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

THURSDAY, SEPTEMBER 14, 2017
8:00 A.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 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.

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. PUBLIC COMMENT
At this time, members of the public may address the Committees on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committees. 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 Clerk. When addressing the Committees, it is requested that you state your name for the record. Please address the Committees as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

IV. CEO REPORT
A. Chief Executive Officer Update

V. INFORMATIONAL ITEMS
A. County Initiatives
B. Strategic Plan for the Aging
C. Difficulty of Members in Accessing Providers
D. Frequency of Joint Member and Provider Advisory Committee Meetings

VI. COMMITTEE MEMBER COMMENTS

VII. ADJOURNMENT

MEMORANDUM

DATE:	September 7, 2017
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Program of All-Inclusive Care for the Elderly (PACE) Draft Policy Letter
On August 30, the Department of Health Care Services (DHCS) released a draft policy letter with a revised review process and timeline affecting applications for PACE expansion and new PACE organizations. This draft letter supersedes the April DHCS policy document that your Board received at our May PACE Study Session. Of note, the draft policy letter would prohibit PACE organizations from fully delegating fundamental elements of the program. However, it would permit subcontracting specific services, such as transportation, and using Alternative Care Settings (ACS) to deliver some PACE services. Further, the letter states that, in County Organized Health System (COHS) counties, independent PACE organization applicants must have a letter of support from the COHS plan. Staff is in the process of analyzing the draft policy letter and will, in coordination with your Board, prepare a response within the given two-week comment period.

PACE Service Area Expansion (SAE) Application
Given that DHCS is accepting comments on the draft policy letter, it could take several months until policies are finalized. In the interest of time and in order to be responsive to community demand for PACE services, staff has begun the SAE application process for expanding CalOptima's PACE services to south Orange County using the ACS model. Your Board previously approved moving forward with the SAE application for south Orange County. If DHCS' final guidance results in policy changes, and your Board provides direction in response, we can either amend our SAE application or start a new one. We anticipate that the SAE application will take several weeks to complete, as it requires detailed information about how we plan to provide PACE services in the new area. Once we submit the SAE application, it can take approximately nine months for review and approval by both DHCS and the Centers for Medicare & Medicaid Services (CMS).

State Medical Loss Ratio (MLR) Audit of CalOptima
The state is planning to conduct MLR audits of all Medi-Cal managed care plans, including CalOptima, for the Expansion population (members who became eligible through the Affordable Care Act) beginning in the fall. Our state contract specifies that, for the Expansion population, CalOptima must have an MLR of no less than 85 percent, meaning that we must spend at least 85 cents of every dollar for medical services, or no more than 15 percent for administration. After CMS approves the audit methodology, the state will release it to the health plans.

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Proposition 56 Supplemental Medi-Cal Payments
Effective in April, Proposition 56 increased the state tax on tobacco products. The tax is expected to generate approximately $1.3 billion in new Medi-Cal revenue for FY 2017–18. The state budget allocates a portion of these funds for supplemental payments to Medi-Cal providers. DHCS recently released guidance stating that some of those supplemental payments will flow through managed care plans to physicians who provide certain services to members. These payments will begin once DHCS obtains federal approval and will be retroactively effective, from July 1, 2017, to June 30, 2018. The California Association of Health Plans is working with the state on a disbursement methodology, and CalOptima is participating in this workgroup. We will update your Board and our provider community when more information is available.

Medicare Risk Adjustment Factor (RAF) Score
CalOptima budgeted for a decrease in FY 2017–18 Medicare revenue due to a decrease in RAF scores. CalOptima now anticipates that RAF scores for OneCare and OneCare Connect will be returning to prior levels. The improvement is the result of multiple efforts, including addressing provider coding issues, encouraging members to visit their doctors, and strengthening data compilation and submission to CMS.

State Payments
The state is holding capitation payments for dual eligible members in Medi-Cal from managed care plans. CalOptima has not received any payment for Medi-Cal services provided to duals for dates of service in May and after. According to a mid-August DHCS monthly payment call, the state expects to resolve its internal reconciliation issue in September, which may result in resumption of payments in November. The fiscal impact to CalOptima is approximately $16 million a month.

County Community Service Center
CalOptima continues to boost the service level at the County Community Service Center in Westminster. A full-time staff member has been on site since June. We are also expanding the draw of the center by adding classes to attract CalOptima members and the community at large. New in July was our weekly Mommy and Me classes, led in Vietnamese by staff from MOMS Orange County. This offering joins our regular monthly series on important health care topics. Coming in the fall are classes on care options for the chronically ill, respite care and care planning. Also in the works are regular classes focused on parenting, meditation and diabetes. CalOptima is promoting the center, including running ads for the monthly series and highlighting the center in our agency publications. Further, the center was recently discussed on VSTAR TV in an interview conducted with a CalOptima Vietnamese-speaking Customer Service supervisor.

J.D. Power Medicaid Study
Medicaid enrollees are more satisfied than commercial health plan members, according to the J.D. Power 2017 Medicaid Managed Care Special Report. The July report studied the experience of 2,145 Medicaid members in 36 states and Washington, D.C., and 35 CalOptima members were among those surveyed. The study measured overall satisfaction based on six factors: provider choice, coverage and benefits, customer service, cost, information and communication,

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and claims processing. The Medicaid results were compared with J.D. Power's 2017 Member Health Plan Study for commercial plans. A press release summary of the report is here.

CalOptima-Hosted Meetings

- **Medi-Cal Expansion (MCE) Rate Meeting**
  In August, CalOptima held a special meeting with health networks to discuss MCE rates. It was well attended by CEOs, CFOs and other network representatives. The meeting included an overview of the rate development template, background on the rate development methodology, a review of the rate adjustment history and the future outlook of MCE rates. Health networks also had the opportunity to submit questions in advance. A robust list of 22 questions were answered during the session.
- **Data Workgroup**
  Recognizing our strategic goal to enhance partnerships, the Quality Analytics department in collaboration with CHOC Children's created a data workgroup to resolve health networks' questions about our Pay for Value and HEDIS programs. The workgroup held its first meeting in August at CalOptima. Clinical and quality staff as well as data analysts at all participating health networks and community clinics were invited. Turnout was good, with attendance by more than 20 staff from five participating health networks, and representatives from 10 community clinics and the Coalition of Orange County Community Health Centers. The agenda topics included immunization rates considering changes with the California Immunization Registry, physician focus groups and primary care provider mapping for well child visits. Attendees completed a brief survey after the meeting that showed a majority agreed the information was applicable and useful. Monthly meetings are planned.

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ORANGE COUNTY
POINT IN TIME COUNT 2017

Orange County's Point in Time (PIT) count occurred on January 28th, 2017. The PIT count is a biennial tally of people without a home on a particular night. We count because we want to understand homelessness in our community in order to end it. This PIT count provides vital information that guides and shapes the way we approach and solve homelessness in Orange County. This information is provided to the federal Department of Housing and Urban Development (HUD) and informs the amount and type of resources Orange County receives to help end homelessness.

4,792 TOTAL

UNSHELTERED

2,584

SHELTERED

EMERGENCY SHELTER

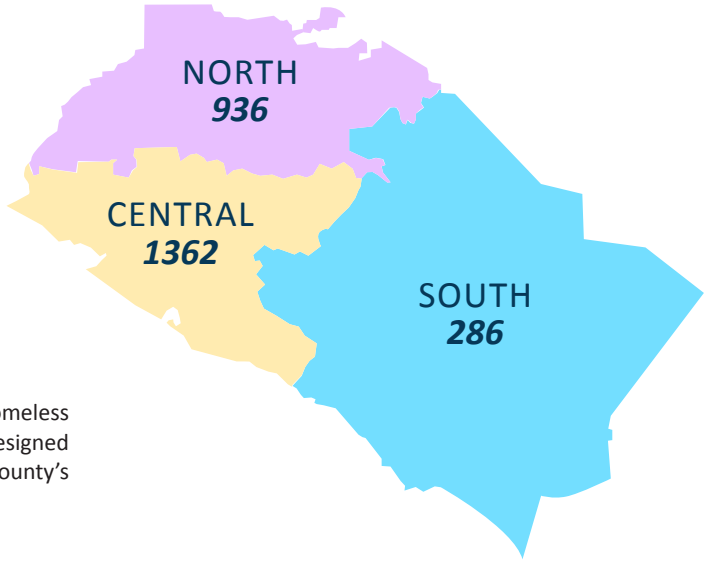
1,248

TRANSITIONAL SHELTER

960

SERVICE PLANNING AREA MAP

Orange County is divided into three Service Planning Areas (SPAs) that efficiently direct resources as individuals experiencing homelessness enter the Coordinated Entry System.



CONTINUUM OF CARE

A Continuum of Care (CoC) is an integrated system of care that guides homeless individuals & families through a comprehensive array of services and housing designed to prevent and end homelessness. The County of Orange is the lead for Orange County's CoC, which funds 14 nonprofits across the OC CoC.

SUMMARY OF KEY FINDINGS

	2013		2015		2017	
Unsheltered Homeless People		**1,678**		**2,201**		**2,584**
Sheltered Homeless People		**2,573**		**2,251**		**2,208**
Emergency Shelter	1,145		925		1,248	
Transitional Shelter	1,428		1,326		960	
Total PIT Count #	**4,251**		**4,452**		**4,792**	
Change Year to Year			**+ 4.73% (201)**		**+ 7.6% (340)**	

In conjunction with 2-1-1 Orange County, the OC Commission to End Homelessness convened an ad hoc committee to provide guidance on the 2017 PIT count project. The ad hoc committee's direction included a public places count with sampling methodology. This methodology was also used for the 2013 and 2015 PIT counts. During the 2017 PIT count, 86 additional maps were counted and surveyed for a total of 270 maps in comparison to 184 maps in the 2015 PIT count. Reductions in transitional shelter beds is reflective of national HUD funding priorities. Increase in emergency shelter beds is a result of The Courtyard, a County investment. Reallocation of resources to permanent housing are not reflected in the count results.

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2017 PIT COUNT BY THE NUMBERS

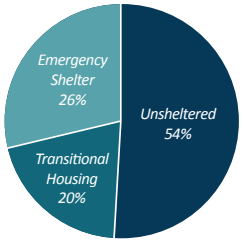
1,184 homeless service providers and community volunteers

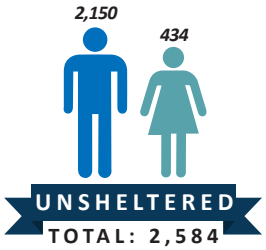
270 pre-identified map areas

20 of the 34 Orange County cities opted in to receive city level reports

HOMELESSNESS IN ORANGE COUNTY

2017 Point-In-Time Count





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UNSHELTERED VETERANS

BUILDING A SYSTEM OF CARE IN OC

Orange County is the third largest county in California, and sixth largest in the nation with a population of more than three million people. Despite our affluent reputation, we have residents who have needs you might not expect. Like many counties across the nation, we have people experiencing homelessness. The County of Orange is working diligently to provide funding and resources for this vulnerable population. Here is a look at what we've done in the last year.

SHELTER

The Board of Supervisors has committed more than

$23.5 MILLION

to providing multiple shelter options that meet a variety of needs.

BRIDGES AT KRAEMER
(North Anaheim)

County's first year-round emergency shelter and multi-service center with on-site programs. 100 beds in phase one opening Spring 2017, 100 additional beds in phase two anticipated in late 2018.

THE COURTYARD
(Santa Ana Civic Center)

Day service center and low barrier, low threshold safe sleep shelter.

ARMORIES
(Santa Ana and Fullerton)

Overnight cold-weather emergency shelter providing 400 beds from December to April.

PERMANENT SUPPORTIVE HOUSING

$8 MILLION AVAILABLE

The Board approved issuance of the 2016 Permanent Supportive Housing Notice of Funding Availability to provide up to $8 million for the acquisition, new construction and acquisition/ rehabilitation of permanent supportive housing for Orange County's extremely low-income households that are homeless.

RESTAURANT MEALS PROGRAM

$250K PER YEAR

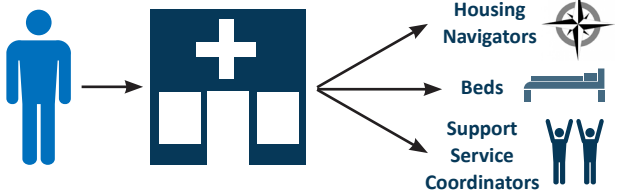
The Board approved the Restaurant Meals Program that will enable CalFresh recipients who are homeless, disabled and/or elderly to purchase meals from participating restaurants with their CalFresh benefits. It is intended to increase food access for those who do not have a place to store or cook food, may not be able to prepare food or lack access to a grocery store.

WHOLE PERSON CARE INITIATIVE

The Whole Person Care Initiative is targeting services to those Medi-Cal beneficiaries experiencing homelessness and are high utilizers of emergency rooms.

$23.5 MILLION
PHASE ONE
NOVEMBER 2016 - DECEMBER 2020

$7.6 MILLION
PHASE TWO
JULY 2017 - DECEMBER 2020



CRISIS STABILIZATION UNITS

$23.9 MILLION

In funding from the County has increased the number of beds available for people in a psychiatric crisis, allowing individuals to receive immediate psychiatric care as opposed to going to the emergency room.

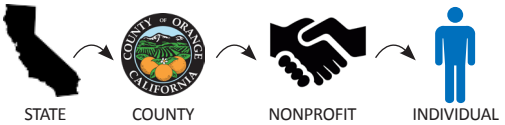
CONTINUUM OF CARE

The County is the lead for Orange County's Continuum of Care, which provides **$22.3 MILLION** in funding to nonprofits to provide permanent housing options (rapid rehousing or permanent supportive housing) to individuals and families in our community. Provides funding for increased and strategic coordination of resources targeting the most vulnerable populations.

EMERGENCY SOLUTIONS GRANTS

$1.1 MILLION

The Board approves local nonprofits to receive state grant funding to provide emergency shelter and rapid rehousing services to individuals and families in the community.



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Behavioral Health Services Drug Medi-Cal:

an Organized Delivery System for Substance Use Disorder Services

Sandra Fair
HCA Behavioral Health Services
sfair@ochca.com
714-834-5904

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Overview

- What is the 5-year Drug Medi-Cal Pilot Project
- Expanded Substance Use Disorder (SUD) Services Requirements

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The 5-year Pilot Project

- California received a waiver from the Federal Government to develop a 5-year pilot project to better serve people experiencing a Substance Use Disorder (SUD) and who are eligible for Drug Medi-Cal (DMC) under the Affordable Care Act.
- HCA's Implementation plan was approved by DHCS in December 2016.
- Expands DMC funded services, so more people can receive the array of SUD services they may need to enter treatment and sustain their recovery.
  - In Orange County, over 900,000 people are eligible and active Medi-Cal beneficiaries.
  - One estimate indicates that between 7,000 and 13,000 Orange County residents may seek treatment for SUD in a year.

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Benefits of the Pilot Project

- DMC will fund many of the services already provided by BHS
- Supersedes some of the Federal and State regulations to allow expanded services
- Changes SUD services from an acute social model to a medical model with physicians (MD) and Licensed Practitioners of the Healing Arts (LPHA), for timely access to the appropriate type, level, and length of treatment
- Supports integrated services with mental health and physical health including the CalOptima, the County's Health Authority
- Supports coordinated care and services with other systems working with individuals and the significant people in their lives
- Increases County/BHS oversight of services

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Behavioral Health Services (BHS) Principles of Service Delivery System

- SUD is a treatable chronic disease that can be effectively addressed through an organized delivery system (ODS) of comprehensive treatment and recovery support services
- Services must be client centered and culturally and linguistically appropriate
- Timely access to the appropriate level of client centered services should be based on a thorough psychosocial assessment to determine the medical necessity for treatment
- A continuum of care must be available, provided by qualified staff using evidence based practices
- Treatment should be appropriate in type and length according to an assessment of the condition, need, and motivation of the client
- Services should be coordinated, and care should be integrated with, other systems
- Continuous Quality Assurance activities are necessary to measure and monitor the quality of services, and to provide opportunities to revise program and business practices as needed

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Requirements for Drug Medi-Cal (DMC) providers

- Providers must be certified by DHCS to provide DMC services
  - Providers must verify participant DMC eligibility
- All programs must have a Medical Director (part time is acceptable)
- Providers must have sufficient staffing, including:
  - Qualified treatment staff including LPHAs and certified counselors trained in the American Society of Addiction Medicine (ASAM) criteria for determining levels of care, and evidence based treatment practices
  - Administrative and support staff to meet DMC certification and reporting requirements, as well as all other federal, state and local regulations and requirements
- Program enrollment must be determined by a face-to-face assessment by an LPHA or MD, to determine medical necessity and the appropriate level of care
  - Services cannot be provided or billed prior to the assessment and determination of medical necessity
- Individualized Treatment Plans for each participant must be developed with active participation by client, and progress notes must relate to the treatment plan and be approved by LPHA or MD
  - Client must be reassessed for the level of care being received at least every 90 days, and transitioned to a different level of care/provider, if indicated

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DMC Specified Services

- Screening, Brief Intervention, Referral to Treatment
  - CalOptima, Primary Care Physicians, Community Clinics, 24-hour Access Line
    - MOU delineates responsibilities
- Detoxification Services
  - Options include Medical, Residential and Ambulatory Detox
    - BHS offers contracted social model residential and non-acute medical inpatient detox programs, and methadone detox (non DMC) is available
    - Acute Care Inpatient Medical Detox is a FFS benefit
- Residential Treatment with prior authorization by BHS
  - Eliminates the requirement that a treatment facility must have more than 16 beds and establishes Lengths of Stay as 60 days for adults, 30 days for adolescents as transitional and engagement services
    - BHS offers contracted co-ed, gender and culturally specific programs including: perinatal, HIV, criminal justice and adolescent programs
- Intensive Outpatient Treatment
  - Establishes treatment needs as 9-19 hrs. per week for adults and 6-13 hrs. for youth.
- Outpatient Drug Free (ODF)
  - Up to 9 hours per week with individual and group sessions, and must meet all Federal, State and local requirements and regulations

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DMC Specified Services

- Opioid Treatment
  - Narcotic Treatment Programs (NTP) for Methadone Maintenance and other Medication Assisted Treatment (MAT)
- Recovery Maintenance Services
  - Services to maintain recovery, including peer support
    - BHS contracts with a provider for recovery maintenance services
    - All BHS clinics and programs will be required to offer recovery services as a separate billable service
- Case Management Services
  - To ensure integrated and coordinated care, as well as transition services
    - Case management is provided to participants in all County operated and contracted programs
    - Case management is a separate billable service in all programs
- Physician Consultation
  - Physician to physician support related to medications and treatment

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Optional Services to be Provided

- Additional MAT
  - Multiple medication therapies may be made available
    - MAT includes Methadone, Buprenorphine, Naltrexone, Suboxone, Vivitrol
    - BHS contracts with two providers for injectable MAT (Vivitrol) for the criminal justice population
    - HCA exploring ways to increase availability of MAT
    - MAT available outside DMC through PCP's, CalOptima
      - Linked with BHS services
- Recovery Residences
  - Recovery Residences (Sober Living Homes) to provide a substance free living environment
    - BHS contracts with multiple Sober Living Homes for the criminal justice population while enrolled in outpatient treatment

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Resources

- Health Care Agency Behavioral Health Services Information and Referral Line
  - OC Links: 855-OC-LINKS (855-625-4657)
- Website: www.ochealthinfo.com/bhs
- E-mail: opioidinfo@ochca.com

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ORANGE COUNTY
STRATEGIC PLAN
FOR AGING

Overview and Progress

PATTY BARNETT MOUTON, VP OUTREACH & ADVOCACY, ALZHEIMER'S ORANGE COUNTY
CHAIR, OCSPA SOCIAL ENGAGEMENT & COMMUNITY ACCESS COMMITTEE

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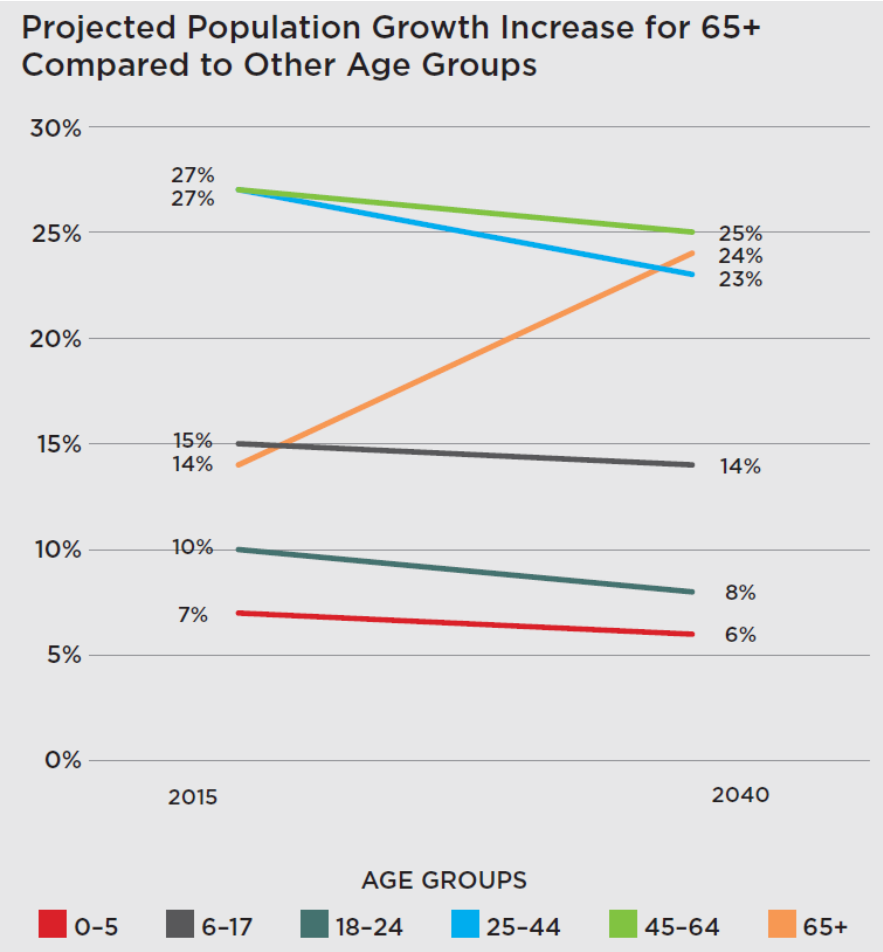
2040 – Nearly 1 in 4 will be 65+



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ORANGE COUNTY STRATEGIC PLAN FOR AGING

OC Strategic Plan for Aging

Purpose: to prepare Orange County for the growing numbers of older residents and the issues they face.

Strategy: to bring together cities, the county, non-profits, foundations, and corporate entities to evaluate the issues faced by seniors and to create a structure to address those issues.

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ORANGE COUNTY STRATEGIC PLAN FOR AGING

Vision

*Orange County is a place that creatively **nurtures**, **encourages**, and **supports** every person as they progress through **each stage of life.***

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ORANGE COUNTY STRATEGIC PLAN FOR AGING

Leadership Council Members

Office on Aging
Advocacy. Action. Answers on Aging.

hoag

CalOptima
A Public Agency
Better. Together.

OCTA

Alzheimer's
ORANGE COUNTY

SeniorServ
Nourishing Home, Health & Heart

Council on Aging
Southern California

Age Well
Senior Services
A NONPROFIT SERVING ORANGE COUNTY'S OLDER ADULTS

INTEGRITY
HOUSING
Answering the call for affordable communities

Supervisor
Lisa Bartlett,
5th District

County of Orange California

Irvine Health
Foundation

Orange County
Community
Foundation

easterseals
Southern California

Jamboree

OC Senior Citizens
Advisory Council

UC Irvine Health

ABRAZAR
Embrace - Educate - Empower

United Way
Orange County United Way

OC health
CARE AGENCY

ORANGE COUNTY
STRATEGIC PLAN
FOR AGING

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18 Participating Cities

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ORANGE COUNTY STRATEGIC PLAN FOR AGING

Game Plan

- **Short-Term:** Work together to “move the needle” in key areas over 18-months.
- **Long-Term:** Build a vehicle that will impact real change.

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Ongoing Collaboration

- **Series of 18 Month Goals**
  - Start: July 1, 2017 – December 31, 2018
  - Next: Ongoing series of goals
    - Flexibility for collaboration and responsiveness to the community
    - Summer 2018: Committees develop new goals for the next 18 months

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10 Initiatives Over 18 Months
July 1, 2017 – December 31, 2018

- Healthcare
- Elder Abuse Prevention and Awareness
- Transportation
- Housing
- Technology
- OC Successful Aging
- Social Engagement
- Food Security
- Fundraising and Sustainability
- Communications

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ORANGE COUNTY STRATEGIC PLAN FOR AGING

Examples of OCSPA Deliverables

- Open 8 new food distribution sites in South OC
- Double enrollment in evidence-based classes to manage chronic conditions (including diabetes)
- Launch awareness and education campaign around elder abuse prevention

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Examples of OCSPA Deliverables

- Hold a Senior Housing and Transportation Summit
- Launch IrisOC, an online community where users will discover local people, places, events and resources

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HIGHLIGHT:
OCSPA Social Engagement

- Reinstitute the “Friendly Visitor” Coalition to support capacity building, information sharing and establishment of best practices, resulting in expanded and elevated services to isolate/homebound older adults.

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AARP Isolation and Loneliness

- In the United States
  - 17% of adults age 65+ are isolated
  - 26% increased risk of death due to loneliness
  - 50% of people age 75+ live alone

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Orange County Stats

- 21.7% age 65 and older live alone
- Ombudsman Program at Council on Aging:
  - 14,000 residents in long term care have no friend or family member actively involved in their care

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Good News

- Non-profits, senior centers, and police departments have programs
- Many faith communities also have visitation programs
  - Over 75 identified to date

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Involved on Social Engagement Initiative

Alzheimer's Orange County

City of Laguna Woods, Founded 1999, California

CalOptima, A Public Agency, Better. Together.

Orange County 2-1-1, Get Connected. Get Answers.

City of Fountain Valley, A Nice Place to Live, Incorporated June 13, 1957, Orange County, California

Office on Aging, Advocacy. Action. Answers on Aging.

Council on Aging Southern California

Project L.I.F.E., Living In Faith Everyday

City of Huntington Beach, Incorporated Feb. 17, 1909, A.D., Orange County California

Costa Mesa

Garden Grove

St. Joseph Health, St. Jude Medical Center, A member of the St. Joseph Hoag Health alliance

Westminster All-America City 1996

SeniorServ, Nourishing Home, Health & Heart

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Orange County Strategic Plan for Aging

Action Steps

- Review and refresh list of current “friendly visitor” type program – **in progress**
- Define “friendly visitor” programs
- Create a toolkit for program leaders - **in progress**
- Survey existing programs to gauge current scope of programs in Orange County and identify gaps in service areas – **survey in progress**
- Plan a one day conference based on needs indentified in survey results

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Contact

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- **Website:** www.ocagingplan.org

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ORANGE COUNTY STRATEGIC PLAN FOR AGING