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

THURSDAY, FEBRUARY 9, 2023

8:00 A.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107
ORANGE, CALIFORNIA 92868

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

Information related to this agenda may be obtained by contacting the CalOptima Health 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:

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_RS8GxNhxRcS-03XjkHiUAw Zoom webinar instructions are provided below. Or

1) **Listen to the Webinar using one of the dial in audio options as follows: +1 669 444 9171 or +1 346 248 7799 or +1 719 359 4580 or +1 720 707 2699 or +1 253 205 0468 or +1 312 626 6799 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278 1000 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325**

   Webinar ID: 871 5131 6964

   Passcode: 502477

1. **CALL TO ORDER**
   Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the October 13, 2022 Regular Joint Meeting of the Member and Provider Advisory Committees
   B. Approve Minutes from the December 8, 2022 Joint Meeting of the Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee

4. **PUBLIC COMMENT**
   At this time, members of the public may address the Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.

5. **CEO AND MANAGEMENT REPORTS**
   A. Chief Executive Officer Update
   B. Chief Operating Officer Update
   C. Chief Medical Officer Update

6. **INFORMATIONAL ITEMS**
   A. Equity in Orange County Initiative
   B. Multipurpose Senior Services Program
   C. CalAIM Community Supports and Enhanced Care Management
   D. Committee Member Updates

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

Webinar Information

Please register for the Regular Joint Member Advisory and Provider Advisory Committees Meeting on February 9, 2023 at 8:00 a.m. PST at:

Join from a PC, Mac, iPad, iPhone or Android device: Please click the URL below to join.

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MINUTES

REGULAR JOINT MEETING OF THE CALOPTIMA HEALTH BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE, AND PROVIDER ADVISORY COMMITTEE

October 13, 2022

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC), and the Provider Advisory Committee (PAC) was held on Thursday, October 13, 2022, via teleconference (Zoom) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

PAC Chair Jena Jensen called the meeting to order at 8:05 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Maura Byron, Chair; Christine Tolbert, Vice Chair; Linda Adair; Sandy Finestone; Hai Hoang; Sara Lee; Lee Lombardo; Kate Polezhaev; Iliana Soto-Welty; Alyssa Vandenberg

Members Absent: Meredith Chillemi; Connie Gonzalez; Jacqueline Gonzalez

Provider Advisory Committee

Members Present: Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Alpesh Amin, M.D.; Ji Ei Choi, L.Ac; Andrew Inglis, M.D.; Timothy Korber, M.D.; Patty Mouton; John Nishimoto, O.D., Mary Pham, Pharm.D.; Alex Rossel; Christy Ward

Members Absent: Tina Bloomer, WHNP; Gio Corzo; Jacob Sweidan, M.D.

Others Present: Michael Hunn, Chief Executive Officer; Richard Pitts, D.O., Ph.D.; Chief Medical Officer; Zeinab Dabbah, M.D., J.D., Deputy Chief Medical Officer; Wael Younan, Chief Information Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Troy Szabo, Outside Legal Counsel Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant

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MINUTES

Approve the Minutes of the August 11, 2022 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: ***On motion of MAC Vice Chair Christine Tolbert, seconded and carried, the Committee approved the minutes of the August 11, 2022 regular joint meeting. (Motion carried 10-0-0; Meredith Chillemi; Connie Gonzalez; Jacqueline Gonzalez absent)***

PAC Action: ***On motion of PAC Member Patty Mouton seconded and carried, the Committee approved the minutes of the August 11, 2022 regular meeting. (Motion carried 13-0-0; Members Tina Bloomer, WHNP; Gio Corzo; Jacob Sweidan, M.D. absent)***

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

At this time, PAC Chair Jena Jensen reordered the agenda to hear the Chief Medical Officer Report before continuing with the Chief Executive Officer Report.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer, provided several updates to the committees on COVID, Syphilis and Monkeypox and encouraged everyone to continue to stay up to date with vaccinations, especially this year's flu vaccine. Dr. Pitts noted that COVID cases were starting to rise due to the new Omicron BA.2 variant. He also noted that the new bivalent vaccine provided protection against both the original strain and the new Omicron BA variants. Dr. Pitts also noted that the Respiratory Syncytial Virus (RSV) was having an impact on children and that emergency rooms were becoming full because of RSV, COVID and the flu.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer (CEO), provided a comprehensive CEO update that touched upon CalFresh, an increase in emergency room visits, vaccines, quality initiative programs as well as the redetermination initiative being undertaken by the Social Services Agency. Mr. Hunn noted that 60 percent of CalOptima's members had received vaccines out of its almost 925,760 members and that efforts continued to provide vaccine clinics along with member incentives to provide the vaccines to members. Mr. Hunn also notified the MAC and PAC that on September 15, 2022 CalOptima Health was notified by the National Committee for Quality Assurances (NCQA) that CalOptima Health had received a rating of 4 out of 5 in the NCQA Medicaid Health Plan Ratings 2022. The report noted that the NCQA rating means that

CalOptima Health had the distinction of being a top Medi-Cal plan in California for eight years in a row. No other Medi-Cal plan in California earned higher than 4 out of 5 in the ratings.

INFORMATION ITEMS

Medi-Cal Redetermination

MAC and PAC received information on the redetermination effort underway by the Orange County Social Services Agency (OC SSA) that is being undertaken in preparation for the end of the public health emergency. Yesenia Zapien, Administrative Manager I of the OC SSA presented on the redetermination effort. Ms. Zapien noted that when the continuous coverage requirement expires, Center for Medicare and Medicaid Services guidance outlines a 14-month timeline for states to return to normal eligibility and enrollment operations and that the OC SSA would have 14 months to initiate and complete the redeterminations for nearly all Orange County beneficiaries. She also noted that Medi-Cal beneficiaries would maintain their current renewal month in their case records and that SSA would conduct a full redetermination at the next scheduled renewal month following the end of the Public Health Emergency (PHE).

Jeffrey Rodriguez, South Coast Public Affairs Specialist with the Social Security Administration presented on the redetermination efforts and its effect on the Supplemental Security Income (SSI). Mr. Rodriguez explained that SSI is a federal program that provides monthly payments to people who have limited income and resources for individuals who are 65 or older, as well as for those of any age, including children, who are blind or who have disabilities and have limited income and resources. He noted that approximately 54,000 Orange County beneficiaries would be affected.

Department of Health Care Services Dementia Care Aware Initiative

Patty Mouton, Vice President of Alzheimer's Orange County, Mark Owens also of Alzheimer's along with Lisa Gibbs, M.D. and Minahil Khan from University of California Irvine presented on the Department of Health Care Services Dementia Care Aware Initiative.

Changes to Health Network Minimum and Maximum Member Enrollment

Ladan Khamseh, Executive Director, Operations presented on changes to the health network minimum and maximum enrollment policy and asked for feedback from the members. Ms. Khamseh noted that the proposed policy changes would be sent out the members after the meeting.

Committee Member Updates

PAC Chair Jena Jenson reminded the committees that the annual compliance courses had been sent out in September and were due on November 3, 2022. She also announced that the next meeting would be a joint meeting with all of the Board Advisory Committees and was scheduled for December 8, 2022 at 8:00 AM.

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ADJOURNMENT

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 10:04 a.m.

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Cheryl Simmons
Staff to the Advisory Committees

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MINUTES

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

December 8, 2022

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and Whole-Child Model Advisory Committee (WCM FAC) was held on Thursday, December 8, 2022 and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

MAC Chair Maura Byron called the meeting to order at 8:03 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Maura Byron, Chair; Christine Tolbert, Vice Chair; Linda Adair; Meredith Chillemi; Connie Gonzalez; Jacqueline Gonzalez; Hai Hoang; Sara Lee; Lee Lombardo; Iliana Soto-Welty

Members Absent: Sandy Finestone; Kate Polezhaev; Alyssa Vandenburg

OneCare Connect Member Advisory Committee

Members Present: Patty Mouton, Chair; Meredith Chillemi; Gio Corzo; Sara Lee

Members Absent: Josefina Diaz; Eleni Hailemariam, M.D. (non-voting); Keiko Gamez, Vice Chair; Nury Melara

OCC MAC did not achieve a quorum.

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Provider Advisory Committee

Members Present: Junie Lazo-Pearson, Ph.D., Vice Chair; Tina Bloomer, WHNP; Ji Ei Choi L.Ac; Gio Corzo (8:35 a.m.); Andrew Inglis, M.D.; Timothy Korber, M.D.; Patty Mouton; John Nishimoto, O.D. (8:55 am); Alex Rossel (8:15 a.m.); Jacob Sweidan, M.D (8:25 a.m.); Christy Ward

Members Absent: Alpesh Amin, M.D.; Jena Jensen, Chair; Mary Pham, Pharm.D;

PAC achieved quorum at 8:35 a.m.

Whole-Child Model Family Advisory Committee

Members Present: Kristen Rogers, Chair; Maura Byron; Erika Jewell; Jessica Putterman; Lori Sato

Members Absent: Kathleen Lear, Vice Chair; Monica Maier; Sandra Cortez-Schultz; Malissa Watson;

WCM FAC did not achieve a quorum.

Others Present: Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D, Chief Medical Officer; Zeinab Dabbah, Deputy Chief Medical Officer; John Tanner, Chief Compliance Officer; Wael Younan, Chief Information Officer; Veronica Carpenter, Chief of Staff; Kelly Bruno-Nelson, Executive Director, Program Implementation; Michael Gomez, Executive Director, Network Operations; Marie Jeannis, Executive Director, Medical Management; Carmen Katsarov, Executive Director, Behavioral Health; Ladan Khamseh, Executive Director, Operations; Albert Cardenas, Director, Customer Service; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations; Troy Szabo, Outside Legal Counsel

PUBLIC COMMENT

There was one general public comment on member transportation.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer thanked all of the committee members for their service to CalOptima Health and discussed quality initiatives including a $240 million on investments to CalOptima Health's quality programs. She noted that these are investments into physicians,

hospitals and CalOptima Health's members that was approved at the December Board meeting. Ms. Kim also noted that these are multi-year quality efforts that will begin January 2023. Ms. Kim also discussed the implementation of a new annual wellness initiative for Medi-Cal members who are 45 years and older. She also reviewed changes to the Board Advisory Committees including stipends for member seats on the MAC and also changing the term on MAC from a two-year term to a three-year term.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer discussed recently approved Board items and noted that in addition to the quality initiatives, that the Board had approved $50 million to support comprehensive community screening and support program for Medi-Cal members for a five-year period. He also discussed the Board's approval of a $10 million three-year program to enhance quality in skilled nursing facilities and to strengthen the safety net across Orange County. Dr. Pitts also provided a COVID-19 update and noted that COVID was surging again with new variants and that hospitalizations had been increasing in Orange County.

Chief Information Officer Report

Wael Younan, Chief Information Officer, presented on Digital Transformation Key Performance Indicators including plans to enhance CalOptima's technology to improve the member and provider portals.

INFORMATION ITEMS

Strategic Plan Update

Rachel Selleck, Executive Director, Government Affairs and Strategic Development provided an update on the development of CalOptima Health's 2022-2025 Strategic Plan and reviewed the strategic priorities timeline with the committees. Ms. Selleck noted that once a final draft has been developed more information would be shared with the committees at future meetings.

Street Medicine Pilot Program

Kelly Bruno-Nelson, Executive Director, Program Implementation provided a verbal update on the Street Medicine Pilot Program that was approved by the Board at the December 2, 2022 meeting. Ms. Bruno-Nelson provided a step-by-step flow chart of how the program would be structured and reviewed this with the committees.

School Based Behavioral Health

Carmen Katsarov, LPCC, CCM, Executive Director, Behavioral Health presented on School Based Behavioral Health and provided an overview of the program including goals of this program and reviewed the projected timeline.

COMMITTEE MEMBER UPDATES

MAC Chair Maura Byron reminded the MAC and PAC members that the next joint MAC and PAC meeting was scheduled for February 9, 2022 at 8:00 AM. She also noted that the MAC would begin recruitment in February for seats whose term expires on June 30, 2023. MAC is also recruiting for two OneCare member seats.

WCM FAC Chair Kristen Rogers announced that the next WCM FAC meeting would be held March 21, 2023 at 9:30 AM. She also asked the members to help recruit family members for the two open seats. She also reminded the members to submit their stipend forms.

OCC MAC Chair Patty Mouton announced that this was the last meeting of the OCC MAC as the program was ending on December 31, 2022. She also announced that a luncheon to honor all outgoing members past and present would be held in January and all committee members would be invited.

ADJOURNMENT

There being no further business before the Committees, OCC MAC Chair Patty Mouton adjourned the meeting at 10:17 a.m.

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Cheryl Simmons
Staff to the Advisory Committees

CalOptima Health

MEMORANDUM

DATE:	January 25, 2023
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — February 2, 2023, 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

a. New Year Brings Continued Progress in CalAIM Implementation

- ***Five New Community Supports Begin***
  On January 1, CalOptima Health launched five additional Community Supports, which now completes our offering of all 14 services that are part of CalAIM's expansion of Medi-Cal benefits. The five new supports are respite services (for caregivers), home modifications, transition services from nursing facilities, diversion services from nursing facilities to assisted living, and asthma remediation. We now have more than 60 community providers under contract to provide the variety of Community Supports.

- ***Enhanced Care Management (ECM) Academy Launches***
  CalOptima Health developed the ECM Academy to expand the network of organizations providing ECM services. The goal is to train Federally Qualified Health Centers (FQHCs) and community-based organizations (CBOs) to provide ECM benefits, resulting in more members receiving culturally relevant care tailored to their unique needs. The first cohort will participate from January to June. More than 20 FQHCs and CBOs are enrolled. Based on high demand, additional cohorts are planned for the future.

b. Three New Medical Directors Join CalOptima Health

- ***Donna Frisch, M.D.*** is the new PACE Medical Director. Most recently, Dr. Frisch was medical director for Optum while also caring for her patients as an internal medicine physician. As PACE medical director, she will provide clinical leadership for the program, supervise clinical staff, and work with leadership to develop, implement and update policies focused on providing quality care. Dr. Frisch has a bachelor's degree in international relations from UC Davis, a master's degree in exercise physiology from Chapman University, and a medical degree from UC Irvine.

- ***Said Elshihabi, M.D.*** is leading the development of CalOptima Health's value-based neurosurgery and spine program. He is a board-certified neurosurgeon with expertise in managing spinal disorders, brain tumors and cranial trauma and performing interventional spine procedures. Dr. Elshihabi has more than 15 years of active private practice experience and five years of utilization and quality management experience in neurosurgery and spine surgery. He received his medical degree from the University of Texas Health Science Center at San Antonio and completed his neurosurgery residency at the University of Arkansas for Medical Sciences.

- ***Tanu Pandey, M.D., MPH, FACP*** is responsible for health areas including transgender health, appeals and grievances, and quality. She is double board certified in internal and preventive medicine and has a master's degree in public health. She was in clinical practice for more than 20 years before becoming a full-time physician executive. Dr. Pandey also worked in academic medicine as core faculty at Cook County Hospital and Rush University in Chicago, and at the Geffen School of Medicine at UCLA.

c. <u>CalOptima Health Manages Significant Government Affairs Activity</u>

- ***State Advocacy Efforts Expanding***
  In January, I traveled to Sacramento with COO Yunkyung Kim and Donovan Higbee, Senior Manager, Government Affairs, for the swearing-in of the California State Legislature's new 2023–24 session as well as a state strategy session with our contracted state lobbying firm Edelstein Gilbert Robson & Smith, outside general counsel Jim Novello and CalOptima Health's new Senior Director of State Affairs, Kevin Bassett. Together, we laid out a bold agenda for high-touch engagement in Sacramento to advance our key policy priorities in the new year. Later, we attended meet-and-greets with several new and returning legislators and staff in their Capitol offices and shared packets with CalOptima Health educational materials.

- ***CalOptima Health Invited to Participate in Democratic Caucus Policy Retreat***
  Reflecting CalOptima Health's growing influence, Assembly Speaker Anthony Rendon invited Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, and me to speak at the Assembly Democratic Caucus policy retreat in mid-January to share how we are leveraging CalAIM to develop innovative solutions to reduce homelessness. Separately, while in Sacramento, I also held productive in-person meetings with Sen. Bob Archuleta (D) and Sen. Kelly Seyarto (R) and their staffs to discuss CalOptima Health's role in serving constituents in their new districts.

- ***Fiscal Year (FY) 2023 Federal Appropriations Affect Medi-Cal***
  Both houses of Congress passed the FY 2023 omnibus spending bill to fund the federal government through September 30, 2023. Below are key provisions impacting our agency:
  - $2 million earmark for CalOptima Health's Care Traffic Control initiative, sponsored by U.S. Reps. Lou Correa and Young Kim
  - Medicaid redeterminations starting April 1, 2023, regardless of the expiration date of the COVID-19 public health emergency
  - Phase-out of enhanced Medicaid Federal Medical Assistance Percentage (FMAP) between April 1 and December 31, 2023
  - Permanent, one-year continuous Medicaid eligibility for children under 19 years old (state mandatory) as well as pregnant and postpartum women and newborns (state optional)

- Mandatory Medicaid coverage for eligible juvenile inmates to receive health screenings, referrals and case management, starting in 2025
- Extension of current Medicare telehealth flexibilities through December 31, 2024.
- Medicare Part B coverage of marriage and family therapist services and mental health counseling services, starting in 2024
- Elimination of 4% cuts to Medicare payments in FY 2023 and FY 2024 that otherwise would have been required by the Pay-As-You-Go Act of 2010 (PAYGO) Act

- ***Governor Proposes FY 2023–24 State Budget***
  On January 10, Gov. Gavin Newsom released his proposed state budget for FY 2023–24, beginning July 1, 2023. The $297 billion budget proposal reflects a 9.8% decrease in overall spending from the FY 2022–23 Enacted Budget while still maintaining nearly all $35.6 billion in existing reserves. With an expected budget deficit of $22.5 billion this year due to reduced tax revenue, the state is in a different place than last year's record-high surplus. In the coming months, the State Legislature will hold committee hearings to review the governor's proposals as well as consider its own proposals. Then, Gov. Newsom will release a revised budget proposal (May Revise) by May 14, after which the Administration and Legislature must negotiate and enact a final budget by July 1. CalOptima Health will work closely with stakeholders and legislators to advance the agency's priorities. Below are highlights of the proposed budget:
  - Maintaining most investments in health care and homelessness — and even proposing some additional funding for Medi-Cal
  - Fully funding all CalAIM initiatives as well as expanding Medi-Cal to undocumented immigrants ages 26–49 by January 1, 2024
  - Increasing Medi-Cal rates for primary care providers, obstetricians and doulas
  - Adding a new Community Support for Transitional Rent, paying for up to six months of rent or temporary housing for those experiencing or at risk of homelessness who are transitioning out of certain institutional settings
  - Including a three-year renewal of the Managed Care Organization (MCO) tax, which recently expired on December 31, 2022, to partially compensate for the expected deficit. As proposed, the MCO tax would reactivate from January 1, 2024, through December 31, 2026, using the same model as the previous MCO tax, though the Administration indicates it will explore opportunities to increase the tax

d. <u>Public Health Emergency (PHE) Extended to April When Redetermination Begins</u>

The COVID-19 PHE has been extended into April. During the PHE, Medi-Cal members retained coverage regardless of any changes in circumstances. However, as part of FY 2023 federal budget, the continuous coverage requirements will end after March 31, 2023, regardless of when the PHE ends. Starting April 1, counties will then begin a process of redetermination to verify if members are still eligible for Medi-Cal. CalOptima Health members will receive a mailed letter asking to confirm their contact information as an initial step in this verification effort. We have been publicizing redetermination through our social media postings, publications, website and other channels, encouraging members who have changed addresses or other contact information during the PHE to notify the County of Orange Social Services Agency.

e. Homeless Health Services Remain Key Agency Focus

- ***Housing and Homelessness Incentive Program (HHIP) Funds Received***
  HHIP allows CalOptima Health to earn incentive funds for making investments and progress in addressing homelessness. On December 16, the Department of Health Care Services (DHCS) shared that CalOptima Health was awarded the maximum incentive amount of $8.37 million for the submission of our investment plan, a key deliverable in the multiyear effort. We will combine this funding with other committed dollars to make strategic investments throughout Orange County to help mitigate the homelessness crisis and ensure that members can access services needed to maintain their housing. This funding is in addition to $4.18 million we received for the submission of a local homelessness plan in June 2022. The remaining deliverables include two reports on progress made toward HHIP's goals, due in March and December 2023, with the potential to earn a total of $71.1 million.

- ***HHIP Funding Opportunity Offered to CBOs***
  Through the HHIP program, CalOptima Health can earn up to $83 million in funding for meeting specific program measures that fall under three priority areas: 1) infrastructure to coordinate and meet member housing needs; 2) partnerships and capacity to support referrals for services; and 3) delivery of services and member engagement. As part of this effort, CalOptima Health launched a funding opportunity offering $36.5 million in grants to community organizations that will advance these goals. Applications are due by January 31.

- ***Kelly Bruno-Nelson Joins Continuum of Care (CoC) Board***
  Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, was elected to the Orange County CoC Board as the designated health care representative. Since 1998, the County of Orange has operated a comprehensive CoC Board to develop and implement a strategy to address homelessness.

f. National Health and Nutrition Survey Comes to Orange County

Orange County is one of 15 counties nationwide selected to be part of the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey (NHANES). The CHC is administering the survey at the NHANES Mobile Examination Center at the Orange County Fairgrounds from January 5 through March 13. CalOptima Health is helping raise awareness in the public and health care community about the NHANES effort. Chief Medical Director Richard Pitts, D.O., Ph.D. will participate in a media event alongside representatives from other Orange County agencies and the CDC on Friday, February 3.

g. OneCare Connect Transition Completed, OneCare Sees Membership Growth

On January 1, the OneCare Connect plan and its members automatically transitioned to OneCare (HMO D-SNP), a Medicare Medi-Cal Plan. As a result of that transition, the total OneCare membership increased from 3,000 to 17,381, including 477 new members who were enrolled because of efforts by outside sales agencies and our internal sales team.

h. Medical Audit to Begin in Late February

CalOptima Health is preparing for the DHCS routine medical audit of Medi-Cal. This year is considered a full-scope audit, and as such, many areas not audited in recent years are included (i.e., Cultural & Linguistics, Health Education, Privacy, Complex Case Management, etc.). The audit begins February 27 and will continue through March 10.

i. CalOptima Health Featured in Magazine's Companies That Care Issue

CalOptima Health was featured in the Orange County Business Journal's Companies That Care issue in December. The issue spotlighted companies that focus on mission-driven efforts and philanthropic programs to serve the Orange County community.

j. CalOptima Health Featured in Media Coverage

- On December 2, CBS News interviewed Chief Medical Officer Richard Pitts, D.O., Ph.D., on the benefits of Paxlovid for treating long-COVID.
- On December 5, the Orange County Breeze, Newsbreak and NewSantaAna.com covered CalOptima Health's $50.1 million investment in cancer prevention.
- On December 7, NewSantaAna.com ran an article about CalOptima Health's $5 million grant for a NAMI peer support program.
- On December 16, the Orange County Register interviewed Dr. Pitts about the cancer prevention program.
- On December 19, U.S. News interviewed PACE Director Monica Macias on coordinating care for elderly parents.
- On December 25, KROQ 106.7 interviewed NAMI OC President Steve Pitman who mentioned CalOptima Health's grant-funded peer support program. (mention starts at 8:00)
- On January 5, U.S. News published a slide show featuring tips by CalOptima Health's health coach Sara Bagheri about achieving better weight loss results.

CalOptima Health

Fast Facts
February 2023

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of December 31, 2022)

Total CalOptima Health Membership

944,975

Program	Members
Medi-Cal	927,086
OneCare Connect	14,385
OneCare (HMO D-SNP)	3,067
Program of All-Inclusive Care for the Elderly (PACE)	437

*Based on unaudited financial reports and includes prior period adjustment. Data from prior to the OneCare Connect program end on January 1, 2023.

Operating Budget (for six months ended December 31, 2022)

	YTD Actual	YTD Budget	Difference
Revenues	$1,977,621,527	$2,012,577,662	($34,956,135)
Medical Expenses	$1,845,891,763	$1,887,619,046	$41,727,283
Administrative Expenses	$88,320,082	$105,075,379	$16,755,297
Operating Margin	$43,409,682	$19,883,237	$23,526,445
Medical Loss Ratio (MLR)	93.3%	93.8%	(0.5%)
Administrative Loss Ratio (ALR)	4.5%	5.2%	0.8%

Reserve Summary (as of December 31, 2022)

	Amount (in millions)
Board Designated Reserves	$568.6*
Capital Assets (Net of depreciation)	$67.5
Resources Committed by the Board	$451.8
Resources Unallocated/Unassigned	$382.4*
Total Net Assets	$1,470.2

Total of Board designated reserves and unallocated resources can support approximately 97 days of CalOptima Health's current operations.

Total Annual Budgeted Revenue **$4 Billion**

CalOptima Health Fast Facts

February 2023

Personnel Summary (as of January 20, 2023)

	Filled	Open	Vacancy %
Staff	1,342.6	144.8	9.74%
Manager	103.0	7.0	6.36%
Director	51.0	16.0	23.88%
Executive Director	10.0	3.0	23.08%
Chief	8.0	2.0	20.00%
Total FTE Count	1,514.6	172.8	10.24%

FTE Count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of December 31, 2022)

	Number of Providers
Primary Care Providers	1,475
Specialists	9,292
Pharmacies	565
Acute and Rehab Hospitals	44
Community Health Centers	34
Long-Term Care Facilities	98

Treatment Authorizations (as of November 30, 2022)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	17.82 hours
Prior Authorization – Urgent	72 hours	16.14 hours
Prior Authorization – Routine	5 days	1.72 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of December 31, 2022)

Member Age	
0 to 5	9%
6 to 18	25%
19 to 44	34%
45 to 64	20%
65 +	12%

Language Preference	
English	59%
Spanish	27%
Vietnamese	9%
Other	2%
Korean	1%
Farsi	1%
Chinese	<1%
Arabic	<1%

Medi-Cal Aid Category	
Temporary Assistance for Needy Families	40%
Expansion	37%
Optional Targeted Low-Income Children	8%
Seniors	9%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%

2023–24 Legislative Tracking Matrix

With the recent commencement of the new 2023–24 sessions of the United States Congress and the California State Legislature, all unpassed legislation from the previous sessions has now expired. As legislators begin to introduce legislation in the new sessions, CalOptima Health will identify any bills that may impact its members, providers and stakeholders. The first edition of the 2023–24 Legislative Tracking Matrix will be released in the coming weeks.

2023 Federal Legislative Dates

January 3	118th Congress, 1st Session convenes
July 31–September 4	Summer recess for Senate
July 31–September 11	Summer recess for House
December 15	1st Session adjourns

Source: Floor Calendars, United States Congress: https://www.congress.gov/calendars-and-schedules

2023 State Legislative Dates

January 4	Legislature reconvenes
January 10	Proposed budget must be submitted by Governor
February 17	Last day for legislation to be introduced
March 30–April 10	Spring recess
April 28	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house
May 5	Last day for policy committees to hear and report to the Floor any non-fiscal bills introduced in that house
May 19	Last day for fiscal committees to hear and report to the Floor any bills introduced in that house
May 30–June 2	Floor session only
June 2	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills in their second house to fiscal committees or the Floor
July 14–August 14	Summer recess
September 1	Last day for fiscal committees to report bills in their second house to the Floor
September 5–14	Floor session only
September 8	Last day to amend bills on the Floor
September 14	Last day for each house to pass bills; final recess begins upon adjournment
October 14	Last day for Governor to sign or veto bills passed by the Legislature

Source: 2023 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

Last Updated: January 20, 2023

Designing Systems for People Not Institutions: Orange County, CA Initiative

Hieu Nguyen

February 9, 2022

OC health CARE AGENCY

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Session Objectives

After attending this session, attendees will be able to:

1. Identify approaches to centering the effort around what is best for people and their communities

2. Identify what is takes to make upstream system change

3. Understand critical elements to enable co-design/co-production with community (e.g., how do we make it together)

Shamiesha's Story

Herstory INC - YouTube

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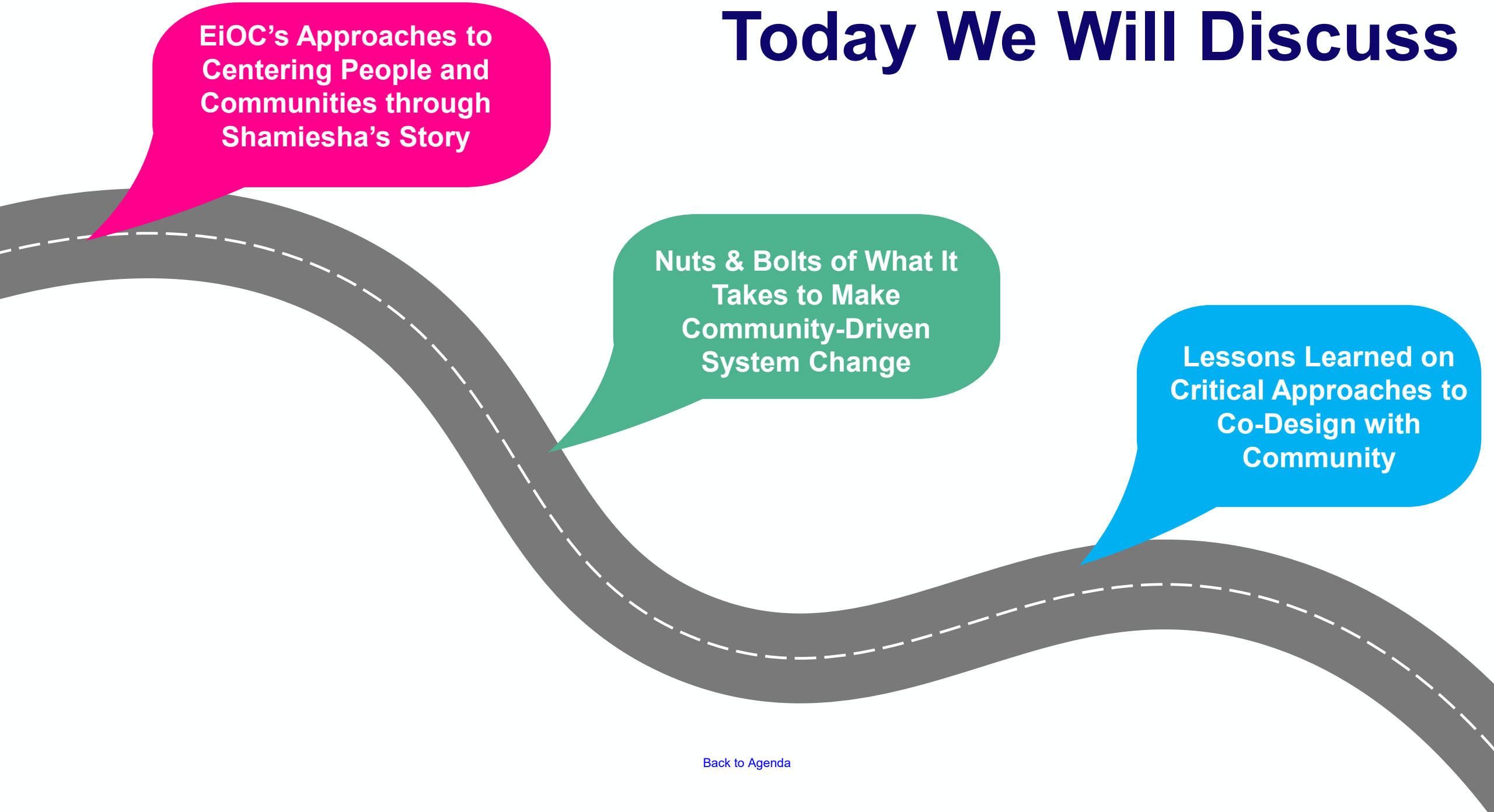
Today We Will Discuss



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Vision

Quality health for all

Mission

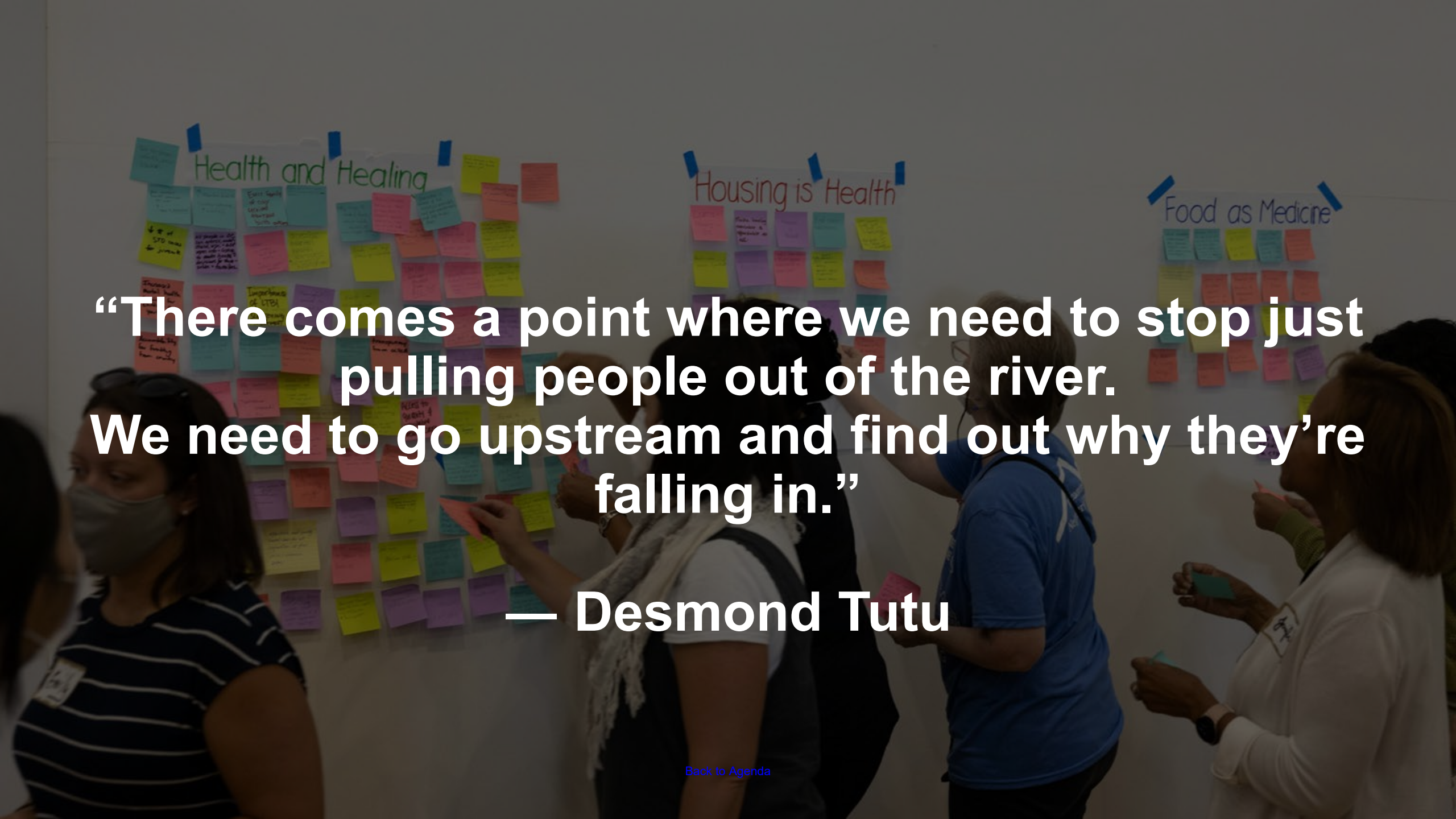
In partnership with the community, deliver sustainable and responsible services that promote population health and equity

Goals

Promote quality, equity, and value. Ensure the HCA's sustainability. Offer relevant services to the community

& Our Equity in OC Funding

- **Office of Population Health & Equity**
  - Established December 2020
  - Office of 1.0 FTE, limited to no budget
  - Previously no organized population health & health equity efforts
  - No precedent across the County
- **CDC Funding Opportunity to Create EiOC**
  - COVID-19 Disparities Grant: $23M for 2 years
  - COVID-specific responses were already well funded
  - Focusing use of funds on causes of COVID-related inequities and building a foundation for equity work



**“There comes a point where we need to stop just pulling people out of the river.
We need to go upstream and find out why they’re falling in.”**

— Desmond Tutu

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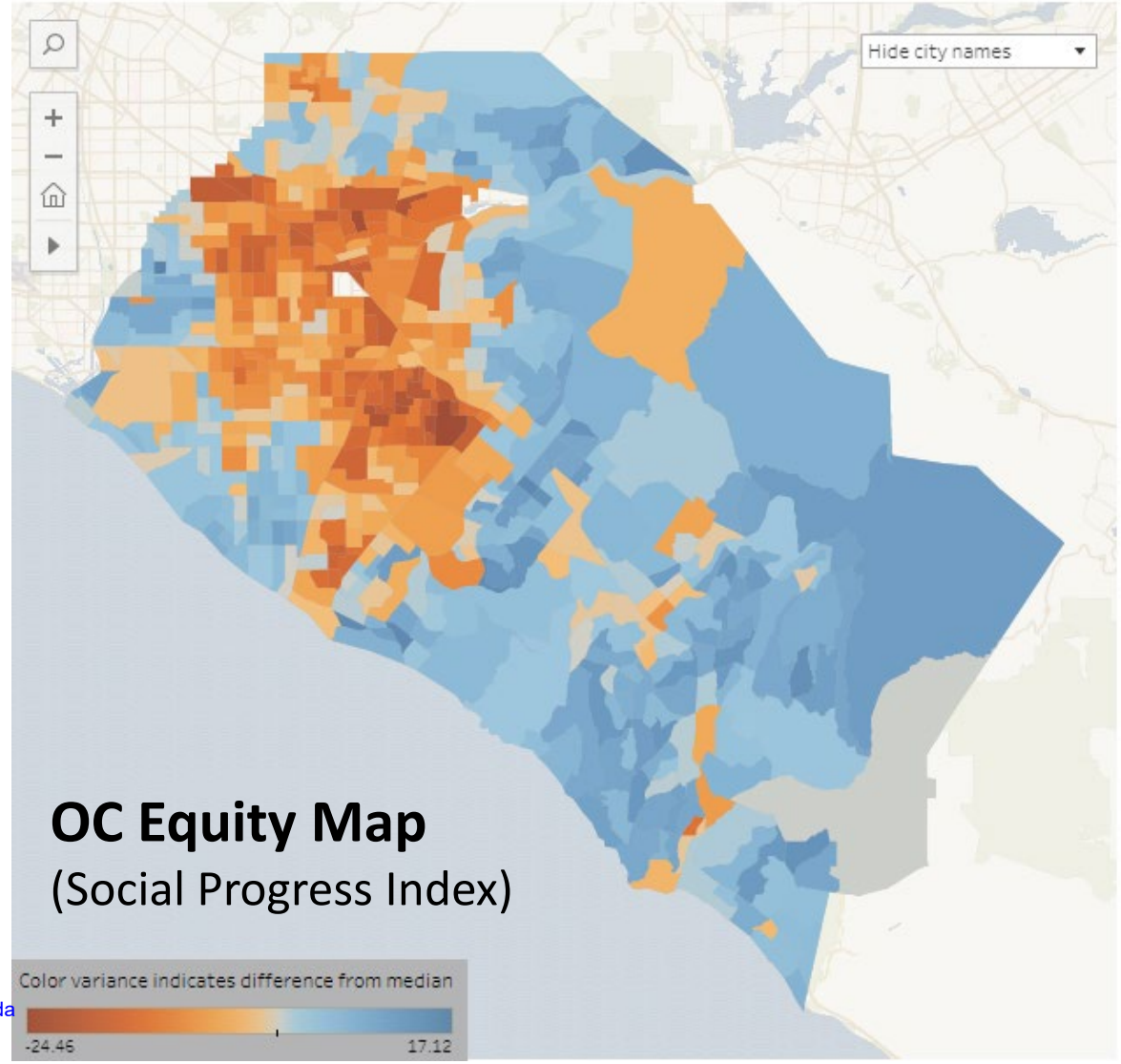
Equity in OC Initiative
Nuts and Bolts

Creating a healthier, more resilient, and equitable Orange County.



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EQUITY IN OC

What are EiOC's Guiding Pillars?

01 COMMUNITY INFORMED AND DATA DRIVEN

Partner and collaborate with cross-sector public and private stakeholders for action

02 ADDRESS SDoH

Partner with community to identify solutions addressing determinants of health areas of focus

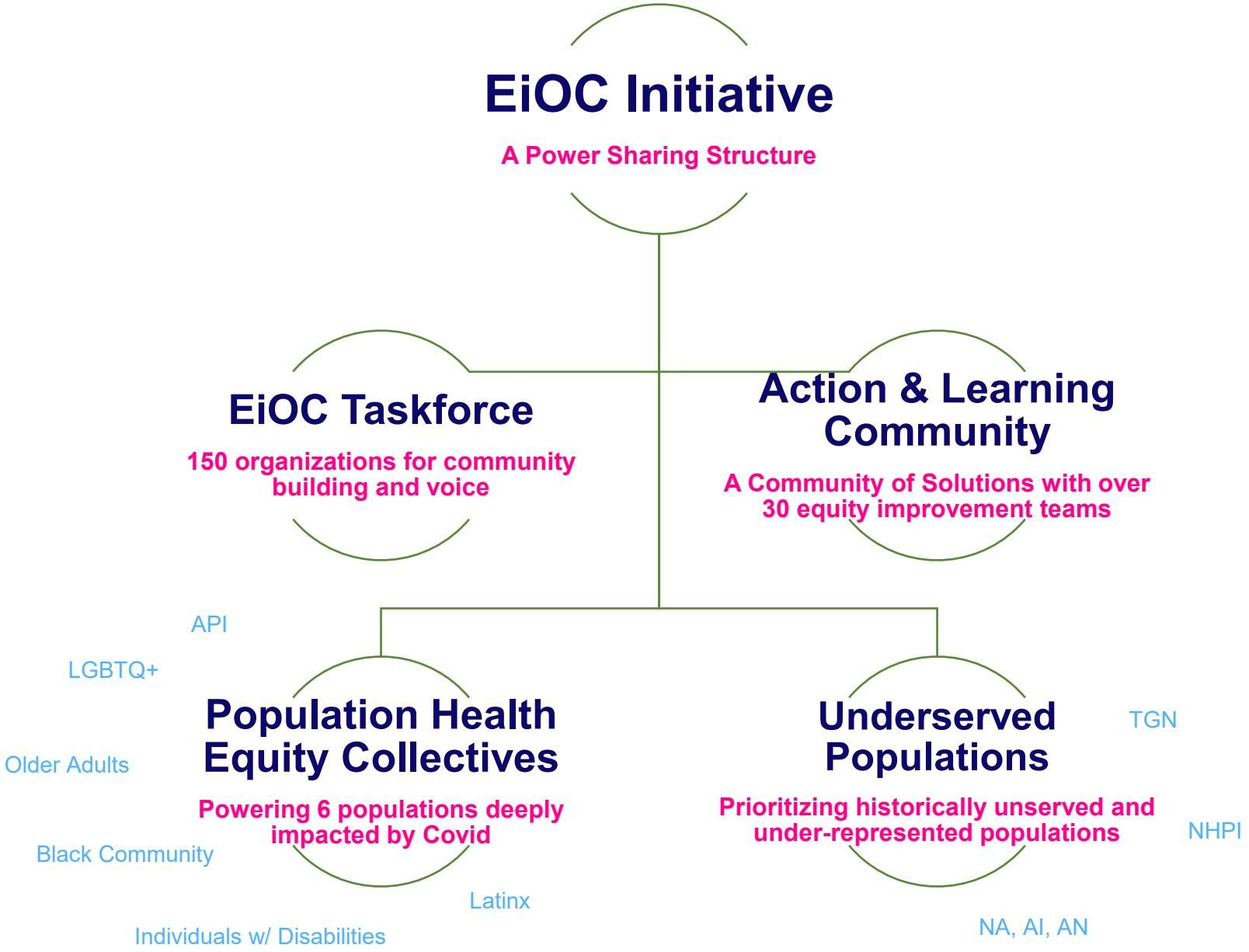
03 EQUITABLE PARTICIPATION

Create and ensure mechanisms and conditions for participation across all stakeholders, including non-traditional and small groups

04 BUILD COLLECTIVE CAPACITY & POWER

Within HCA and across the county, particularly in key population segments impacted by health inequities

EiOC's Structure
A Partnership with IHI



EiOC's Theory of Change & Tactics

01 COMMUNITY INFORMED AND DATA DRIVEN

The How:

- Engaged Data Partner
- Formed Task Force
- Hosted Office Hours for TA and participant engagement
- Offered topical deep dives for learning and leveling the playing field

02 ADDRESS SDoH

The How:

- Task Force selected priorities
- Conducted SDoH deep dives
- Formed *Action and Learning Community*
- Offered SDoH implementation grants

03 EQUITABLE PARTICIPATION

The How:

- Funded orgs. & community members' participation
- Applied equitable grant making principles
- Ensured language access
- Created "safer" and inclusive spaces

04 BUILD COLLECTIVE CAPACITY & POWER

The How:

- Powered community voices and decision making
- Funded population collectives and power building opportunities
- Conducted CHILAs and individual coaching

EQUITY IN OC

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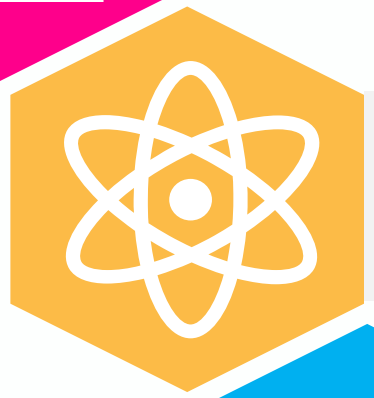
CHILA: Community Health Improvement Leadership Academy

Breaking with Tradition: Equity-Driven Funding Approaches

Community Member Participation Honoraria
$220K, 78 community members

Community Organizational Participation Grants
$2M, 100 under-resourced organizations



Population Collective Grants
$2.4M, 6 highly impacted populations

Grants for Underserved Communities
$1.08M, 3 underserved populations

Implementation Grants
$6M, 12 equity collaborative projects

Power Building Fund
$500K, 10 grassroots/BIPOC led orgs.

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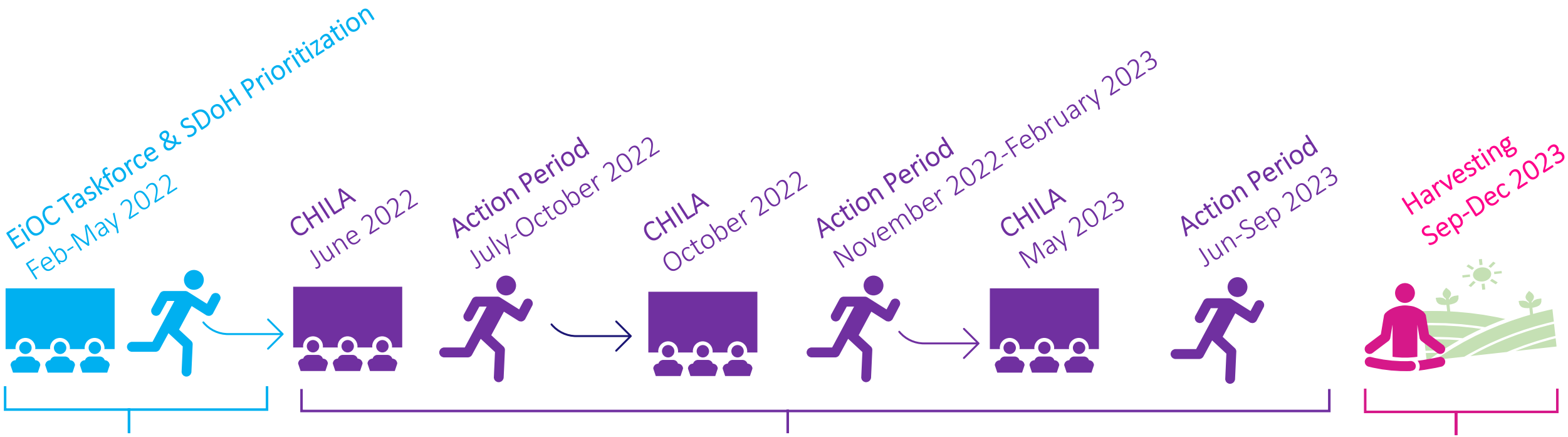
The EiOC Journey



Phase I: Planning & Prioritizing

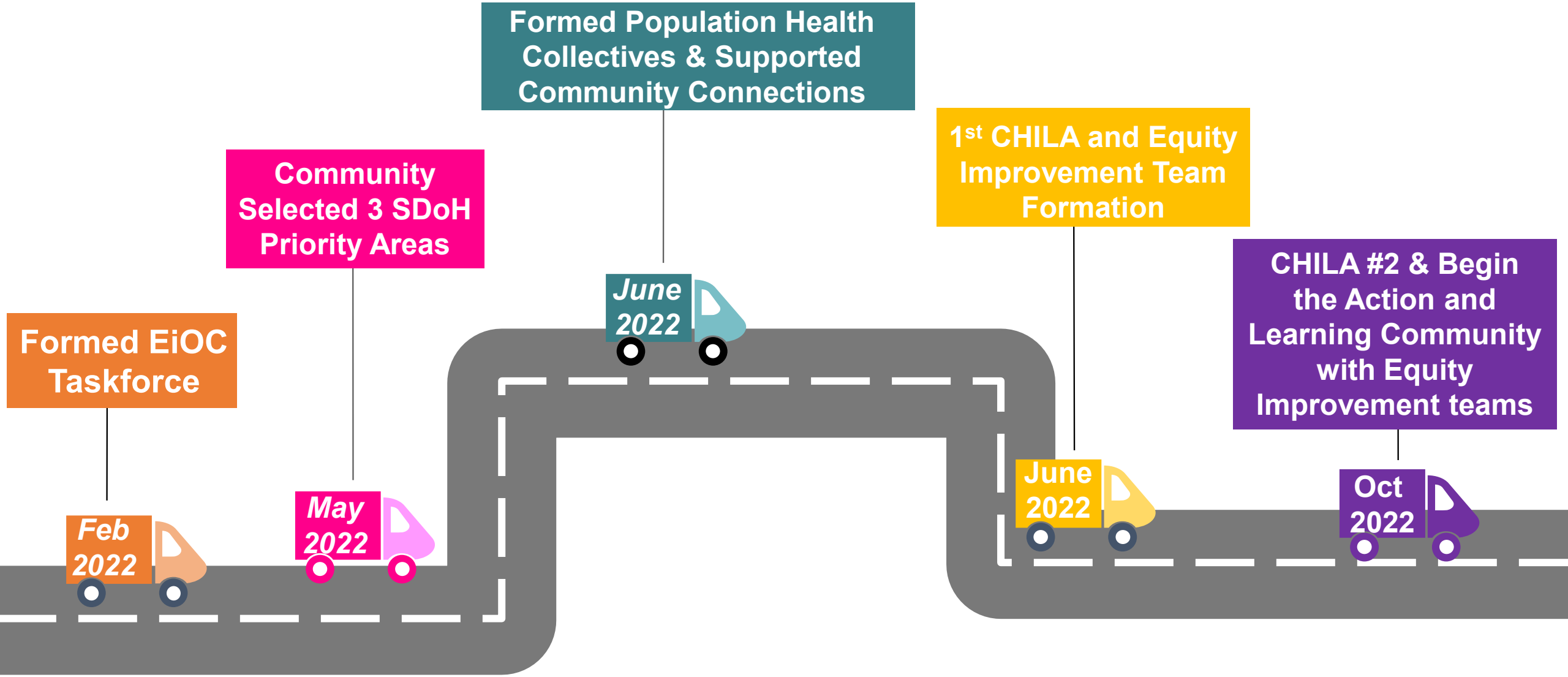
Phase II: Action and Learning Community

(CHILA: Community Health Improvement Leadership Academy)

Phase III: Harvesting & Spread

SUSTAIN YOUR GAINS in population health and equity

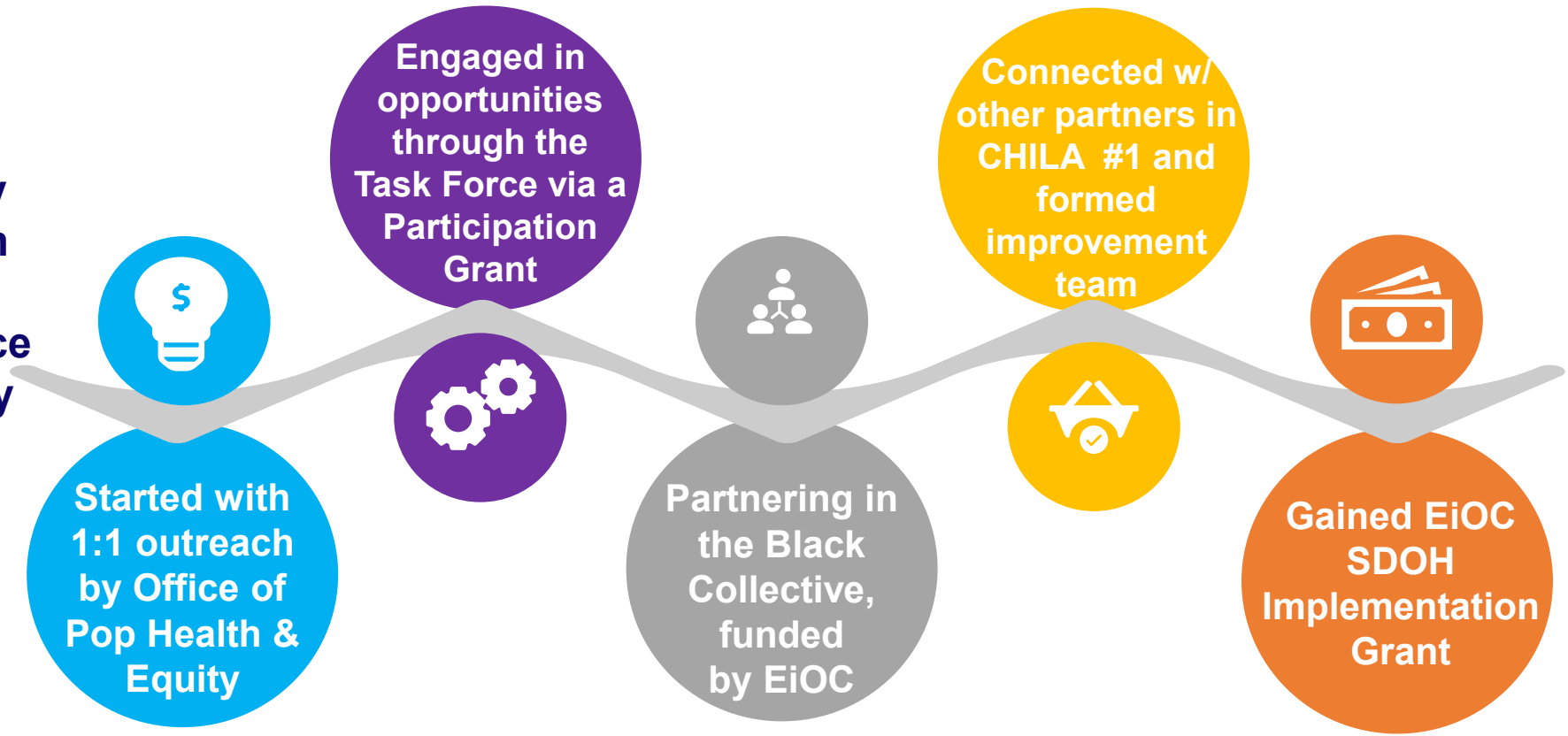
Our Journey So Far



HerStory Inc.

How Shamiesha used (and is using) EiOC to drive system change for BIPOC mothers – *with* institutions, not *by* institutions

- **Shamiesha's personal journey and call to action about BIPOC birthing experience in Orange County**



- **Getting connected to other tables and institutions to ensure system change is underway to reach BIPOC mothers**

Equity In OC Video

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Lessons Learned

Elevating Voices and Power and Failing Forward Together

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Power sharing/power building is a must, so we need to create the conditions that give the community the power to develop their own solutions.

- We have improved engagement/involvement through language access (e.g. live interpretation and content translation), structured voting on priorities (e.g. modified Delphi to select SDoH priorities), and participation grant making; we need to make this our standard.
- It's about asking the community what they need and not telling them what we are going to give them or do for them.
- The community initially was not fully trusting that we were giving them decision making power. HCA is still learning what this means and how to do build and sustain trust. Using a neutral partner for grant making helped this a lot.
- Our Equity Map is allowing us to understand existing inequities that are driving poor health outcomes and to address those in the design of system changes; it's helping us not just do more the same.

We need to help break down silos of effort to enable the community, HCA and other institutions to work in solidarity for and with each other.

- The 'Community of Solutions' we have built with IHI's partnership has brought together organizations serving the same or similar populations and needs. We want this community to be permanent and evolve around community-driven needs over time; we recognize we will always need this.
- The lack of community collaboration was often due to the lack of knowledge of each other and/or the opportunity to build trusting relationships with each other. Real-time, we realized we needed to directly support 'match making' and linkage and then provide coaching to form functional, cross-sector teams.
- Not all organizations are interested in system change; some want to simply stay in their lane and grow what they do. We don't know yet what this means to moving upstream.

All efforts need to be about making equity the way we work, not extra work. It starts with gaining a new lens on how we view our roles and the work we do.

- Creating equitable access means working with new and/or lesser know organizations who can serve historically hard to reach communities.
- Equity needs to inform core administrative work like contracting and grant making – and become an informing principle for these activities.
- Despite conceptual buy-in to do it, it is hard to get people/orgs to move outside their traditional roles and focus upstream. We need to collaborate to find ways to make these shifts.
- Building equity into our work means focusing more services and supports upstream, which often is tied to policy and politics – which both need collective voice and capacity building in the community.
- When it comes to equity, often it is not that people are unwilling but rather because they don't know HOW to make equity a part of their work. Our Action & Learning Community is discovering ways to design equity into our work.

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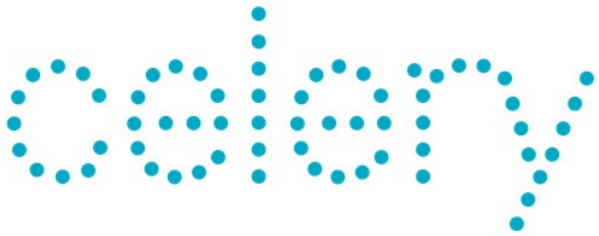
Consulting Partners



Thank You! ស្មមអរគុណ Cảm ơn Gracias!

Contact us:

Karin Kalk

Email: kkalk@ochca.com

Phone: 714-834-5064

HIEU NGUYEN

Email: hnguyen@ochca.com

Phone: 714-834-2367

Learn more:

EquityinOC.com

Multipurpose Senior Services Program (MSSP)

January 19, 2023

Evelyn Rounds, LCSW
MSSP Manager

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

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MSSP

TOPICS TO COVER TODAY:

- Purpose of the Multipurpose Senior Services Program
- Historical Relevance and Content
- Oversight and Monitoring of MSSP
- Funding Sources
- Program Requirements
- General Services and Staffing
- CalOptima Health Long-Term Services and Supports (LTSS) and MSSP

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CalOptima Health

MSSP (Cont.)

The primary objective of MSSP:

- To avoid or delay the premature placement of people in nursing facilities while fostering independent living in the community.
- MSSP care management lowers the State's chronic health care costs by arranging home-based services for frail elders on Medi-Cal whose physical or mental disabilities make them eligible for nursing home placement.

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CalOptima Health

MSSP History

- Efforts to address the frail elderly in California
- MSSP started as a demonstration/pilot project and became a statewide program
- Home And Community Based 1915(c) Medicaid Waiver
- CalOptima Health MSSP began in March 2001. There 38 MSSP sites statewide
- CalOptima Health was awarded the bid for the Orange County Social Services Agency MSSP site in 2008 and merged the two sites in 2009
- MSSP receives state and federal funds

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MSSP History (Cont'd)

- Historically, CalOptima Health MSSP served 455 participants monthly
- Effective Fiscal Year 2021-22, the California Department of Aging approved CalOptima Health MSSP for an additional 113 participants slots for a total of 568 participant slots

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CalOptima Health

MSSP Program Requirements

Who is Eligible?

- An MSSP participant must meet all the following requirements:
  - Age 65 or older
  - Receiving Medi-Cal under an appropriate aid code
  - Certifiable for placement in a nursing facility (per Title XXII Code of Regulations)
  - Residing in Orange County
  - Appropriate for care management services

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CalOptima Health

MSSP Staffing

- Site Director/MSSP Manager
- Supervisor (3)
- Social Work Care Manager (8)
- Registered Nurse Care Manager (7)
- Medical Authorization Assistant (4)
- Accounting Specialist (1)
- Pharmacist (Provided through CalOptima Health)

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MSSP Program Operations

- Participant participation (voluntary)
- Mutual care planning
- Interdisciplinary team meeting
- Participant may remain in program as long as there are care management needs
- Annual reassessments
- Quarterly home visits
- Monthly contacts
- Annual level of care certifications
- Alternative discipline home visits
- Participant right to appeal — State Fair Hearing

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CalOptima Health

MSSP

- Who can make referrals?
- How does one make a referral?
- What does it take to get someone on MSSP?

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CalOptima Health

MSSP Services

- Home-based care management
- Coordination with the participant's support system
- Intensive case management services to eligible participants to enable participants to remain in their own homes

Types of Services

- Informal
- Referred
- Purchased

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MSSP Informal Services

- Family
- Personal representatives (Power of attorney)
- Spiritual support system
- Friends and neighbors

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MSSP Referred Services

- In-Home Supportive Services (IHSS)
- Community-Based Adult Services (CBAS)
- Home-delivered meals (Meals on Wheels)
- Medi-Cal covered incontinence supplies
- Housing allowances (HUD)
- Social Security benefits (SSI)
- Legal Aid Society
- Food banks
- City-funded programs

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MSSP Referred Services (Cont'd)

- Medicare Covered Services: Home health, hospice, durable medical equipment (DME), medications, etc.
- Medi-Cal Covered Services: Out-of-home respite, incontinence supplies, portable ramps, grab bars, over-the-counter medications, etc.

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MSSP Purchased Services

- Emergency response unit and pendant
- Supplemental homemaker services
- Supplemental personal care services
- Diet-compliant, home-delivered meals
- Oral nutritional supplements (Ensure, Glucerna, Boost, etc.)
- Minor home repair and maintenance
- In-home respite
- Personal care items not covered by insurance

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MSSP Purchased Services (cont'd)

- Transportation (Escort if unable to travel alone)
- Pill box, handheld shower hose, bathmat, sharps container, grabber, fan, heater, emergency kit, and large/small appliances (Microwave, refrigerator, stove, washer, dryer, blender, food process, etc.)

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MSSP

QUESTIONS?

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www.caloptima.org

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Multipurpose Senior Services Program (MSSP) Referral

Send Referral To:
CalOptima
Attn: MSSP Dept.
Fax: 714-246-8680
Email:
MSSP@caloptima.org

Date _____/_____/_____

Print Your Name_____ **Telephone#**_____ **Email Address:**_____

Agency_____Address_____

Member's Information: Aid Code: _____County Code: _____ DOB ___/___/___ Age____

Member Name_____ Gender: ☐Female ☐ Male
Last **First**

Address _____

+ **city**/zip_____ Telephone/Cell Number(s) _____

Marital Status: Mr Wd Sep Sg Dv Ethnicity_____ Speaks English: Yes or No

Language Spoken_____ **Social Security/ID number** _____

Emergency Contact / Responsible Party _____ Relationship_____
Language Spoken_____

Address _____ Telephone Number_____

Primary Care Physician_____ Telephone Number _____

Diagnoses/History of illness _____
_____
_____

Current Status:

- ❑ Visually impaired
- ❑ Hearing impaired
- ❑ Alert
- ❑ Confused
- ❑ Wheelchair-bound
- ❑ Use a cane or walker
- ❑ Bed-ridden
- ❑ Needs ass't w/eating
- ❑ Needs ass't w/dressing
- ❑ Needs ass't w/transferring
- ❑ Needs ass't w/bathing
- ❑ Needs ass't w/household tasks
- ❑ Needs ass't w/meals
- ❑ Needs ass't w/money management
- ❑ Needs ass't w/transportation
- ❑ **Does the member live alone?**
- ❑ Does the member take 6 or more medications?
- ❑ Does the member receive IHSS hours?
- ❑ Does the member have a regular caregiver
- ❑ **Drives**
- ❑ **Recent falls**

Explain MSSP Needs

_____
_____
_____
_____

Completed by_____ Date_____

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For questions, please contact MSSP @ (714) 347-5780.

Recent Updates: California Advancing and Innovating Medi-Cal (CalAIM)

February 2023

Nicole Garcia, LMFT, Director, CalAIM Outreach

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

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Overview

- Community Supports Update
- Enhanced Care Management (ECM) Update
- CalOptima Health CalAIM Website and Materials
- How to Refer

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CalOptima Health

Community Supports Update

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CalOptima Health

Community Supports: January 1, 2022

Recuperative Care

- Interim housing
  - Bed and healthy meals
- Physical and mental health monitoring
  - Vitals
  - Assessments
  - Wound care
  - Medication
- Short-term assistance
- Coordination of transportation
- Medical stability

Housing Supports (3)

- Housing transition navigation services
  - Assessment
  - Search and support plan
  - Address barriers
- Housing deposits
  - One-time funding
  - First and last
  - Utilities, etc.
- Housing tenancy and sustaining services
  - Intervention
  - Training
  - Relationships

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CalOptima Health

Community Supports: July 1, 2022

Short-Term Post-Hospitalization Housing

Enables members who do not have a residence and who have high medical or behavioral health needs to continue recovery immediately after exiting a hospital or recuperative care facility

Day Habilitation Programs

Provides members with assistance in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in their natural environment

Personal Care and Homemaker Services

Helps members in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in their natural environment. Includes helping members with Activities of Daily Living and Instrumental Activities of Daily Living

Meals/Medically Tailored Meals

Provides members with meals and nutrition services that help to achieve nutrition goals at critical times to help regain and maintain health. Includes a registered dietitian assessment

Sobering Centers

Provides members who are found to be publicly intoxicated with an alternative destination to an emergency department or jail. Services can include medical triage, a temporary bed, rehydration and food service, treatment for nausea and warm handoffs for additional substance use services

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Community Supports: January 1, 2023

Respite Services

Provided to caregivers of members who require intermittent temporary supervision. Can be hourly, episodic or overnight

Environmental Accessibility Adaptations (Home Modification)

Physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual; enable the member to function with greater independence in the home; or without which the member would require institutionalization

Nursing Facility Transition/Diversion to Assisted Living Facilities

Assist members to live in the community and/or avoid institutionalization when possible

Community Transitions to Home/Nursing Facility Transition to a Home

Non-recurring setup expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence

Asthma Remediation

Physical modifications to a home environment that are necessary to ensure the health, welfare and safety of the member; enable the member to function in the home; or without which acute asthma episodes could result in the need for emergency services and hospitalization

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Enhanced Care Management (ECM) Update

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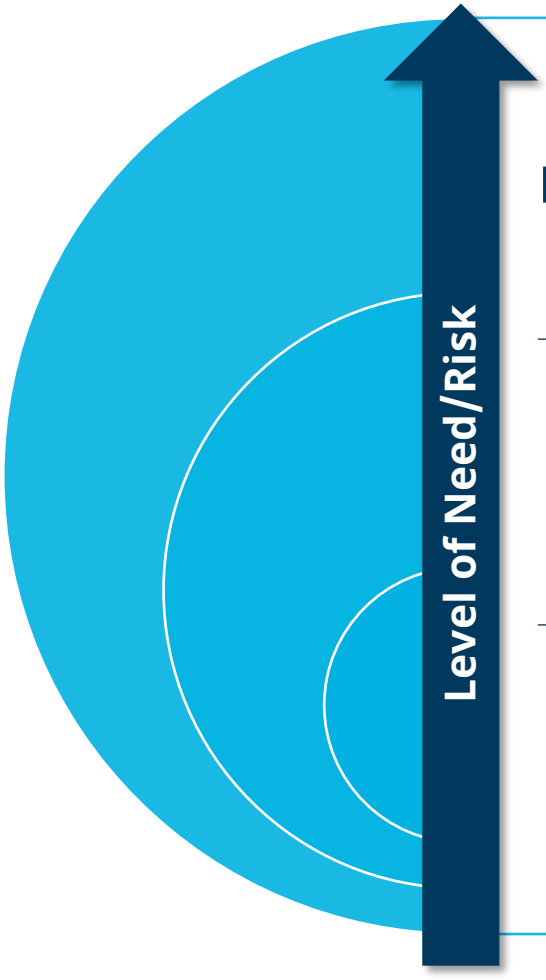
Levels of Care Management



Enhanced Care Management (**ECM**)	• Highest-risk members requiring long-term coordination for multiple chronic conditions, social determinants of health issues, and utilization across delivery systems
Complex Case Management	• High-risk members requiring coordination of services • Complex conditions or episodic need
Basic Case Management	• Members requiring support for planning and coordination • Not high in complexity, intensity or duration

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CalOptima Health

Populations of Focus (POFs)

January 1, 2022

- Adults and their families experiencing homelessness
- Adult at risk for avoidable hospital or Emergency Department utilization
- Adults with serious mental illness (SMI) or substance use disorder (SUD) needs
- Adults with intellectual or developmental disabilities
- Pregnant and postpartum adults at risk for adverse perinatal outcomes

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Refer to DHCS' Finalized ECM Populations of Focus Eligibility Criteria

CalOptima Health

Populations of Focus (POFs)

January 1, 2023	• Adults living in the community and at risk for long-term care institutionalization • Adult nursing facility residents transitioning to the community
July 1, 2023	• Children and youth POFs
January 1, 2024	• Pregnant and postpartum adults at risk for adverse perinatal outcomes who are subject to racial and ethnic disparities
2024 (Date TBD)	• **Individuals transitioning from incarceration**

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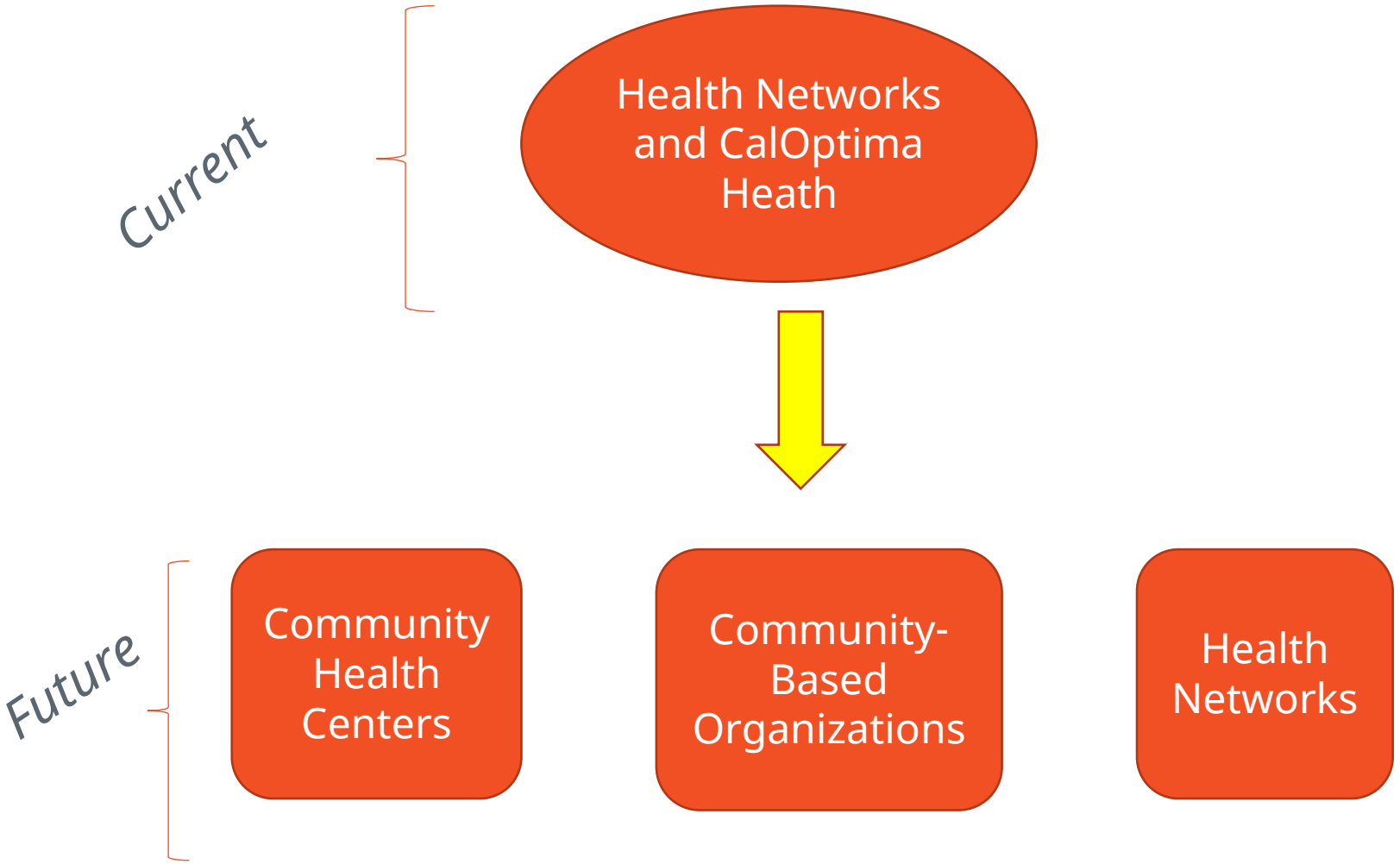
Refer to DHCS' Finalized ECM Populations of Focus Eligibility Criteria

CalOptima Health

ECM Model



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CalOptima Health CalAIM Website

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CalOptima Health

Marketing Materials

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CalOptima Health

How to Refer Members for ECM and Community Supports

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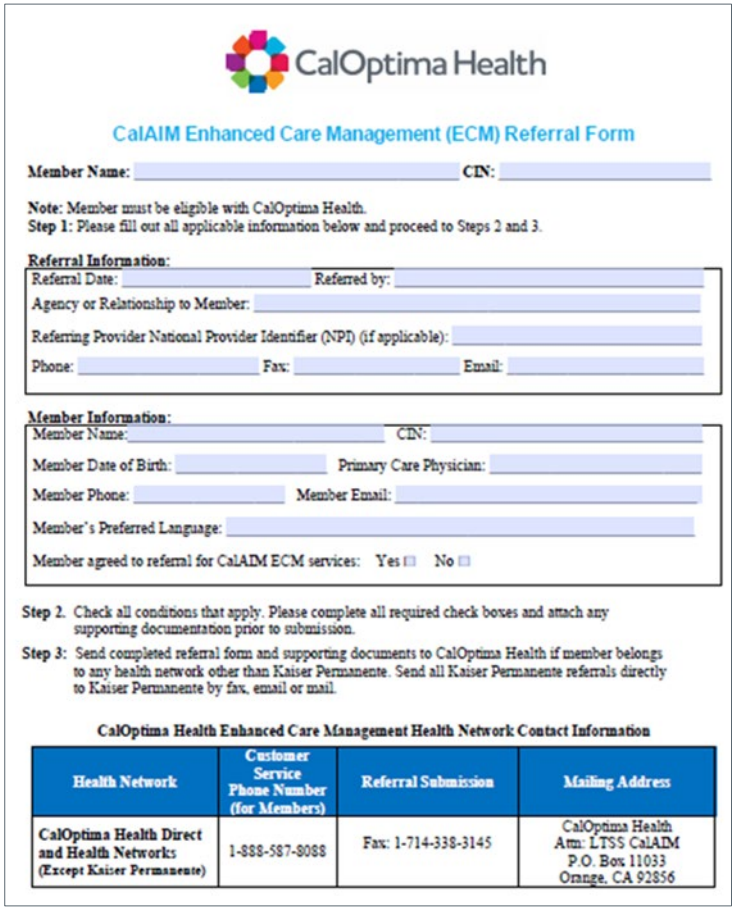
CalOptima Health

Referral Form

- Referral Forms can be accessed on the CalAIM website
  - www.caloptima.org/CalAIM
- Forms can be filled out by:
  - Member/member representative, hospitals, community-based organizations, Community Supports providers



CalOptima Health

CalAIM Enhanced Care Management (ECM) Referral Form

Member Name: _____ **CIN:** _____

Note: Member must be eligible with CalOptima Health.
Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3.

Referral Information:

Referral Date: _____ Referred by: _____
Agency or Relationship to Member: _____
Referring Provider National Provider Identifier (NPI) (if applicable): _____
Phone: _____ Fax: _____ Email: _____

Member Information:

Member Name: _____ CIN: _____
Member Date of Birth: _____ Primary Care Physician: _____
Member Phone: _____ Member Email: _____
Member's Preferred Language: _____
Member agreed to referral for CalAIM ECM services: Yes ☐ No ☐

Step 2. Check all conditions that apply. Please complete all required check boxes and attach any supporting documentation prior to submission.

Step 3: Send completed referral form and supporting documents to CalOptima Health if member belongs to any health network other than Kaiser Permanente. Send all Kaiser Permanente referrals directly to Kaiser Permanente by fax, email or mail.

CalOptima Health Enhanced Care Management Health Network Contact Information

Health Network	Customer Service Phone Number (for Members)	Referral Submission	Mailing Address
CalOptima Health Direct and Health Networks (Except Kaiser Permanente)	1-888-587-8088	Fax: 1-714-338-3145	CalOptima Health Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856

Sobering centers do not need a referral form completed, as notification to the health network will not be made until after member has utilized the services

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