



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

**THURSDAY, APRIL 23, 2020
3:00 P.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-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.

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

1) Listen to the live audio at +1 (415) 655-0060 - Access Code: 749-461-878 or

2) Participate via Webinar at:

**<https://attendee.gotowebinar.com/register/2830887705421839372> rather than
attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. [Approve Minutes of the February 27, 2020 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee \(OCC MAC\).](#)

IV. PUBLIC COMMENT

At this time, members of the public may address the OneCare Connect Member Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V. CEO AND MANAGEMENT REPORTS

- A. [Chief Executive Officer \(CEO\) Update](#)
- B. Chief Operating Officer (COO) Update
- C. Chief Medical Officer (CMO) Update

VI. INFORMATION ITEMS

- A. OneCare Connect Member Advisory Committee Member Updates
- B. [Coronavirus \(COVID-19\) Update](#)
- C. [Trauma-Informed Care and Adverse Childhood Experiences Screening](#)
- D. [Federal and State Legislative Update](#)
- E. [Cultural and Linguistics Update](#)

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

1. **Please register for the OneCare Connect (OCC MAC) Meeting on Apr 23, 2020 3:00 PM PDT at:**
<https://attendee.gotowebinar.com/register/2830887705421839372>
2. **After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

Note: This link should not be shared with others; it is unique to you.

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

3. Choose one of the following audio options:

TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: **+1 (415) 655-0060**

Access Code: **749-461-878**

Audio PIN: Shown after joining the webinar

MINUTES

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

February 27, 2020

A Regular Meeting of the CalOptima Board of Directors' OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory Committee (OCC MAC) was held on February 27, 2020 at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:14 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Patty Mouton, Chair; Gio Corzo, Vice Chair; Josefina Diaz; Sandy; Keiko Gamez; Sara Lee; Mario Parada; Donald Stukes; Erin Ulibarri (non-voting)

Members Absent: Sandra Finestone; Adam Crits, M.D. (non-voting), Jyothi Atluri (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Belinda Abeyta, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Management; Tracy Hitzeman, Executive Director, Clinical Operations; Albert Cardenas, Director, Customer Service (Medicare); Andrew Tse, Manager, OneCare Connect Customer Service; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant, Customer Service.

MINUTES

Approve Minutes of the October 10, 2019 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and the Whole-Child Model Family Advisory Committee (WCM FAC).

Action: On motion of Member Josefina Diaz, seconded and carried, the Committee approved the minutes of the October 10, 2019 meeting. (Motion carried 7-0-0; Member Finestone absent)

Approve the Minutes of the October 24, 2019 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)

Action: *On motion of Member Sara Lee, seconded and carried, the Committee approved the minutes of the October 24, 2019 meeting. (Motion carried 7-0-0; Member Finestone absent)*

Consider Recommendation to Revise OneCare Connect Member Advisory Committee Chair and Vice Chair Term Lengths

The Joint Advisory Recruitment Ad Hoc Committee recommended that the Chair and Vice Chair term lengths be changed from a one-year term to a two-year term to be aligned with both the Provider Advisory Committee (PAC) and the Member Advisory Committee (MAC).

Action: *On motion of Member Keiko Gamez, seconded and carried, the Committee approved the recommendation to revise the OCC MAC Chair and Vice Chair Term Lengths (Motion carried 7-0-0; Member Finestone absent)*

PUBLIC COMMENT

There were no requests for public comment

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer, provided a verbal update on how CalOptima's Program of All-Inclusive Care to the Elderly (PACE) has been recognized for increasing access to services by the National PACE Association. Mr. Schrader also noted that CalOptima's PACE Program also achieved "Supernova" and "Shooting Stars" distinctions.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, provided a verbal update on the Qualified Medicare Beneficiary (QMB) Program outreach to the members. Ms. Khamseh noted that CalOptima has received approximately 450 forms out of the 650 forms that were mailed out to members. Ms. Khamseh also discussed CalOptima's new Behavioral Health internal transition and its benefits for the OneCare and OneCare Connect members which launched on January 1, 2020.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, provided a verbal update on CalOptima's collaboration with the Orange County Health Care Agency regarding the Coronavirus (COVID-19). He noted that CalOptima had also formed an internal COVID-19 response team.

INFORMATION ITEMS

OCC MAC Member Updates

Chair Mouton reminded the Committee that recruitment opens for the following seats beginning March 1, through March 31st. She noted that the following seats have terms expiring on June 30, 2020, Community Based Adult Services (CBAS) Provider, Long Term Services and Supports, Member Advocate, Member-Family Member and Seniors. Ms. Mouton asked members of the Committee to form a Nominations Ad Hoc Committee to review and score the applications that are received for the seats that were noted. The Nominations ad hoc committee will consist of Mario Parada, Sara Lee, and Josefina Diaz. Ms. Mouton also formed a Goals and Objectives ad hoc to review the CalOptima Strategic Plan for 2020-2022 and formulate Goals and Objectives. Chair Patty Mouton, Josefina Diaz and Keiko Gamez agreed to be on this ad hoc committee.

Health Homes Update

Tracy Hitzeman, Executive Director, Clinical Operations, provided an update on the Health Homes Program (HHP), which went live on January 1, 2020. Ms. Hitzeman mentioned that approximately 3,000 CalOptima members are eligible for phase one of this program, including the homeless members who meet the criteria. She noted that outreach via robo-call began in January and approximately 1247 individuals were reached, with 34 members opting into the program.

Intergovernmental Transfer (IGT) 9 Update

Candice Gomez, Executive Director, Program Implementation, provided a presentation on the Intergovernmental Transfer (IGT) 9 funds that CalOptima is expecting. Ms. Gomez noted that CalOptima will receive approximately \$45 million which will be available to be used for Medi-Cal services. Beginning with IGT 8, the state views IGT funding as part of the capitation CalOptima receives in exchange for providing medically necessary, covered services for Medi-Cal beneficiaries. She also mentioned that there are four focus areas that have been identified for possible use of these funds, including member access and engagement, quality performance programs, data exchange and support and other identified priority areas.

Medi-Cal Healthier California for All Presentation

Candice Gomez, Executive Director, Program Implementation, also presented on the Medi-Cal Healthier California for All and noted that the Department of Health Care Services (DHCS) had decided to return to the original name of California Advancing and Innovating Medi-Cal (CalAIM). Ms. Gomez provided an overview of the goals for this program as well as the DHCS timeline for this new program. CalAIM will be implemented statewide in stages and concluding with full integration by January 1, 2026. She also noted that CalOptima is required to submit a transition plan by July 2020 that addresses how the Whole-Person Care and HHP will enhance care management and in lieu of services, effective January 2021.

ADJOURNMENT

Vice Chair Corzo announced that the next regular meeting would be held on Thursday, April 23, 2020 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 5:05 p.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved: April 23, 2020

MEMORANDUM

DATE: March 25, 2020

TO: CalOptima Board of Directors

FROM: Michael Schrader, CEO

SUBJECT: CEO Report — April 2, 2020, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Orange County, CalOptima Responding to Community Spread of COVID-19

The coronavirus disease 2019 (COVID-19) pandemic has dramatically and swiftly changed CalOptima's daily operations. As we respond to the health care emergency declared at the national, state and local level, we are quickly adapting our usual approaches to address the needs of members, providers, employees and stakeholders. As of March 25, Orange County had 187 cases of COVID-19. Below are updates in key areas.

State Waiver Requests

On March 16, the Department of Health Care Services (DHCS) sent a Section 1135 Waiver [request](#) to the Centers for Medicare & Medicaid Services (CMS), asking for certain flexibilities that would support a more nimble response to COVID-19. The waiver addresses issues of provider participation, billing requirements and payment conditions to maintain beneficiary access and provider capacity; service authorization and utilization controls; state fair hearing requests and appeal deadlines; benefit flexibilities; telehealth/virtual visits; payment rates; eligibility flexibilities; and administrative activities. By Thursday, March 19, conditions had changed so rapidly that the state issued a second waiver [request](#) asking CMS for additional flexibilities. On March 23, CMS approved some of California's requested changes, releasing a summary on its website [here](#). Unless otherwise specified, the waivers are effective March 1, 2020, and will end upon termination of the public health emergency. CMS also indicated it will continue to review the remaining requests.

Temporary Housing for Homeless Individuals

On March 24, CalOptima received a letter from 10 members of the Orange County State Legislative delegation requesting that CalOptima use Medi-Cal funds (revenue and/or reserves) to provide rent, temporary housing, shelter and related services for homeless individuals who are at high risk for, exhibiting symptoms of or ill with COVID-19. On March 25, Board of Directors Chair Paul Yost, M.D., and I hosted a call with approximately 20 staff representatives from Orange County's state and federal legislative offices. During the call, CalOptima agreed to promptly send a letter from our Congressional delegation to the Acting Director of CMS, to implore CMS to approve the remaining elements of California's Section 1135 Waiver requests, and in particular, the provision that would allow for Medi-Cal coverage and federal financial participation in expenditures related to temporary housing for the homeless as a result of the COVID-19 public health emergency.

Legislation and Executive Actions

Local Health Plans of California has compiled a useful grid of the many legislative and executive actions that have passed or are pending as a result of COVID-19. These cover a range of activities affecting areas such as uninsured populations, Medi-Cal redeterminations, food assistance programs, housing protections, education, unemployment and paid leave. While the grid's information is fluid and subject to change, the March 24 edition follows my CEO Report.

California Advancing and Innovating Medi-Cal (CalAIM)

Due to the pandemic, DHCS is postponing CalAIM regional meetings that had been scheduled between April 16 and May 4. The meetings were intended to provide technical assistance to health plans, counties and community-based organizations regarding the implementation of Enhanced Care Management and In Lieu of Services. However, the state did not announce that the January 1, 2021, proposed start date for those benefits was changing. But observers are beginning to question whether all the various CalAIM initiatives can follow the same timeframe given the current intense demands on health plans.

Brown Act

As part of his emergency declaration, Gov. Gavin Newsom signed an Executive Order temporarily waiving the Brown Act provisions that require Board members participating in Board meetings to either be (a) physically present or (b) at an agendaized teleconference location. In other words, each Board member now has the option of participating in CalOptima Board meetings telephonically without listing their physical location on the agenda or making that location accessible to the public. The public will continue to have the option of attending Board meetings in person but minimizing physical attendance is encouraged to help control the spread of COVID-19. To that end, future Board meetings and advisory committee meetings will be live streamed, and instructions will be available on CalOptima's website.

Providers and Health Networks

CalOptima is communicating frequently to contracted providers and health networks via website [updates](#) and fax blasts. Of note, we shared the new, more flexible rules that were just released regarding telephonic/telehealth visits during the national health emergency as well as information regarding COVID-19 testing availability, protocols and reimbursement codes. On March 19, CalOptima held the regularly scheduled monthly Health Network Forum via conference call. Chief Medical Officer David Ramirez, M.D., and Medical Director Miles Masatsugu, M.D., provided an extensive COVID-19 update. Our staff also detailed welcome changes that offer health networks some flexibility with reporting in light of staff demands in responding to the crisis.

Hospital Payments

The California Hospital Association reached out asking for health plans to process the FY 2018–19 SB 239 Quality Assurance Fee (QAF) payments and Phase 2 FY 2017–18 directed payments, based on the growing pressure on safety net hospitals and concerns about shortages of supplies. In Orange County, QAF payments for the period are \$154 million and Phase 2 directed payments are \$91 million. CalOptima distributed the QAF payments on March 20 and will release the directed payments by March 31.

Community-Based Adult Services (CBAS) Centers

CBAS centers are an essential element of the health care delivery system for frail seniors, yet hundreds of centers statewide have reported to DHCS that they are at risk of closing because of decreases in their daily census. In response to this emergency, DHCS included CBAS centers in the 1135 Waiver request, outlining alternative format services that the state proposed as eligible for continued reimbursement, including telephonic or live video interactions in lieu of face-to-face social/therapeutic visits and/or assessments; home-delivered meals in the absence of meals at the CBAS center; and physical therapy or occupational therapy in the home. To ensure that seniors continue to receive need care, CalOptima will be requesting Board approval on April 2 to implement the CBAS changes outlined by DHCS.

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

As attendance at the CalOptima PACE center is limited by social distancing, participants are now receiving necessary services through alternative means in a “PACE Without Walls” model. Vans have been repurposed from transporting participants to delivering critical medical supplies, equipment and meals to participants’ homes. Our partner pharmacy is also delivering medications to homes. Home care providers are offering intervention and assistance with daily living tasks in the home. Most PACE staff have transitioned to telework, so they are making daily wellness calls to all 399 participants as well as participating in remote interdisciplinary team meetings. The PACE clinic remains open, and staff are on the front lines of patient care. Reflecting commitment and ingenuity, clinicians donned personal protective equipment to provide the first-ever drive-thru clinic visit in the PACE parking lot on March 20.

Nurse Advice Line With Physician Consult

On March 19, DHCS asked that Medi-Cal plans immediately move to offer no-barriers access for members to their nurse advice lines with a warm handoff to a M.D. consult if needed. CalOptima’s nurse advice line is staffed by Carenet Health, which has a contractual relationship with MDLIVE. We immediately reached out to begin contract revisions to leverage its physician consult services. Because of the emergency nature of this mandated change, we will ask your Board to ratify this contract revision on May 7.

Whole-Child Model (WCM)

Services for WCM members are changing with the closure of the school districts. The county announced that Medical Therapy Units, which are located on school campuses, are limiting services to medically urgent appointments.

Health Homes Program (HHP)

DHCS has suspended the face-to-face requirement for HHP care coordination and health risk assessment, out of an abundance of caution for health plan staff.

Clinical Field Teams (CFTs)

Two community health centers have suspended their CFT operations out of concern for staff and to limit community contact. Three other organizations remain available for dispatch, although the volume of referrals has decreased recently. CalOptima is continuing to support CFTs while being mindful of their safety. CalOptima has also taken steps to protect our Homeless Response Team (HRT) staff in the community by having them offer services remotely. The HRT telephone referral lines and care coordination staff remain available to support the CFTs. CalOptima

scheduled a March 25 conference call with CFT leaders and medical directors to ensure we can continue to coordinate our efforts to serve the vulnerable homeless population.

Employees

CalOptima is exempted from the governor's Stay at Home Order based on our role in health care, which is one of the 16 essential critical infrastructure sectors. However, to respond to social distancing mandates, CalOptima is accelerating employees' transition to temporary telework and holding internal meetings via phone or webinar. As of March 25, and thanks to a rapid deployment process developed by our Information Services team, 82% of CalOptima's 1,355 employees are working from home. We also adjusted work duties for staff who typically have a role in the community. For example, our long-term care staff stopped visiting nursing homes and are approving all continuation requests through other means. Furthermore, CalOptima has clarified our expectations regarding reliably performing job duties while on temporary telework status, especially in cases where an employee's child may be home and off from school. Finally, CalOptima's building will remain open for employees who need to work here either because their home situation is incompatible with telework and/or they would have no job if the building is closed (i.e., Facilities staff). To ensure employees have current information, we increased the frequency of emails from executive leaders, held two all-staff informational webinars and activated our disaster hotline for employees to check for changes to building access.

Media

Three media outlets — Orange County Register, Los Angeles Times and Voice of OC — have contacted CalOptima for comments on the pandemic's local impact. Based on the publication deadlines, we have arranged interviews with our medical leadership or provided a statement. In the Orange County Register, CalOptima's [statement](#) about what members should do if they are feeling unwell was included as part of a larger article about drive-thru test centers. The Voice of OC wrote an [article](#) about our changes at PACE. The Los Angeles Times article has not yet been published.



CalOptima
Better. Together.

Coronavirus Disease 2019 (COVID-19) Update

**OneCare Connect Member Advisory Committee
April 23, 2020**

**David Ramirez
Chief Medical Officer**

Introduction

- Unprecedented global pandemic radically changing daily life and health care system
- Significant short- and long-term impact on Orange County's health care system
 - Hospitals may be experiencing the lull before the storm
 - Community-based providers are experiencing decreased revenue
 - Increased unemployment may drive significant growth in CalOptima membership

COVID-19 Status as of April 20

	United States	California	Orange County	CalOptima
Cases	746,379	30,333	1,676	91
Deaths	41,379	1,166	33	3

CalOptima COVID-19 Response

- Goals

- Educate members and ensure they have access to needed care while reducing the risk of COVID-19 spread
- Educate and support providers and the local health care system as they respond to COVID-19
- Support and protect CalOptima staff
- Coordinate with county, state and federal public health efforts

Health Care System Changes

- Centers for Medicare & Medicaid Services (CMS) recommendations
 - Delay all elective surgeries, and non-essential medical, surgical and dental procedures
- Centers for Disease Control and Prevention (CDC) recommendations
 - Call ahead before visiting provider offices
- In response, CalOptima modified several programs, including telehealth, homeless services, pharmacy and Program of All-Inclusive Care for the Elderly (PACE)

Telehealth

- Following universal recommendation to have members call their provider to inquire about phone or telehealth visits, rather than going to the provider office
- Developing a comprehensive virtual care strategy for presentation to and approval by the Board
 - Select and contract with a mobile health interactive text messaging services vendor to effectively communicate with at-risk populations
 - Select and contract with a multipurpose provider group focused on using virtual visits to expand after-hours coverage and a specialized provider group to expand behavioral health support
- Seeing increasing acceptance of telehealth

Homeless Population

- Updated Clinical Field Team (CFT) program to respond to COVID-19
 - CFTs now offer telehealth visits
 - Face-to-face visits still occurring when clinically necessary
 - Proposing to include CFT services via telehealth as part of the Homeless Clinic Access Program (HCAP)
- Collaborating with Orange County Health Care Agency (HCA) and CFT organizations to expand medical services
 - CFTs available to cover new shelter locations
 - County received authority to increase Whole-Person Care (WPC) recuperative care capacity by 90 beds
 - California has requested flexibility to serve homeless population through 1115 Waiver
 - State proposes to allow federal financial participation for emergency temporary housing related to COVID-19 and WPC pilot

Pharmacy

- Promoting home delivery options for members
- Authorizing early refills if requested
- Allowing 90-day medication fills
- Added disinfectants and gloves to the formulary
- Added dextromethorphan (generic for Robitussin DM) and acetaminophen (generic for Tylenol) to formulary
- Added hydroxychloroquine (generic for Plaquenil) prior authorization based on California Department of Public Health guidance

COVID-19 Testing

- CalOptima will reimburse at the Medi-Cal/Medicare rate, with no prior authorization required
- Members: Cannot be charged a co-pay; can self-assess using online tool; or contact provider or public health lab
- Test types: Molecular (presence of virus) and serologic (presence of antibodies to the virus)
- Lab types: Specialized lab (public health, hospital and commercial) and point-of-care lab (clinics and provider offices)
- Test results: Standard and rapid
- FDA-authorized tests

COVID-19 Testing (Cont.)

- Nationally, there have been limitations on test kits, sample supplies and PPE
- Response has been criteria to limit the people tested
 - Criteria varies by region based on local factors
 - Currently, Orange County Public Health Department is prioritizing testing for hospitalized or high-risk populations with symptoms, using FDA-authorized tests
- Collaborating with Orange County Public Health Officer and health networks and providers to increase testing availability for members
 - Members should contact their assigned provider and network for testing options
 - Optum testing site available for CCN and COD members referred by their provider

Personal Protective Equipment (PPE)

- Lack of PPE has impacted CalOptima providers
 - More PPE has become available through efforts of the county and local suppliers
 - Constraint is primarily due to the supply chain
- CalOptima was able to order adequate PPE for our staff
 - PACE clinic staff: 1,000 N95 and 10,000 surgical masks
 - Staff not teleworking: 500 cloth face coverings
- CalOptima continues to support local efforts to obtain and distribute PPE through collaboration with the Orange County Emergency Operations Center (EOC)
 - Forwarding vendor information to the EOC
 - Encouraging CalOptima providers and community organizations with extra PPE to donate to the EOC

Long-Term Care Infection Control

- CalOptima-contracted skilled nursing facilities (SNFs) have a current census of 4,802 members
 - One COVID-19 case, possibly acquired in the ER
- Post-Acute Infection Prevention Quality Initiative (PIPQI)
 - Since October 2019, 24 participating SNFs, serving 1,600 members, substitute Chlorhexidine (CHG) soap for liquid soap along with use of Iodophor nasal swabs to decrease skin colonization with Multi-Drug Resistant Organisms, which leads to decreased infection rates
 - CHG has anti-viral, anti-bacterial and anti-fungal properties
 - CHG has been proven to significantly decrease inpatient hospitalizations for infection
 - CDC has funded a nurse trainer and strongly endorses PIPQI, the only such program in the country
 - CalOptima has approved an expansion of the program up to all 67 contracted SNFs
 - CalOptima proposes to prepay two quarterly incentives for program adherence (January–June 2020) and will skin test for CHG as safety permits

Member Communications

- CalOptima website updated with COVID-19 member information
 - Frequently Asked Questions
 - Links to HCA and CDC websites
- Member Portal updated with a link to COVID-19 member information on website
- CalOptima Community Network member notification about telehealth approved by DHCS
 - Notification informs the member that their assigned PCP has notified CalOptima they will temporary stop seeing members in the office and will be providing services through telehealth
- CalOptima phone system updated to include COVID-19 messages


Outreach to Emerging-Risk Populations

- Bright Steps Maternity Management Program
 - Including “You are Not Alone” First 5 OC Coronavirus pamphlet in CalOptima Bright Steps weekly mailings
 - Informing Bright Steps participants about changes to hospital Labor and Delivery protocols
 - Screen everyone who comes and goes, allow one additional person plus delivering mom in delivery room, and require wearing a mask, etc.
- Chronic Conditions
 - Modified scripts for members with asthma, diabetes and COPD to include sharing COVID-19 prevention strategies and offering CalOptima assistance with medication refills, medical equipment or community resources

Communications in Development

- New banner for CalOptima website with option for members to connect with Customer Service via an online form
- OneCare and OneCare Connect wellness outreach
- COVID-19 outreach and prevention awareness campaign

Member Web Page

 CalOptima
A Public Agency

[Find a Provider](#) [Members](#) [Providers](#) [About Us](#) [A](#) [A](#)

Health and Wellness

You are here: [Home](#) > [Features](#) > [Coronavirus Disease 2019 \(COVID-19\)](#)

[Self Care Guides](#) [Wellness Programs](#) [Member Health Rewards](#) [+ Interactive Self-Management Tools](#)

Coronavirus Disease 2019

Frequently Asked Questions

What is Coronavirus Disease 2019 (COVID-19)?

A coronavirus is a type of virus that causes diseases with a wide range of severity, from the common cold to a more serious respiratory disease. COVID-19 is a new strain of respiratory coronavirus that has not been found in humans before. COVID-19 was first found in Wuhan, Hubei Province, China. There is now evidence that COVID-19 is spreading in the community in the United States.

Temporary Telework Staff

- Based on HCA and CDC guidelines, CalOptima started reducing the number of staff working in each of its facilities, starting March 13
- Current status as of April 8

Active Employees*	Telework Employees	Non-Telework Employees
1,310	1,196 (91%)	114 (9%)

**Does not include approximately 60 temporary staff*

CalOptima's Mission

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





CalOptima
Better. Together.

Trauma-Informed Care and Adverse Childhood Experiences Screening

OneCare Connect Member Advisory Committee

April 23, 2020

Betsy Chang Ha, RN, MS, LSSMBB

Executive Director, Quality & Population Health Management

Adverse Childhood Experiences (ACEs)

*“ACEs and toxic stress
represent a
public health crisis.”*



*Dr. Nadine Burke Harris
California Surgeon General*

Agenda

- Impact of Trauma on Health
- Evidence-Based Studies of ACEs
- Population Health Impact
- Trauma Informed Care
- ACEs Aware Request For Proposal Update
- Questions

Defining Trauma



Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

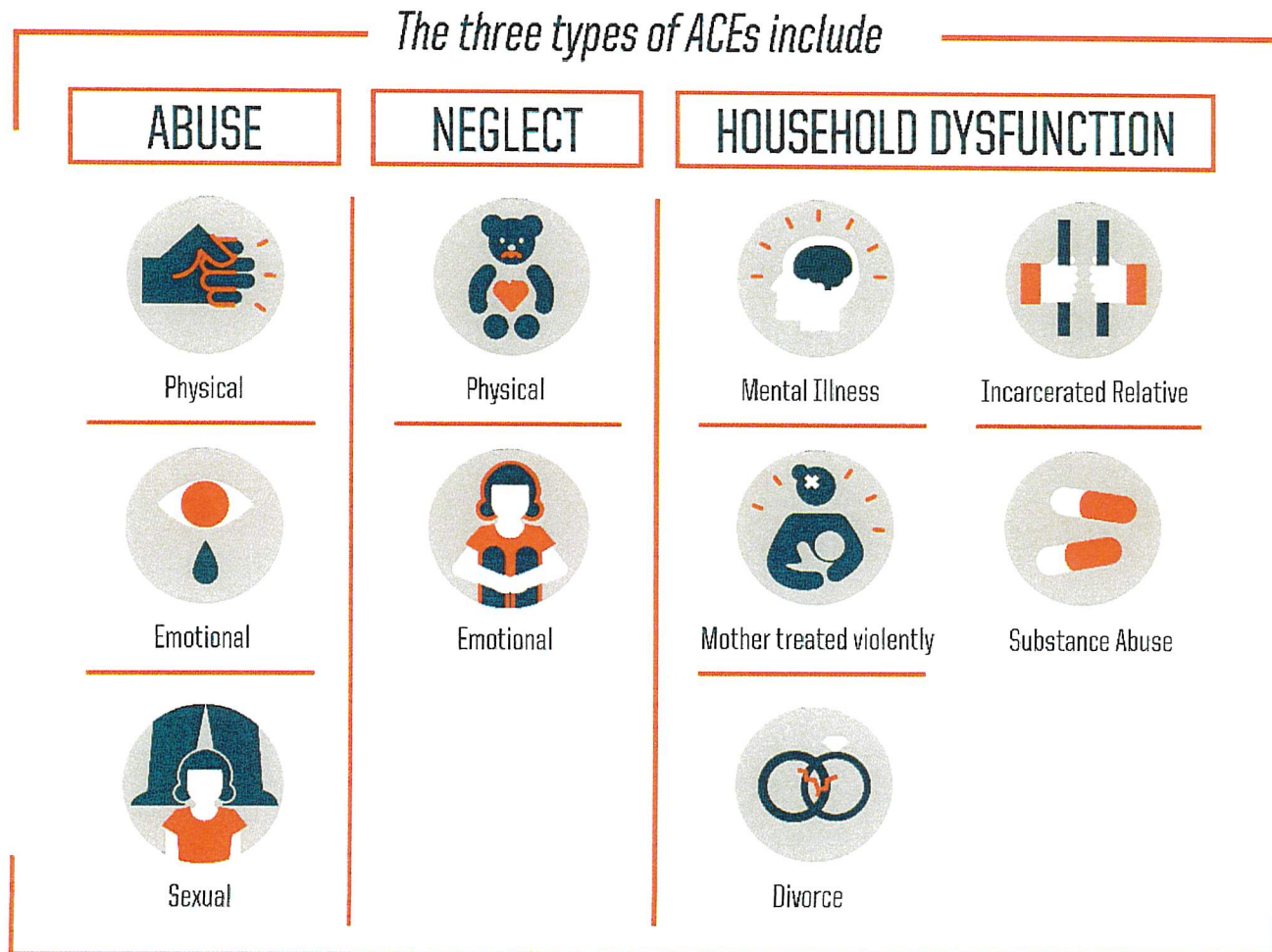
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Defining Trauma

- **Adverse Childhood Experiences (ACEs)** are stressful or traumatic events, including abuse, neglect, and household dysfunction, that occur during childhood.
- **Toxic Stress** is a stress response that occurs when a person experiences strong, frequent, and/or prolonged adversity without adequate support.



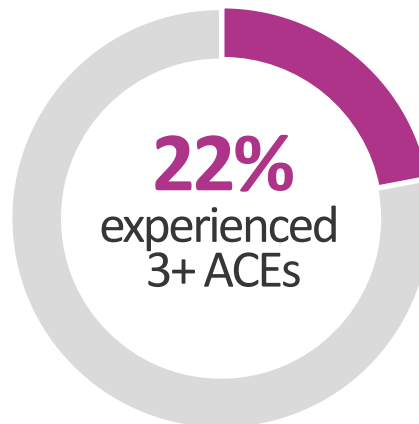
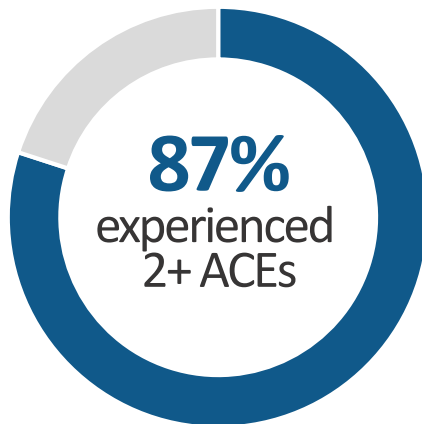
Adverse Childhood Experiences



Landmark Adverse Childhood Experiences Study



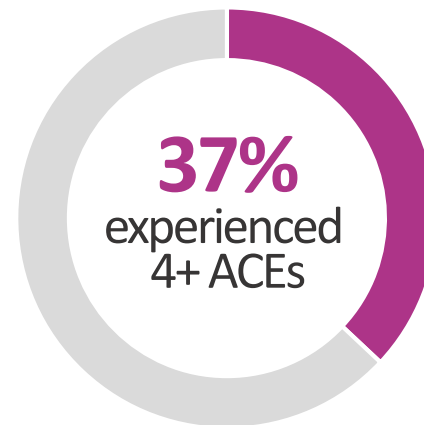
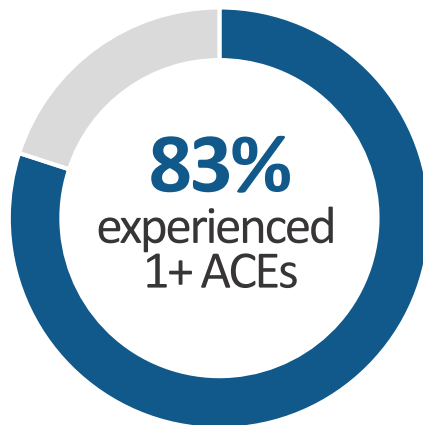
- In 1998, more than 17,000 Kaiser Permanente members took the Adverse Childhood Experiences (ACE) Survey.
- **Results:** Two-thirds of respondents had experienced one or more types of ACEs. Of those:



Prevalence of Trauma: Philadelphia Urban ACE Study



- In 2012 a racially diverse sample of men and women in Philadelphia took a questionnaire that was based on the original ACEs Survey. Respondents were mostly between the ages of 35 to 64 and had completed high school.
- **Results:** More than four out of five respondents experienced at least one ACE:



Impact of Trauma: Health, Behavior, and Life Potential

- ACEs can have lasting effects on...



Health - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones

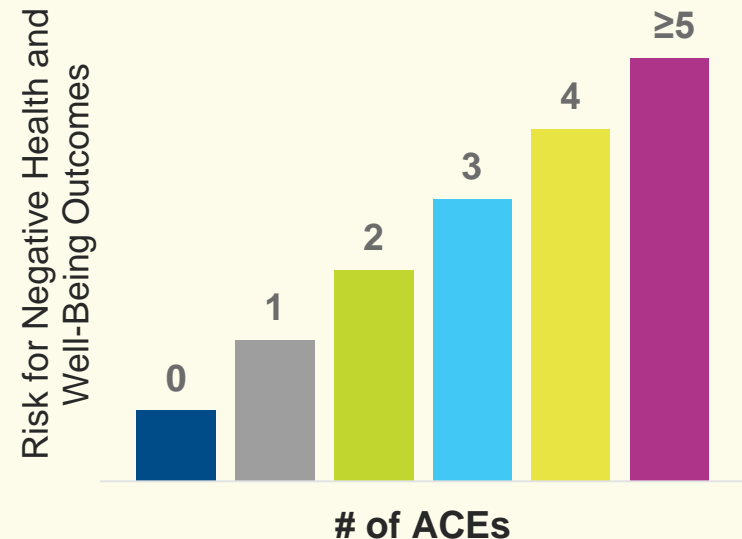


Behaviors - smoking, alcoholism, drug use



Life potential - graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcomes.

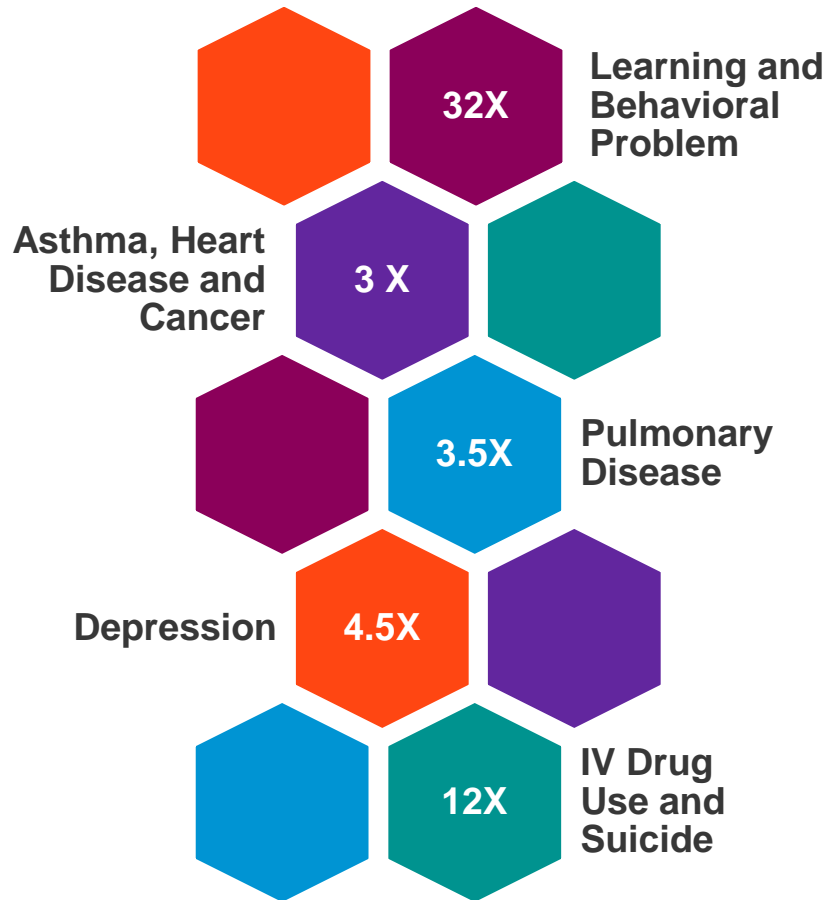
Impact of Trauma: ACEs and Neurobiology



- Traumatic experiences in childhood and adulthood invoke *flight, fight, or freeze* responses
- Responses become toxic when turned on for too long (constant flood of adrenaline and cortisol)
- Prefrontal cortex development may become stunted
- Traumatic experiences can cause people to see the world as a place of constant danger — resulting in fear, anxiety, depression, anger, etc.
- Find solace in alcohol, tobacco, drugs, food, high-risk behaviors, etc.

Population Health Impact

- Children who experience 4 or more ACEs:



**7 out of 10
leading causes
of death in the
U.S. adults
correlate with
exposure to ≥ 4
ACEs**

Source: CDC-Kaiser Permanente ACEs Study, 1995-97

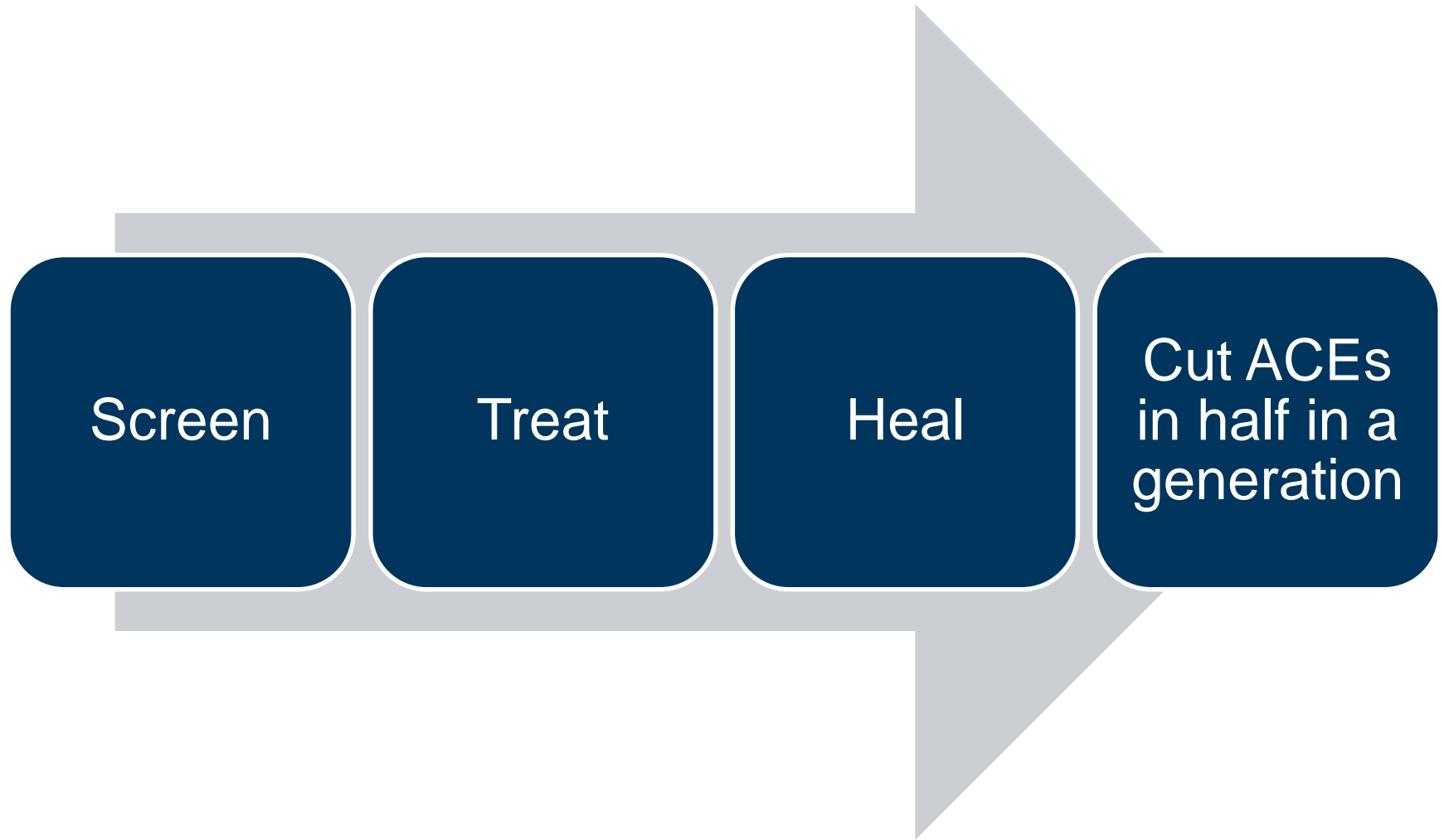
Adult Health Burden and Cost in California

Center for Youth Wellness released on January 28, 2020:

- Previous studies on child abuse and neglect have estimated the lifetime cost to the United States to be approximately \$124 billion annually.
- This new study found the health-related costs of ACEs to California alone were approximately \$113 billion a year.
- Estimate includes:
 - \$10.5 billion ACEs-related health care costs
 - \$102 billion in the cost of disease burden (e.g. premature death, and years of productive life lost to disability)

Citation: Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLoS ONE 15(1): e0228019. <https://doi.org/10.1371/journal.pone.0228019>

California ACEs Aware Initiative



ACEs Aware RFP

- California—Office of the Surgeon General (CA-OSG) and the Department of Health Care Services (DHCS) fund organization to help extend and reach Medi-Cal providers and organizations that serve Medi-Cal beneficiaries through the following grant opportunities:
 - Provider Training
 - Certification of Existing Training Curricula
 - Training activities
 - Provider Engagement
 - Communication
 - Convenings
- CalOptima supporting two lead organizations' RFP targeting provider serving children and adult population

Solution: Trauma-Informed Care Framework

Understanding

- The prevalence and impact of trauma and adversity on health and behavior

Recognizing

- The effects of trauma and adversity on health and behavior

Responding

- By incorporating trauma-informed principles throughout clinical practices and community support systems

Integrating

- Knowledge about trauma and adversity into policies, procedures, practices, and treatment planning

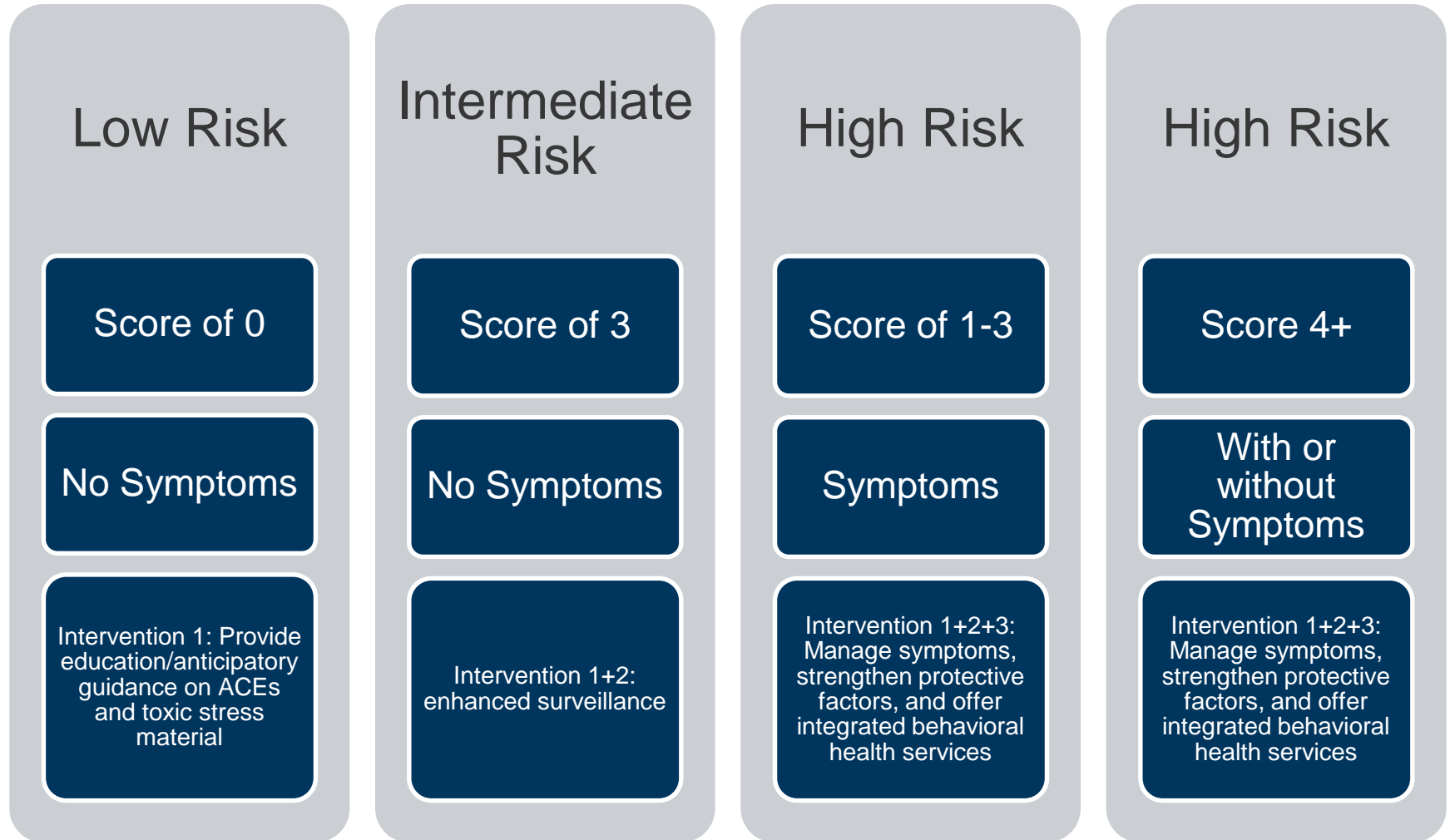
Resisting

- Re-traumatizing, including staff

Other Clinical Responses to ACEs

- Treat ACEs related health conditions by supplementing usual care with health education of toxic stress and regulate stress responses:
 - Safety and supportive relationship
 - Regular exercises
 - Good sleep
 - Healthy nutrition
 - Mindfulness practice
- Validate existing strengths
- Referral to resources or interventions, including care coordination, patient navigation, community health workers, community resources, social work, and/or mental health care as necessary

ACES Screening Score Algorithm & Interventions



Systems for Building Resilience



Source: Centers for Disease Control and Prevention, "About the ACEs Study"
<https://www.cdc.gov/violenceprevention/acestudy/about.html>

What is Trauma-Informed Care?

What is Trauma-Informed Care?

<https://youtu.be/fWken5DsJcw>



<https://www.acesaware.org>

<https://www.acesaware.org/heal/covid19/>

Questions



CalOptima's Mission

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





California Surgeon General's Playbook: Stress Relief during COVID-19

IMPORTANCE OF STRESS MANAGEMENT DURING THIS TIME

The health and safety of our nearly 40 million Californians is the number-one priority for our state. This includes the physical and psychological well-being of all individuals. We are mindful that the public health policies and interventions necessary to slow the spread of COVID-19 are affecting all facets of society and our daily lives. These daily disruptions, coupled with the fear of not knowing what may come, are resulting in increased stress and anxiety for many.

Californians have come together to practice physical distancing to slow the spread of the novel coronavirus. While we take action to lessen the immediate impacts of COVID-19 on our communities and our health care systems, it is also important to minimize the secondary health effects of this pandemic. Widespread stress and anxiety regarding COVID-19, compounded by the economic distress due to lost wages, employment and financial assets; mass school closures; and necessary physical distancing measures can result in an increase of stress-related health conditions.

During this time, your body may be making more or less stress hormones than is healthy. This can lead to worsening of physical and/or mental health problems, such as diabetes, heart disease, anxiety, depression, smoking, or unhealthy use of alcohol or other drugs.

Stress can show up in our bodies, emotions and behavior in many different ways. For example in our bodies - changes to sleep patterns and appetite, headaches, stomach aches, or bowel changes, and spikes in blood pressure may all be signs of an overactive stress response. In our emotions and behavior - we may feel more irritable, experience mood changes, anxiety, depression, increased substance use, or anger. It's important to know that these changes aren't "just in your head". They may be signs of a biological reaction occurring in our brains and bodies due to the collective stress we are all under. If you have experienced significant adversity in the past, especially during the critical years of childhood, you may be at higher risk of experiencing health and behavioral problems during times of stress.

The good news is there are simple things you can do every day, at home, to protect your health. The following guide can help you manage your stress response. They may seem simple at first, but they are evidence-based and demonstrated to be effective. Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, staying connected to our social supports, and getting mental health care can help decrease stress hormones and improve health.

Take your time, build a program that works for you and be kind to yourself, as we all move through this challenge together.

Stress Busting At Home

STEP 1: AWARENESS – HOW IS STRESS SHOWING UP IN OUR OWN BODY

- First, we must all check-in with ourselves and recognize how stress shows up in our bodies. Changes to your sleep patterns or appetite, headaches or bowel changes, spikes in blood pressure or blood sugar are all signs of an overactive stress response.
- If you have a chronic illness or existing condition, you need to pay particular attention to your condition and ensure you are tracking any significant changes. Stress management is of utmost importance to help manage your condition.

- Stress can impact our health quite intensely. For example, if you have asthma you may find yourself reaching for the albuterol more often, if you're diabetic your blood sugars may be running high, if you're managing blood pressure fluctuations, they may be running high right now.

STEP 2: MAKE A PLAN FOR YOU

- Making a plan that works for you that is realistic about what you can/will do is important.
- Think about what usually works for you when you're feeling stressed and make a list.
- As you make your plan, make sure elements of the six categories of stress management to help regulate your stress response system are included. The six categories are:
 1. Supportive relationships – stay connected to our communities
 2. Exercise – 60 minutes a day (doesn't have to be all at once)
 3. Healthy Sleep – practice good sleep hygiene including going to bed and waking up at the same time each day, and ensuring that your place of sleep is cool, quiet and free of distractions. Avoid caffeine in the afternoon or evening.
 4. Nutrition
 5. Mental and Behavioral Health Support
 6. Mindfulness — like meditation or prayer
- Included in this playbook are "Self-Care Templates" that can help you start building your program.

STEP 3: WORK YOUR PROGRAM

- Make sure you're practicing your program every day and twice a day if you need to.
- Check in with yourself regularly to see how you're feeling – emotionally and physically. Ask yourself the questions – how does my chest feel, my stomach, my legs, my head, etc.
- Analyze your program. If you need to change things about it, go ahead and do so. Let your plan evolve to ensure it is working for you. If it's not, change specifics up, but ensure elements from the six categories remain.

The Six Stress-Busting Strategies

Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, staying connected to our social supports, and getting mental health care can help decrease stress hormones and improve health.



1. SUPPORTIVE RELATIONSHIPS:

- a. Maintain your supportive relationships virtually or with those you are at home with. Turn off media and devices for high-quality time together making art, dancing, cooking or reading with loved ones. Remain in touch with mentors, friends, and family by phone or video chat, including schools and community- or faith-based organizations.

2. EXERCISE DAILY:

- a. Engage in 60 minutes of physical activity every day. It doesn't have to be all at one time. Dance party in your bedroom, 35 jumping jacks here and there, 20 minute hula hooping contest, film a TikTok and share it out, power walk around the block twice, running, bedtime yoga, 10 pushups, do some double dutch jump rope, the list can go on and on. Bottom line – get your body moving and your heart rate up to burn off stress.
- b. Ask friends what resources they have been using or get online and search for at home work-out routines and see what comes up and what can work for you.

3. HEALTHY SLEEP:

- a. Get sufficient, high-quality sleep. This may be particularly hard right now, but things that help are going to sleep and waking up at the same time each day. Turn off electronics at least a half hour before bed. Drink some warm water or hot tea and read a book after you climb into bed. Avoid caffeine in the afternoon and evening. Ensure your place of sleep is cool, quiet and free of distractions and devices.

4. NUTRITION:

- a. This is not about losing weight. This is about ensuring you are getting proper nutrition to help combat stress. Keep regular mealtimes, so you aren't just snacking all day. Minimize refined carbohydrates, high fat, high sugar foods and reduce your alcohol intake.
- b. General rule of thumb includes 5-9 servings of fruits and vegetables per day and foods rich in omega-3-fatty acids, including fish, nuts and fiber.

5. MENTAL AND BEHAVIORAL HEALTH SUPPORT:

- a. Engage in mental health care. Schedule video or phone sessions for psychotherapy, psychiatric care and substance use disorder treatment when possible.
- b. Minimize consumption of news or other media content that feels upsetting.
- c. If you do not have a regular appointment or have not been in contact with a mental health professional previously, [here are some resources](#) to help you get started.

6. MINDFULNESS, MEDITATION, PRAYER:

- a. Practice mindfulness, such as meditation, yoga, or prayer for 20 minutes, two times a day. Apps like Headspace and Calm are easy, accessible ways to get started. Meditations can be found online, as well.
- b. Mindfulness can help strengthen the brain pathways that actively buffer the stress response, helping you regulate your stress response more easily.

THINGS TO LIMIT

- News – Make sure you give yourself a break from the 24 hour news cycle and news alerts. It really does make a difference for your physical and mental health.

- Substances – Because our bodies may be creating more stress hormones than usual, we are more susceptible to substance dependence. It's important to keep this top of mind and make sure you're actively regulating your substance intake.
- High-sugar/high-fat foods – An increase in the stress hormone cortisol triggers cravings for high-sugar and high-fat foods. Even if you've previously been a pretty healthy eater, you may find yourself reaching for potato chips, chocolate chip cookies, soda and other unhealthy snacks. Not only does stress increase our cravings for these types of foods, but stress hormones can also make our bodies more resistant to the hormone insulin, increasing our risk of type 2 diabetes, so try to keep the indulgence on these foods to a minimum.

-

THINGS TO EMBRACE

- Each other – our supportive personal connections are scientifically demonstrated to help buffer the impacts of stress on our brains and bodies. Staying in touch with our loved ones and communities virtually, is truly healing. If you see your neighbors when you're outside, remember to continue physical distancing, but say hello and ask how they are. When you're at the grocery store – thank the people working there and engage in conversation. This isn't just important for morale, but staying emotionally connected to one another is biologically crucial for our health.
- Deep breaths – you don't have to be a yogi to know the power of a nice cleansing deep breath. Take them slowly, take them often. Deep breaths are also a great time to check in on our bodies and see where and how we are feeling.
- Stepping outside – while we have to practice physical distancing, being outside and finding green space — even if it's in your back yard— is incredibly helpful for our well-being. Enjoy feeling the sun on our face, listen to the birds singing and see the flowers blooming.
- Hydration – stay hydrated. Drink those 8-10 glasses of water a day.
- Play – Finding ways to play and laugh is super important for our mental and physical health. Turn off the news and watch a silly movie, or better yet, get creative and make a silly movie with members of your household. Call a friend and talk about the times you laughed the hardest, figure out what impressions you can do, pretend the floor is hot lava. These are serious times, but you can still be silly.
- Asking for help or a moment – open up the communication in your house about times when we need help. Whether you have a special code word or just the reminder to yourself. If you need a moment, communicate it and take the moment. If you are having a really hard time, feeling unsafe at home or thinking of harming yourself or someone else, that's, unfortunately, increasingly common right now. [Services and numbers you can call for support are here.](#)

SELF-CARE TEMPLATE FOR ADULTS

During this time your body may be making more or less stress hormones than is healthy. This can lead to physical and/or mental health problems, such as diabetes, heart disease, anxiety, smoking, or unhealthy use of alcohol or other drugs. Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. The following tips can help you manage your stress response. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building

social supports, and getting mental health care can help decrease stress hormones and improve health.

Here are some goals you can set to support your health. *[Check the goals that you are choosing for yourself or write in others that will work for you in each category!]*

☐ **Self-Care Planning.** I've set a goal of...

- ☐ Building my stress busting routine
- ☐ Limiting screen/news time to less than ___ hours per day
- ☐ Making a plan for what to do when I'm feeling stressed out, angry, or overwhelmed
- ☐ Planning with my partner, friends, or family to get support when I need it
- ☐ Identifying my strengths and learning more about building resilience
- ☐ Calling **211** if I need help meeting basic needs such as food and shelter
- ☐ Create your own goal: _____

☐ **Supportive relationships.** I've set a goal of...

- ☐ Spending more high-quality time together with loved ones, such as:
 - ☐ Having regular meals together with my household or virtually with those outside my household.
 - ☐ Having regular "no electronics" time for us to talk and connect with each other
- ☐ Making time to call or video chat with friends and family to maintain a healthy support system for myself
- ☐ Connecting regularly with members of my community to build social connections
- ☐ Asking for help if I feel physically or emotionally unsafe in my relationships
 - ☐ The National Domestic Violence hotline is **800-799-SAFE (7233)**
 - ☐ The National Sexual Assault hotline is **800-656-HOPE (4673)**
 - ☐ To reach a crisis text line, **text HOME** to **741-741**
- ☐ Create your own goal: _____

☐ **Exercise.** I've set a goal of...

- ☐ Limiting screen time to less than ____ hours per day
- ☐ Walking at least 30 minutes every day
- ☐ Finding a type of exercise that I enjoy and doing it regularly
- ☐ Create your own goal: _____

☐ **Nutrition.** I've set a goal of...

- ☐ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- ☐ Drinking water instead of juice or soda
- ☐ Limiting my alcohol consumption
- ☐ Limiting high sugar and/or high fat foods
- ☐ Eating at least 5 vegetables and/or fruits every day
- ☐ Choosing whole wheat bread and brown rice instead of white bread or rice
- ☐ Create your own goal: _____

☐ **Sleep.** I've set a goal of...

- ☐ Being consistent about going to bed at the same time every night
- ☐ Creating a cool, calm, and quiet place for sleep, and a relaxing bedtime routine
- ☐ Using mindfulness or other stress reduction tools if worry is keeping me up at night
- ☐ Turning off electronic devices at least 30 minutes before bed
- ☐ Create your own goal: _____

☐ **Mindfulness.** I've set a goal of...

- ☐ Taking moments throughout the day to notice how I'm feeling, both physically and emotionally
- ☐ Practicing mindful breathing or other calming technique(s) during stressful situations
- ☐ Writing a list of five or more things I am grateful for each day
- ☐ Creating a regular routine of prayer, meditation, and/or yoga
- ☐ Downloading a mindfulness app and doing a mindfulness practice 20 minutes per day
- ☐ Create your own goal: _____

☐ **Mental health.** I've set a goal of...

- ☐ Learning more about mental health and/or substance use services (e.g., counseling, groups, medications,)
- ☐ Identifying a local mental health professional or support group.
- ☐ Scheduling an appointment with a mental health professional
- ☐ If I am feeling like I am in crisis, I will get help
 - ☐ The National Suicide Prevention Lifeline is **800-273-TALK (8255)**
 - ☐ To reach a crisis text line, **text HOME to 741-741**
 - ☐ SAMHSA Disaster Distress Line **800-985-5990**
- ☐ Create your own goal: _____

For more information on resources related to COVID-19, please visit [COVID19.CA.GOV](https://www.covid19.ca.gov).

2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 6201 Lowey	Families First Coronavirus Response Act: Would include billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of \$8.3 billion for treating and preventing the spread of COVID-19.	03/18/2020 Signed into law 03/17/2020 Passed the Senate 03/14/2020 Passed the House 03/11/2020 Introduced	CalOptima: Watch
AB 89 Ting	Emergency Budget Response to COVID-19: Similar to SB 89, would appropriate \$500 million General Fund by amending the Budget Act of 2019. Funds are to be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, would authorize additional appropriations related to COVID-19 in increments of \$50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed \$1 billion.	03/16/2020 Amended and referred to the Senate Committee on Budget and Fiscal Review 12/03/2018 Introduced	CalOptima: Watch
AB 117 Ting	Emergency Budget Response to COVID-19 at Schools: Similar to SB 117, appropriate \$100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	03/16/2020 Amended and referred to the Senate Committee on Budget and Fiscal Review 12/03/2018 Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	Emergency Budget Response to COVID-19: Similar to AB 89, appropriates \$500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of \$50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed \$1 billion.	03/17/2020 Signed into law 03/16/2020 Enrolled with the Governor 01/10/2019 Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	Emergency Budget Response to COVID-19 at Schools: Similar to AB 117, appropriates \$100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	03/17/2020 Signed into law 03/16/2020 Enrolled with the Governor 01/10/2019 Introduced	CalOptima: Watch



CalOptima
A Public Agency
Better. Together.

[Back to Agenda](#)

Orange County's
Community Health Plan

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	Mental Health Services Dispute Resolution: Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	01/30/2020 Passed Assembly floor; Referred to Senate floor 02/20/2020 Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Similar to AB 2266, would authorize MHSA funds to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The authorization would apply across the state.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2266 Quirk-Silva	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
SB 803 Beall	Mental Health Services Act (MHSA) Funds for Cooccurring Conditions: Would create the Certified Support Specialist (CSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, to become a CSS. A CSS would be able to provide non-medical mental health and substance abuse support services. Additionally, would require the Department of Health Care Services to include CSS as a provider type, covered by Medi-Cal, no sooner than July 1, 2021. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	01/15/2020 Referred to Committee on Health 01/08/2020 Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	Blood Lead Screening Tests Age Guidelines: Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. Additionally, if a child 2 to 6 years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide that test. This bill would also require the Department of Health Care Services to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2277 Salas	Blood Lead Screening Tests Contracted Providers: Would require the Medi-Cal managed care plan (MCP) to impose requirements of the contracted provider to conduct blood lead screenings tests and for the provider to identify patients eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screenings tests and identify eligible beneficiaries on a monthly basis.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2278 Quirk	Childhood Lead Poisoning Prevention Health Plan Identification: Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	02/24/2020 Referred to Committee on Health 02/14/2020 Introduced	CalOptima: Watch
AB 2279 Garcia	Childhood Lead Poisoning Prevention Risk Factors: Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: <ul style="list-style-type: none"> ■ A child's residency or visit to a foreign country ■ A child's residency in a high-risk ZIP Code ■ A child's relative who has been exposed to lead poisoning ■ The likelihood of a child placing nonfood items in the mouth ■ A child's proximity to current or former lead-producing facilities ■ The likelihood of a child using food, medicine, or dishes from other countries 	02/24/2020 Referred to Committees on Health; Environmental Safety and Toxic Materials 02/14/2020 Introduced	CalOptima: Watch
AB 2422 Grayson	Blood Lead Screening Tests Medi-Cal Identification Number: Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	02/27/2020 Referred to Committee on Health 02/19/2020 Introduced	CalOptima: Watch
SB 1008 Leyva	Childhood Lead Poisoning Prevention Act Online Registry: Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	03/05/2020 Referred to Committees on Health; Judiciary 02/14/2020 Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	CalAIM Enhanced Care Management and In-Lieu-Of Services: Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	03/12/2020 Referred to Committee on Health 02/03/2020 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2055 Wood	CalAIM Drug Medi-Cal and Behavioral Health: Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	03/12/2020 Referred to Committee on Health 02/03/2020 Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated: Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	02/20/2020 Referred to Committee on Health 02/11/2020 Introduced	CalOptima: Watch
SB 910 Pan	CalAIM Population Health Management: Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	02/03/2020 Introduced	CalOptima: Watch
SB 916 Pan	CalAIM Enhanced Care Management and In-Lieu-Of Services: Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	02/03/2020 Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	Medicare Hearing Act of 2019: Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	10/17/2019 Passed the Committee on Energy and Commerce 10/08/2019 Introduced	CalOptima: Watch
H.R. 4650 Kelly	Medicare Dental Act of 2019: Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	10/17/2019 Passed the Committee on Energy and Commerce 10/11/2019 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4665 Schrier	Medicare Vision Act of 2019: No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	10/17/2019 Passed the Committee on Energy and Commerce 10/11/2019 Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	Maternal Physical Therapy: Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	01/17/2020 Referred to Committee on Health 01/08/2020 Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	Human Papillomavirus (HPV) Vaccine: Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	01/30/2020 Referred to Committee on Health 01/21/2020 Introduced	CalOptima: Watch
AB 2258 Reyes	Doula Care: Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	02/20/2020 Referred to Committee on Health 02/13/2020 Introduced	CalOptima: Watch
AB 3118 Bonta	Medically Supportive Food and Nutrition Services: Would include medically supportive food and nutrition services as a Medi-Cal Benefit. Would also include transportation services for a beneficiary to access healthy food as a way to help prevent or manage chronic illnesses.	03/09/2020 Referred to Committee on Health 02/21/2020 Introduced	CalOptima: Watch

DENTAL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2535 Mathis	Denti-Cal Education Pilot Program: Would establish a 5-year pilot program to provide education and training to Denti-Cal providers providing care to individuals who attend a regional center and are living with a developmental disability. Additionally, Denti-Cal providers who participate in the pilot program and complete the required continuing education units would be eligible for a supplemental provider payment. The supplemental provider payment amount has yet to be defined by the Department of Health Care Services.	02/27/2020 Referred to Committee on Health 02/19/2020 Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately \$900 million General Fund (GF) in 2019-2020 and \$3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	07/02/2019 Hearing canceled at the request of the author 06/06/2019 Referred to Senate Committee on Health 05/28/2019 Passed Assembly floor 12/03/2018 Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 526 Petrie-Norris	Women, Infants, and Children (WIC) to Medi-Cal Express Lane: Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	08/30/2019 Senate Committee on Appropriations; Held under submission 06/27/2019 Passed Senate Committee on Health 05/23/2019 Passed Assembly floor 02/13/2019 Introduced	CalOptima: Watch
AB 683 Carrillo	Adjusting the Assets Test for Medi-Cal Eligibility: Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment.	05/16/2019 Committee on Appropriations; Hearing postponed at the request of the Committee 04/02/2019 Passed Committee on Health 02/15/2019 Introduced	CalOptima: Watch
SB 29 Durazo	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately \$134 million each year (\$100 million General Fund, \$21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older. The financial costs for In-Home Supportive Services is estimated to cost \$13 million General Fund.	09/13/2019 Held in Assembly 05/29/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 1073 Gonzalez	Women, Infants, and Children (WIC) to Medi-Cal Express Lane: Similar to AB 526, would establish an “express lane” eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children’s Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	02/18/2020 Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	<p>Fighting Homelessness Through Services and Housing Act: Similar to S. 923, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	03/28/2019 Introduced; Referred to the House Committee on Financial Services	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 923 Feinstein	<p>Fighting Homelessness Through Services and Housing Act: Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	<p>03/28/2019 Introduced; Referred to Committee on Health, Education, Labor, and Pensions</p>	CalOptima: Watch
AB 1907 Santiago, Gipson, Quirk-Silva	<p>California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing: Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.</p>	<p>01/30/2020 Referred to Committees on Natural Resources; Housing and Community Development</p> <p>01/08/2020 Introduced</p>	CalOptima: Watch
AB 2295 Quirk-Silva	<p>Fairview Developmental Center: Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA.</p> <p>Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center.</p> <p>This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.</p>	<p>02/14/2020 Introduced</p>	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 936 Pan	Medi-Cal Managed Care Plans Contract Procurement: Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	02/20/2020 Referred to Committee on Health 02/06/2020 Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2100 Wood	Pharmacy Carve-Out Benefit: Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	02/20/2020 Referred to Committee on Health 02/05/2020 Introduced	CalOptima: Watch
SB 852 Pan	California Affordable Drug Manufacturing Act of 2020: Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	01/13/2020 Introduced	CalOptima: Watch
SB 1084 Umberg	Secure Dispensing of a Controlled Substance: Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	03/05/2020 Referred to Committees on Business, Professions and Economic Development; Judiciary 02/19/2020 Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	Program of All-Inclusive Care for the Elderly (PACE) Enrollment: Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	03/12/2020 Referred to Committees on Aging; Long-Term Care 02/19/2019 Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	Nurse Practitioners: Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would create the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs to certify nurse practitioners wanting to practice without direct, ongoing supervision of one or more physicians.	01/27/2019 Passed Assembly floor 02/20/2019 Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 66 Atkins/ McGuire	Federally Qualified Health Center (FQHC) Reimbursement: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow an FQHC to be reimbursed for a mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	09/13/2019 Carry-over bill; Moved to inactive filed at the request of the author 08/30/2019 Passed Assembly Committee on Appropriations 05/23/2019 Passed Senate floor 01/08/2019 Introduced	CalOptima: Watch CAHP: Support LHPC: Co-Sponsor, Support
AB 2871 Fong	Drug Medi-Cal Reimbursement Rates: Would require the Department of Health Care Services to establish reimbursement rates for services provided through the Drug Medi-Cal program to be equal to rates for similar services provided through the Medi-Cal Specialty Mental Health Services program.	03/05/2020 Referred to Committee on Health 02/21/2020 Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019: Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also:</p> <ul style="list-style-type: none"> ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes. 	<p>10/30/2019 Introduced; Referred to the Committees on Energy and Commerce; Ways and Means</p>	CalOptima: Watch AHIP: Support
S. 2741 Schatz	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019: Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also:</p> <ul style="list-style-type: none"> ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes. 	<p>10/30/2019 Introduced; Referred to the Senate Committee on Finance</p>	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	<p>Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons: Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.</p>	<p>05/16/2019 Committee on Appropriations; Held under submission</p> <p>04/24/2019 Passed Committee on Health</p> <p>02/22/2019 Introduced</p>	CalOptima: Watch CAHP: Oppose
AB 2007 Salas	<p>Telehealth Services for New Patients: Would no longer require the first visit at a federally qualified health clinic to be an in-person visit. Instead, would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.</p>	<p>02/14/2020 Referred to Committee on Health</p> <p>01/28/2020 Introduced</p>	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2164 Rivas	<p>Telehealth Pilot Program: Would establish a five-year grant and pilot program, to establish the eConsult Services and Telehealth Assistance Program. The grant funding would be available to health centers and community clinics providing care in rural and underserved areas. The pilot program is projected to cost \$7.5 million over five-years and would be use for:</p> <ul style="list-style-type: none"> ■ Conducting infrastructure assessments, clinical objectives, and staffing plans; ■ Procuring technology and software and implementing eConsult services; and ■ Workforce training. 	<p>02/14/2020 Referred to Committee on Health</p> <p>01/28/2020 Introduced</p>	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2002918 Trailer Bill – Medi-Cal Expansion	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor's Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost \$80.5 million (\$62.4 million General Fund) in 2021 and \$350 million (\$320 million General Fund) each year after, including the cost of In-Home Supportive Services.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
RN 2003830 Trailer Bill: Drug Price Negotiations	Med-Cal Drug Pricing Negotiations: Would authorize the Department of Health Care Services negotiate "best prices" with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
RN 2006526 Trailer Bill – Medication- Assisted Treatment	Medication-Assisted Treatment (MAT): Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: March 17, 2020

2020 Federal Legislative Dates

April 4–19	Spring recess
August 10–September 7	Summer recess
October 12–November 6	Fall recess

2020 State Legislative Dates

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
April 24	Last day for policy committees to hear and report bills to fiscal committees
May 1	Last day for policy committees to hear and report non-fiscal bills to the floor
May 15	Last day for fiscal committees to report fiscal bills to the floor
May 26–29	Floor session only
May 29	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 2–August 3	Summer recess
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

Sources: 2020 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan), and the Program of All-Inclusive Care for the Elderly (PACE).



CalOptima
Better. Together.

Cultural & Linguistic Services Overview

Carlos Soto

Manager, Cultural & Linguistic Services

Introduction to Cultural & Linguistic Services

- Cultural and Linguistic Services (C&L)
 - C&L Translation and Interpreter Services
 - Structure – Comprised of 1 Manager and 10 Translation Staff
- Threshold Languages
 - Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic
- American Sign Language, Braille, Audio and Large Print
- Contracted Vendors
 - Five Translation & Interpreting contracted vendors

Translation & Interpreter Services

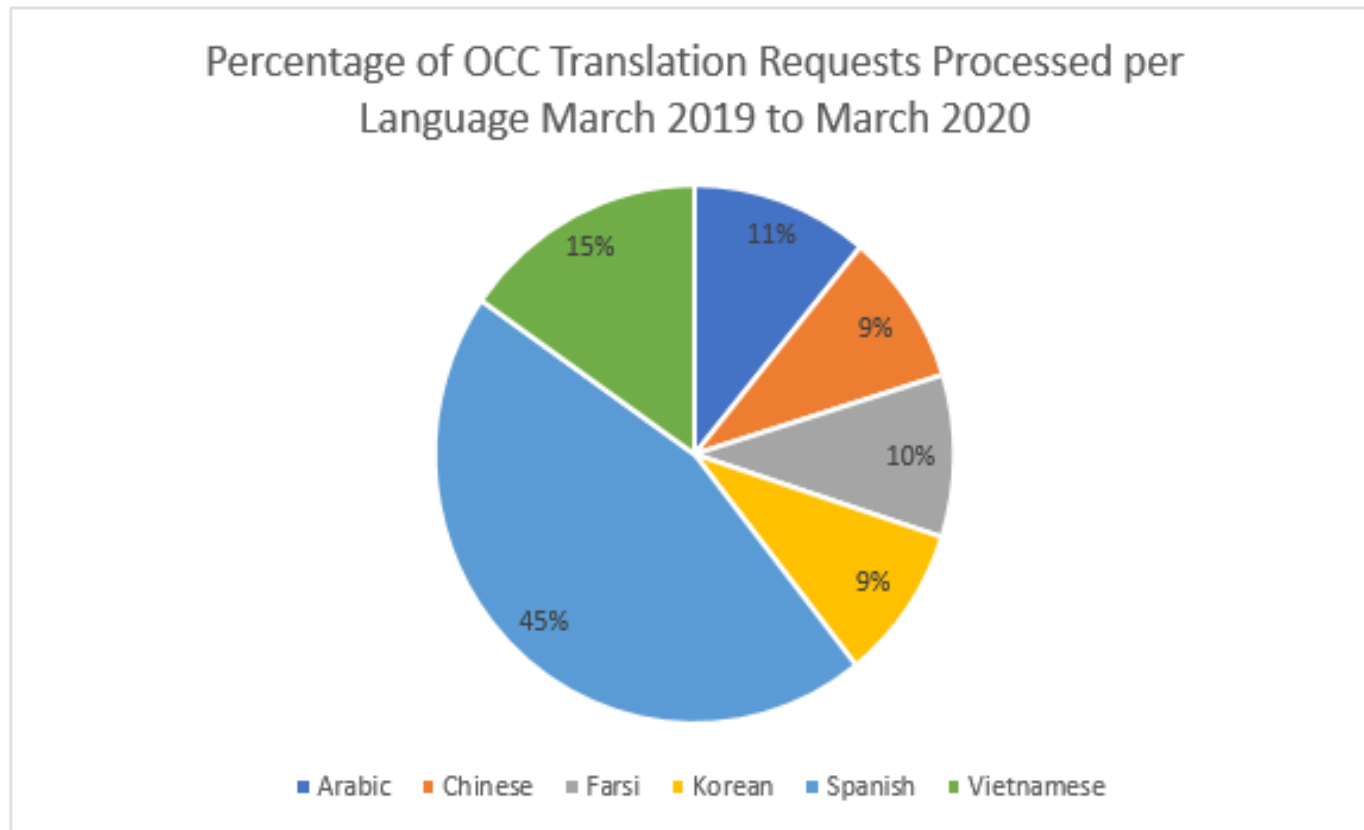
- No-Cost Translation Services
 - Member-facing materials translated in CalOptima's threshold languages
 - Alternate formats, including braille, large font or audio
- No-Cost Interpreter Services
 - Telephonic interpreter services
 - Face-to-face interpreter services

Additional C&L Services

- Host Quarterly Awareness and Education Seminars for CalOptima staff, health network providers & provider staff
- Cultural & Linguistic Trainings
 - Boot Camp C&L Overview
 - New & Annual CSR In-Service Trainings
- Issue Resolution regarding
 - Receive and Process Interpreter, Translation or Cultural Reported Issues

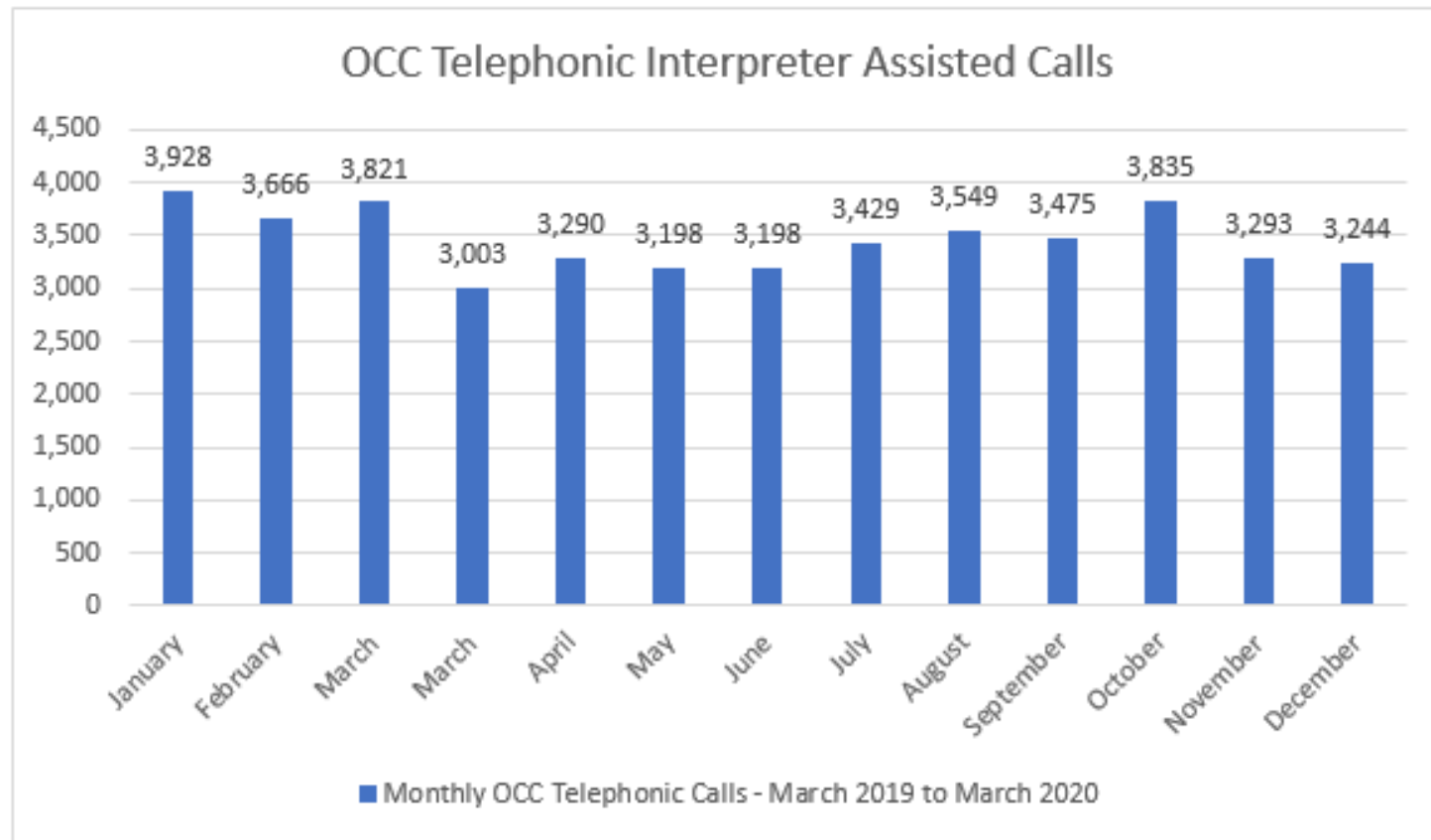
Utilization Totals (Cont.)

- Total utilization of OCC translation Requests in a 12-month period (March 2019 to March 2020)



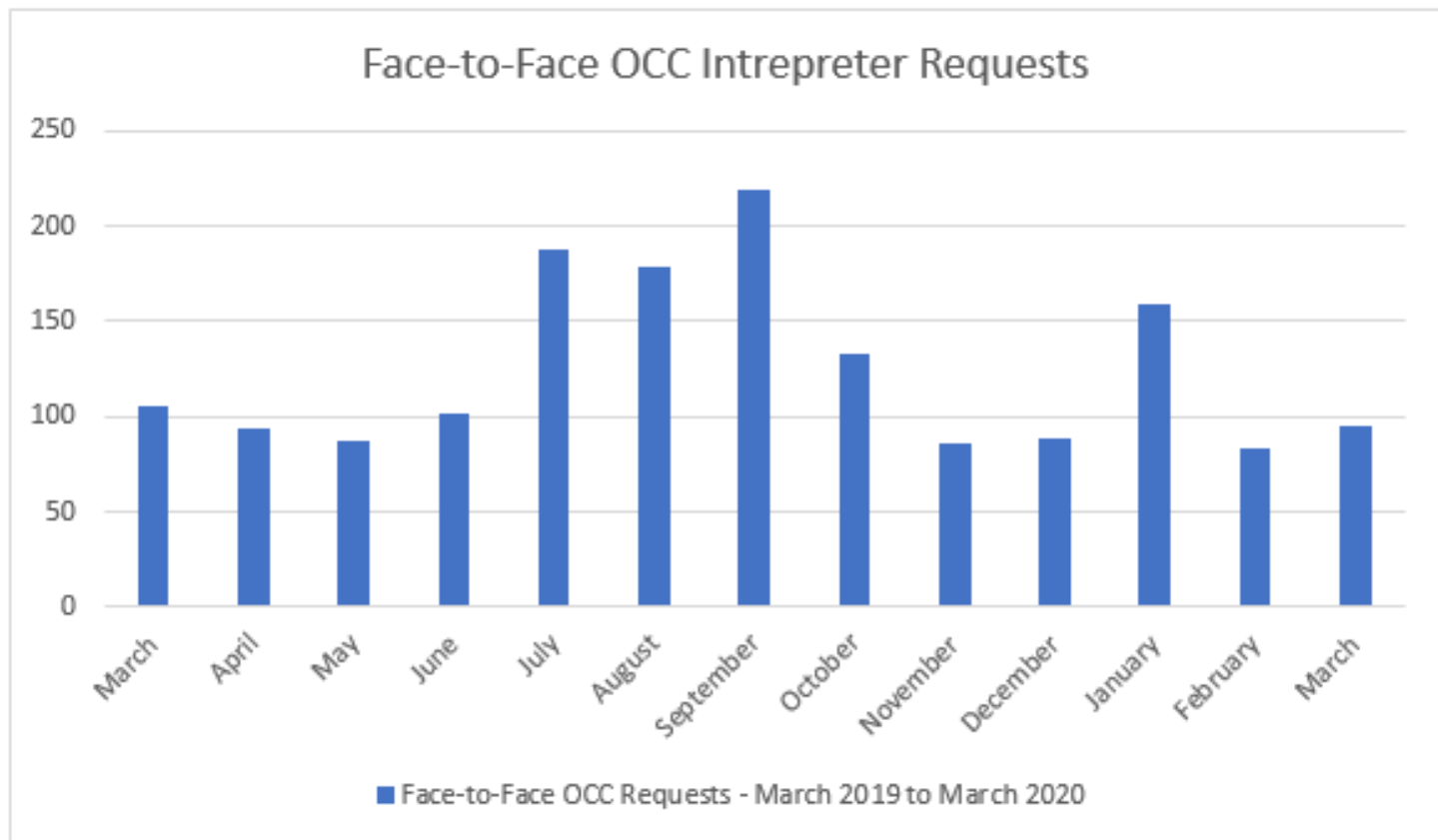
Utilization Totals (Cont.)

- Total utilization of OCC Telephonic Interpreter Requests in a 12-month period (March 2019 to March 2020)



Utilization Totals (Cont.)

- Total utilization of OCC Face-to-Face Interpreter Requests in a 12-month period (March 2019 to March 2020)



Health Networks Interpreting Totals

- Overall Telephonic and Face-to-Face interpreting totals for the Health Networks in Fiscal Year 2019
 - 80,636 interpreting requests were processed by the HNs in FY19
 - 7,001 Face-to-Face Interpreting Requests
 - 73,635 Telephonic Interpreting Requests

Quarterly Awareness & Education Seminars

- The C&L team hosted the following Quarterly Awareness and Education Seminars (AES) in 2019

- AES Trainings in **2019**

- **Q1** – March 26, 2019

Topic: Moving from Pediatric to Adult Health Care: Helping Youth, Families and Providers Prepare for Transition

- **Q2** – May 23, 2019

Topic: Introduction to Trauma Informed Care and Building Resiliency

- **Q3** – October 17, 2019

Topic: Homeless and Housing 101

- **Q4** – January 14, 2020

Topic: Reporting Child Abuse and Neglect



CalOptima
Better. Together.

QUESTIONS?

CalOptima's Mission

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal
CalOptima
Better. Together.



A Public Agency

OneCare (HMO SNP)
CalOptima
Better. Together.



A Public Agency

OneCare Connect
CalOptima
Better. Together.



A Public Agency

PACE
CalOptima
Better. Together.