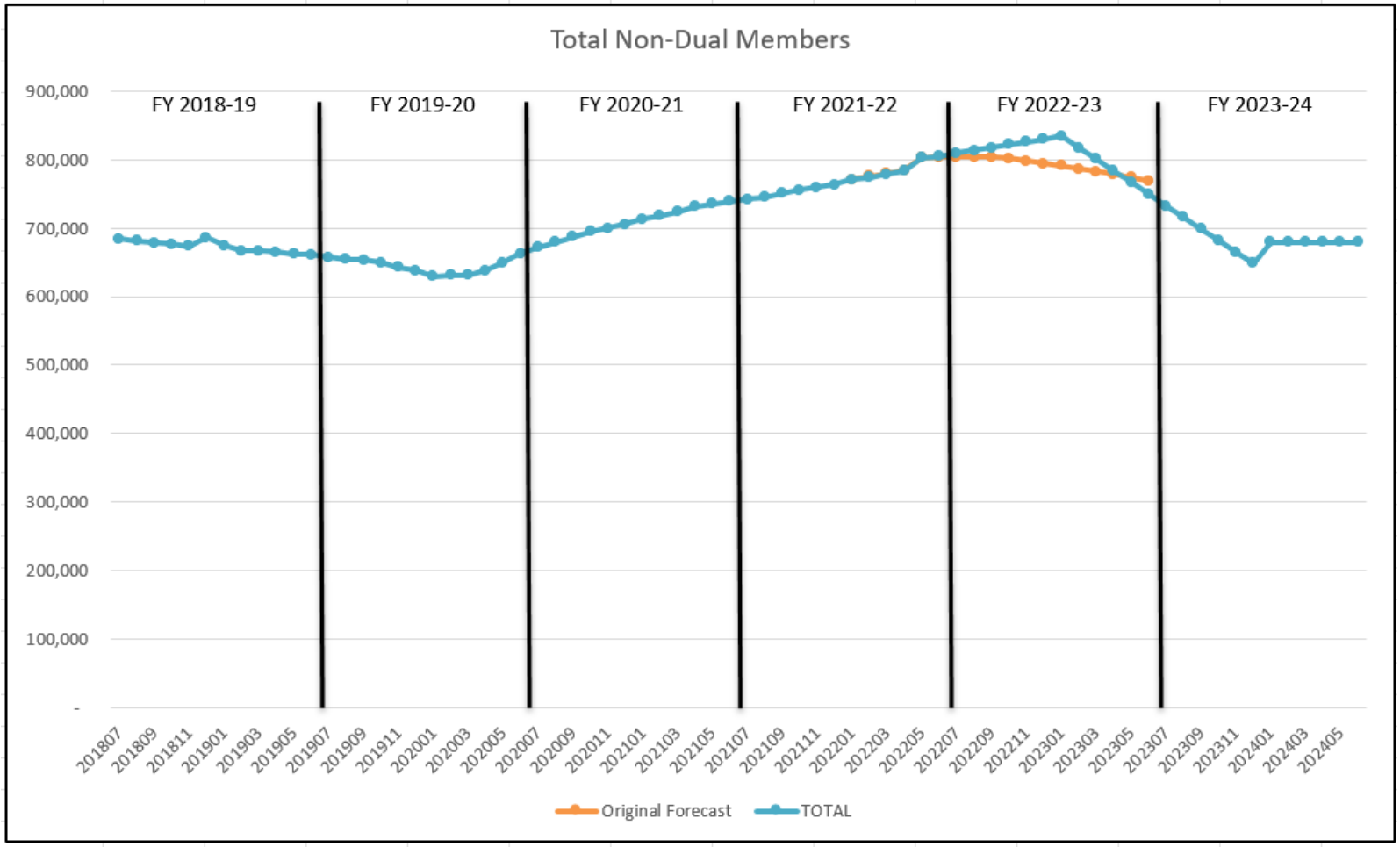
CalOptima Membership Trend and Forecast (cont.) - Non-Dual Members



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Our Mission

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

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Housing and Homeless Incentive Program (HHIP) Update

August 11th, 2022

Katie Balderas, Director, Population Health Management

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Agenda

- Homeless Health Initiatives & CalAIM Background
- HHIP Overview
  - Target Population
  - Timeline
  - Deliverables
  - HHIP Measures
- Investment Plan
  - System Challenges
  - Investment Priorities
  - Community Input
- Next Steps

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CalOptima's Homeless Health Efforts

- **CalOptima's Homeless Health Initiatives**
  - In 2019 CalOptima's Board of Directors allocated $100m toward increasing access to healthcare and housing support services for unhoused individuals in Orange County. Programs include Clinical Field Teams, Homeless Clinic Access Program, Homeless Response Team & other efforts.
- **California Advancing and Innovating Medi-Cal (CalAIM)**
  - Enhanced Care Management (ECM): extra care coordination services to members with complex needs. Addresses clinical and non-clinical needs through intensive coordination of health and housing-related services.
  - Community Supports for Housing-related Members:
    - Housing Transition Navigation
    - Housing Deposits
    - Housing Tenancy and Sustaining Services
    - Short-Term Post-Hospitalization Housing
    - Recuperative Care (Medical Respite)
    - Day Habilitation Programs

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HHIP Overview

- **Housing & Homelessness Incentive Program (HHIP)** is a voluntary incentive program that will enable Medi-Cal managed care plans (MCPs) to earn incentive funds by addressing homelessness and housing insecurity as social determinants of health.
- MCPs are expected to work closely with all applicable local partners, including:
  - Continuums of Care (CoCs), counties, public health agencies, organizations that deliver housing services, county mental health plans (MHPs), and other community-based organizations.

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HHIP Basics

- MCPs are eligible to receive incentives as part of a one-time cash infusion from DHCS using ARPA funds
  - Orange County can receive up to **$83,755,557**
  - Funds must be earned by March 2024
  - Funds can be spent after March 2024
- Intended to support delivery and coordination of health and housing services for Medi-Cal members by:
  - Rewarding MCPs for developing capacity and partnerships to connect members to needed housing services; and
  - Incentivizing MCPs to take an active role in reducing and preventing homelessness.

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Target Population

- All Medi-Cal members at risk of, have recently been, or are currently experiencing homelessness, including:
  - An individual or family who lacks adequate nighttime residence;
  - An individual or family with a primary residence that is a public or private place not designed or ordinarily used for habitation;
  - An individual or family living in a shelter;
  - An individual exiting an institution into homelessness;
  - An individual or family who will imminently lose housing in next 30 days;
  - Unaccompanied youth and homeless families and children and defined as homeless under other federal statutes;
  - Individuals fleeing domestic violence.

Definition, as provided in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR)

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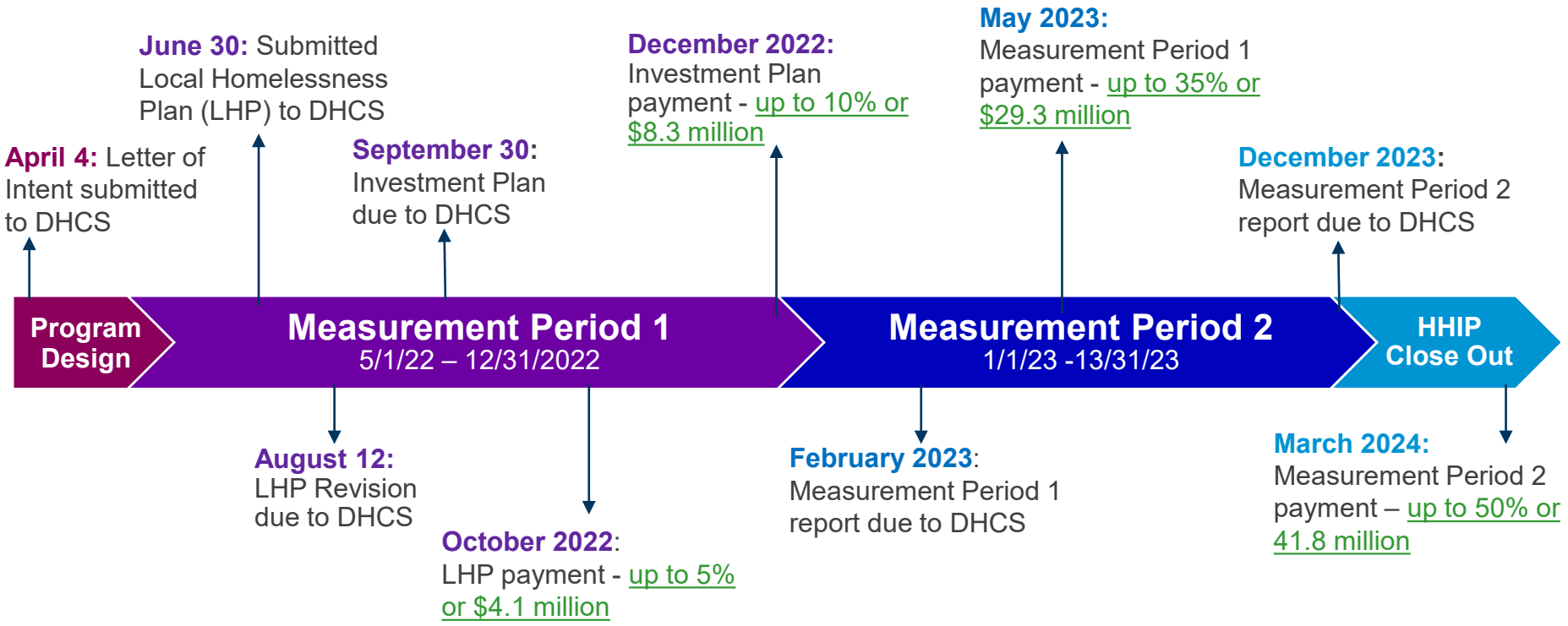
HHIP Timeline



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HHIP Priority Area 1

Priority 1: Partnerships and capacity to support referrals for services
1.1 Engagement with CoC, including, but not limited to: Attending CoC meetings, joining the CoC board, a subgroup or workgroup or attending a CoC webinar
1.2 Connection and integration with the local Coordinated Entry System *Priority Measure
1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports services or other housing-related services to MCP members who are experiencing homelessness
1.4 Partnerships with counties, COC, and/or organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely exchange of information and member matching *Priority Measure
1.5 Data sharing agreement with county MHPs and DMC-ODS (if applicable)
1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention
1.7 Lessons learned from development and implementation of the Investment Plan (IP)

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HHIP Priority Area 2

Priority 2: Infrastructure to coordinate and meet member housing needs
2.1 Connection with street medicine team providing healthcare for individuals who are homeless *Priority Measure
2.2 MCP connection with the local Homeless Management Information System (HMIS) *Priority Measure
2.3 MCP process for tracking and managing referrals for the housing-related Community Supports it is offering during the measurement period, which may include: 1.Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs

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HHIP Priority Area 3

Priority 3: Delivery of services and member engagement
3.1 Percent of MCP Members screened for homelessness/risk of homelessness
3.2 MCP Members who were discharged from an inpatient setting or have been to the emergency department for services two or more times in a 4-month period who were screened for homelessness or risk of homelessness
3.3 MCP members experiencing homelessness who were successfully engaged in ECM
3.4 MCP members experiencing homelessness receiving at least one housing-related Community Support, including: 1.Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs
3.5 MCP Members who were successfully housed ***Priority Measure**
3.6 MCP Members who remained successfully housed ***Priority Measure**

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System Challenges

- Lack of data integration/data sharing on the service continuum
- Program enrollment
  - Not all members are connected with CES and not all individuals in CES are CalOptima members or connected with healthcare
- Affordable housing inventory continues to be limited
- Resources for CBOs/providers are finite
  - Significant strategic investment is needed to build capacity
- Currently not enough capacity in the community to expand Community Supports and ECM to the necessary scale

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Proposed Investment Plan

INITIAL INVESTMENTS PRIORITIES		
Partnerships & capacity to support referrals for services	**Infrastructure to coordinate & meet member housing needs**	**Delivery of services and member engagement**
• Discharge planning and healthcare navigation for unhoused individuals leaving inpatient care and ED settings • CoC support - Annual PIT and lived experience advisory committee • Connect and better integrate with HMIS	• Landlord incentives and marketing plan to increase housing access/availability • Service hubs in each service planning area that would include connection housing providers, healthcare, ECM, Community Support and BH/SUD services	• Community grants to address homelessness among underrepresented populations (e.g., LGBTQ+, families, TAY) • Street medicine to provide care when/where needed • Member experience research and real-time feedback systems

POTENTIAL FUTURE INVESTMENTS

- Affordable housing and shelter project gap funding
- Flexible funding to reduce barriers to obtaining and maintaining permanent housing
- Recuperative Care/PACE center for unhoused seniors

CoC: Continuum of Care
HMIS: Homeless Management Information System
PIT: Point in time count
PACE: Program of All-Inclusive Care for the Elderly

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Community Input Questions

- What are the most critical needs, challenges and barriers for unhoused individuals in OC?
- What about for the healthcare, homeless services and housing providers that serve them?
- Of our proposed initial investment priorities, what do you feel is most important and relevant for OC?
- Of the future potential investment priorities, what do you feel is most important and relevant for OC?

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Next Steps

- Submit updated LHP measures to DHCS – 8/12
- Continue to engage community partners, provide updates, and vet priorities at the following venues:
  - Commission to End Homelessness – 8/17
  - OC CoC Board – 8/24
  - CalOptima's Board of Directors – 9/1
- Submit final Investment Plan to DHCS – 9/30

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