NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS’
ONECARE CONNECT CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE

THURSDAY, OCTOBER 26, 2017
3:00 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 July 27, 2017 Regular Meeting of the OneCare Connect Member Advisory Committee (OCC 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 OneCare Connect 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 Agency-Appointed Representatives from Social Services Agency and Orange County In-Home Supportive Services Public Authority
B. Consider Recommendation of OneCare Connect Member/Family Member Representative
C. Recommend Board Approval of Amendment to the OneCare Connect Member Advisory Committee Meeting Schedule for Remainder of Fiscal Year 2017-18

VI. PRESENTATION
A. Presentation on Orange County’s Older Adult Health Improvement Plan

VII. CEO AND MANAGEMENT REPORTS
A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer Update
C. Federal and State Legislative Update

VIII. INFORMATION ITEMS
A. OneCare Connect MAC Member Updates
B. OCC MAC Member Presentation on Physician Orders for Life-Sustaining Treatment (POLST) in Orange County: Challenges and Best Practices
C. Cultural and Linguistic Services Overview

IX. COMMITTEE MEMBER COMMENTS

X. ADJOURNMENT
The Regular Meeting of the CalOptima Board of Directors’ OneCare Connect Member Advisory Committee (OCC MAC) was held on July 27, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Chair Gio Corzo called the meeting to order at 3:09 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM
Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee, Richard Santana, Erin Ulibarri (non-voting)

Members Absent: John Dupies, Adam Crits, M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director, Clinical Operations; Dr. Donald Sharps, Medical Director; Dr. Fonda, Medical Director; Caryn Ireland, Executive Director, Quality Analytics; Sesh Mudunuri, Executive Director, Operations; Customer Service; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service; Eva Garcia, Administrative Assistant

Chair Corzo welcomed new OCC MAC member Richard Santana, In-Home Supportive Services (IHSS)/Union Provider Representative.

MINUTES

Approve the Minutes of the June 22, 2017 Regular Meeting of the CalOptima Board of Directors’ OneCare Connect Member Advisory Committee

Action: On motion of Member Patty Mouton, seconded and carried, the OCC MAC approved the minutes as submitted.

PUBLIC COMMENT
There were no requests for public comment.
CEO AND MANAGEMENT TEAM DISCUSSION

Federal and State Budget and Legislative Update
Phil Tsunoda, Executive Director, Public Affairs, reported on the Congressional health care reform efforts. The Senate approved a “Motion to Proceed” on the Better Care Reconciliation Act (BCRA). Subsequently, the Senate rejected BCRA and related amendments by Sens. Cruz and Portman by a 43–57 vote, and then rejected the “Repeal Now, Replace Later” amendment by Sen. Paul 45–55.

INFORMATION ITEMS

OCC MAC Member Updates
Chair Corzo announced that the recruitment for the OneCare Connect member/family member representative ends on July 28, 2017. Members Sandy Finestone, Ted Chigaros and Christine Chow agreed to serve on the Nominations Ad Hoc Subcommittee to review the applications.

Member Sara Lee will present the Quarterly Ombudsman update at the August 24, 2017 meeting. Member Patty Mouton will present the OCC MAC presentation at the September 28, 2017 meeting.

OCC MAC Member Presentation – Post Acute 101
Member Ted Chigaros, Rockport Healthcare Services, presented an overview on post-acute care and skilled nursing facilities (SNFs), and the process that an OneCare Connect member undergoes to be admitted to and discharged from a SNF.

Member Chigaros brought up end-of-life matters in SNFs, which elicited discussion from OCC MAC members. Vice Chair Mouton asked about the use of Physician Orders for Life-Sustaining Treatment (POLST) forms within SNF's and by CalOptima providers. CalOptima staff will provide information on advance directives for discussion at a future OCC MAC meeting.

Behavioral Health and Geropsychiatric Bed Update
Donald Sharps, M.D., Medical Director, Behavioral Health, presented an update on how to access behavioral health benefits for Medi-Cal and OneCare Connect members. In addition, he provided an overview on access to geropsychiatric beds in Orange County, which is a psychiatric unit that specializes in treating seniors with psychiatric conditions as well as managing concurrent medical conditions. Following a robust discussion about accessing behavioral health services, CalOptima staff agreed to provide additional information at a future meeting.

Community Engagement
Cheryl Meronk, Strategic Development Director, provided an overview on CalOptima’s approach to community engagement. CalOptima’s community engagement efforts seek to create and maintain a positive influence and impact in the community by strengthening our community
partnerships, which includes approximately 350 community organizations. In addition, CalOptima attends approximately 130 community meetings and collaborative events and provides more than $45,000 in community sponsorships annually.

**CalOptima OneCare Connect (OCC) New Member Orientation (NMO)**
Cynthia Valencia, Supervisor, Customer Service, presented an overview of the New Member Orientation (NMO) for new and existing OCC members. Ms. Valencia explained the purpose of the NMO includes the following: 1) to provide CalOptima members with an overview of their benefits; 2) to select a primary care provider; 3) to learn how to access services; and 4) to learn about member rights. In addition, OCC members have an opportunity to receive one-on-one assistance at the NMO.

**ADJOURNMENT**
Chair announced that the next OCC MAC Meeting is Thursday, August 24, 2017.

Hearing no further business, the meeting adjourned at 4:56 p.m.

/s/ Eva Garcia
Eva Garcia
Administrative Assistant

*Approved: October 26, 2017*
Cal MediConnect Plan (Medicare-Medicaid Plan)

Revised
OneCare Connect Member Advisory Committee
FY 2017-2018 Meeting Schedule

**November**
Thursday, November 16, 2017*

**December**
Thursday, December 14, 2017*

**February**
Thursday, February 22, 2018

**April**
Thursday, April 26, 2018

**June**
Thursday, June 28, 2018

**Regular Meeting Location and Time**
CalOptima
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
3:00 p.m. – 5:00 p.m.
www.caloptima.org

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

*Revised meeting date due to holiday.*
Orange County’s Older Adult Health Improvement Plan

Helene M. Calvet, MD
Orange County Deputy Health Officer
Co-Chair, Orange County Healthy Aging Initiative (OCHAI)
OCHAI: Who We Are

• Formed in early 2013 by staff of OC Health Care Agency (OCHCA) and Cal State Fullerton (CSUF)
• Representatives from County agencies, universities, healthcare and NGOs
• Now a subcommittee of the Orange County Aging Services Collaborative (OCASC)
• Developed some data resources on older adult health and act as lead for Older Adult Health Improvement Plan
Data Resources

http://www.ochealthiertogether.org/
Older Adult Data Resources

Orange County's HEALTHIER TOGETHER
Improving Health through Planning and Partnerships

OC Older Adult Dashboard

Scroll below for over 70 health, social, and economic indicators for Orange County's older adults.
Find over 200 indicators for all Orange County (of all ages) on the OC Health Dashboard.

The following indicators are available for Orange County older adults at the Zip Code and/or City levels:
- Population
- Living Below Poverty Level
- Living Alone
- Voter Turnout
- Hospitalization Rate due to Hip Fractures Among Females
- and

Tracker for County: Orange

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Value</th>
</tr>
</thead>
</table>

Demographics

http://www.ochealthiertogether.org/

ORANGE COUNTY OLDER ADULT PROFILE, 2016
## Selected Chronic Diseases, OC 65+

<table>
<thead>
<tr>
<th>Disease</th>
<th>Prevalence</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>27.7%</td>
<td><img src="#" alt="CA Counties (26.2%)" /> <img src="#" alt="CA Value (26.2%)" /></td>
</tr>
<tr>
<td>Hypertension</td>
<td>55.9%</td>
<td><img src="#" alt="CA Counties (53.1%)" /> <img src="#" alt="CA Value (53.1%)" /></td>
</tr>
<tr>
<td>Diabetes</td>
<td>26.5%</td>
<td><img src="#" alt="CA Counties (26.0%)" /> <img src="#" alt="CA Value (26.0%)" /></td>
</tr>
<tr>
<td>Dementia</td>
<td>11.7%</td>
<td><img src="#" alt="CA Counties (10.7%)" /> <img src="#" alt="CA Value (10.7%)" /></td>
</tr>
<tr>
<td>Arthritis</td>
<td>32.4%</td>
<td><img src="#" alt="CA Counties (28.8%)" /> <img src="#" alt="CA Value (28.8%)" /></td>
</tr>
</tbody>
</table>

[http://www.ochealthiertogether.org/](http://www.ochealthiertogether.org/)
Selected Morbidities, OC 65+

- ER Visits
- Hospitalizations
- Stroke 5%
- Falls

<table>
<thead>
<tr>
<th>Disease</th>
<th>ER Visits*</th>
<th>Hospitalized*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>1.5</td>
<td>28.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>59.9</td>
<td>7.8</td>
</tr>
</tbody>
</table>

*Rates per 10,000

http://www.ochealthiertogether.org/
So what are we doing about all this?
Community-Based Efforts to Address Older Adult Health

• OC Community Health Improvement Plan (CHIP), Older Adult Health

• Goal: Improve wellness and quality of life of older adults in Orange County
  – Objective 1: Increase early identification of conditions and safety risks that commonly affect older adults by promoting Annual Wellness Visit (AWV)
  – Objective 2: Reduce complications of chronic diseases by promoting chronic disease self-management
Objective 1

• Increase early identification of conditions and safety risks that commonly affect older adults by promoting Annual Wellness Visit (AWV)

• Activities:
  – AWV Toolkit launched end of 2014; aim is to help providers perform the visit
  – New version just posted!
  – Increase efforts to promote the visits among providers, as well as to educate consumers about it
What Is an AWV?

- **Not** an annual physical exam
- Aims are to promote wellness & prevent illness
- Will check for:
  - High blood pressure and obesity
  - Cognitive (mental) function
  - Fall risk
  - Depression
  - Other risks to health
- Review preventive services needed
  - Vaccinations
  - Tests (screenings)
  - Counseling
- Counsel/educate and make referrals as needed to reduce risks to health
- Create personalized plan
- Covered by Medicare

*It’s a chance to talk to your medical provider about being/staying well, not about being sick!*
http://www.ocagingsservicescollaborative.org/annual-wellness-visit-toolkit

- On OC Aging Services Collaborative (OCASC) website
- Several items available in multiple languages
- Short video demonstrating how to perform visit
- Can download full toolkit, individual sections, or individual documents
AWV Toolkit (1)

• Section 1, Introduction to the AWV: for providers
• Section 2, Pre-Visit Materials for Patient: health risk assessment (HRA), fall risk assessment and home safety checklist
• Section 3, During-Visit Assessments: tests for fall risk, depression and cognitive impairment
• Section 4, Preventive Services and Plans: table of covered preventive services and template for preventive health plan
AWV Toolkit (2)

- Section 5, Resources and Referrals: local resources to assist older adults on issues identified in AWV
- Section 6, Patient Education Materials
- Section 7, Elder Abuse Information: warning signs, how to report
- Section 8, Other Information: advance directive
- Appendix: documents in other languages
<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>≥5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Engage in physical activity (e.g. walking, cycling, etc.) for at least 20 to 30 minutes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Include strength exercises (weights or resistance bands) in your physical activity routine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Eat 5 or more servings of fruits and vegetables (one serving equals ½ cup)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Eat 5 or more servings of grains (one serving equals one slice of bread, ½ cup of cereal, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Eat 2 or more servings of dairy products (milk, yogurt or cheese)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Eat fast food?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Cut the size of your meals or skip meals because you don’t have enough food (not enough money or enough help to shop or cook)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Have more than one drink of alcohol (beer, liquor, wine) per day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Get at least 7 hours of sleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Use tobacco or nicotine products (cigarettes, e-cigarettes, smokeless tobacco, cigars, or pipes) or are close to others who do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Leave your home to run errands, go to work, go to meetings, classes, church, social functions, etc. (not counting doctor’s visits)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Have physical pain that affects your activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Covered Screening

<table>
<thead>
<tr>
<th>Abdominal Aortic Aneurysm</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol misuse</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Bone mass density measure</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Breast cancer (mammogram)</td>
<td>HCV</td>
</tr>
<tr>
<td>Cardiovascular test</td>
<td>HIV/STD</td>
</tr>
<tr>
<td>Cervical cancer (Pap smear)</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>Colorectal cancer (several options)</td>
<td></td>
</tr>
</tbody>
</table>

See table in Section 4 for more information on indications and frequencies for these preventive services.
## Prevention Plan

**WOMEN’S PERSONAL PREVENTIVE PLAN for ___________________________ Date: __________**

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Most Recent Date / Result (if indicated)</th>
<th>Date Next Due or Not Indicated (N/I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure (BP)</td>
<td>Date _____ BP <strong><strong>/</strong></strong> □ Normal □ High □ Low</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Height/Weight and Body Mass Index (BMI)</td>
<td>Date _____ Height _____ Wt: _______</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td></td>
<td>BMI ______ □ Underweight □ Normal □ Overweight □ Obese</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Colon cancer screening</td>
<td>Date ___ Procedure ______________________ Result_________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Lung cancer screening</td>
<td>Date _____ Result _____________________________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Date _____ Result ______________________________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>Date _____ Result ______________________________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Blood sugar (diabetes check)</td>
<td>Date ____ Results____ □ Normal □ Pre-diabetes □ Diabetes</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Bone density test (DEXA)</td>
<td>Date _____ □ Normal □ Osteopenia □ Osteoporosis</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Cholesterol test</td>
<td>Date ____ Total ___ LDL ___ HDL ___</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Hepatitis C Virus test</td>
<td>Date _____</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Sexually Transmitted Infection tests</td>
<td>Date _____</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Vision/Glaucoma test</td>
<td>Date _____</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Influenza (flu) vaccine</td>
<td>Date _____</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Pneumonia vaccine</td>
<td>Polysaccharide Vaccine (PPSV23) Date ___________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td></td>
<td>Conjugate Vaccine (PCV13) Date_________</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Tetanus vaccine (recommended but not covered by Part B)</td>
<td>Date ____ Tetanus /diphtheria ____ Tetanus/ diphtheria/ pertussis __</td>
<td>Next Due_________ □ N/I</td>
</tr>
<tr>
<td>Shingles vaccine (recommended but not covered by Part B)</td>
<td>Date ____</td>
<td>Next Due_________ □ N/I</td>
</tr>
</tbody>
</table>
Covered Counseling* and Vaccinations

• Counseling (partial list):
  – Diabetes Self-Management Training
  – Nutrition
  – Intensive behavioral therapy for heart disease or obesity
  – Tobacco cessation

• Vaccinations:
  – Flu shot
  – Pneumonia shot
  – Hepatitis B

*See table in Section 4 for more information on criteria for and duration of covered counseling services
AWV Key Points

• Medicare benefit; can be done once every 12 months

• Opportunity to focus on prevention
  – Screen for conditions early
  – Promote use of covered preventive services
  – Counsel regarding health risks and conditions

• Currently underutilized in Orange County (< 20%)
Objective 2

• Reduce complications of chronic diseases by promoting evidence-based programs (EBP) for chronic disease self-management

• Activities
  – Expanding access to programs
  – Marketing plan for outreach to consumers
  – Increase outreach to providers
What Are Evidence-Based Programs (EBPs)?

- **Rigorous** study of the effects or outcomes of specific interventions or model programs
- Demonstrate **reliable and significantly positive changes** in important health-related and functional measures
- Effectiveness demonstrated in **large studies with diverse populations** or through multiple replications
EBP for Chronic Disease Control

• Chronic Disease Self-Management Program (CDSMP)/Diabetes Self Management Program (DSMP)
  – Developed by Stanford University
  – Workshops are 2.5 hr long, held for six consecutive weeks

• Diabetes Empowerment Education Program (DEEP)
  – Developed by Univ. of Illinois, Chicago for use in low-income, racial and ethnic minority populations
  – 6 consecutive weekly workshops, 2 hours each
Program Effectiveness

• CDSMP\(^1\):
  – Increased physical activity
  – Better coping strategies, symptom management and communication with physicians
  – Improved self-rated health, disability and health distress
  – Fewer ED visits and hospitalizations
  – Cost savings

• DEEP\(^2\):
  – Improved A\(_1\)C and systolic blood pressure
  – Increased physical activity
  – Improved diet and medication adherence

1. Med Care 2001; 39 (11):1217-23
CDSMP: Local Project Outcomes

• Pilot project: 2012-2014 in LA and OC with Unite Here Health (union for food service and hospitality workers)
• 667 completed program: participants mostly low income and Spanish speaking (86%)
• Findings:
  – Significant increases in self-reported good, very good or excellent health at program completion, 6 and 12 months post
  – Self-reported improved diet, exercise and communication with provider at completion, 6 and 12 months
  – For those with abnormal tests at start, significant improvement at 6 and 12 months seen in weight, cholesterol, blood sugar control and blood pressure

Better Living Final Report, Unite Here Health, March 2015
Classes Offered in OC

- CDSMP (called “Healthier Living with Chronic Disease”): offered in English, Spanish and Chinese
- DSMP (called “Healthier Living with Diabetes”): offered in English; soon in Spanish
- DEEP: offered in Chinese (Mandarin and Cantonese), Vietnamese and Korean
Finding a Program

HEALTHIER LIVING
with Chronic Conditions

Join us for a **FREE** 6 week workshop!

**About Healthier Living**
- Great for **ANY ADULT** ages 18+, with an ongoing health condition
- Family and friends are welcomed
- Small group workshop on gaining control and managing your own health
- Meets 2½ hours per week for 6 weeks

**You Will Learn...**
- Tips to better manage your health
- Ways to control pain, stress, and anxiety
- How to talk to doctors, family, and friends

**Workshop Benefits**
- Helps you feel well and be well
- Feel more energy and less tired
- Increased exercise and reduced pain
- Meet new people and get support from new friends
- And much more!

**For More Information**
Call Office on Aging at:
1-800-510-2020
www.cahealthierliving.org/orange

Call 1-800-510-2020

or check website
www.cahealthierliving.org/orange
Who Should Go to These Programs?

• Not indicated for everybody
  – Six week commitment
  – Interactive group setting (not one-on-one)

• Consider it if having difficulty controlling disease(s), such as:
  – Blood sugar or blood pressure always running high, even if taking medications correctly
  – Having to go to ER or hospital frequently for diabetes, hypertension or heart failure out of control
  – Are stressed about disease or don’t have confidence in managing disease
  – Have multiple chronic diseases
Disease Self-Management Programs

Key Points

• Chronic conditions are common in older adults in OC, and control is not optimal
• EBPs for chronic disease self-management programs can improve self-rated health, utilization of medical resources and patient outcomes
• Local resources for disease self-management programs increasing – take advantage of these free programs!
Thanks for your attention!

Any Questions?
CalOptima Community Grant Initiatives (IGTs 6 and 7)
Request for Letters of Interest

CalOptima is requesting Letters of Interest (LOIs) from organizations that are seeking funding to address community needs in one or more of the following three Priority Areas approved by the CalOptima Board of Directors: Opioid and Other Substance Overuse, Homeless Health, and Children’s Mental Health. Information from the LOIs will help determine grant funding allocation amounts for the three Priority Areas.

How to Submit a LOI
Each LOI should be no more than 1,600 words and must identify the Priority Area you plan to address. Please include the following information in your LOI:

- Organization name and address, along with:
  » Brief description and mission of the organization
  » Contact name, phone and email address
- Statement of need that describes the specific issue or problem to be addressed, including the number of CalOptima members impacted
- Brief description of your proposed or existing program/solution to address the issue, including any evidence-based model(s) being proposed
- Estimated cost of proposed or existing program/solution

Organizations may submit up to three LOIs, one per Priority Area. You may include one additional PDF attachment per Priority Area with your LOI, such as a fact sheet, program brochure, report to the community, annual report, or other description of your program or organization.

Submit your LOI and optional attachment in PDF format to:
strategicdevelopment@caloptima.org
Subject line: Letter of Interest
Attachment size must be no larger than 3 MB.
All LOIs must be received by 5 p.m., Monday, November 13, 2017.

Requests for Proposal (RFPs)/Grant Applications for award of funds will be released in early 2018. LOIs are encouraged but are not required to be eligible to submit grant applications.
Community Advance Care Planning: 

*It Does Take a Village*

Vincent Nguyen, DO
Palliative Program Director
HOAG Hospital
<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
</tbody>
</table>

**COALITION FOR COMPASSIONATE CARE OF CALIFORNIA**

**California Healthcare Foundation**
Healthcare Wishes

• Most do not have an Advance HealthCare Directive (AHCD)
• Many not spoken with their Doctors
• <25% committed their wishes in writing
Why Does Advance Care Planning Seem So Difficult?
Healthcare Costs at The End of Life

• ~30% of Medicare expenditures attributed to 5% of beneficiaries who die each year
  – 1/3 of that cost incurred in last month of life

• Kaiser Family Foundation. 10 FAQs: Medicare’s Role in End of Life Care. Nov 05, 2015.
POLST is effective in reducing unwanted hospitalization & medical intervention

Journal of the American Geriatrics Society,
How effective is POLST in decreasing hospital utilization for IPA members?

PCP-POLST Pilot Project
5/10/2009 - 10/31/2010
POLST Incompletion and Hospital Admissions

Inpatient Utilization for 310 Senior Members Recommended to have a POLST but did NOT complete

- **Total Adm**: 109 (6 mos pre 10/31/2010) vs. 113 (6 mos post 10/31/2010)
- **Adm/1000**: 575 (6 mos pre 10/31/2010) vs. 635 (6 mos post 10/31/2010)

**10.4% increase**
**POLST Completion and Hospital Admissions**

Inpatient Utilization for 259 Senior Members with Completed POLST

6 mos pre POLST: 71 Total Adms, 60 Adms/1000

6 mos post POLST: 758 Total Adms, 655 Adms/1000

14% decrease
Proposed Solution

Community Education Conversation
Objectives
July 1, 2015 - June 30 2016

① 25 events, 1000+ participants

② Surveys: Pre- and immediate post- event with commitment to carry out 4 action plans
   a. Talk with a loved one regarding EOL wishes
   b. Identify/appoint a healthcare decision maker
   c. Complete AHCD/POLST
   d. Discuss with healthcare provider re: EOL wishes

③ Phone/email follow-up 4-12 weeks post event on 1/3 of participants who submitted surveys
   a. > 40% completion on each of the 4 action plans
## Goals Achieved!

<table>
<thead>
<tr>
<th>July 2015 - June 2016</th>
<th>Number of Events</th>
<th>Number of Attendees</th>
<th>Number of Surveys Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Being Mortal Screening &amp; Conversation Café™</strong></td>
<td>13</td>
<td>709</td>
<td>263</td>
</tr>
<tr>
<td><strong>Advance Care Planning Workshop</strong></td>
<td>16</td>
<td>464</td>
<td>156</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>29</strong></td>
<td><strong>1173</strong></td>
<td><strong>419</strong></td>
</tr>
</tbody>
</table>
Participants’ Engagement and Planned Action

Being Mortal Screening

July 2015 to June 2016

N = 263 surveys

- Red: No, I do not plan to complete
- Green: I already have taken some action prior to event
- Blue: I plan to complete

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Partial</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with a loved one</td>
<td>5</td>
<td>60</td>
<td>228</td>
</tr>
<tr>
<td>Identify a person to make decisions</td>
<td>8</td>
<td>97</td>
<td>190</td>
</tr>
<tr>
<td>Fill out an Advance Directive</td>
<td>14</td>
<td>95</td>
<td>181</td>
</tr>
<tr>
<td>Talk with my doctor</td>
<td>72</td>
<td>18</td>
<td>163</td>
</tr>
</tbody>
</table>
Participants’ Engagement and Planned Action

*Advance Care Planning Workshop*

July 2015 to June 2016

- **Talk with a loved one**: 130 (83% plan to, 6% do not plan to, 3% have taken some action prior to event)
- **Identify a person to make decisions**: 118 (76% plan to, 4% do not plan to, 3% have taken some action prior to event)
- **Fill out an Advance Directive**: 120 (77% plan to, 4% do not plan to, 3% have taken some action prior to event)
- **Talk with my doctor**: 112 (72% plan to, 20% do not plan to, 10% have taken some action prior to event)

N = 156 surveys
Participants’ Executed Action
Actions taken as reported 4 - 12 weeks post event
July 2015 to June 2016

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked with a loved one</td>
<td>73</td>
<td>56</td>
</tr>
<tr>
<td>Identified a person to make decisions</td>
<td>103</td>
<td>30</td>
</tr>
<tr>
<td>Completed Advance Directive</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Talked with my doctor</td>
<td>103</td>
<td>28</td>
</tr>
</tbody>
</table>

n= 137 Participants
Lessons Learned

• Advance care planning is a continuous process;
• Gaps in successful engagement can be narrowed through education, motivation and empowerment;
• Support from healthcare systems, health leaders and community advocates are essential.
If you want to walk fast, walk alone.
If you want to walk far, walk together!

- African Proverb -
Thank you
Cultural & Linguistic Services Overview

Carlos Soto
Manager, Cultural & Linguistic Services
Cultural & Linguistic Services

• No-Cost Translation Services
  ➢ Member materials translated in CalOptima’s threshold languages
  ➢ Alternate formats, including Braille, large font or audio

• No-Cost Interpreter Services
  ➢ Telephonic interpreter services
  ➢ Face-to-face interpreter services
  ➢ California Relay and Telecommunication Device for the Deaf (TDD) for members with hearing and speech impairments
Cultural & Linguistic Services

• Member Communications

➢ Coordinate the print, fulfillment and mailing of member facing materials

➢ Member Facing Materials including Daily, Monthly and Annual Packets, Newsletters and Ad-hoc notices and mailings

➢ Address and resolve Member mailing issues such as member not receiving ID Card, Handbooks, Directories or newsletters
Cultural & Linguistic Services

• Importance of C&L Services Program

➢ C&L addresses the linguistic and cultural barriers that Limited English Proficient (LEP) members face

➢ Supports CalOptima’s mission to provide access to quality health care services

➢ Helps meet regulatory requirement for health plans and health providers
## C&L Goals and Objectives

### Cultural and Linguistic Services
#### 2017 Goals and Objectives

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>PERFORMANCE</th>
<th>IMPLEMENTATION TIMETABLE</th>
<th>ACCOMPLISHMENTS</th>
</tr>
</thead>
</table>
| I. Conduct Awareness and Education Seminar (AES) | • Provide information and education on the cultural concerns and needs of CalOptima's Member population  
• Awareness and Education Seminar (AES), are be conducted on a quarterly basis | • Conduct Awareness and Education Seminar (AES) for CalOptima staff, health networks and providers, to inform and educate staff, health networks and providers on the cultural concerns and needs of CalOptima’s Member population.  
• Attendees are asked to provide feedback regarding the seminar by completing an evaluation form | Qtr 1 AES - Completed: February 2017  
Qtr 2 AES - Completed: April 2017  
Qtr 3 AES - scheduled for August 2017  
Qtr 4 AES - scheduled for November 2017 | Qtr 1 - February 9, 2017; Women's Health Topic: March of Dimes Healthy Birth Spacing  
Evaluation was positive with an average of 98% satisfaction rate  
Qtr 2 - April 2017; HIV among the Latino population  
Evaluation was positive with an average 99% satisfaction rate.  
Qtr 3 - TBD  
Qtr 4 - TBD |
| II. CalOptima Staff Cultural & Linguistic In-Service Training | • Provide information, tips and resources regarding cultural needs and concerns - that will allow the CalOptima staff members to assist with | • Conduct annual Cultural & Linguistic (C&L) annual In-Service trainings to CalOptima staff | Annually | As of Q1/Q2 2017 C&L presented the following in-service trainings:  
- Member Liaison: June 2, 2017  
- Health Education: June 21, 2017 |

*Updated 8/02/2017*
# C&L Goals and Objectives

## Cultural and Linguistic Services

### 2017 Goals and Objectives

<table>
<thead>
<tr>
<th>III. CalOptima New Hire Cultural &amp; Linguistic Services Training</th>
<th>IV. Translation of written member informing material &amp; review documents for consistency</th>
<th>Monthly</th>
</tr>
</thead>
</table>
| • Provide new employees with an overview of CalOptima’s Cultural & Linguistics Program. The overview includes information on the cultural concerns and needs of CalOptima’s Member population. | • Comply with regulatory mandated threshold language requirements by providing translation of written informing documents and materials in the members preferred language at no cost to the member. | • As of Q1/Q2 2017 C&L presented the following new hire training:  
  - January 19, 2017  
  - February 15, 2017  
  - March 16, 2017  
  - April 13, 2017  
  - May 11, 2017  
  - June 8, 2017  
  - July 9, 2017 |
| • Present C&L services at CalOptima Boot Camp trainings for new CalOptima staff. | • Translate CalOptima Member informing materials in the required threshold languages. Written informing documents provide essential information regarding access and usage of Covered Services.  
• Ensure that informational or educational materials are available in the required threshold languages at no-cost to members in alternative formats, such large-print, audio format, or Braille upon request. Review and | • Daily |
| • Educate and provide information, tips and resources for new staff on the cultural needs of CalOptima’s diverse Member population. | | • As of Q1/Q2 2017 C&L received 1,031 translation requests:  
  - Spanish 609  
  - Vietnamese 176  
  - Farsi 113  
  - Korean 83  
  - Arabic 20  
  - Chinese 30 |
| | • Glossaries are updated twice a year, January and July | • The C&L glossaries to have been updated on: |

*Updated 8/2/2017*
# C&L Goals and Objectives

## Cultural and Linguistic Services

### 2017 Goals and Objectives

| V. Translation of Annual Notice of Change member materials | • Comply with regulatory requirements of translating all Annual Notice of change materials in the threshold languages and ensure that all member materials are in the member’s hands by September 30th of each year as required by the Center for Medicare and Medicaid Services (CMS). | • OneCare and OneCare Connect Annual notice Of Change (ANOC) documents consist of:  
- Annual Notice of Change  
- Summary of Benefits  
- Provider Directory Insert  
- Notice of Privacy Practices  
- Non-Discrimination Insert | • Annually | • CalOptima has consistently met this requirement |
| --- | --- | --- | --- | --- |
| VI. Interpretative Services | • Comply and adhere to regulatory requirements to provide culturally and linguistically appropriate services to Members  
• Provide, at no-cost to the | • CalOptima provides at no cost to the Member, twenty-four (24)-hour access to interpreter services at Key Points of Contact. Such services include:  
- Linguistic interpreter services, American Sign Language (ASL) interpreter services, and information about the California Relay | • Daily | • As of Q1/Q2 2017 C&L received 53 Face to Face interpreter requests, which were successfully completed:  
- Chinese 32  
- Farsi 17  
- Russian 3  
- Arabic 1 |

Updated 8/02/2017
C&L Goals and Objectives

### Cultural and Linguistic Services

#### 2017 Goals and Objectives

| Member, twenty-four (24) hour access to interpreter services at Key Points of Contact | Service (CRS) to members with hearing or speech impairments, and auxiliary aids for Members with visual impairments, as necessary.  
- CalOptima informs Members of the no cost interpreter services through the CalOptima Member Handbook, Customer Service and other communications, including, but not limited to posters and flyers distributed at sites where Members receive Covered Services, Member Newsletters, New Member orientation sessions.  
- In addition to Face-to-Face interpreting, CalOptima utilizes a vendor for telephone and video interpreting services for Urgent Care and Emergency Services or as needed at Key Points of Contact. | As of Q1/Q2 2017 C&L received 714 telephonic interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of telephonic interpreting services which were fulfilled by the interpreting vendor:  
- Spanish 252  
- Vietnamese 137  
- Arabic 106  
- Russian 83  
- Italian 68  
- Korean 32  
- Bengali 7  
- Romanian 7  
- Mandarin Chinese 7  
- Yue Chinese 4  
- Central Khmer 5  
- Gujarati 6 | As of Q1/Q2 2017 C&L received 48 video interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of video interpreting services which were

*Updated 8/02/2017*
## C&L Goals and Objectives

### Cultural and Linguistic Services

#### 2017 Goals and Objectives

<table>
<thead>
<tr>
<th>Goal</th>
<th>Details</th>
<th>Fulfilled by the Interpreting Vendor</th>
</tr>
</thead>
</table>
| VI. Publish standing articles in the Medi-Cal, OneCare and OneCare Connect newsletters | - Inform members of the availability of no-cost language assistance services  
- Encourage members to contact CalOptima to provide their preferred spoken languages  
- Promote awareness and acceptance of cultural diversity | - Medi-Cal Newsletter are mailed quarterly and available on CalOptima.org after publication  
- OneCare Newsletter are mailed annually and available on CalOptima.org after publication  
- OneCare Connect Newsletter are mailed quarterly and available on CalOptima.org after publication |

- Spanish 2  
- Vietnamese 1  
- American Sign Language 45

*Updated 9/02/2017*
Cultural & Linguistic Team

Contact C&L Services: culturallinguistic@caloptima.org

Carlos Soto, Manager
Anita Garcia, Supervisor

TRANSLATIONS TEAM
- Fabiola Benitez-Rios
- Maria Oseguera
- Samira Zahedi
- Shannon Jun
- Amy Tran
- Treyna Tran
- Lu Valmidiano
- Elizabeth Mikhail

MEMBER COMMUNICATIONS TEAM
- Denise Alcantar
- Olga Garcia
QUESTIONS?
Enrollment by Health Network
Counts for OneCare Connect
Report for: October 2017

<table>
<thead>
<tr>
<th>Health Network</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMVI Care - OCC</td>
<td>472</td>
</tr>
<tr>
<td>ARTA Western Health Network - OCC</td>
<td>528</td>
</tr>
<tr>
<td>Alta Med Health Services - OCC</td>
<td>519</td>
</tr>
<tr>
<td>CalOptima Community Network - OCC</td>
<td>1,735</td>
</tr>
<tr>
<td>Family Choice Physician Group - OCC</td>
<td>1,869</td>
</tr>
<tr>
<td>HPN - Regal Medical Group, OCC</td>
<td>226</td>
</tr>
<tr>
<td>Monarch Family HealthCare, OCC</td>
<td>4,882</td>
</tr>
<tr>
<td>Noble Mid-Orange County - OCC</td>
<td>449</td>
</tr>
<tr>
<td>OC Advantage - OCC</td>
<td>108</td>
</tr>
<tr>
<td>Prospect Medical Group - OCC</td>
<td>2,848</td>
</tr>
<tr>
<td>Talbert Physician Group - OCC</td>
<td>1,132</td>
</tr>
<tr>
<td>United Care Medical Group - OCC</td>
<td>524</td>
</tr>
<tr>
<td><strong>Health Network Total:</strong></td>
<td><strong>15,292</strong></td>
</tr>
</tbody>
</table>

## Enrollment/Disenrollment by Month for 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Voluntary Enrollment</th>
<th>Re-Enrolled Enrollment</th>
<th>Total Enrollment</th>
<th>Disenrollment - Involuntary**</th>
<th>Disenrollment - Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2017</td>
<td>162</td>
<td>43</td>
<td>205</td>
<td>240</td>
<td>153</td>
</tr>
<tr>
<td>February 2017</td>
<td>190</td>
<td>41</td>
<td>231</td>
<td>200</td>
<td>147</td>
</tr>
<tr>
<td>March 2017</td>
<td>164</td>
<td>49</td>
<td>213</td>
<td>192</td>
<td>144</td>
</tr>
<tr>
<td>April 2017</td>
<td>189</td>
<td>43</td>
<td>232</td>
<td>310</td>
<td>122</td>
</tr>
<tr>
<td>May 2017</td>
<td>145</td>
<td>46</td>
<td>191</td>
<td>286</td>
<td>154</td>
</tr>
<tr>
<td>June 2017</td>
<td>179</td>
<td>47</td>
<td>226</td>
<td>250</td>
<td>160</td>
</tr>
<tr>
<td>July 2017</td>
<td>194</td>
<td>52</td>
<td>246</td>
<td>158</td>
<td>133</td>
</tr>
<tr>
<td>August 2017</td>
<td>164</td>
<td>44</td>
<td>208</td>
<td>132</td>
<td>146</td>
</tr>
<tr>
<td>September 2017</td>
<td>200</td>
<td>54</td>
<td>254</td>
<td>131</td>
<td>113</td>
</tr>
<tr>
<td>October 2017</td>
<td>193</td>
<td>49</td>
<td>242</td>
<td>16</td>
<td>75</td>
</tr>
</tbody>
</table>

**Death, Disenrollment - No Part A/B/C, Disenrollment – Out of Area

### OCC Deeming for 2017

<table>
<thead>
<tr>
<th>Deeming Period</th>
<th>In Deeming</th>
<th>Regained OCC at the end of Deeming</th>
<th>Termed OCC at the end of Deeming</th>
<th>Regained Medi-Cal 1 Month</th>
<th>Regained Medi-Cal 2 Month</th>
<th>Has not regained Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2017</td>
<td>210</td>
<td>68</td>
<td>142</td>
<td>1</td>
<td>59</td>
<td>82</td>
</tr>
<tr>
<td>02/2017</td>
<td>180</td>
<td>57</td>
<td>123</td>
<td>3</td>
<td>63</td>
<td>57</td>
</tr>
<tr>
<td>03/2017</td>
<td>189</td>
<td>73</td>
<td>116</td>
<td>2</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>04/2017</td>
<td>274</td>
<td>102</td>
<td>172</td>
<td>2</td>
<td>74</td>
<td>96</td>
</tr>
<tr>
<td>05/2017</td>
<td>287</td>
<td>98</td>
<td>189</td>
<td>2</td>
<td>70</td>
<td>117</td>
</tr>
<tr>
<td>06/2017</td>
<td>286</td>
<td>101</td>
<td>185</td>
<td>0</td>
<td>53</td>
<td>132</td>
</tr>
<tr>
<td>07/2017</td>
<td>198</td>
<td>95</td>
<td>103</td>
<td>3</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>08/2017</td>
<td>169</td>
<td>152</td>
<td>17</td>
<td>0</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>09/2017</td>
<td>172</td>
<td>166</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>10/2017</td>
<td>193</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

If you have, any question related to OCC enrollment please contact Albert Cardenas, Director, Customer Service at 714-246-8878 or acardenas@caloptima.org