

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

**THURSDAY, JANUARY 12, 2017
2:30 P.M.**

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

AGENDA

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

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

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES
A. Approve Minutes of the November 10, 2016 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

IV. PUBLIC COMMENT
At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS
A. Consider Recommendation of Candidate for Foster Children Representative

VI. PRESENTATION

- A. Presentation by Orange County Health Care Agency on Whole Person Care Program

VII. CEO AND MANAGEMENT REPORTS

- A. Chief Executive Officer (CEO) Report
- B. Chief Medical Officer Update
- C. Chief Operating Officer Update

VIII. INFORMATION ITEMS

- A. MAC Member Updates
- B. Medi-Cal and OneCare Member Experience Survey Results
- C. California Children's Services (CCS) Update
- D. Managed Behavioral Health Organization Update
- E. Federal and State Legislative Update

IX. COMMITTEE MEMBER COMMENTS

X. ADJOURNMENT

MINUTES

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

November 10, 2016

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on November 10, 2016, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Mallory Vega called the meeting to order at 2:37 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Mallory Vega, Chair; Connie Gonzalez; Donna Grubaugh; Victoria Hersey; Sally Molnar; Patty Mouton; Christina Sepulveda; Velma Shivers; Christine Tolbert; Lisa Workman

Members Absent: Suzanne Butler; Sandy Finestone; Sr. Mary Therese Sweeney

Others Present: Michael Schrader, Chief Executive Officer; Richard Helmer, MD, Chief Medical Officer; Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Interim Executive Director, Clinical Operations; Donald Sharps, MD, Medical Director; Caryn Ireland, Executive Director, Quality Analytics; Arif Shaikh, Director, Government Affairs; Le Nguyen, Associate Director, Customer Service; Becki Melli, Customer Service

MINUTES

Approve the Minutes of the July 14, 2016 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

REPORTS

Consider Recommendation of Candidate for Recipients of CalWORKs Representative

Chair Vega reported that staff received four applications from interested candidates for the recently vacated Recipients of CalWORKs seat. The Nominations Ad Hoc Subcommittee, including Members Suzanne Butler, Christine Tolbert and Lisa Workman, reviewed the applications prior to the ad hoc subcommittee meeting to recommend a candidate for the open seat. The ad hoc chose Carlos Robles as the candidate to fill the CalWORKs seat. Mr. Robles is a Program Supervisor for ResCare Workforce Services. ResCare, a subcontractor for the Social Services Administration

(SSA), implements Orange County's Welfare to Work program, which is CalWORKs. Mr. Robles helps link CalWORKs recipients with the appropriate services and resources to assist these individuals achieve self-sufficiency.

Action: *On motion of Member Sally Molnar, seconded and carried, the MAC approved Carlos Robles as the representative for the Recipient of CalWORKs.*

Consider Recommendation for MAC Chair and Vice Chair

Chair Vega reported that following the Board's approval of the addition of a vice chair on the committee, MAC opened nominations for the MAC chair and vice chair positions. MAC received one interested candidate for each position. Mallory Vega, Seniors Representative, applied for the chair position and Patty Mouton, Medi-Cal Beneficiaries Representative, applied for the vice chair position. The Nominations Ad Hoc, including Members Butler, Tolbert and Workman, recommended that the committee consider these candidates for Board consideration.

Action: *On motion of Member Donna Grubaugh, seconded and carried, the MAC recommended Mallory Vega as the MAC Chair and Patty Mouton as the MAC Vice Chair, for the remainder of FY 2016-2017.*

CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION

Chief Medical Officer Update

Donald Sharps, MD, Medical Director, Behavioral Health, reported that the CalOptima Board approved Magellan Health, Inc. as the selected Managed Behavioral Health Organization (MBHO) to provide behavioral health services for CalOptima members, effective January 1, 2017. CalOptima has been working with Magellan on several key implementation steps, including network development, continuity of care, and access to the CalOptima Behavioral Health Line. Dr. Sharps noted that Magellan has an existing Medicare provider network and a commercial autism provider network in Orange County and approximately 65 percent of the Medi-Cal providers for the current MBHO are contracted within Magellan's network. CalOptima anticipates that most members will be able to retain their existing providers. Dr. Sharps added that CalOptima is committed to pursuing continuity of care for all members who meet the criteria. He noted that beneficiary notices would be mailed at least 30 days prior to January 1, 2017, to members who might need to change providers. Magellan will establish a dedicated call center in Orange County with a single toll-free number for all CalOptima members. The call center will provide a one-step process for eligibility verification, screening, referral to providers, and care management support.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer reported that as of October 2016, the Community Care Network (CCN) had approximately 67,000 members. As of November 2016, CCN is closed to auto-assignments; however, members can enroll voluntarily.

INFORMATION ITEMS

MAC Member Updates

Chair Vega announced that there was another mid-term resignation on the MAC. Gene Howard, who held the Foster Children seat, is taking a new position out of state. Potential candidates to fill the seat for Foster Children, should be forwarded to MAC liaison, Becki Melli. Chair Vega thanked the committee members for completing their annual compliance training.

MAC Member Presentation on the State Council on Developmental Disabilities

Member Christine Tolbert, Persons with Special Needs representative, provided an agency overview on the State Council on Developmental Disabilities (SCDD). SCDD serves individuals with developmental disabilities, defined as a mental and/or physical impairment that occurs before the age of 22 years with substantial limitations in at least three areas, including self-care; expressive or receptive language; learning; mobility; capacity for independent living; economic self-sufficiency; and self-direction. Ms. Tolbert explained that there are 12 regional offices in California, which were formerly known as Area Boards. Federal law requires SCDD to identify ways to improve and increase services for individuals with developmental disabilities and their families. This is accomplished through state plan objectives, such as self-advocacy, employment, housing, health and safety, early intervention and education. SCDD collaborates with numerous community organizations, including Help Me Grow and the Regional Center of Orange County, to improve and increase access to services.

Intergovernmental Transfer (IGT) Expenditure Update

Cheryl Meronk, Director, Strategic Development, presented an update on IGT expenditures. Ms. Meronk explained that the IGT process enables CalOptima to secure additional federal revenue to increase the historically low Medi-Cal managed care rates that are paid to CalOptima. The increased rate payment funds are used to provide enhanced services for Medi-Cal beneficiaries. Access to IGT dollars is contingent upon eligible government entities contributing dollars that will be used as a match for federal dollars. Ms. Meronk reported that CalOptima's share for IGTs 1-5 is approximately \$47.96 million. Most of the programs funded by IGT's 1-3 are on track for completion. The Centers for Medicare & Medicaid Services (CMS) requires CalOptima to report on how the health plan will spend its share of the funds. For IGTs 4 and 5, funding categories were developed by a special workgroup of the Member and Provider Advisory Committees, with additional recommendations from the CalOptima Board. These funding categories include the following: Adult Mental Health; Children's Mental Health; Childhood Obesity; Strengthening the Safety Net; Improving Children's Health; and Pilot Program Planning and Implementation.

CalOptima's Strategic Plan Update

Ms. Meronk provided the committee with an update on CalOptima's draft Strategic Plan for 2016-2019. Ms. Meronk noted that the Mission and Vision statements would remain unchanged. Prior to the reorganization of the CalOptima Board, strategic priorities and a draft framework were developed. In addition, an ad hoc of the three advisory committees provided specific feedback that was later incorporated into the draft strategic plan. The updated draft plan includes three new strategic priorities, which are innovation, value, and partnerships and engagement. The draft

Strategic Plan will be presented to the CalOptima Board for consideration at the December 1, 2016 meeting.

Program of All Inclusive Care for the Elderly (PACE) Center

Rena Smith, Director, PACE, presented an overview of the PACE program, including eligibility requirements, services provided, and the role of PACE in the continuum of care. She explained that PACE is a community-based program that provides all necessary medical and social services to seniors, adding that it offers seniors an opportunity to stay in their homes and maintain their independence. Ms. Smith noted that PACE has 183 participants as of November 1, 2016, with a net growth of approximately five new participants monthly. An Interdisciplinary Team (IDT) composed of eleven health care professionals provides individualized care for each PACE participant. Ms. Smith noted that the PACE center is the first and only PACE program in Orange County, with California having 13 PACE programs in total.

Member Notices Update

Le Nguyen, Associate Director, Customer Service, reported that OCC notifications are being mailed to members, including a summary of benefits, an annual notice of change letter and a member handbook. Mr. Nguyen reported that a fitness benefit option will be added January 1, 2017, which includes a health club membership, fitness classes, and home fitness kits. In addition, the transportation benefit will increase from 30 to 60 one-way taxi rides.

Federal and State Legislative Update

Arif Shaikh, Director, Government Affairs, reported on the status of California's Coordinated Care Initiative (CCI). Mr. Shaikh indicated that the state is determining whether CCI has delivered the anticipated financial savings as it prepares the FY2017-18 budget. By statute, CCI can be terminated if the initiative does not realize cost savings. To demonstrate to the governor that interest in maintaining CCI exists, an advocacy campaign engaged stakeholders to send letters of support. Mr. Shaikh reported that in less than a week, CalOptima stakeholders generated nearly 30 letters to the governor from elected officials, provider groups, community-based organizations and associations. CalOptima appreciates the support from local stakeholders.

Mr. Shaikh reported on the propositions from the November 8, 2016 election that impact Medi-Cal. California voters passed Proposition 52. This proposition, sponsored by the California Hospital Association (CHA), permanently extends the Hospital Quality Assurance Fee (QAF), making it harder for the Legislature to change how fee revenue is collected and disbursed. Proposition 56, the tobacco tax, also passed. This measure increases the state excise tax on cigarettes by \$2 per pack, from 87 cents to \$2.87. The additional funds will allocate 82 percent of the funds toward services related to Medi-Cal.

ADJOURNMENT

Hearing no further business, Chair Vega adjourned the meeting at 4:55 p.m.

s/ Cindi Reichert
Cindi Reichert

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Program Assistant

Approved: 01/11/2017

ORANGE COUNTY WHOLE PERSON CARE (WPC) PILOT PROPOSAL

Melissa Tober
Manager, Strategic Projects
Orange County Health Care Agency

TARGET POPULATIONS

- Persons who are Homeless
- Persons who are Homeless & Living with Serious Mental Illness

OBJECTIVES

- Reduce inappropriate or unnecessary ER/Inpatient Utilization
- Meet needs in real-time – social, medical, emotional
- Increase readiness for Coordinated Entry Process
- Improve/Increase success in housing placement

WPC SERVICES TO ALL POPULATIONS

- Emergency Room Notification System
- Social Services Referral System
- Recuperative/Respite Care
- Hospital and Clinic Based Care Navigation/Coordination
- Managed Care Personal Services Coordinator

ADDITIONAL WPC SERVICES TO THE HOMELESS AND SMI POPULATIONS

- Dedicated resource(s) to seek out and secure housing opportunities
- Housing sustainability services, including peer support

PARTNERS

- CalOptima
- Health Care Agency's Behavioral Health Services
- Orange County Community Resources (Housing)
- 2-1-1 Orange County
- Illumination Foundation
- Safety Net Connect
- Community Clinics: Share Our Selves, Lestonnac, Buena Park, Hurtt Family Medical, Serve the People, & Korean Community Services
- Hospitals: St Jude, St. Joseph, Hoag, Mission, UCI, Saddleback Memorial, and Orange Coast Memorial

QUESTIONS
???????



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Medi-Cal and OneCare Member Experience Survey Results

**Member Advisory Committee
January 12, 2017**

**Marsha Choo
Manager of Quality Initiatives**

Member Experience Surveys

CalOptima implements the following Consumer Assessment of Healthcare Providers and Systems (CAHPS), or member experience surveys.

Population	Purpose	Response Rate
Medi-Cal (MC) Child Plan Level Survey (DHCS Fielded)	<ul style="list-style-type: none">• Parents' Experience with their MC Child's Care• NCQA Rankings and Accreditation	31.3%
Medi-Cal Adult Plan Level Survey (DHCS Fielded)	<ul style="list-style-type: none">• MC Adult Member Experience• DHCS Monitoring Smoking Cessation• Language Monitoring	23.1%
OneCare (OC) Plan Level Survey	<ul style="list-style-type: none">• OneCare Member Experience	36.0%

Medi-Cal: Measurements

- Overall Ratings: Single questions on the following areas:
 - Rating of Health Care
 - Rating of Personal Doctor
 - Specialist Seen Most Often
 - Rating of Program
- Composites: Multiple questions make up one composite
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service



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Medi-Cal Child HN Level Results

MC Child Plan Level CAHPS

Measurement	MC Child MY 2014 Plan Level	MC Child MY 2015 Plan Level	2015 MC Child NCQA Benchmark (percentile)	2016 MC Child NCQA Benchmark (percentile)
Rating of Health Care	81.5%	87.5% ↑	50th	90th ↑
Rating of Personal Doctor	84.9%	88.4% ↑	25th	90th ↑
Specialist Seen Most Often	86.8%	N/A*	N/A*	N/A*
Rating of Program	83.3%	86.1% ↑	25th	75th ↑
Getting Needed Care	82.4%	77.6% ↓	Below 25th	Below 25th
Getting Care Quickly	73.5%	85.3% ↑	Below 25th	Below 25th
How Well Doctors Communicate	88.2%	91.2% ↑	Below 25th	Below 25th
Customer Service	86.0%	86.5% ↑	Below 25th	Below 25th

* Sample size may be too small; ↑↓ indicates increase/decrease in score from previous year; MY = Measurement Year



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Medi-Cal Child Plan Level CAHPS (cont.)

- Key Strengths

- Q4. Got care as soon as needed when care was needed right away.
- Q17. Personal doctor explained things.
- Q18. Personal doctor listened carefully.
- Q19. Personal doctor showed respect.
- Q33. Customer service treated member with courtesy and respect.
- Q35. Health plan forms were easy to fill out.

Medi-Cal Child Plan Level CAHPS (cont.)

- Opportunities for Improvement
 - Q6. Got checkup/routine appointment as soon as needed.
 - Q14. Ease of getting care, tests or treatment
 - Q22. Personal doctor spent enough time.
 - Q32. Customer service provided information or help.



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Medi-Cal Adult HN Level Results

Medi-Cal Adult Plan Level CAHPS

Measurement	MC Adult MY 2014 Plan Level	MC Adult MY 2015 Plan Level	2015 MC Adult NCQA Benchmark (percentile)	2016 MC Adult NCQA Benchmark (percentile)
Rating of Health Care	69.8%	71.7% ↑	Below 25th	25th ↑
Rating of Personal Doctor	76.3%	77.9% ↑	25 th	50th ↑
Specialist Seen Most Often	76.2%	78.5% ↑	Below 25 th	25th ↑
Rating of Program	70.2%	68.1% ↓	25 th	Below 25th ↓
Getting Needed Care	72.3%	75.9% ↑	Below 25 th	Below 25th
Getting Care Quickly	65.3%	68.0% ↑	Below 25 th	Below 25th
How Well Doctors Communicate	87.5%	91.1% ↑	25th	75th ↑
Customer Service	75.5%	N/A	Below 25 th	N/A

* Sample size may be too small; ↑↓ indicates increase/decrease in score from previous year; MY= Measurement Year

Medi-Cal Adult Plan Level CAHPS (cont.)

- Key Strengths

- Q4. Usually or always got urgent care as soon as needed
- Q17. Personal doctor usually or always explained things in a way that was easy to understand
- Q18. Personal doctor usually or always listened carefully to you
- Q19. Personal doctor usually or always showed respect for what you had to say
- Q20. Personal doctor usually or always spent enough time with you
- Q25. Usually or always got an appointment to see a specialist as soon as you needed

Medi-Cal Adult Plan Level CAHPS (cont.)

- Opportunities for Improvement
 - Q6. Usually or always got appointment for checkup or routine care as soon as needed
 - Q14. Usually or always easy to get care, tests or treatment you needed
 - Q25. Usually or always got an appointment to see a specialist as soon as you needed
 - Q29. Written materials/internet usually or always provided needed information about how health plan works
 - Q43. Take aspirin daily or every other day



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OneCare Results

OneCare: Measurements

- Overall Ratings: Single questions on the following areas:
 - Rating of Health Care
 - Rating of Personal Doctor
 - Specialist Seen Most Often
 - Rating of Plan
 - Rating of Drug Plan

OneCare: Measurements (cont.)

- Composites: Multiple questions make up one composite
 - Getting Needed Care
 - Getting Appointments and Care Quickly
 - Doctors Who Communicate Well
 - Customer Service
 - Getting Needed Prescription Drugs
 - Getting Information from Drug Plan
 - Care Coordination

OneCare Adult Plan Level CAHPS

Measurement: Overall Ratings	MC Adult MY 2014 Plan Level	MC Adult MY 2015 Plan Level	2015 CMS Star Rating	2016 CMS Star Rating
Rating of Health Care	70.4%	61.7%↓	1	1
Rating of Personal Doctor	83.7%	78.5%↓	N/A	N/A
Specialist Seen Most Often	74.0%	73.9%↓	N/A	N/A
Rating of Health Plan	75.6%	68.1%↓	2	2
Rating of Drug Plan	79.2%	74.8%↓	2	2

* Sample size may be too small; ↑↓ indicates increase/decrease in score from previous year; MY= Measurement Year, N/A = measure not part of star rating

OneCare Adult Plan Level CAHPS

Measurement: Composites	MC Adult MY 2014 Plan Level	MC Adult MY 2015 Plan Level	2015 CMS Star Rating	2016 CMS Star Rating
Getting Needed Care	82.8%	77.9%↓	2	1 ↓
Getting Care Quickly	67.8%	66.4%↓	2	1 ↓
Doctors Who Communicate Well	90.5%	91.7%↑	N/A	N/A
Customer Service	73.8%	77.6%↑	2	2
Getting Needed Prescription Drugs	89.1%	86.4%↓	2	2
Getting Information from Drug Plan	75.8%	66.4%↓	N/A	N/A
Care Coordination	79.8%	81.5%↑	1	1

* Sample size may be too small; ↑↓ indicates increase/decrease in score from previous year; MY= Measurement Year, N/A = measure not part of star rating

OneCare Plan Level CAHPS (cont.)

- Key Strengths

- Q19. Doctor usually or always showed respect
- Q20. Doctor usually or always spent enough time with patient
- Q21. Personal doctor overall rating
- Q64. Ease of filling prescription

OneCare Plan Level CAHPS (cont.)

- Opportunities for Improvement
 - Q6. Usually or always got routine care
 - Q27. Doctor usually or always discussed prescription medicines with patient
 - Q36. Doctor usually or always was informed about care from specialists
 - Q40. Customer service usually or always gave info/help needed

Data Activities

- Deeper data dive on member experience data
 - Analyze 2016 (MY 2015) plan and group level CAHPS results
- Analysis of the supplemental survey results at the clinic and provider level.
- Implement Clinician and Group (CG) CAHPS, a provider level member experience survey.
- Explore ways to collaborate with the health networks on data collection on CG-CAHPS.
- Evaluate member pain points from various data sources.

Activities to Improve Member Experience

- Member experience scores were given greater weight (up from 25% to 40%) in our new Pay for Value (P4V) program for the calendar year 2016.
- Customer service post call survey (first call resolution)
- Member education on referral and authorizations
- Engage the Provider Advisory Committee ad hoc subcommittee on member experience
- Issue request for information on provider coaching
- Workgroup to address on referral and authorization — review and update the prior authorization list
- Plan level CAHPS results were presented at committees

Next Steps

- Article on provider CAHPS performance in provider communications with tips to improve member experience
- Explore provider coaching and peer to peer education opportunities
- Health network-specific results will be shared with each of the health networks at the HN Quality Forum with further discussion to occur at the HN JOM or at the Quality Meetings.
- Develop a member experience provider scorecard.
- Share provider level member experience performance with health networks.
- Gather action plans from health networks on member experience
- Prepare for CAHPS fielding in February 2017

CalOptima's Mission

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





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Managed Behavioral Health Organization (MBHO) Update

Member Advisory Committee
January 12, 2017

Donald Sharps, MD
Medical Director, Behavioral Health

MBHO Status Update

- Like many MCPs, CalOptima has used Managed BH Organizations (MBHOs) to provide expertise and specialization in the management of BH benefits

Line of Business	MBHO (Previous)	MBHO (Jan 2017)
Medi-Cal	Beacon	Magellan
OC/OCC	Windstone	

- CalOptima has transitioned the MBHO to Magellan
- All members access BH services by calling the CalOptima Behavioral Health Line at **(855-877-3885)**
- Magellan has a local call center and clinical team

Medi-Cal Network and Transition of Care

Medi-Cal Network Development - BH Practitioners only

- 581 targeted providers, but for continuity the recruitment focus was on 327 providers with 8,587 members from 7/1 – 9/30/16
 - 270 of 327 Completed / Received provider contracts
 - Represents 83% of providers and 94.7% of members

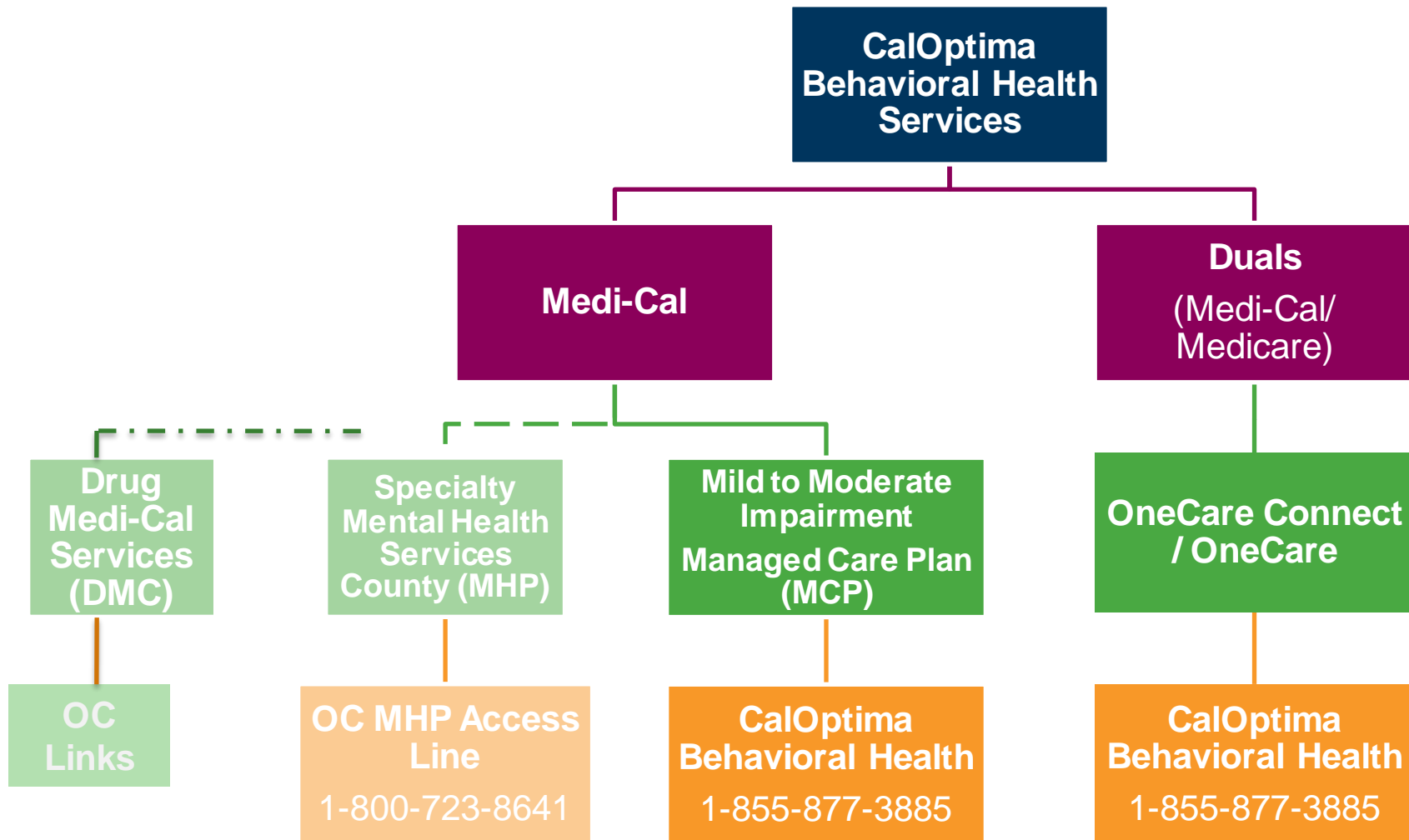
Medi-Cal Network Development – ABA Provider Groups

- 63 targeted provider groups for recruitment to provide continuity of services to 1,865 members who have current open authorizations
 - 49 of 63 Completed / Received provider contracts
 - Represents 83% of providers and 95.3% of members

Continuity of Care Requests

- **100+ requests in progress**
 - Few have requested new provider instead of staying with current and no denials
- **70+ requests resolved due to Magellan contracting with providers**

CalOptima BH Services (Effective 1/1/2017)



Long Term Care BH Consultations

- **Medi-Cal – CalOptima Line (855) 877-3885**
 - Magellan for Mild to Moderate
 - Psychotherapy possible if medically necessary
- **Medi-Cal – County (800) 723-8641**
 - Still uses Beacon as ASO
 - Acute and assessment for hospitalization
- **Medi-Medi enrolled in OneCare (855) 877- 3885**
- **Medi-Medi not enrolled in OneCare**

Long Term Care BH Consultations

Section E		Behavior	
E0100. Potential Indicators of Psychosis			
Check all that apply			
<input type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)		
<input type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)		
<input type="checkbox"/>	Z. None of the above		
Behavioral Symptoms			
E0200. Behavioral Symptom - Presence & Frequency			
Note presence of symptoms and their frequency			
Coding:		Enter Codes in Boxes	
0. Behavior not exhibited		<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
1. Behavior of this type occurred 1 to 3 days		<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
2. Behavior of this type occurred 4 to 6 days, but less than daily		<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
3. Behavior of this type occurred daily			
E0300. Overall Presence of Behavioral Symptoms			
Enter Code	Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?		
<input type="checkbox"/>	0. No → Skip to E0800, Rejection of Care		
	1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below		
E0500. Impact on Resident			
Enter Code	Did any of the identified symptom(s):		
<input type="checkbox"/>	A. Put the resident at significant risk for physical illness or injury?		
	0. No		
	1. Yes		
Enter Code	B. Significantly interfere with the resident's care?		
<input type="checkbox"/>	0. No		
	1. Yes		
Enter Code	C. Significantly interfere with the resident's participation in activities or social interactions?		
<input type="checkbox"/>	0. No		
	1. Yes		
E0600. Impact on Others			
Enter Code	Did any of the identified symptom(s):		
<input type="checkbox"/>	A. Put others at significant risk for physical injury?		
	0. No		
	1. Yes		
Enter Code	B. Significantly intrude on the privacy or activity of others?		
<input type="checkbox"/>	0. No		
	1. Yes		
Enter Code	C. Significantly disrupt care or living environment?		
<input type="checkbox"/>	0. No		
	1. Yes		
E0900. Wandering - Presence & Frequency			
Enter Code	Has the resident wandered?		
<input type="checkbox"/>	0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms		
	1. Behavior of this type occurred 1 to 3 days		
	2. Behavior of this type occurred 4 to 6 days, but less than daily		
	3. Behavior of this type occurred daily		
E1000. Wandering - Impact			
Enter Code	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?		
<input type="checkbox"/>	0. No		
	1. Yes		
Enter Code	B. Does the wandering significantly intrude on the privacy or activities of others?		
<input type="checkbox"/>	0. No		
	1. Yes		
E1100. Change in Behavior or Other Symptoms			
Consider all of the symptoms assessed in items E0100 through E1000			
Enter Code	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or Scheduled PPS)?		
<input type="checkbox"/>	0. Same		
	1. Improved		
	2. Worse		
	3. N/A because no prior MDS assessment		

CMS's RAI Version 3.0 Manual*

- Identify symptoms in last seven days that
 - Cause distress to resident
 - Place the resident at risk for
 - Injury, isolation
 - May also indicate unrecognized needs, preferences or illness
- Emphasis identifying behaviors that do not necessarily imply a medical diagnosis
- Identification of the frequency and the impact critical to distinguish behaviors that constitute problems from those that are not problematic
- After frequency / impact are determined, follow-up evaluation and care plan interventions can be developed to improve the symptoms or reduce their impact

*Minimum Data Set 3.0 Resident Assessment Instrument

Referral for BH Services (Effective January 2017)

Call **CalOptima Behavioral Health** at:

855-877-3885

For screening and referral to mental health services.

This number is available 24 hours a day, 7 days a week.

TTY/TDD: 800-735-2929

Behavioral Health Integration Department

Vision and Purpose

1. Integrate Behavioral Health (BH) at all levels of CalOptima operations
2. Provide oversight and accountability to Behavioral Health services provided to CalOptima members
3. Serve as subject matter experts for Behavioral Health (Mental Health and Substance Use Disorder) for all lines of business

Questions?

Please email behavioralhealth@caloptima.org

2017 Orange County Legislative Delegation Membership Breakdown

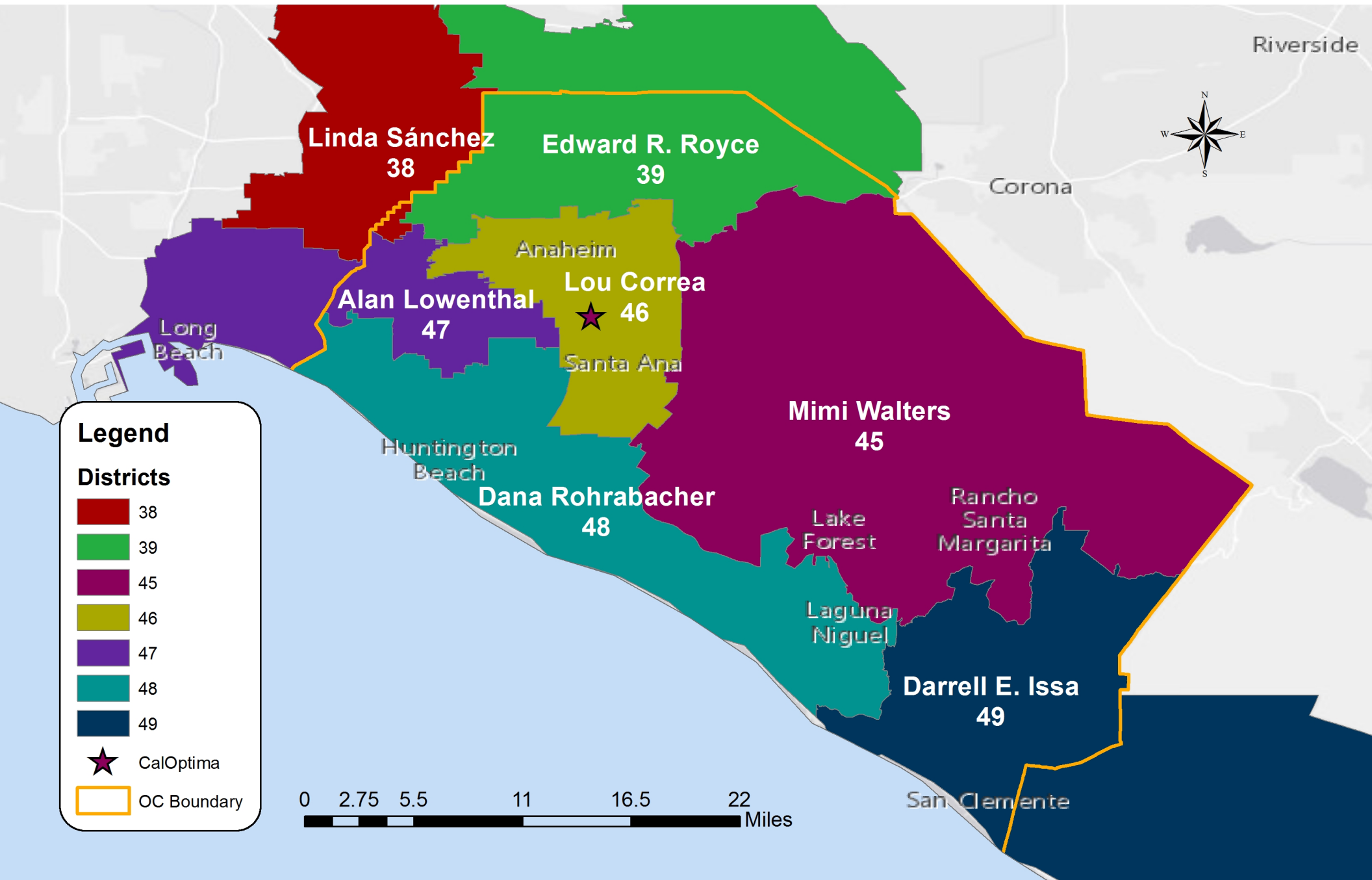
District - Legislative Representative		CalOptima Members in District	OC District Population	% CalOptima Membership in OC District
U.S. Congress				
District	Representative			
38th	Linda Sánchez*	2,764	13,906	19.9%
39th	Ed Royce*	99,349	444,487	22.4%
45th	Mimi Walters	127,558	771,550	16.5%
46th	Lou Correa	304,027	738,410	41.2%
47th	Alan Lowenthal*	105,990	295,368	35.9%
48th	Dana Rohrabacher	112,705	724,082	15.6%
49th	Darrell Issa*	22,942	173,176	13.2%

California State Senate				
District	Representative			
29th	Josh Newman*	161,960	684,460	23.7%
32nd	Tony Mendoza*	24,497	66,065	37.1%
34th	Janet Nguyen*	338,439	892,128	37.9%
36th	Pat Bates*	62,881	469,097	13.4%
37th	John Moorlach	187,558	953,526	19.7%

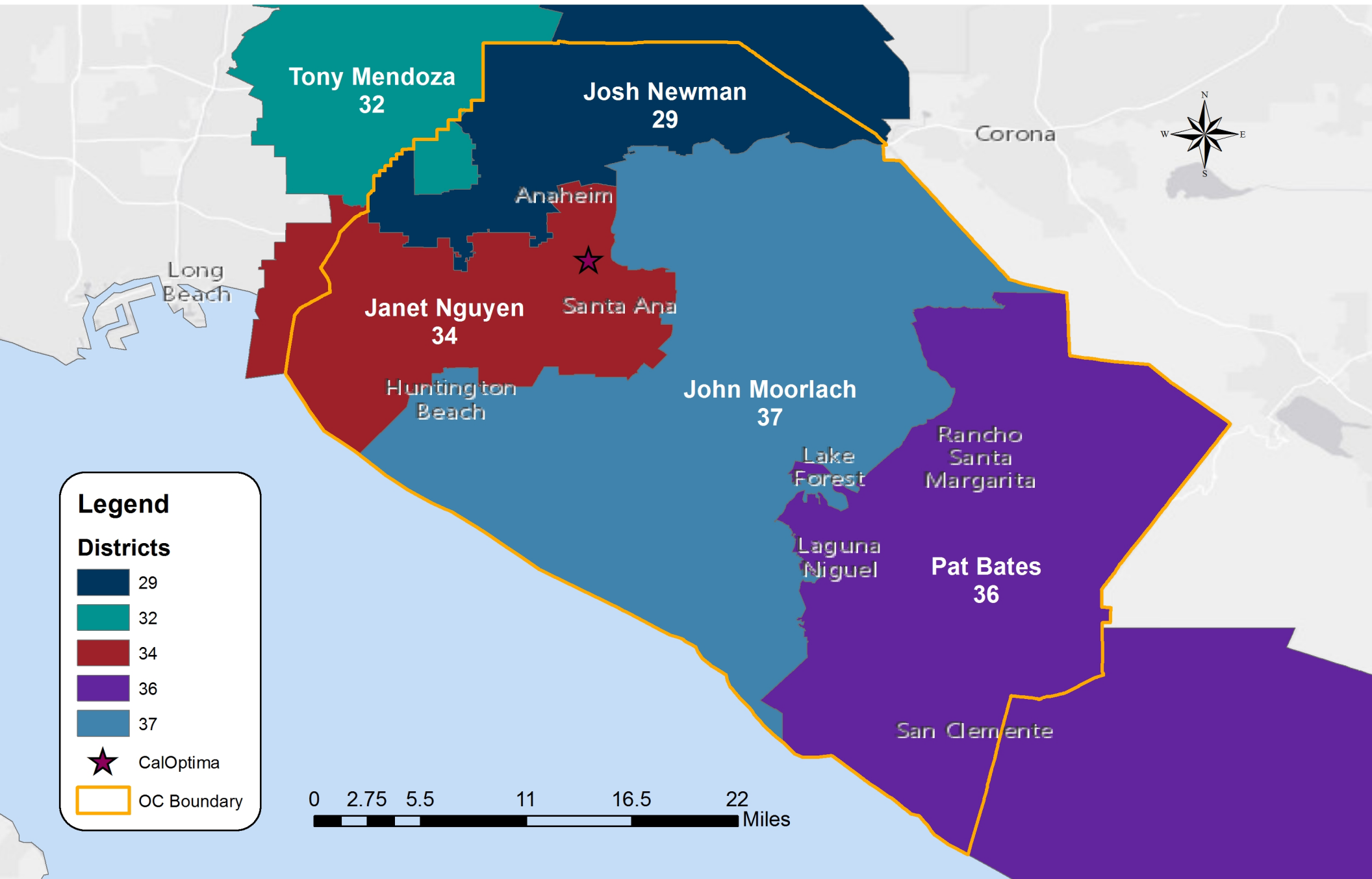
California State Assembly				
District	Representative			
55th	Phillip Chen*	41,701	221,909	18.8%
65th	Sharon Quirk-Silva	118,127	463,936	25.5%
68th	Steven S. Choi	124,044	472,380	26.3%
69th	Tom Daly	208,289	471,282	44.2%
72nd	Travis Allen	156,779	478,751	32.7%
73rd	William Brough	62,881	467,350	13.5%
74th	Matthew Harper	63,514	476,491	13.3%

Orange County Board of Supervisors				
District	Representative			
1st	Andrew Do	255,855	613,490	41.7%
2nd	Michelle Steel	117,687	607,130	19.4%
3rd	Todd Spitzer	132,724	590,603	22.5%
4th	Shawn Nelson	189,862	610,310	31.1%
5th	Lisa Bartlett	79,207	588,699	13.5%

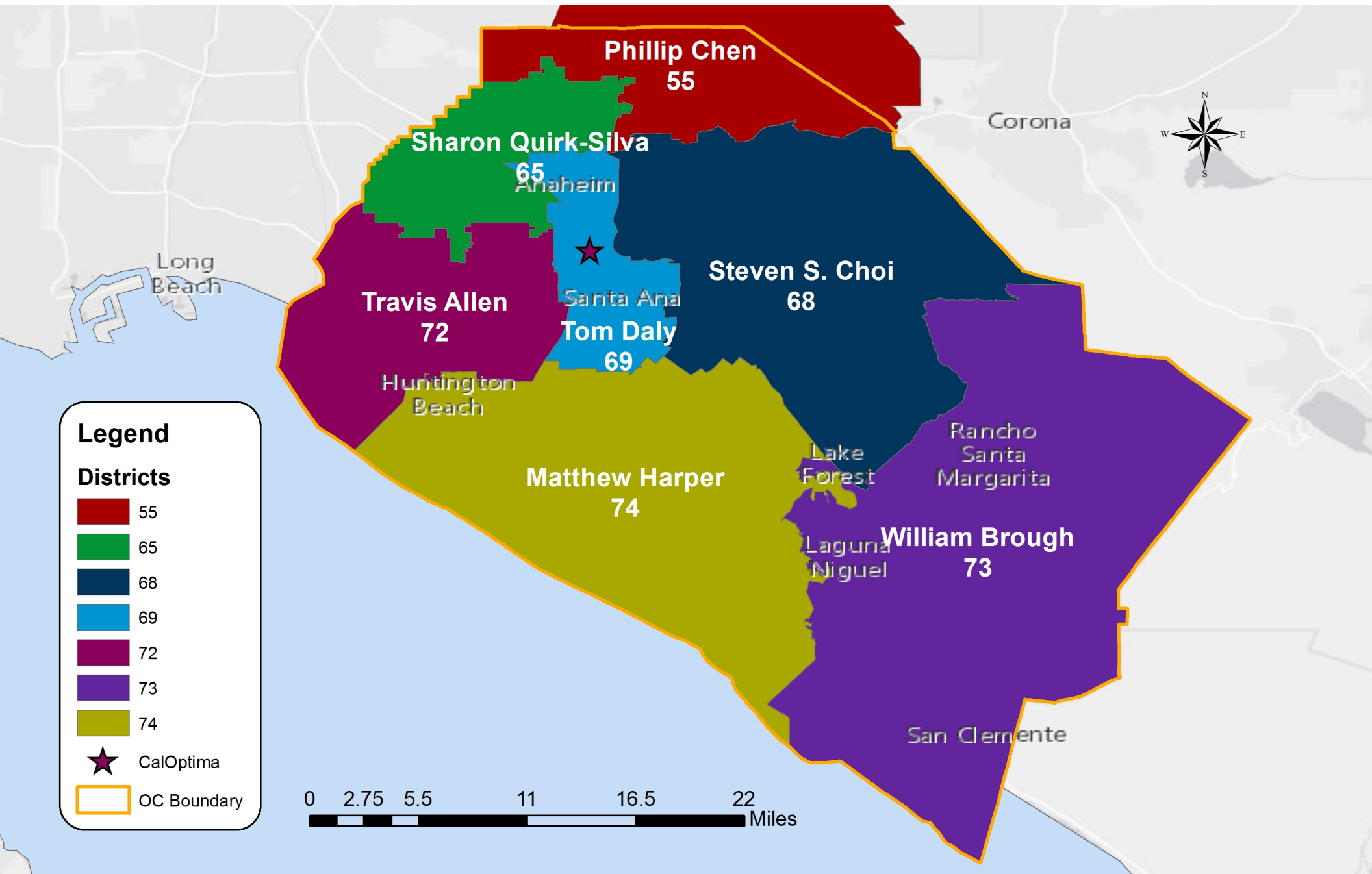
U.S. 114th Congressional Districts, Orange County (CA), 2017



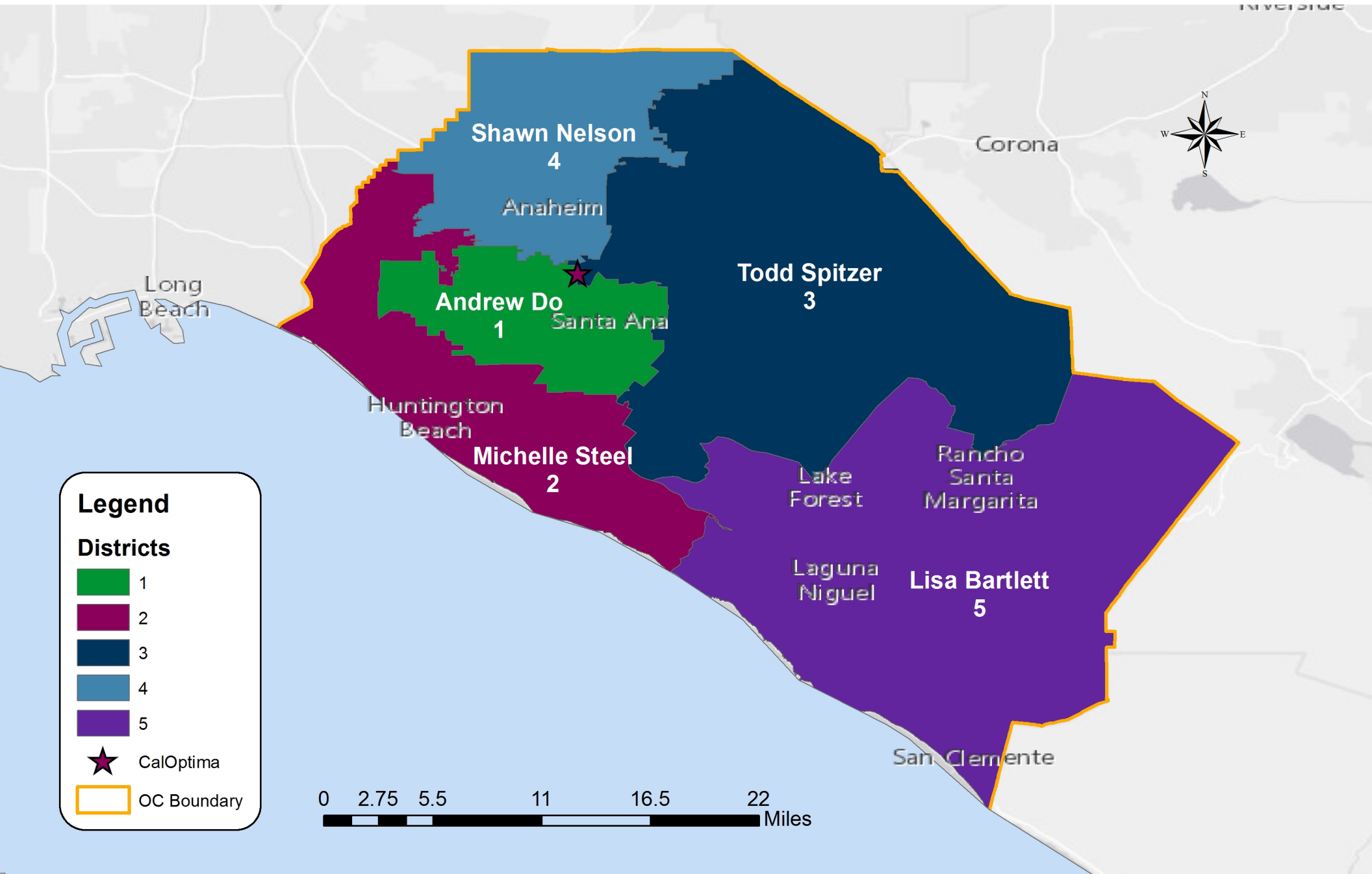
California State Senate, Orange County (CA), 2017



California State Assembly, Orange County (CA), 2017



Supervisory Districts, Orange County (CA), 2017



Acupuncture Update

Medi-Cal restored acupuncture as a Medi-Cal benefit for all eligible beneficiaries, effective July 1, 2016. Below is how it will appear in the Members Handbook.

Services	How to get Services
Limited Allied Health Services Acupuncture, chiropractic services, faith or spiritual healing, occupational therapy, speech therapy, podiatry or audiology	Must be ordered by your PCP and authorized by your health network. You should get services within 15 working days from the date your health network receives the request.