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

THURSDAY, MAY 10, 2018
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 January 11, 2018 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)
   B. Approve Minutes of the March 8, 2018 Special Joint Meeting of the CalOptima Board of Directors' MAC/OneCare Connect MAC (OCC MAC)/Provider Advisory Committee (PAC)

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 Approval of Fiscal Year (FY) 2017-18 MAC Accomplishments
    B. Consider Approval of FY 2018-19 MAC Meeting Schedule
    C. Consider Approval of FY 2018-19 MAC Goals & Objectives
    D. Consider Recommendation of MAC Slate of Candidates, and Chair and Vice Chair for FY 2018-19
    E. Consider Recommendation of Whole-Child Model Family Advisory Committee (WCM FAC) Slate of Candidates

VI.   CEO AND MANAGEMENT REPORTS
    A. Chief Executive Officer (CEO) Report
    B. Chief Medical Officer Update
    C. Chief Operating Officer Update
    D. Network Operations Update
    E. Federal and State Legislative Update

VII.   INFORMATION ITEMS
    A. MAC Member Updates
    B. MAC Member Presentation on Orange County Community Coalition for Behavioral Health: Identifying Opportunities for CalOptima Members
    C. Intergovernmental Transfer (IGT) Funds Update
    D. Health Homes Program

VIII.   COMMITTEE MEMBER COMMENTS

IX.   ADJOURNMENT

MINUTES

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

January 11, 2018

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on January 11, 2018 at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Chair called the meeting to order at 2:38 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Sally Molnar, Chair; Suzanne Butler; Connie Gonzalez; Donna Grubaugh; Patty Mouton; Jaime Muñoz; Christina Sepulveda; Sr. Mary Therese Sweeney; Mallory Vega; Lisa Workman

Members Absent: Sandy Finestone, Ilia Rolon, Velma Shivers, Christine Tolbert

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Sesha Mudunuri, Executive Director, Operations; Michelle Laughlin, Executive Director, Network Operations; Emily Fonda, M.D., Medical Director; Belinda Abeyta, Director, Customer Service (Medi-Cal); Le Nguyen, Associate Director, Customer Service; Becki Melli, Customer Service; Eva Garcia, Customer Service

MINUTES

Approve the Minutes of the November 9, 2017, Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

> *Action:* ***On motion of Member Donna Grubaugh, seconded and carried, the MAC approved the minutes as submitted.***

PUBLIC COMMENT
There were no requests for public comment.

Chair Molnar reordered the agenda to hear item VI.B. Behavioral Health In-House Transition Update.

Behavioral Health In-House Transition Update
Dr. Sharps, Medical Director, Behavioral Health, reported that effective January 1, 2018, CalOptima assumed responsibility for administering Medi-Cal behavioral health benefits . CalOptima's efforts to contract with numerous providers offering mental health and Applied Behavior Analysis (ABA) services ensured that most members were able to continue seeing their

existing providers. Fewer than 300 members requested continuity of care arrangements. Under a continuity of care arrangement, a member may continue to see the same provider for up to a year if the provider agrees to accept the standard rate through a member-specific Letter of Agreement.

Dr. Sharps reported that CalOptima has hired nearly all the necessary clinical and customer service staff needed to administer the Medi-Cal behavioral health benefits. CalOptima's Customer Service staff began operation of the behavioral health line on January 2, 2018. Customer Service will adjust the staff work schedule as needed to meet member and provider call demands.

Chair Molnar reordered the agenda to hear item VI.C Assisted Living Waiver Overview.

Assisted Living Waiver Overview

Debbie Kegel, Manager, Business Integration, presented an overview of the Assisted Living Waiver (ALW) Program. The ALW is part of a waiver program through the Department of Health Care Services (DHCS), and is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. The program provides specified benefits to eligible seniors and people with disabilities who are 21 years old and over and have full scope Medi- Cal with no share of cost. Currently, there are about 3,700 openings with an additional 2,000 openings proposed for FY 2018-19. The program seeks to transition eligible individuals from a nursing facility to a community home-like setting, such as public housing, Residential Care for the Elderly (RCFE), or an Adult Residential Facility (ARF). CalOptima will keep MAC members apprised of the proposed openings.

CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer, reported that CalOptima has begun the process of transitioning the California Children's Services (CCS) program from a Medi-Cal carve-out administered by the Orange County Health Care Agency to the fully integrated Whole Child Model (WCM), which will be administered by CalOptima effective January 1, 2019. This transition will affect more than 13,000 Orange County children, all of whom have significant medical conditions. Approximately, 90% of CCS children are CalOptima members who are already assigned to a health network and primary care physician for their non-CCS health care. CalOptima proposes using its existing delivery system to provide the CCS services. CalOptima is launching an eleven-member WCM Family Advisory Committee (WCM FAC) to assist CalOptima in bringing on this program. The committee will consist of seven to nine family members of a CCS recipient and two to four community advocates. CalOptima urged the MAC to refer prospective candidates.

Mr. Schrader reported that effective January 1, 2018, the State restored benefits to the Denti-Cal program for adults ages 21 and over. This restoration of benefits is due to the Proposition 56 tobacco tax approval by voters in 2016.

Chief Medical Officer Update

Richard Bock, M.D., Deputy Chief Medical Officer, reported that in addition to the WCM FAC, there will also be a clinical advisory committee to advise the WCM program.

Dr. Bock reported that effective January 1, 2018, palliative care services were implemented as a new Medi-Cal benefit for Medi-Cal Managed Care plans to administer. Palliative care is defined as patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. In addition, palliative care addresses physical, intellectual, emotional, social and spiritual needs and facilitates patient autonomy, access to information and choice.

Dr. Bock reported that at the February 1, 2018 Board of Directors meeting, CalOptima staff will request Board approval to contract with five alternative care setting sites for the Program of All-Inclusive Care for the Elderly (PACE) program. CalOptima issued a request for proposal (RFP) in the fall and upon evaluation of the proposals, is recommending contracting with five Community-Based Adult Service (CBAS) centers to expand the PACE program.

Chief Operating Officer Update
Ladan Khamseh, Chief Operating Officer, reported that CalOptima issued letters to 2,000 members in November 2017, as part of the Qualified Medicare Beneficiary (QMB) program outreach. If members are determined eligible for QMB, the State will cover the member's Medicare Part A premium.

Network Operations Update
Michelle Laughlin, Executive Director, Network Operations, reported that the provider network for Medi-Cal behavioral health was successfully implemented. Ms. Laughlin reported that this year's primary focus is to ensure that CalOptima has a full network of CCS providers contracted for the new WCM program.

Federal and State Legislative Update
Phil Tsunoda, Executive Director, Public Affairs, reported that H.R. 1, officially referred to as the Tax Cuts and Jobs Act, was signed into law by President Trump on December 22, 2017, and amends portions of the Internal Revenue Code that address corporate and individual tax rates and deductions. While most of the income tax-related provisions were effective January 1, 2018, the elimination of the penalty associated with the Affordable Care Act's individual mandate is effective December 31, 2018.

Mr. Tsunoda reported that H.R. 1370, a continuing resolution (CR) signed into law by the President on December 22, 2017, funds the federal government at current levels through January 19, 2018. The CR also allocates $2.85 billion to the Children's Health Insurance Program (CHIP), which will fund the program for the first half of the federal fiscal year, until March 31, 2018. CalOptima has over 112,000 children who access care through CHIP and whose family income is between 101 and 266 percent of the federal poverty level. Policy issues still unresolved include long-term financing of CHIP and the status of the Deferred Action for Childhood Arrivals (DACA) recipients.

Mr. Tsunoda reported that Governor Brown released his proposed FY 2018–19 State Budget, which starts on July 1, 2018. CalOptima staff is in the process of developing a comprehensive analysis of the proposed $190 billion spending plan, including an additional $6.2 billion surplus for which the governor has proposed establishing a reserve account.

INFORMATION ITEMS

MAC Member Updates
Chair Molnar announced that Carlos Robles resigned his MAC seat as the Recipients of CalWORKs representative. Recruitment to complete the remainder of his term will coincide with the annual recruitment for all renewing MAC seats starting in March 2018. Chair Molnar asked for volunteers to serve on the Nominations Ad Hoc Subcommittee to review the prospective candidates' applications. Members Suzanne Butler and Mallory Vega volunteered for the Nominations Ad Hoc. The expiring seats are for individuals representing, or that represent the interests of: Children, Consumer, Foster Children, Long-Term Services and Supports, Medically Indigent Persons, Persons with Mental Illness, and Persons with Special Needs. Chair Molnar also asked for volunteers to serve on the MAC Goals and Objectives Ad Hoc Subcommittee. Chair Molnar and Patty Mouton will serve on that ad hoc.

Chair Molnar reminded the MAC a Joint meeting of the MAC, OneCare Connect Member Advisory Committee, and Provider Advisory Committee will be held on March 8, 2018 at 8 a.m. Proposed topics include presentations on Orange County's mental health coalition, the opioid epidemic, Healthcare Effectiveness Data and Information Set (HEDIS), and a discussion on member access to providers.

Chair Molnar urged MAC members to refer potential candidates to CalOptima for the WCM FAC. Members Jaime Munoz, Connie Gonzalez and Christine Tolbert will serve on the WCM FAC Nominations Ad Hoc Subcommittee to review applications.

Human Arc Overview
Belinda Abeyta, Medi-Cal Customer Service Director, presented an overview of Human Arc, a CalOptima contracted vendor that identifies members through their predictive modeling software to determine who may potentially qualify for the Supplemental Security Income (SSI) program. SSI is a federal program that helps those who are either aged (e.g., 65 or over), blind, or disabled and have little or no income. Human Arc outreaches to members via an introduction letter that offers aid to the member through the application process. There is no cost to CalOptima members for this service.

ADJOURNMENT
Hearing no further business, Chair Molnar adjourned the meeting at 4:00 p.m.

/s/ Eva Garcia
Eva Garcia
Program Assistant

Approved: May 10, 2018

MINUTES

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

March 8, 2018

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC) and Provider Advisory Committee (PAC) was held on Thursday, March 8, 2018, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER
Sally Molnar, MAC Chair, called the meeting to order at 8:04 a.m., and PAC Chair Teri Miranti led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee
Members Present: Sally Molnar, Chair; Patty Mouton, Vice Chair; Suzanne Butler, Sandy Finestone, Connie Gonzalez, Donna Grubaugh, Jaime Muñoz, Ilia Rolon, Christina Sepulveda, Velma Shivers, Sr. Mary Therese Sweeney, Christine Tolbert, Mallory Vega, Lisa Workman

Members Absent: All members present

OneCare Connect Member Advisory Committee
Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair; Sandy Finestone, Sara Lee, Richard Santana, Amber Nowak (non-voting)

Members Absent: Ted Chigaros, Christine Chow, Josefina Diaz, John Dupies, Kristin Trom; Jyothi Atluri (non-voting); Adam Crits (non-voting); Erin Ulibarri (non-voting)

Provider Advisory Committee
Members Present: Teri Miranti, Chair; Suzanne Richards, Vice Chair; Anjan Batra, M.D.; Donald Bruhns; Theodore Caliendo, M.D.; Steve Flood; Jena Jensen; Pamela Kahn, R.N.; Craig Myers; John Nishimoto, O.D; George Orras, Ph.D., FAAP; Mary Pham, Pharm.D., CHC; Pamela Pimentel, R.N.; Jacob Sweidan, M.D.

Members Absent: Mary Hale

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief
                    Operating Officer; Gary Crockett, Chief Counsel; Dr. Richard Bock,
                    Deputy Chief Medical Officer; Tracy Hitzeman, Executive Director,
                    Clinical Operations; Michelle Laughlin, Executive Director, Provider
                    Network Operations; Sesha Mudunuri, Executive Director, Operations;
                    Kelly Rex-Kimmet, Interim Executive Director, Quality Analytics;
                    Becki Melli, Program Specialist; and Cheryl Simmons, Project Manager

OCC MAC Chair Gio Corzo noted that the OCC MAC did not reach quorum.

PUBLIC COMMENTS
No requests for public comment were received.

Chief Executive Officer Report
Michael Schrader, Chief Executive Officer, reported that the County of Orange relocated 700
homeless individuals from the Santa Ana riverbed to motels. CalOptima personal care
coordinators and Orange County Health Care Agency (HCA) staff will visit the motels to assess
the health care needs of CalOptima members. Coordinated efforts are underway for a long-term
solution. Mr. Schrader reported that the transition from California Children's Services' (CCS) to
the Whole-Child Model (WCM) is on target. CalOptima's scheduled transition to the WCM is
January 1, 2019. Mr. Schrader also reported that CalOptima's behavioral health transition has
gone smoothly and has improved members' access to behavioral health services.

INFORMATION ITEMS

Orange County's Opioid Epidemic
Sandra Fair, Administrative Manager, Orange County Health Care Agency, presented an update
on Orange County's opioid usage, including prescriptions, opioid-related emergency department
(ED) visits and morbidity/mortality statistics. The HCA, along with community stakeholders, are
focusing on prevention, harm reduction, treatment and recovery. Stakeholder and community
planning sessions will begin in October 2018 and be held through January 2019. Upon
completion of the community stakeholder meetings, a final report will be issued.

Orange County Coalition for Behavioral Health Presentation
Marshall Moncrief, Regional Executive Director, Institute for Mental Health and Wellness,
Providence St. Joseph Health, Southern California Region, presented an overview of the Orange
County Coalition for Behavioral Health. Mr. Moncrief reported that numerous public and private
health care entities have convened to develop a coordinated system of care to improve mental
and behavioral health care outcomes in Orange County. Three workgroups have been formed: 1)
System of Care; 2) Infrastructure; and 3) Funding. Mr. Moncrief invited the Committee members
to participate in these workgroups.

Healthcare Effectiveness Data and Information Set (HEDIS) Performance

Kelly Rex-Kimmet, Interim Executive Director, Quality Analytics, provided an update on CalOptima's efforts to improve targeted underperforming HEDIS measures. CalOptima has implemented several member and provider quality initiatives. Although the findings are preliminary, the incentives appear to have improved some of the HEDIS scores.

Member Access to Providers

Several Committee members raised concerns regarding the difficulty members face in accessing providers and shared anecdotal accounts from members and providers regarding the difficulty in finding specialists who are culturally sensitive and can address rare or complex conditions. In addition, it was noted that members sometimes experience difficulty understanding the authorization and referral process.

ADJOURNMENT

There being no further business before the Committees, the meeting adjourned at 10:34 a.m.

/s/ Cheryl Simmons
Cheryl Simmons
Staff to the PAC

Approved: April 12, 2018

/s/ Becki Melli
Becki Melli
Staff to the MAC and OCC MAC

Approved: May 10, 2018

Member Advisory Committee
FY 2017-2018 Accomplishments

During FY 2017-2018, the Member Advisory Committee (MAC) of the CalOptima Board of Directors provided input on member issues to ensure that CalOptima members receive high quality health care services. The following list highlights the accomplishments:

- MAC members wrote letters of support to Senators Feinstein and Harris to urge their support to renew federal funding for the Children's Health Insurance Program (CHIP).

- MAC members reviewed the intergovernmental transfer (IGT) projects and supported the funding of the proposed programs, as well as the proposed recommendations for the use of the remaining IGT funds.

- MAC participated in two joint advisory committee meetings during FY 2017-18. The first joint meeting was MAC/ Provider Advisory Committee (PAC) on September 14, 2018 and the second was MAC/OneCare Connect MAC (OCC MAC)/PAC on March 8, 2018. MAC would like to continue to participate in joint advisory committee meetings.

- MAC members and individuals from the community gave informative presentations at MAC meetings to help MAC stay connected to those they represent. Topics included: difficult to access providers, homelessness, mental health coalition, palliative care and opioid/substance abuse.

- MAC Seniors' representative participates on the PACE Advisory Committee to provide input and reports to the Quality Assurance Committee of the Board regarding the PACE Center.

- A MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates, Chair and Vice Chair for the positions due to expire on June 30, 2018. The MAC reviewed the proposed candidates at its May 10, 2018 meeting and forwarded their recommendations to the Board for consideration and approval at its June 7, 2018 meeting.

- Three MAC members participated on the Whole-Child Model Family Advisory Committee (WCM FAC) Nominations Ad Hoc Subcommittee to evaluate candidates to fill the family member seats and the community representative seats until the WCM is established. In addition the MAC reviewed the slate of

candidates at its May 10, 2018 meeting and forwarded their recommendations to the Board for consideration at its June 7, 2018 meeting.

- A MAC Goals and Objectives Ad Hoc Subcommittee convened to develop goals and objectives for FY 2018-19. Based on the Board-approved Strategic Plan, MAC approved the FY 2018-19 MAC Goals and Objectives on May 10, 2018 and submitted them to the Board as an informational item on June 7, 2018.

- Several MAC members attended CalOptima sponsored community education events, such as Community Alliance Forums and Awareness and Education Seminars.

- All MAC members completed the annual Compliance Training.

- MAC Chair or Vice Chair presented a monthly MAC Report at CalOptima Board of Directors' meetings to provide the Board with input and updates on the MAC's activities.

- MAC members contributed at least 225 "official" hours to CalOptima during FY 2016-17, including MAC meetings, ad hoc meetings, and Board meetings. These hours do not account for the innumerable hours that MAC members dedicate to members on a day-to-day basis.

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

GOALS AND OBJECTIVES FY 2018-2019				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**MAC Activities**	**MAC Progress**
I. Innovation	**Pursue innovative programs and services to optimize member access to care**	1. Delivery System Innovation - Utilize pay-for performance, creative partnerships, sponsored initiatives and technology to empower networks and providers to drive innovation and improve member access.	Explore new and emerging service delivery models with potential to cost-effectively improve member access and increase quality of care.	
		2. Program Integration - Implement programs and services that create an integrated service experience for members, including an integrated physical and behavioral health service model.	• Monitor and provide input on access and care coordination of behavioral health services and ensure expedited access. • Provide input on coordinating and integrating physical and behavioral health care	
		3. Program Incubation - Incubate new programs and pursue service approaches to address unmet member needs by sponsoring program pilots addressing areas such as substance abuse, behavioral health services, childhood obesity and complex conditions.	• Provide input on collaborating with community based organizations to identify community resources and address unmet needs • Provide input on programs addressing areas of unmet needs (i.e. substance abuse, homelessness, palliative care) • Provide input on CalOptima's role in the Whole Person Care program •Provide input on IGT funding initiatives.	

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives

GOALS AND OBJECTIVES FY 2018-2019				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**MAC Activities**	**MAC Progress**
II. Value	**Maximize the value of care for members by ensuring quality in a cost effective way**	1. Data Analytics Infrastructure - Establish robust IT infrastructure and integrated data warehouse to enable predictive modeling, effective performance accountability and data-based decision making.	• Provide input, as needed, to improve efficiencies and systems/processes that affect members.	
		2. Pay for Value - Launch pay-for performance and quality incentive initiatives that encourage provider participation, facilitate accurate encouter data submissions, improved clinical quality and member experience outcomes, and the spread of best practices.	• Provide input on pay-for-value program, including member and provider quality incentive initiatives • Review and provide input on member experience results, HEDIS and CAHPS indicators and other surveys • Provide input to improve member experience outcomes. •Provide input on IGT funding initiatives on access to care impacted by reimbursement	
		3. Cost Effectiveness - Implement efficient systems and processes to facilitate better understanding of internal cost drivers, eliminate administrative redundancies, and promote effective and standardized internal practices.	• Provide input, as needed, to ensure CalOptima maximizes health care dollars.	

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives

GOALS AND OBJECTIVES FY 2018-2019				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**MAC Activities**	**MAC Progress**
III. Partnership and Engagement	Engage providers and community partners in improving the health status and experience of our members	1. Provider Collaboration - Enhance partnerships with networks, physicians and the Provider Advisory Committee to improve service to providers and members, expand access, and advance shared health priorities.	• Work with the advisory committees to ensure members have access to providers.	
		2. Member Engagement - Seek input from the Member Advisory Committee and plan's diverse membership to better understand member needs, and ensure the implementation of services and programs that strengthen member choice and experience and improve health outcomes.	•Ensure that the Board is aware of member issues/concerns prior to the Board's action or decision on initiatives • Ensure MAC provides input into proposed services and programs that improve member experience and health outcomes. •areas to consider include hospital readmissions, palliative care, substance abuse, ABA/mental health, LTSS, developmental and memory loss screenings •Provide input on CalOptima's efforts related to the Member Health Needs Assessment.	
		3. Community Partnerships - Establish new organizational partnerships and collaborations to understand, measure and address social determinants of health that lead to health disparities among the plan's vulnerable populations.	• Provide input to ensure collaboration with community stakeholders and members. •Provide input to CalOptima to address health disparities among vulnerable populations. • Provide input on CalOptima's role in the Whole Person Care. • Provide input on unmet needs of homeless.	

GOALS AND OBJECTIVES FY 2018-2019				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**MAC Activities**	**MAC Progress**
		4. Shared Advocacy - Utilize provider and community relationships to educate stakeholders about health policy issues impacting the safety-net delivery system and community members, and promote the value of CalOptima to members, providers, and the broader population health of the Orange County Community.	•Work with CalOptima and community stakeholders to respond to changes and impact health policy, such as OneCareConnect. •Ensure MAC has strong representation. •Encourage MAC members to attend 1-2 CalOptima education events to increase awareness of member issues (i.e. Awareness & Education Seminars, Informational Series and Community Alliance Forums).	

Charge of the Advisory Committees pursuant to Resolution No 2-14-95:

1 Provide advice and recommendations to the Board on issues concerning CalOptima as directed by the Board.

2 Engage in study, research and analysis on issues assigned by the Board or generated by the committees.

3 Serve as liaisons between interested parties and the Board.

4 Assist the Board in obtaining public opinion on issues related to CalOptima.

5 Initiate recommendations on issues of study to the Board for their approval and consideration.

6 Facilitate community outreach for CalOptima and the CalOptima Board.

Member Advisory Committee

FY 2018-2019 Meeting Schedule

July
Thursday, July 12, 2018

September
Thursday, September 13, 2018

November
Thursday, November 8, 2018*

January
Thursday, January 10, 2019

March
Thursday, March 14, 2019

May
Thursday, May 9, 2019

Regular Meeting Location and Time

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

*Joint Advisory Committees Meeting

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

MEMORANDUM

DATE:	May 3, 2018
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) Expansion Now Operational
Months in the making, the expansion of CalOptima PACE has officially begun. In April, the first PACE participant began receiving regular services at Acacia Adult Day Services, the first of five Alternative Care Setting sites that will be brought on as CalOptima PACE enhances its reach and capacity. Further, this month, PACE will identify its first community-based physician, with a plan to contract in June and have the physician as part of a care team by July. This flexibility to include doctors other than the PACE physician follows CalOptima's recently approved federal waiver, which allows participants to continue receiving care from the community-based physicians they have known for years. Finally, next up is PACE Service Area Expansion. In July, CalOptima PACE can begin serving participants in all Orange County ZIP codes, offering access to comprehensive, coordinated care without limitations because of where eligible participants live. I look forward to providing updates regarding this exciting time in the history of CalOptima PACE.

Centers for Medicare & Medicaid Services (CMS) Conducts Routine PACE Audit
As another sign of CalOptima PACE's maturity, the program underwent its first standard CMS audit in late April. This was the first audit conducted since the conclusion of the CMS three-year trial period, during which time the new program was audited annually with generally positive results. The standard audit protocol measures CalOptima PACE's performance in both clinical and administrative areas. Regulators will provide feedback during an exit conference planned for early May.

Budget for New Fiscal Year Highlights Key Changes, Challenges
As a public agency, CalOptima is focused on prudent use of resources and financial transparency. Those goals were the impetus behind the introduction to the FY 2018–19 CalOptima budget, shared at the April Board meeting. One potentially significant budget issue is the possible change in rates for Medi-Cal Expansion members, bringing them closer to the rates paid for Medi-Cal Classic members. Over the past few months, we have made this possible rate change clear to health networks and providers so they can plan ahead. Also significant is CalOptima's January 2019 integration of California Children's Services as part of the Whole-Child Model. The state is developing a per member per month rate for CCS services, which will be part of CalOptima's budget for next year.

Medical Loss Ratio (MLR) Audit Shows Aggregate Health Network Spending at 91 Percent
To measure medical spending in the Medi-Cal Expansion era, CalOptima is in the process of completing an MLR audit of our contracted health networks. The purpose of the audit is to ensure that an appropriate portion of health networks' capitation payments is used to pay for medical services. Under contract, health networks are obligated to spend 85 percent or more of their capitation revenue on member health expenses. Based on preliminary analysis, the aggregate MLR for all health networks is 91 percent, which is good news showing that networks took less than the maximum of 15 percent for administrative costs and profit. To be abundantly fair with our MLR methodology, CalOptima aggregated results for Medicare and Medi-Cal Classic and Expansion members, since health networks could have margins far smaller than 15 percent for Classic and greater than 15 percent for Expansion. Further, we combined the first three years of Classic and Expansion (2014, 2015 and 2016) since the rates for Expansion have decreased over time. The initial findings show that health networks are appropriately passing dollars along to providers. However, there are a few networks that did have lower than required medical spending. Our compliance team will oversee corrective action so these networks distribute at least 85 percent to the provider community and establish new operating parameters, ensuring the ratio is met both during the audit period and in the future. Going forward, CalOptima plans to conduct MLR audits of the networks on an annual basis.

CalOptima Readies for Another Transition of Behavioral Health Treatment (BHT)
In another vote of confidence about managed care plans' ability to handle behavioral health, the Department of Health Care Services (DHCS) released a timeline for the transition of BHT for children with non-Autism Spectrum Disorders. Responsibility for those services is moving from Regional Centers to Medi-Cal managed care plans, including CalOptima, starting in July 2018. (CalOptima completed a similar transition for the population with Autism Spectrum Disorders about two years ago.) Orange County will follow a phased approach based on birth month. The first group of birthdays (January–April) will transition July 1, and two other birthday groups will move August 1 and September 1. CalOptima is responsible for mailing 60- and 30-day notices to ensure those affected are aware in advance.

CalOptima Providers to Enroll in Medi-Cal Based on New Mega Reg Rule
Based on rules in the federal Mega Reg, DHCS issued an All-Plan Letter late last year stating that all Medi-Cal contracted providers are required to be enrolled with Medi-Cal. Effective January 1, 2018, all non-contracted providers who want to participate with CalOptima must first be enrolled with Medi-Cal, and any contracted providers who are not currently enrolled have until December 31, 2018, to become enrolled or face possible contract termination. CalOptima's policy has always required provider enrollment in Medi-Cal, yet we have made careful exceptions when there was a need for a certain type of provider or specialist. In March, CalOptima notified those who need to enroll, sending approximately 1,200 letters to various providers affiliated with CalOptima Community Network, health networks, behavioral health vendors or ancillary services companies.

Board Ad Hoc Committee Considers Appropriate Timing for Community Grants
CalOptima's Intergovernmental Transfer (IGT) Ad Hoc committee of the Board was reconfigured in April to guide the community grant process for projects in three approved

categories: opioid and other substance overuse, children's mental health, and homeless health. The group is also considering these grants in light of Orange County's highly visible, multifaceted effort to address the homeless crisis in our community. At a recent meeting, the Ad Hoc committee determined that CalOptima needs more time to engage with those working on the homeless issue to better understand the needs of the population and to plan next steps before releasing limited grant dollars. Community organizations that submitted Letters of Interest seeking grants to fund programs and services in the three categories will be informed about changes to the timeline.

CalOptima Maintains Full Calendar of Community Activities
Reflecting dedication to external outreach and engagement, CalOptima participates in a variety of activities, ranging from events, meetings and media appearances, to ensure that stakeholders remain aware of our commitment to Orange County. Here are selected items from April:

- **South County Senior Summit**
  I spoke at the South County Senior Summit when CalOptima was recognized as the event's diamond sponsor. Hosted by Supervisor Lisa Bartlett, the event shares important health information and community resources with seniors. CalOptima had a booth to highlight our PACE program.
- **Whole-Child Model Outreach**
  In our industry-leading effort to raise awareness about the move of California Children's Services to the Whole-Child Model, CalOptima executives overseeing the transition spoke to physicians at three separate events, including a dinner meeting with the Orange County Medical Association's Pediatric Committee and two pediatrician meetings for HealthCare Partners. More outreach to physicians, member advocates and affected families is planned in the coming months.
- **Vietnamese Radio**
  CalOptima's OneCare/OneCare Connect Customer Service Supervisor, Tammy Nguyen, spoke in Vietnamese during an evening interview on VietLink Radio 1480 AM. The 30-minute show covered CalOptima services, local resources at the County Community Service Center and a PACE update.

Orange County Community Coalition for Behavioral Health

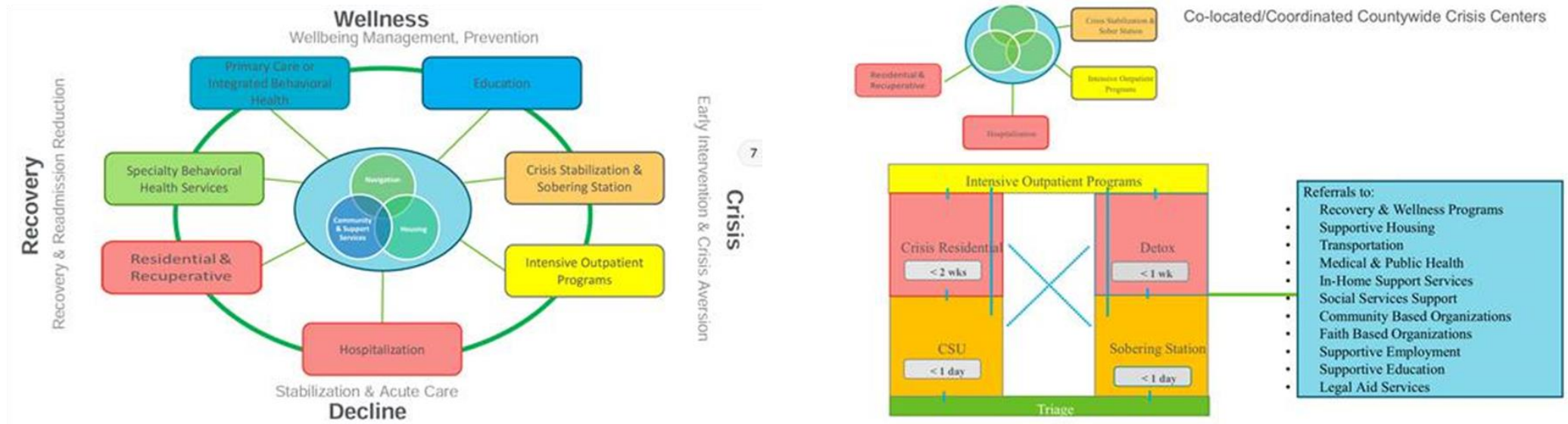**(continued from MAC/OCC MAC/PAC Joint Meeting of 03-08-2018)**

Presentation to CalOptima Member Advisory Committee
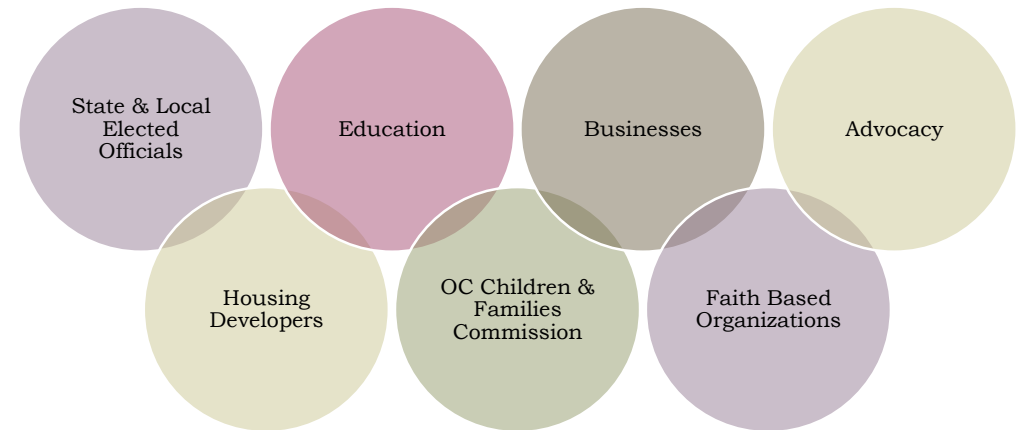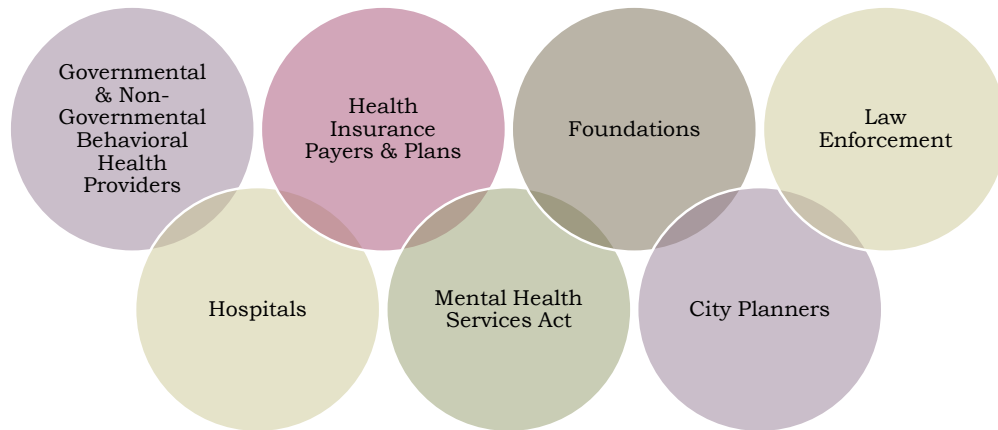
Thursday, May 10, 2018

By Jaime Muñoz, CalOptima MAC – Foster Care Seat

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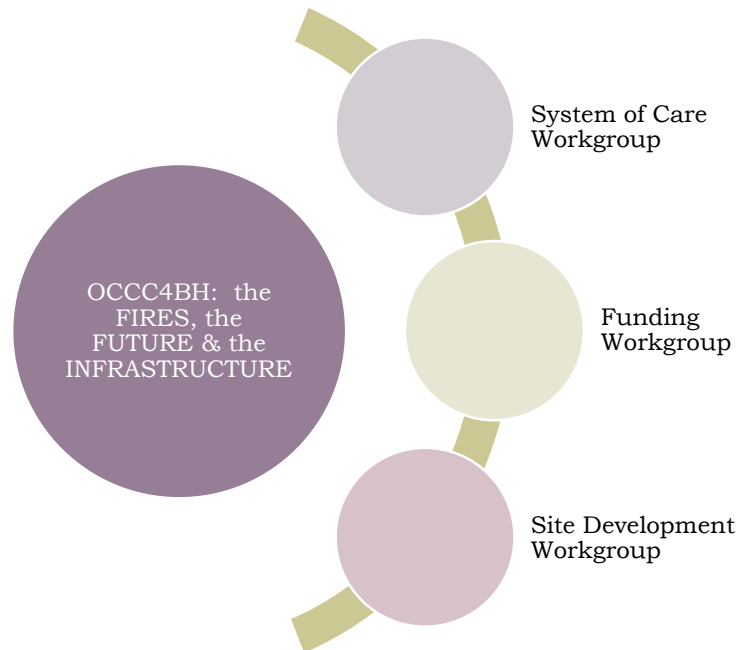# WHAT: <u>All</u> community members have world-class behavioral healthcare & support that they need

Who

Governmental & Non-Governmental Behavioral Health Providers

Health Insurance Payers & Plans

Foundations

Law Enforcement

Hospitals

Mental Health Services Act

City Planners

State & Local Elected Officials

Education

Businesses

Advocacy

Housing Developers

OC Children & Families Commission

Faith Based Organizations

How

OCCC4BH: the FIRES, the FUTURE & the INFRASTRUCTURE

System of Care Workgroup

Funding Workgroup

Site Development Workgroup

ACT NOW PROJECTS

Technology: Navigation, 24/7 Peer Chat, Therapy Avatar, Customized Wellness Coach

Countywide Points of Care/Services Inventory Map

Countywide Crisis Centers: 4 for adults + 1 for children/adolescents + In-Home Crisis Stabilization

Best Practice/Models of Excellence: Thrive NYC, California's Current Future Behavioral Health Workforce, Haven for Hope

Permanent Supportive Housing

MindOC (501(c)(3))

Blueprint: Design Thinking Participatory Process

Estimation of the Prevalence of Mental Health Conditions in OC

Members

Community

Providers

WHY

Opportunity for CalOptima to Collaborate for Better Health Care

Health Homes Program (HHP)

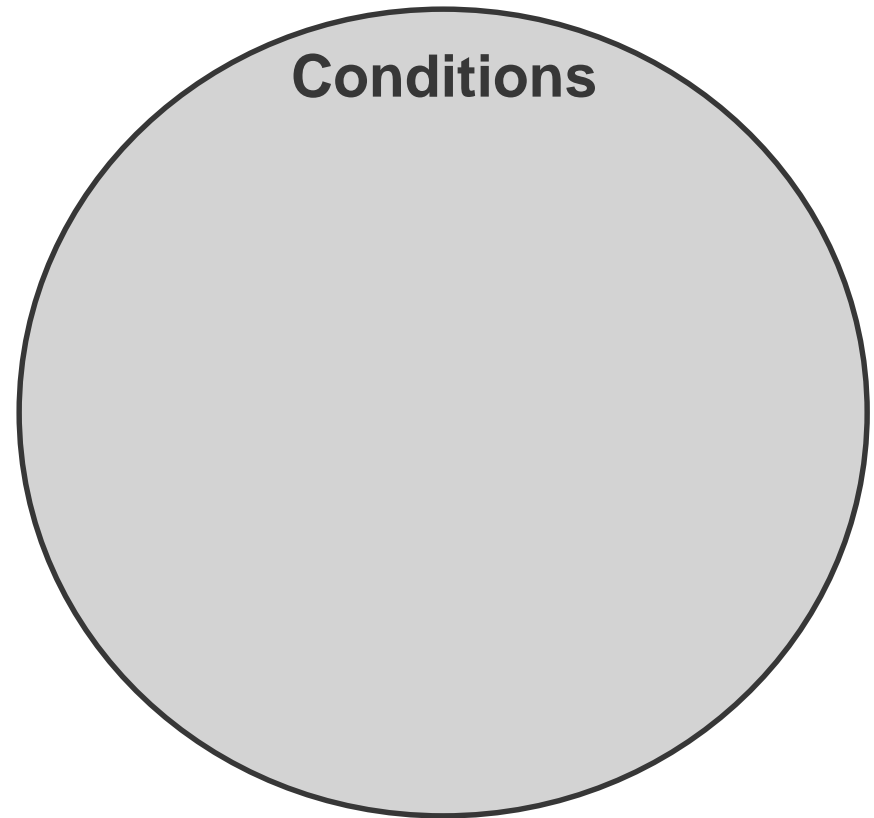**Member Advisory Committee**
May 10, 2018

Pallavi Patel, Director
Process Excellence/Business Integration

HHP Background: Authorization

- Federal: Authorized under Section 2703 of the Affordable Care Act (ACA)
  - State option to implement
    - May be implemented in phases and in specific geographies
  - 90 percent funding for eight quarters and 50 percent thereafter
  - Must be available to dual eligibles

- State: California's AB 361 (2013) authorizes HHP participation
  - Implementation permitted if no General Funds used
  - Requires Department of Health Care Services evaluation within two years of initial implementation
  - Coordinated Care Initiative counties specifically targeted by DHCS
  - CalOptima anticipated go-live date
    - July 1, 2019, for members with chronic conditions (CC) only
    - January 1, 2020, for those with serious mental illness (SMI), with or without chronic condition
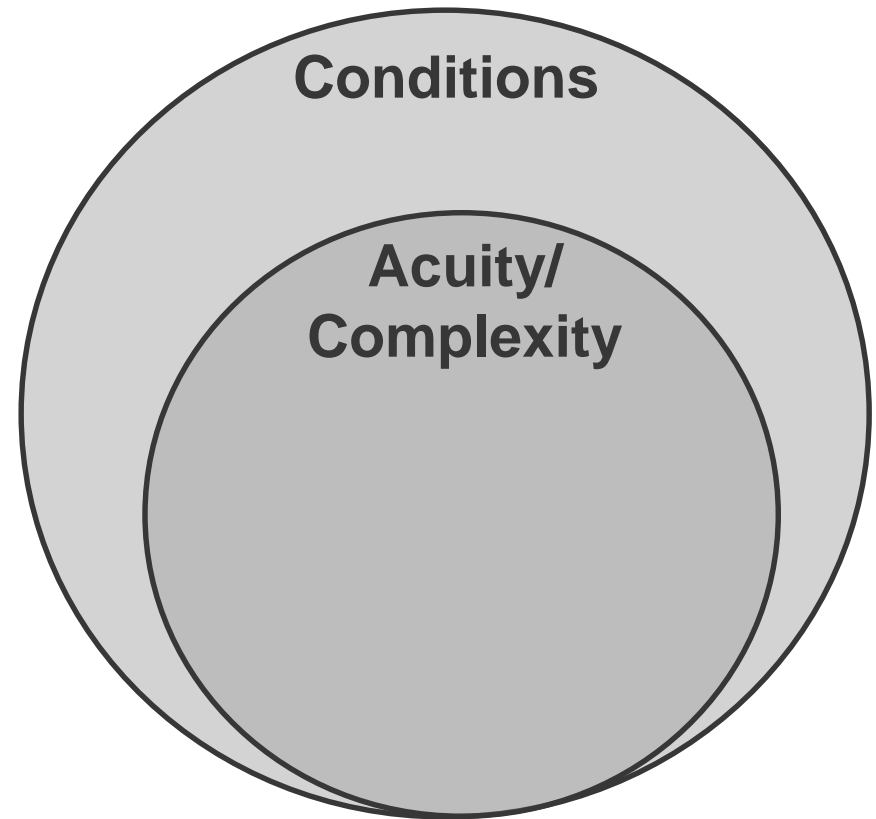
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Medi-Cal Members Eligible for HHP

- Conditions/combination of conditions specified by DHCS
  - ➢ Chronic physical conditions or
  - ➢ Substance use disorder or
  - ➢ Serious mental illness
    - ▪ Member must have at least two separate services on different dates within 16 months for the identified condition.

Conditions

Medi-Cal Members Eligible for HHP (cont.)

- Acuity/complexity (one of the following)
  - Three specified conditions or
  - One inpatient stay or
  - Three emergency department visits in year or
  - Chronic homelessness

Demographics

- Recent estimates indicate 26,783 Medi-Cal members are HHP eligible and included on the active engagement list.
  - Approximately 18.3 percent are assigned to one of CalOptima's direct networks.
    - Nearly 93 percent are in CalOptima Community Network (CCN) and 7 percent are in CalOptima Direct (COD).
  - Approximately 81.7 percent are assigned to a delegated health network.
  - Only 23 percent are assigned to Federally Qualified Health Centers or clinics as Primary Care Providers
  - Approximately 7.6 percent may be homeless (based on bad address or other information)

Based on DHCS data received March 15, 2018, and CalOptima member data of April 15, 2018.

HHP Service Requirements

Enhanced Core Service Categories	New Services
• Provide comprehensive care management. • Conduct health assessments and develop action plans. • Provide comprehensive transitional care. • Offer care coordination and health promotion. • Offer individual and family support. • Make referrals to community and social support services.	• Follow up on referrals to ensure services are offered and accessed. • Accompany highest risk participants to critical appointments (risk tier criterion determined by Managed Care Plan). • Assist homeless members with housing navigation. • Manage transitions from non-hospital or nursing facility settings, such as jail and residential treatment programs. • Assess family/caregiver support. • Develop trauma informed care standards.

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DHCS HHP California Model

Department of Health Care Services

Lead Entities

Qualifying Medi-Cal managed care plans
Orange County: CalOptima

Community-Based Care Management Entities

Sample organizations include PCPs, FQHCs, physician groups, hospitals and behavioral health entities.

Community and Social Support Services

Sample organizations include supportive housing providers, food banks, employment assistance and social services.

Community-Based Care Management Entity (CB-CME)

- DHCS Expectation
  - ➤ "CB-CMEs are intended to serve as the single community-based entity with responsibility, in conjunction with the MCP, for ensuring that an assigned HHP member receives access to HHP services."[1]

  ● MCP will need to build a CB-CME network to ensure access to HHP services.

  ● While DHCS expects that most CB-CMEs will be community primary care providers, MCPs have flexibility to identify a more appropriate entity.

  ● Plans expecting to be CB-CME, must demonstrate that there are insufficient entities in the community willing to and/or capable of providing HHP services.

[1] DHCS Final Guide (3/8/18)

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Delivery Model Considerations

- Must support CalOptima's goals of:
  - Honoring member choice of health network/primary care provider
  - Supporting continuity of care for these most vulnerable members
  - Consistency with DHCS anticipated funding structure

- Leverage our proven delivery model — member receives HHP services consistent with current model of care:
  - HHP members have a choice to keep/select primary care provider.
  - CalOptima would be responsible for enrollment, initial HHP health assessment and health education.
  - CalOptima may use vendors for select services, e.g., accompaniment and housing navigation.
  - Decrease administrative challenges related to existing services provided with higher intensity.

Questions

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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