CalOptima
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PROVIDER UPDATE

What's Inside:

- CalOptima Posts OneCare and OneCare Connect Annual Notice of Change
- Toolkit Provides Resources for Annual Wellness Visits
- CalOptima Reminds Providers of Tertiary Care Referral Policy
- Providers Encouraged to Register for Medi-Cal Rx Web Portal
- CalOptima Asks for Provider Emails to Improve Communications Delivery
- Centers for Medicare & Medicaid Services Shares Flu and COVID-19 Resources
- DHCS Distributes Best Practices for Providers Inheriting Opioid Patients
- State Law Requires Providers to Update Directory Listing
- Provider Advisory Committee Seeking to Fill Open Physician Representative Seat
- CalOptima Gives Notice of State-Mandated Training
- Revised APL 20-022: COVID-19 Vaccine Administration
- Revised APL 21-008: Tribal Federally Qualified Health Center Providers
- CalOptima Shares Reminder of NICU Billing Procedure
- Health Education: Trainings and Meetings
- Provider Code Update
- Policies and Procedures Monthly Update
- Important Meetings

California Department of Public Health Releases New COVID-19 Vaccine Order

On September 28, 2021, the California Department of Public Health (CDPH) released a COVID-19 vaccine State Public Health Officer Order for all workers in adult and senior care facilities, as well as workers providing services in a recipient's home. Specific workers, as identified in the order, must have their first dose of a one-dose regimen or their second dose of a two-dose regimen by November 30, with limited exemptions.

This order applies to:

- All workers who provide services or otherwise work in adult and senior care facilities licensed by the California Department of Social Services (CDSS).

COVID-19 Vaccine Order (cont.)

- All in-home direct care services workers or registered home-care aides, except for workers who only provide services to a recipient they live with or who are a family member of the recipient for whom they provide services.
- All waiver personal care services providers, as defined by the California Department of Health Care Services (DHCS), and in-home supportive services providers, as defined by CDSS, except for workers who only provide services to a recipient they live with or who are a family member of the recipient for whom they provide services.
- All hospice workers who are providing services in the home or in a licensed facility.
- All regional center network employees, as well as service provider workers, who provide services to individuals with developmental and intellectual disabilities, except for workers who only provide services to a recipient they live with or who are a family member of the recipient for whom they provide services.

The August 5, 2021, State Public Health Officer Order for health care facility workers still applies, and facilities must now be in full compliance.

CalOptima Posts OneCare and OneCare Connect Annual Notice of Change

CalOptima has released the 2022 Annual Notice of Change for OneCare (HMO SNP) and OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan). The Annual Notice of Change provides important information regarding modifications to benefits, coverage, rules and costs.

For Calendar Year 2022, OneCare and OneCare Connect will have the same supplemental benefits, which include the following:

- Over-the-counter products not requiring a prescription ($70 quarterly allowance)
- Fitness Benefit (includes gym membership and one home fitness kit)
- Unlimited Transportation (including trips to and from the gym)
- Vision Benefit ($300 for glasses or contact lenses every two years)
- Hearing Services ($1,000 annual allowance)
- Worldwide Emergency Coverage ($100,000 annual allowance)

The Annual Notice of Change also contains modifications to Part D supplemental benefits for both OneCare and OneCare Connect, including:

- Generic medications with zero co-pays throughout the year, and
- Brand medications with zero co-pays, up to $4,430
    - Coverage Gap/Donut Hole, with coverage limit of $4,430–$7,050, Tier 1 generic of $0, and Tier 2 brand of $4–$9.85
    - Catastrophic Level coverage of $0 co-pay for brand, when member out-of-pocket costs reach $7,050

To download a copy of the Annual Notice of Change, visit CalOptima's website at www.caloptima.org/ForMembers and navigate to the member documents section for both OneCare and OneCare Connect.

Toolkit Provides Resources for Annual Wellness Visits

Due to the ongoing COVID-19 pandemic, some members may have been unwilling or unable to visit their health care provider. Because of these circumstances, a member's annual wellness visit has taken on increased importance. This Medicare-covered checkup is an important opportunity for providers to promote wellness. During these visits members and providers create or update a personal prevention plan, which is designed to prevent or detect illness based on an individual member's health and risk factors. The annual wellness visit includes things such as:

- Assessing health risks
- Reviewing medical and family history
- Developing/updating list of current providers and prescriptions
- Checking routine measurements, such as height, weight and blood pressure
- Detecting any cognitive impairment
- Creating a screening schedule

To encourage annual wellness visits, the Orange County Healthy Aging Initiative developed the Annual Wellness Visit Toolkit for provider use. The toolkit is a comprehensive collection of resources to help both providers and members prepare for and have an effective annual wellness visit. Included in it are:

- A mailer template to remind members of their annual wellness visit
- A Health Risk Assessment form members can fill out prior to their appointment
- Multiple resources to assist in screening for depression, fall risks, cognitive issues, substance abuse and elder abuse
- Templates for creating personal preventive plans
- Education materials for members
- Resources to refer members for additional health needs

This visit is not a physical exam, but a chance for members to talk with providers about their overall health. Medicare covers a number of preventive services for health concerns that could come out of the annual wellness visit.

Members become eligible for an annual wellness visit after an initial 12-month enrollment with Part B coverage. Providers should verify a member's eligibility for an annual wellness visit to ensure reimbursement and use billing code G0438 for an initial visit and G0439 for subsequent visits.

To download a copy of the Annual Wellness Visit Toolkit, as well as watch a video about the toolkit and annual wellness visits, visit the Orange County Aging Services Collaborative's website: http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit

CalOptima Reminds Providers of Tertiary Care Referral Policy

CalOptima would like to remind providers about the correct use of tertiary care referrals. Tertiary care is provided upon referral from primary or secondary medical personnel and is a level of care that is not available in a community setting.

It is defined in CalOptima's policies as specialized consultative care provided by specialists that work in a center with personnel and facilities experienced in handling complex, uncommon or highly complicated diagnostics and treatments, such as organ transplants. Within Orange County, all specialty care at UCI Medical Center is considered tertiary care.

Inappropriate referrals to tertiary care may impact utilization management decisions. If CalOptima receives a tertiary request that does not meet the required definition, care will be redirected back to a community provider. CalOptima Policy GG.1508 guides providers regarding tertiary care decisions. Please review the policy for details about when tertiary care is required.

Providers Encouraged to Register for Medi-Cal Rx Web Portal

Effective January 1, 2022, Medi-Cal pharmacy benefits and services will be administered by DHCS in the fee-for-service delivery system called Medi-Cal Rx. As part of this transition, prescribing providers should request access to the Medi-Cal Rx Web Portal, which grants access to various applications, education materials, training courses and other resources. CalOptima has shared this information with providers through various channels of communications. Health care providers are encouraged to work with contracted prescribing providers to complete the first step of registration by following the instructions found at the following link: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/education-and-outreach/2020.10_EOT_Medi-Cal_Rx_New_Registration_Quick_Start_Job_Aid_v1.1_10.21.2020.pdf

CalOptima Asks for Provider Emails to Improve Communications Delivery

In an effort to ensure provider communications are received in a timely manner, CalOptima is asking all contracted providers to submit their administrative emails, per site location, to their Provider Relations representative. This will allow CalOptima to convert to an email distribution system so that providers receive communications from CalOptima in an electronic format rather than via fax, which will allow for direct access to links, websites and other files.

In addition, CalOptima continues to update all provider communication on our website with important information and links to the following key regulatory agencies: Centers for Medicare & Medicaid Services (CMS), CDPH, DHCS and the Orange County Health Care Agency (OC HCA).

If you have questions, please contact Provider Relations at **714-246-8600.**

CMS Shares Flu and COVID-19 Vaccine Resources

On October 4, 2021, CMS took action to protect the health and safety of the nation's patients and providers by keeping stakeholders updated on the latest influenza (flu) vaccine resources from the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) and CMS.

Due to the ongoing COVID-19 pandemic, the flu vaccination is critical this year. CMS reiterated people can receive both the flu and COVID-19 vaccine at the same time. Providers should encourage members, staff and communities to receive both.

To that end, with information coming from many different sources, CMS compiled the following resources to help providers communicate with the people they serve:

Resources & Materials
Web Resources
• CMS Flu Vaccine page: https://www.cms.gov/flu
• 2021-2022 CDC Flu Season FAQ: https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm
• CDC Key Facts About Flu Vaccines: https://www.cdc.gov/flu/prevent/keyfacts.htm
• CMS Flu Vaccine and Partner Toolkit page: https://www.cms.gov/flu-vaccine-partner-toolkit
• CMS Information for Providers: https://www.cms.gov/flu-provider
• CMS Health Equity Resources: https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/Immunization-Resources
• CDC Webinar: 2021-2022 Flu Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines: https://emergency.cdc.gov/coca/calls/2021/callinfo_090921.asp
• RIC Webinar: Promising Practices For Promoting Flu Vaccinations For Dually Eligible Beneficiaries During COVID-19: https://www.resourcesforintegratedcare.com/2020_Webinar/Promoting_Flu_Vaccinations_During_COVID-19
CDC Digital Campaign Materials
• Digital Media Toolkit (***Note*** - this site will be continually updated throughout the season): https://www.cdc.gov/flu/resource-center/toolkit/index.htm
• Social Media Toolkit: https://www.cdc.gov/flu/resource-center/toolkit/social-media-toolkit.htm
• I Get It Frames: https://www.cdc.gov/flu/resource-center/i-get-it.htm
• Spanish Social Media Toolkit: https://www.cdc.gov/flu/resource-center/spanish-communication/spanish-social-toolkit.htm
Multi-Language Resources:
• Multi-Language Factsheets: https://www.cdc.gov/flu/resource-center/freeresources/multi-language-factsheets.html
• Spanish Communication Resources: https://www.cdc.gov/flu/resource-center/spanish-communication/index.html

DHCS Distributes Best Practices for Providers Inheriting Opioid Patients

On September 22, DHCS shared the most recent CDPH Statewide Overdose Safety (SOS) Workgroup Action Notice "Best Practices for Providers Who Inherit Patients on Opioids."

This action notice for providers details best practices to consider and offers supportive resources to use when inheriting patients on opioid therapy due to facility closures and other causes, including:

- **Continue opioid therapy for patients in transition:** Following clinical guidelines for safe opioid prescribing, providers are encouraged to consider providing opioids to patients during transitions to avoid dangerous disruptions of care.
- **Develop a patient-centered, individualized care plan:** Develop an individualized plan in collaboration with the patient for continuing opioid therapy, tapering down or off of opioid therapy, or transitioning to buprenorphine.
- **Use caution when tapering opioid therapy:** Providers should not abruptly discontinue or rapidly taper opioids in a patient who is physically dependent on opioid therapies.
- **Document patient care decisions:** Document the rationale for continuing or modifying a patient's opioid therapy.
- **Prescribe buprenorphine when appropriate:** Buprenorphine has been shown to be a highly safe and effective treatment for pain management and Opioid Use Disorder (OUD), and is FDA-approved for both conditions.

For more information, visit: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/SOS-Workgroup-Action-Notice-Best-Practices-for-Providers-Who-Inherit-Patients-on-Opioids_ADA.pdf

State Law Requires Providers to Update Directory Listing

Under California State law, all providers are required to submit accurate and timely updates of changes to demographic and other required information for inclusion in the CalOptima provider directory. Specifically, the law requires the listing of all contracted health networks and services of the provider.

Providers are to notify their contracted health network within five business days if they are no longer accepting new patients or if they were not accepting new patents and are now open to new patients.

Providers are to be responsive to the contracted health network's notifications regarding the accuracy of information in the provider directory. Failure to respond to the notification may result in a delay of payment or reimbursement of a claim. Providers have 30 business days to confirm with their contracted health network that their information is either accurate or requires updates. If no response is received, CalOptima shall take no more than 15 business days to verify whether the provider's information is correct or requires updates.

If CalOptima is unable to verify the provider's information, that provider will be notified 10 business days in advance that they will be removed from the provider directory at the next required update.

Provider Advisory Committee Seeking to Fill Open Physician Representative Seat

CalOptima is currently seeking a physician representative to fill a remaining term on the Provider Advisory Committee (PAC) that runs through June 30, 2022.

PAC members advise the CalOptima Board of Directors and staff and are charged with:

- Providing advice and recommendations to the Board on issues concerning CalOptima programs as directed by the Board

- Engaging in study, research and analysis of issues assigned by the Board or generated by the individual committees

- Serving as a liaison between interested parties and the Board

- Assisting the Board in obtaining public opinion on issues relating to CalOptima programs

- Initiating recommendations on issues for study to the Board for their approval and consideration

- Facilitating community outreach for CalOptima and the Board

Service on the PAC is voluntary with no salary. All appointments to the committee will be subject to OIG/GSA verification and possible background checks.

The physician representative must have:

- Current experience collaborating with their physician constituency and community-based physician professional association, as well as an ability to reach out, represent and secure input from their constituency and association. When a license or credential is required, applicant must have an active California license/credential as appropriate

- An active, unrestricted California medical license and board certification as appropriate

- Membership in appropriate medical professional association(s)

- Knowledge of managed care systems and/or CalOptima programs

- Minimum five years experience as a provider for CalOptima or representing CalOptima providers directly or indirectly

- Understanding and familiarity with the diverse cultural and/or social environments of Orange County

- Familiarity with California and federal health care delivery regulatory requirements and mandates

- Familiarity with provider quality and service requirements and risk adjustment factors

- Availability and willingness to attend and actively contribute to regular, special and ad hoc PAC meetings

To obtain an application for the physician representative seat, visit **https://www.caloptima.org/~/media/Files/CalOptimaOrg/508/AboutUs/PAC_Materials/2021-07_PACApplication-Physician_508.ashx** or email **csimmons@caloptima.org**

CalOptima Gives Notice of State-Mandated Training

DHCS requires CalOptima to ensure that all providers receive training regarding the Medi-Cal managed care program in order to operate in full compliance with our contract and all applicable federal and state statutes and regulations.

CalOptima is required to conduct training for all providers no later than 10 working days after CalOptima places a newly contracted provider on active status and shall complete the training within 30 calendar days of placing on active status. CalOptima is responsible to ensure that ongoing training is conducted when deemed necessary by either CalOptima or DHCS.

Provider training must relate to Medi-Cal managed care services, policies, procedures and any modification to existing services, policies or procedures. Providers are responsible for completing the annual CalOptima Community Network Provider Training Attestation.

CalOptima must also develop and implement a process to provide information and training to providers on a continuing basis regarding clinical protocols, evidence-based practice guidelines and DHCS-developed cultural awareness and sensitivity instruction for seniors and people with disabilities.

Revised APL Gives COVID-19 Vaccine Coverage Guidance

On September 30, DHCS released Revised All-Plan Letter 20-022: COVID-19 Vaccine Administration. The purpose of this APL is to provide Medi-Cal managed care plans with information and guidance regarding COVID-19 vaccine coverage and administration in the Medi-Cal program. For more information, visit: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-022.pdf

New Information for Tribal Health Center Providers APL

DHCS has updated Attachment 2 of All-Plan Letter 21-008: Tribal Federally Qualified Health Center Providers, which was distributed on May 13. The purpose of this APL is to provide Medi-Cal managed care plans with information regarding the implementation of the Tribal Federally Qualified Health Center Provider type in Medi-Cal. This APL also provides guidance regarding reimbursement requirements for Tribal FQHC provider types. For more information, visit: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL-21-008.pdf

CalOptima Shares Reminder of NICU Billing Procedure

CalOptima wishes to remind health care providers of important information regarding billing for newborns admitted to the NICU.

Providers need to verify the mother's eligibility and assigned health network to ensure CalOptima receives the appropriate billing information. For additional reference, please refer to APL 21-005: California Children's Services Whole-Child Model Program.

Additionally, if the newborn does not yet have a CIN, they will be covered under the mother's CIN until the baby receives one from the Social Security Agency or through the month following the month of birth, whichever is earlier. For this reason, it would be beneficial to add the mother's CIN on the authorization request when submitting to CalOptima.

Health Education: Trainings and Meetings

Monthly Webinars	
The Resources for Integrated Care – Webinar Recordings	https://www.resourcesforintegratedcare.com/
Asthma Management Academy (AsMA)	https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/AsMA.aspx
Every Tuesday and Thursday	
Chlamydia Screening for Adolescent Patients E-learning Collaborative (CT eLC)	https://californiaptc.com/national-quality-improvement-center/chlamydia-screening-for-adolescent-patients-elearning-collaborative/?utm_source=eLearning+Collaborative+Announcement+-+CT+Screening&utm_campaign=eLC_Recruitment&utm_medium=email
Medi-Cal Learning Portal	https://learn.medi-cal.ca.gov/
Ongoing/On-Demand Webinars	
Training for Health Care Professionals – CDC	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	https://healtheknowledge.org/course/index.php?categoryid=50
Smoking Cessation Leadership Center	https://smokingcessationleadership.ucsf.edu/webinars
National Diabetes Education Program	https://www.cdc.gov/diabetes/professional-info/training.html?CDC_AA_refVal=https://www.cdc.gov/diabetes/ndep/training-tech-assistance/index.html
Free Continuing Education (CME) from MMWR and Medscape	https://login.medscape.com/login/sso/getlogin?urlCache=aHR0cDovL3d3dy5tZWRzY2FwZS5vcmcvdmlld2FydGljbGUvODg4ODIx&ac=401
LifeScan Institute LLC Webinars	https://www.lifescandiabetesinstitute.com/
Medicare Learning Network	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining

Provider Code Updates

Based on the Medi-Cal bulletins and Newsflashes, CalOptima has updated the procedure codes for the subjects listed below:

- Manual Adjudication of Presumptive Eligibility Aid Codes Within the Same Month of Eligibility
- 2021 HCPCS/CPT® Q4 Update
- CCS Service Code Groupings Policy Update
- New Billable Services for Podiatrists
- Radiology Codes 74261 through 74263 are Now Medi-Cal Benefits
- Home Dialysis Codes Added to Medi-Cal Provider Manual
- Mircera Injection for Non-ESRD Use is Now a Medi-Cal Benefit
- Radiology Reimbursement Rate Are Updated Retroactively
- Upcoming Changes to Outpatient Claims Processing and Provider Identifiers
- Frequency Limit Updated for Evaluation and Management Service
- Improvements to Transaction Services
- National Correct Coding Initiative Quarterly Update for October 2021
- Drug Safety Communication: Voluntary Recall of Varenicline (Chantix) Lots Containing Nitrosamine
- Drug Safety Communication: FDA Requests Removal of Pregnancy Contraindication for Statins
- Temporary Increase: COVID-19 Durable Medical Equipment Oxygen and Respiratory Rates
- Updates to Rental Policy for Intrapulmonary Percussive Ventilators/Devices
- Frequency Limit Updates for Select DME Codes
- Updates to the List of Medical Supplies Billing Codes, Units and Quantity Limits
- Implementation Delays for Tracheostomy Supplies Updates
- 2022 ICD-10-CM/PCS Codes Update
- County Medical Services Program Billing Reminder

For detailed information regarding these changes, please refer to

September General Medicine Bulletin 567: https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202109.aspx

Durable Medical Equipment and Medical Supplies Bulletin 552: https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202109.aspx

Medi-Cal Newsflashes: https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31367.aspx

https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31326.aspx
https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31309.aspx

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **September 2021**. The full description of the policies below is available on CalOptima's website at www.caloptima.org.

Policy Number	Policy Title, Purpose, Revision, and Program	Policy Review and/or Revision Date
CalOptima Administrative		
AA.1100	Finance Glossary of Terms	08/01/21
FF.1011	Report and Disbursement of Unclaimed Property	08/01/21
GA.8058	Salary Schedule	08/01/21
Medi-Cal		
EE.1124	Health Network Encounter Data Performance Standards	08/01/21
EE.1140	CalOptima Link Non-Compliance	09/01/21
FF.1005f	Special Payments: Supplemental OB Deliver Care Payment	09/01/21
FF.1007	Health Network Reinsurance Coverage	08/01/21
FF.1009	Health-Based Risk Adjusted Capitation Payment System	08/01/21
FF.3002	Financial Oversight	08/01/21
GG.1203	Individual Health Education Behavioral Assessments	09/01/21
GG.1318	Coordination of Care for Hemophilia Members	09/01/21
GG.1403	Member Medication Reimbursement Process and Provision of Emergency, Disaster, Replacement and Vacation Medication Supplies	09/01/21
GG.1407	Nutrition Products	09/01/21
GG.1409	Drug Formulary Development and Management	09/01/21
GG.1422	Notification Regarding Medication Recalls	09/01/21
GG.1424	Pharmacy Benefit Information for Members	09/01/21
GG.1613	Initial Health Assessment	08/01/21
GG.1703 Retired	WIC Referrals	08/01/21
Multiple Programs		
EE.1111	Health Network Encounter Reporting Requirements	08/01/21
EE.1135	Long-Term Care Facility Contracting	09/01/21
FF.1006	Financial Risk Arrangement	08/01/21
GG.1102	Experimental and Investigational Service Coverage	06/03/21
GG.1206	Readability and Suitability of Written Health Education Materials	09/01/21
GG.1302a	Coordination of Care for RCOC Members	08/01/21
GG.1317	Response to Disruptive and Threatening Behavior by Members	09/01/21
GG.1406	Pharmacy Network Credentialing and Access	09/01/21
GG.1408	Pharmacy Audits and Reviews	09/01/21
GG.1534 Retired	Evaluation of New Medical Technologies and Uses	09/01/21
GG.1702 Retired	Pregnancy Notification and Birth Outcome Reports	08/01/21
GG.1704	Breastfeeding Promotion	08/01/21
GG.1809	Retroactive Authorization Request for Long-Term Care Facility	09/01/21
MA.3002	Financial Security Requirement	08/01/21
MA.6103	Pharmacy and Therapeutics Committee and Formulary Management	09/01/21
MA.6105	Medication Quality Assurance	09/01/21
MA.6107	Pharmacy Claims Processing	09/01/21
MA.6108	Medication Coordination of Benefits	09/01/21
MA.6109	True Out-of-Pocket Expenditures	09/01/21
MA.6113	Hospice and Part D Coordination of Benefits	09/01/21

Policies and Procedures Monthly Update (cont.)

OneCare		
MA.5007	Physician Medical Group Encounter Data Performance Standards	08/01/21
MA.6021	Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners	09/01/21
MA.6021a	Continuity of Care for New Members	09/01/21
MA.6030	Transition of Care	09/01/21
OneCare Connect		
CMC.5007	Health Network Encounter Data Performance Standards	09/01/21
PACE		
PA.9002	Pharmacy Claims Processing	09/01/21

Important Meetings

Meeting	Date and Time
CalOptima Board of Directors	**November 4, 2 p.m.**
CalOptima Provider Advisory Committee	**November 10, 8 a.m.**

Unless otherwise specified, all meetings are held virtually at this time due to COVID-19. To select the virtual meeting you would like to attend, visit the CalOptima website at www.caloptima.org/en/About/BoardAndCommitteeMeetings.aspx.

Follow CalOptima on Social Media

CalOptima regularly posts on social media to engage members with heath tips, community resources, event dates, program updates and other pertinent information.

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