



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

**THURSDAY, AUGUST 26, 2021
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 (562) 247-8422 - Access Code: 790-155-114 or**
- 2) Participate via Webinar at:**
<https://attendee.gotowebinar.com/register/5423768131576018957>
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 June 24, 2021 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee](#)

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 Report](#)
- B. Chief Operating Officer Report
- C. Chief Medical Officer Report

VI. INFORMATION ITEMS

- A. OneCare Connect Member Advisory Committee Updates
- B. [Intergovernmental Transfer Funds \(IGT\) 10 Update](#)
- C. [Federal and State Legislative Update](#)
- D. Community Relations Update

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

WEBINAR INFORMATION

1. **Please register for the OneCare Connect Member Advisory Committee Meeting on August 26, 2021 3:00 p.m. (PDT) at:**

<https://attendee.gotowebinar.com/register/5423768131576018957>

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.

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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

June 24, 2021

A Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on June 24, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:01 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Patty Mouton, Chair; Keiko Gamez, Vice Chair; Meredith Chillemi; Gio Corzo (3:15 PM); Sandra Finestone (3:15 PM); Sara Lee; Mario Parada; Donald Stukes

Members Absent: Josefina Diaz; Eleni Hailemariam, M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D. Chief Medical Officer; Belinda Abeyta, Executive Director, Operations; Tracy Hitzeman, Executive Director Clinical Operations; Albert Cardenas, Director, Customer Service; Edwin Poon, Ph.D., Director, Behavioral Health Services; Jackie Marks, Sr. Policy Advisor, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service.

MINUTES

Approve the Minutes of the April 22, 2021 Special Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)

Action: On motion of Member Meredith Chillemi, seconded and carried, the Committee approved the minutes of the April 22, 2021 meeting by a roll call vote. (Motion carried 6-0-0; Voting Member Gio Corzo, Josefina Diaz and Sandy Finestone absent)

PUBLIC COMMENT

There were no requests for public comment

REPORTS

Consider Approval of FY 2020-2021 OneCare Connect Member Advisory Committee Meeting Accomplishments

Action: *On motion of Member Mario Parada, seconded and carried, the Committee approved the FY 2020-2021 Accomplishments by a roll call vote. ((Motion carried 6-0-0; Voting Members Gio Corzo, Josefina Diaz and Sandy Finestone absent))*

Chief Operating Officer Report

Ladan Khamseh, Chief Operating Officer, updated the OCC MAC on the vaccination events that had taken place in CalOptima's parking lot and noted that over 800 individuals received vaccines. She thanked the Orange County Health Care Agency for their partnership in this endeavor. Ms. Khamseh also notified the committee that CalOptima had received notice that Centers for Medicare and Medicaid (CMS) would be auditing the OneCare and OneCare Connect program. The audit is anticipated to begin July 16, 2021 and conclude August 6, 2021 and will be conducted virtually. Ms. Khamseh asked the committee to review the CalOptima COVID-19 Provider Toolkit that was included in their materials and to let staff know if they had any questions.

Chief Medical Officer Report

Emily Fonda, M.D. Chief Medical Officer, provided a COVID-19 update and discussed COVID-19 vaccine efforts that were currently in progress. Dr. Fonda noted that over 56,000 gift cards had currently been sent to members as an incentive for getting vaccinated of which approximately 1200 gift cards had been given to homeless individuals for obtaining their vaccines as part of CalOptima's collaboration with the Orange County Health Care Agency(OCHCA) and Federally Qualified Health Centers (FQHC) such as AltaMed, Families Together, Korean Community Services and Share Our Selves Clinics. The gift cards were provided on-site after the individual received the COVID-19 vaccine dose. She also noted that the OCHCA and the FQHCs sent in weekly reports to CalOptima on the vaccine initiative.

INFORMATION ITEMS

OCC MAC Member Updates

Chair Patty Mouton notified the Committee that the Board at their June 3, 2021 meeting had approved the reappointments of Josefina Diaz, Sandy Finestone and Sara Lee. Chair Mouton noted that this would be the last meeting for Mario Parada whose term expires on June 30, 2021 and thanked him for his service on the OCC MAC. Member Parada served as the In-Home Supportive Services Representative and CalOptima staff is continuing the recruitment for this seat.

At this time, Chair Patty Mouton rearranged the agenda to hear Item VII.E Ombudsman Report before continuing with the agenda.

Ombudsman Report

Sara Lee, Supervising Attorney Health Consumer Action Center of Community Legal Aid SoCal (CLA SoCal) provided the Ombudsman Update. Ms. Lee, who is also the OCC MAC Representative for Members of Ethnic and Cultural Communities reviewed how the CLA SoCal has been assisting dual eligible consumers during the pandemic with share of cost affordability issues such as: whether the share of cost determination is correct and whether the member was placed in the correct Medi-Cal Aid Code for OneCare Connect enrollment. Ms. Lee will continue to update the committee with regular Ombudsman reports.

OneCare Connect Transition Planning Update

Ravina Hui, Director, Program Implementation provided an update on the transition of the OneCare Connect Program to the OneCare Program once the Cal MediConnect program expires on December 31, 2022.

Behavioral Health Update

Edwin Poon, Ph.D., Director, Behavioral Health Services provided a verbal update on CalOptima's Behavioral Health programs. Dr. Poon also discussed the Behavioral Health Integration Incentive Program (BHIIP) with the committee and noted that CalOptima would be working with seven entities to assist with twelve project. He also provided an update on the Applied Behavioral Analysis (ABA) Pay for Value (P4V) program to support the ABA programs at CalOptima.

Federal and State Legislative Update

Jackie Mark, Sr. Policy Advisor, Government Affairs provided an update on several legislative items of interest to the committee and referred the committee to the handout that they had received in their meeting materials including the CalOptima's summary on the Governor's May Revise to the California State Budget.

ADJOURNMENT

Chair Mouton reminded the members that the next regular OCC MAC meeting is scheduled for August 26, 2021 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 4:06 p.m.

Cheryl Simmons
Staff to the Advisory Committees

MEMORANDUM

DATE: July 28, 2021
TO: CalOptima Board of Directors
FROM: Richard Sanchez, Chief Executive Officer
SUBJECT: CEO Report — August 5, 2021, 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

Executive Director, Compliance Carmen Dobry Joins CalOptima

On July 12, CalOptima welcomed Carmen Dobry, M.S., CHC, as Executive Director, Compliance. She is responsible for maintaining CalOptima's relationships with regulatory agencies, ensuring readiness for all internal and external compliance and auditing activities, and overseeing fraud, waste and abuse and HIPAA privacy activities. She has more than 20 years of payor and provider leadership experience in creating cultures of proactive compliance and corporate responsibility, detecting and correcting compliance shortfalls, monitoring changing compliance standards, and maintaining compliance. Prior to CalOptima, Ms. Dobry held compliance leadership roles at other health plans and provider organizations, including Verity Health System of California, Chinese Community Health Plan and Inland Empire Health Plan. In addition to being certified in health care compliance, she holds a master's degree in Health Services Administration and a bachelor's degree in Health Science from California State University, San Bernardino.

OneCare and OneCare Connect Audit Underway

On June 7, CalOptima was formally engaged by the Centers for Medicare & Medicaid Services (CMS) for a full-scope program audit of OneCare and OneCare Connect. CalOptima submitted audit data in late June, and CMS commenced the audit, which is being conducted virtually, with an entrance conference on July 19. As of this writing, the audit is ongoing. Staff was aware that CMS planned to conduct an audit this year and, in partnership with CalOptima's health networks, had completed many hours and tasks in preparation. Staff is presently working with compliance consultant BluePeak to manage the audit and coach health networks to respond effectively during the audit sessions. Seven program areas are included in the audit scope:

- Compliance Program Effectiveness
- Part D Formulary and Benefit Administration
- Part D Coverage Determinations, Appeals and Grievances
- Part C Organization Determinations, Appeals and Grievances
- Special Needs Plan Model of Care
- Medicare-Medicaid Plan – Service Authorization Request, Appeals and Grievances
- Medicare-Medicaid Plan – Care Coordination Quality Improvement Program Effectiveness

For audit oversight, an ad hoc committee of your Board was formed and has been informed daily about audit progress. The audit concludes with an exit conference on August 6.

National Committee for Quality Assurance (NCQA) Accreditation for Medi-Cal Renewed Through 2024

Reflecting CalOptima's longstanding commitment to Medi-Cal quality, the agency recently and successfully completed an NCQA Accreditation renewal review process. The virtual file review was conducted July 12–13 and included assessment of CalOptima and health network records in areas such as utilization management denials and appeals, population health management (complex case management), and credentialing. The NCQA's final report stated that CalOptima had no issues, awarding the agency 100% of the allowable points. As a result, CalOptima's accredited status has been extended through July 27, 2024.

CalOptima and County of Orange Vaccinate More Than 5,000 in Pop-Up Events

CalOptima and County of Orange hosted the last of six joint Vaccine Clinic and Resource Fair events on July 10. At the event, 495 individuals were vaccinated, bringing the six-event total to 5,073 vaccines delivered from May 15–July 10. With vaccinations at the events and elsewhere, 53% of CalOptima's membership age 12 and older is now vaccinated, which equates to about 355,000 people, as of July 27. As of the final event, 2,339 Member Health Rewards, worth more than \$58,000, were distributed. Of note, the final two events featured a special drive-thru lane for individuals with Autism Spectrum Disorder or disabilities, allowing them to get their vaccine without leaving their vehicle. The outstanding turnout to the event series was driven by a variety of factors, including through direct text messaging to members, word-of-mouth among members' friends and family, and walk-in traffic from the nearby Outlets at Orange. Further, the Resource Fair component differentiated the events from other vaccine clinics and was designed to address members' social determinants of health. Participating organizations included Social Services Agency, 2-1-1 Orange County, Community Action Partnership, and Pacific Health and Wellness. Nearly 110 CalOptima staff worked — many at more than one event — to help with check-in, line control, temperature check/hand sanitizing stations, post-vaccine observation and Member Health Rewards distribution among other tasks. For a broader perspective on vaccination, the Department of Health Care Services (DHCS) released statewide data from June about vaccination rates among Medi-Cal members in various health plans. Among 104 Medi-Cal health plans, CalOptima ranked 14th, with an overall rate of 44.4%. The difference between the state's percentage and CalOptima's percentage above is due to the reporting dates. CalOptima appreciates the successful partnerships that made the clinics possible and looks forward to continuing to promote vaccination widely.

Enacted State Budget Includes Increased Spending on Health Care

On July 12, following negotiations with the Legislature, Gov. Gavin Newsom signed into law Senate Bill 129, implementing California's Fiscal Year 2021–22 Enacted State Budget. Total Medi-Cal spending is \$124.5 billion (\$28.2 billion General Fund). Compared with Medi-Cal funding in the FY 2020–21 Enacted Budget, this is an increase of nearly 8%. Key health care initiatives with a significant impact to CalOptima include:

- Behavioral health services for youth
- California Advancing and Innovating Medi-Cal (CalAIM) proposal
- Medi-Cal expansion to older adults ages 50 and older, regardless of immigration status

CalOptima's Government Affairs team is compiling an analysis of the Enacted State Budget that I will share with your Board in the near future.

CalOptima Makes First Model of Care Submission to Launch CalAIM in January

In June, DHCS released final documents and supporting resources for the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) components of CalAIM. The documents are posted on the [ECM and ILOS webpage](#) and cover a range of issues, including the contract template, provider terms and conditions, model of care templates, design implementation and more. With this guidance in mind and your Board's approval to proceed, CalOptima staff prepared and submitted the first of three Model of Care (MOC) documents to the state by July 1. A summary of the required submissions is below:

- July 1: MOC Submission 1 — Initial ECM and ILOS provider capacity questions, Whole Person Care and Health Homes Program transitions questions, and preliminary ILOS selections.
- September 1: MOC Submission 2 — Majority of ECM/ILOS policies and procedures and final ILOS selections.
- October 1: MOC Submission 3 — Final ECM and ILOS provider capacity network submission.

Staff will provide a comprehensive update on CalAIM implementation work at your August Board meeting and anticipates bringing additional CalAIM-related contracts and policies in September. In the meantime, planning has begun on a second meeting to engage stakeholders, following up on the successful May event that was attended by more than 300 providers and community representatives.

Association for Community Affiliated Plans (ACAP) Promotes Congressional Meetings

Throughout June, Executive Director, Public Affairs Rachel Selleck and I met with members of Congress and their staffs as part of ACAP's Virtual Legislative Fly-In. This includes with Reps. Michelle Steel and Young Kim as well as the staffs of Sen. Dianne Feinstein and Rep. Linda Sanchez. During these online meetings, we shared details about CalOptima's programs, vaccination efforts and federal legislative priorities. The priorities discussed include expanding Medicaid funding flexibility to address social determinants of health (SDOH), ensuring Medicaid access and establishing payment parity for audio-only telehealth services in Medicare and PACE. Officials and their staffs expressed interest in further collaborating with CalOptima on these issues, and CalOptima plans to request your Board's formal support of related federal legislation at the August meeting.

Local Health Plans of California (LHPC) Discusses School-Based Behavioral Health

On July 19–20, Rachel Selleck, Executive Director, Public Affairs, attended the LHPC Strategic Planning Retreat. LHPC is CalOptima's state trade association representing publicly governed Medi-Cal managed care plans. During the retreat, health plan representatives participated in a variety of sessions covering topics such as COVID-19, health equity, rate setting and future priorities. Of particular interest was Gov. Newsom's Children and Youth Behavioral Health Initiative, included in the Fiscal Year 2021–22 Enacted Budget. As part of the initiative, Medi-Cal plans will be eligible to receive incentive payments to expand access to school-based behavioral health services. Specific details are pending guidance from DHCS in the coming months. In the meantime, CalOptima will begin discussions with local school districts in an effort to build stronger relationships.

CalOptima Meets With Organization About Housing Support at Be Well OC

CalOptima recently met with Housing for Healthy OC, LLC (HHOC) to learn more about a pilot in development to support needs for CalOptima members experiencing homelessness and receiving services at the Be Well OC campus. The proposed pilot is expected to have HHOC staff on-site to make referrals for members to existing housing navigation and supportive services programs. HHOC includes four agencies — American Family Housing, Friendship Shelter, Jamboree Housing and Mercy Housing — that together provide affordable, permanent supportive and bridge housing throughout Orange County. Friendship Shelter and Mercy Housing also operate shelters. CalOptima will return to the Board for consideration of a future partnership on the pilot program with HHOC as needed in the future.

Staff Prioritizes SDOH and Health Equity Efforts

With guidance from your Board, CalOptima has identified the development of an SDOH and Health Equity framework as a strategic initiative. A multidepartment workgroup has been convened to support this effort. While the framework is being created, CalOptima is focusing on food insecurity, an issue that has been exacerbated by the pandemic. Staff is working collaboratively with the Social Services Agency, for example, to obtain a comprehensive list of CalOptima members who are already enrolled in CalFresh as a way to identify those who are not enrolled. To empower providers to help patients needing food support, staff is developing tools to simplify the process of providers making referrals to CalOptima or offering resource information to patients. Staff is also planning provider education about how to submit claims and encounter data regarding these patients so we can better identify food insecure members and assess progress. On the health equity side, Population Health Management (PHM) has kicked off member outreach with a series of back-to-school immunization clinics in July–September and in partnership with schools and community-based organizations. These events are focused on bridging the gaps for missed well visits and immunizations due to the pandemic and ensuring readiness for CalOptima school-aged children. A new CalOptima [webpage](#) carries information about the scheduled events. Additionally, PHM is focused on addressing health equity by working with Orange County Community Action Partnership for diaper bank services and mobile mammography for Korean and Chinese communities. Examining 2020 quality data among Asian populations, Korean and Chinese members have the lowest rates of breast cancer screening at 58% and 45%, respectively, and Vietnamese members have the highest rate at 67%. The mammography events are scheduled for fourth quarter of 2021.

CalOptima Plans to Support UCI/County Participation in Public Health Program

UC Irvine and Orange County Health Care Agency are jointly applying for a federally funded program that trains the next generation of public health workers to be proficient at informatics and technology. The program supports curriculum development, student recruitment and training, paid internships, career development services, and tuition discounts for working professionals. CalOptima plans to provide a letter of support for their application. If funded, the initiative will use a consortium approach to help participants develop a better understanding of the skills required for a 21st century public health workforce and improve curriculum design. In addition, as a consortium participant, CalOptima may consider providing internships or other experiential learning opportunities, and identify employees who may benefit from obtaining a continuing education certificate in public health informatics, technology and data science.

Effort to Boost Medicare Wellness Visits in Progress

CalOptima staff from across several departments are working on an effort to improve completion of Medicare annual wellness visits, which have been affected by the pandemic and other factors. Finance shared that annual wellness visit completion rates have an impact on quality incentives and risk adjustment scores. Community Relations shared information about an annual wellness visit provider toolkit and consumer outreach materials developed by the OC Strategic Plan for Aging health care committee (co-chaired by CalOptima staff) and OC Healthy Aging Initiative. Communications, Provider Relations, Health Network Relations and PHM also participated in the discussion to coordinate efforts to enhance awareness of the provider toolkit and outreach materials as well as promote annual wellness visits for the member and provider communities. Staff will continue to meet to focus on this important aspect of preventive care for CalOptima seniors.

CalOptima Preparing for a Public Brand Awareness and Perception Survey

CalOptima's Communications team is making progress on the survey initiative mentioned at your Board's June meeting. Objectives for the public survey have been identified: measure residents' overall awareness of CalOptima and its programs; identify the extent to which residents have a favorable view of CalOptima, including perceptions regarding quality of care; and understand the health care priorities/concerns of residents and identify opportunities to position CalOptima as a partner in addressing those issues. A combination of survey methods will be used, including Redirected Inbound Call Sampling and grassroots surveying, in English, Spanish and Vietnamese. Staff will provide an update to your Board upon survey completion. Results will inform CalOptima's future advertising and marketing campaigns.

Mentoring, Leadership Programs Offered for Staff Development

In June, CalOptima offered two major programs to promote staff development. CalOptima reactivated the mentoring program, which was paused during the pandemic. There are nine mentor/mentee pairings across 10 departments. Although the program was founded six years ago, it aligns with the 2020–2022 Strategic Plan initiative to enhance operational excellence and efficiency by engaging and developing the workforce. For a broader audience, CalOptima held the quarterly Leadership Series for directors, managers and supervisors, offering a 90-minute training session by an external speaker. Business consultant and author Shari Harley presented “Getting the Best From Employees: Coaching and Developing for Performance” to an online group of more than 130 leaders. She provided practical tips about how to engage employees in the ways they learn best, set expectations as a manager and follow up on performance.

CalOptima Welcomes New Medical Director

On June 28, Michael Collins, D.O., MPH, MS, began as a CalOptima Medical Director working on Utilization Management and Case Management for the Medi-Cal, OneCare and OneCare Connect programs. Most recently, Dr. Collins was medical director of ambulatory care at Monarch HealthCare. Prior to that, he held a medical leadership position at Inland Empire Health Plan and was a staff physician in occupational medicine at Kaiser Permanente in Ontario/Fontana. Dr. Collins earned his medical degree from Western University of Health Sciences and his master's in public health from Loma Linda University.



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Intergovernmental Transfer (IGT) 10 Update

OneCare Connect Member Advisory Committee
August 26, 2021

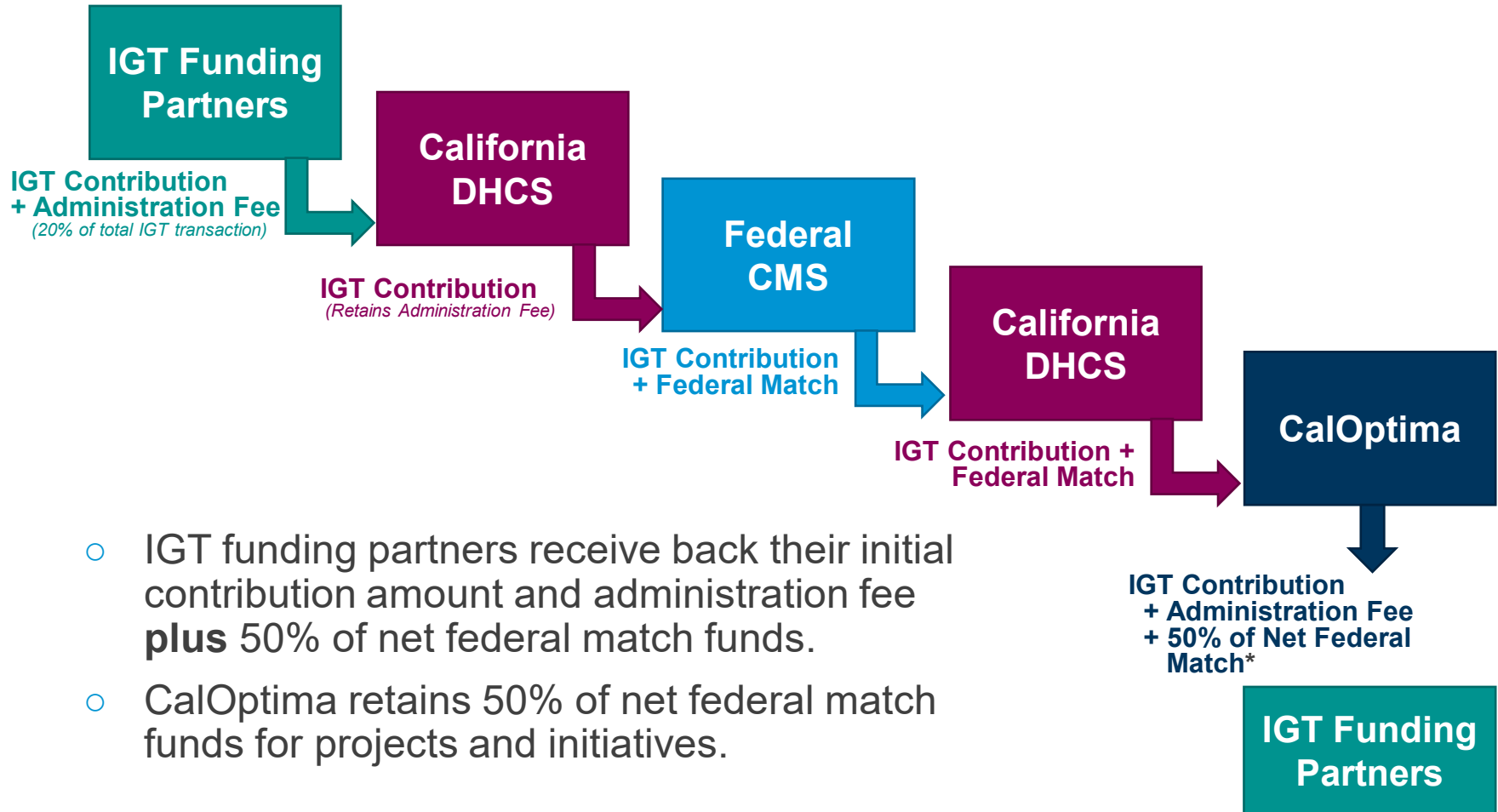
Debra Kegel, Director, Strategic Development

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Intergovernmental Transfer (IGT) Background

- Process permits DHCS to secure additional federal revenue from the Centers of Medicare & Medicaid Services (CMS) to increase CalOptima's Medi-Cal managed care capitation rates
 - IGTs 1–7: Funds must be used to deliver enhanced services to existing Medi-Cal members
 - IGTs 8–11: Funds must be used for Medi-Cal covered services included in CalOptima's DHCS contract for Medi-Cal members

IGT Transaction Process



- IGT funding partners receive back their initial contribution amount and administration fee **plus** 50% of net federal match funds.
- CalOptima retains 50% of net federal match funds for projects and initiatives.

* 50% of net federal match is split based on funder's IGT contribution percentage

Intergovernmental Transfer (IGT) Background (cont.)

- CalOptima has participated in the Department of Health Care Services (DHCS) annual Rate Range IGT since 2010
 - Enables CalOptima and our governmental funding partners to receive additional revenue for services to Medi-Cal members
 - City of Orange
 - City of Newport Beach
 - County of Orange
 - First 5 Orange County Children & Families Commission
 - University of California, Irvine

IGT 10 CalOptima's Share Status

- IGT 10 funding will be made in two installments
 - First received in May 2021
 - CalOptima share was \$45.1 million
 - Second expected in fall 2021
 - CalOptima share is estimated to be \$22.7 million*
- CalOptima's Board of Directors has allocated \$36.4 million
 - \$1.2 million for OC COVID-19 Nursing Home Prevention Program Grant Extension and Expansion
 - \$35 million for COVID-19 Vaccination Member Incentive Program for Calendar Year 2021 — Incentive
 - \$221,145 for COVID-19 Vaccination Member Incentive Program for Calendar Year 2021 — Staffing

* Amounts may change based on actual enrollment and member mix.

Next Steps

- Staff is developing recommendations for Board consideration with the following focus areas:
 - Evolving Strategic Plan-related initiatives (e.g., to address social determinants of health and health equity)
 - Additional COVID-19-related initiatives
 - Implementation of California Advancing and Innovating Medi-Cal (CalAIM) beginning January 1, 2022

Our Mission

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



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Legislative Update


OneCare Connect Member Advisory Committee
August 26, 2021

Jackie Mark, MPA, Manager, Government Affairs

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State Legislative Update

- Enacted State Budget for Fiscal Year (FY) 2021–22
 - Total spending plan: \$262.6 billion
 - Medi-Cal budget: \$123.7 billion



\$123.7B

Medi-Cal Budget

The spending plan also increases funding for Medi-Cal and assumes total Medi-Cal enrollment will reach 14.5 million by 2022.

State Legislative Update (cont.)

- Key Initiatives

- Behavioral health for youth
- CalAIM
- Medi-Cal eligibility expansion

- Next Steps

- September 10: Legislature must pass bills
- October 10: Gov. Newsom must sign/veto legislation

Federal Legislative Update

- Federal Legislation

- H.R. 2166: Ensuring Parity in Medicare and PACE for Audio-Only Telehealth Act of 2021
- S. 764/H.R. 1914: Crisis Assistance Helping Out On The Streets (CAHOOTS) Act

- FY 2022 Appropriations

- House passed the seven-bill FY 2022 appropriations “minibus” package on July 29
- Senate appropriators plan to launch committee work on their own spending bills sometime this month
- Federal budget must be enacted by September 30

Our Mission

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 510 Pan	<p>Disease Testing and Vaccination Coverage: Would require a health plan to cover COVID-19 testing and vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. This bill would also apply these requirements to any future diseases causing a public health emergency.</p> <p>Potential CalOptima Impact: Reimbursement for all in-network and out-of-network provider claims for testing and vaccinations related to a disease causing a public health emergency.</p>	06/01/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch CAHP: Oppose Unless Amended
SB 242 Newman	<p>Provider Reimbursement for Medically Necessary Expenses: Would allow physicians and dental providers to be reimbursed for medically necessary business expenses, in compliance with a public health order, to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace during a public health emergency. Reimbursable expenses would include personal protective equipment, infection control supplies, testing supplies and processing, and related information technology expenses.</p> <p>Potential CalOptima Impact: Additional payments to contracted providers for medically necessary business expenses.</p>	06/01/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch CAHP: Oppose LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 764 Wyden	<p>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act: Similar to H.R. 1914, would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p>Potential CalOptima Impact: Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima's Medi-Cal members.</p>	03/16/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1914 DeFazio	<p>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act: Similar to S. 764, would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% FMAP to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p>Potential CalOptima Impact: Subject to further DHCS action, increased access to behavioral health and substance use disorder services for CalOptima's Medi-Cal members.</p>	03/16/2021 Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch
AB 563 Berman	<p>Office of School-Based Health Programs: Would establish the Office of School-Based Health Programs within the California Department of Education (CDE), no later than July 1, 2022, to administer current health programs, including the Local Education Agency (LEA) Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. Would also require the CDE to coordinate with DHCS and LEAs to increase access to and expand the scope of school-based Medi-Cal programs.</p> <p>Potential CalOptima Impact: Increased number of LEAs that enter into agreements or contracts with CalOptima.</p>	05/27/2021 Passed Assembly floor; referred to Senate	CalOptima: Watch
AB 586 O'Donnell	<p>School Health Demonstration Project: Would establish the School Health Demonstration Project, as a two-year program, to expand comprehensive physical and mental health access to students. The CDE would provide support, technical assistance and \$500,000 in annual grants to LEAs to participate in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal managed care plans (MCPs), county mental health plans (MHPs) and private health plans.</p> <p>Potential CalOptima Impact: Increased number of LEAs that enter into agreements or contracts with CalOptima.</p>	06/01/2021 Passed Assembly floor; referred to Senate	CalOptima: Watch
SB 221 Wiener	<p>Timely Access to Behavioral Health Follow-Up Care: Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment.</p> <p>Potential CalOptima Impact: Increased monitoring of behavioral health appointments; arrangement and payment of out-of-network coverage when timely access is not ensured; additional contracting with behavioral health providers.</p>	06/01/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch CAHP: Oppose

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 293 Limon	<p>Standardized Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) Forms: Would require DHCS to develop standardized forms for specialty mental health services provided under EPSDT after January 1, 2022. Consistent with the California Advancing and Innovating Medi-Cal (CalAIM) proposal, the forms would address medical necessity criteria, screening tools and transition of care tools, which would impact coordination and referrals with Medi-Cal MCPs.</p> <p>Potential CalOptima Impact: Implementation and use of new forms and processes by Behavioral Health Integration staff.</p>	<p>06/01/2021 Passed Senate floor; referred to Assembly</p>	CalOptima: Watch
SB 562 Portantino	<p>Autism Spectrum Disorder (ASD) Treatment: Would revise and expand the definitions of those providing care and support to individuals with ASD and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental, Individual-differences and Relationship-based model (DIR), or “DIRFloortime,” not currently covered by Medi-Cal, would be authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services will not be denied or limited if a parent or caregiver is unable to participate.</p> <p>Potential CalOptima Impact: New Medi-Cal covered benefit; expansion of provider types for ASD treatment services.</p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
SB 773 Roth	<p>Medi-Cal Incentive Payments for School-Based Behavioral Health: Would require DHCS to make incentive payments to Medi-Cal MCPs for the 2022–24 rating period if plans increase access to preventive and behavioral health services for K–12 students through targeted interventions by school-based behavioral health providers. Of note, Gov. Newsom included \$400 million of one-time funding in the proposed state budget for this initiative.</p> <p>Potential CalOptima Impact: Administration of incentive payments to behavioral health providers; increased coordination and partnerships with LEAs in Orange County; increased tracking and reporting of provider and member metrics.</p>	<p>06/01/2021 Passed Senate floor; referred to Assembly</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 14789 Trailer Bill	<p>Children and Youth Behavioral Health Initiative: Would allow DHCS to award competitive grants to counties, Medi-Cal MCPs, LEAs colleges, community-based organizations (CBOs) and behavioral health providers to build partnerships and infrastructure supporting school-based behavioral health services for students ages 25 years or younger.</p> <p>Would require DHCS to provide incentive payments to Medi-Cal MCPs that increase access to preventive, early intervention and behavioral health services by school-based providers for K–12 students. Would also require Medi-Cal MCPs to reimburse providers who deliver outpatient mental health or substance use disorder services at a school, regardless of network status.</p> <p>No sooner than July 1, 2022, would add dyadic behavioral health visits as a covered Medi-Cal benefit. These services would be provided to the whole family during a medical visit to facilitate early identification and preventive services regarding behavioral health problems and social determinants of health (SDOH).</p> <p>Would require DHCS to establish a virtual platform to provide direct behavioral health screenings and short-term services to youth ages 25 years or younger.</p> <p>Potential CalOptima Impact: Administration of incentive payments to behavioral health providers; increased coordination and partnerships with LEAs in Orange County; increased tracking and reporting of provider and member metrics; new Medi-Cal covered benefit.</p>	06/18/2021 Published on the Department of Finance website	CalOptima: Watch

BUDGET**

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 128 Ting	<p>Budget Act of 2021: Makes appropriations for the government of the State of California for Fiscal Year (FY) 2021–22. Total spending is \$261.4 billion, of which \$195.5 billion is from the General Fund. Key initiatives related to health care with an impact to CalOptima include:</p> <ul style="list-style-type: none"> ■ Behavioral health services for youth ■ CalAIM proposal ■ COVID-19 response ■ Homelessness ■ Medi-Cal eligibility expansion to adults ages 50 and older, regardless of immigration status ■ Medi-Cal Rx ■ New Medi-Cal covered benefits ■ Telehealth 	06/28/2021 Signed into law	CalOptima: Watch
AB 133 Committee on Budget	<p>Health: Would consolidate and enact certain health care trailer bill language to implement the FY 2021–22 state budget. Key initiatives with an impact to CalOptima include:</p> <ul style="list-style-type: none"> ■ CalAIM proposal ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal eligibility extension for postpartum individuals ■ New Medi-Cal covered benefits ■ Proposition 56 supplemental payments ■ Telehealth 	06/27/2021 Referred to Senate Budget and Fiscal Review Committee	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 129 Skinner	<p>Budget Act of 2021: Would amend AB 128 to modify appropriations for the government of the State of California for FY 2021–22. Total spending would be adjusted to \$262.6 billion, of which \$196.4 billion would be from the General Fund. Key initiatives related to health care with an impact to CalOptima include:</p> <ul style="list-style-type: none"> ■ Behavioral health services for youth ■ CalAIM proposal ■ COVID-19 response ■ Homelessness ■ Medi-Cal eligibility expansion to adults ages 50 and older, regardless of immigration status ■ Medi-Cal Rx ■ New Medi-Cal covered benefits ■ Telehealth 	<p>06/28/2021 Passed Assembly and Senate floors; presented to the Governor</p>	CalOptima: Watch

**The potential CalOptima impacts of budget legislation will be included in a forthcoming detailed analysis.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)**

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1132 Wood	<p>CalAIM Proposal: Would require Medi-Cal MCPs to operate a D-SNP in Coordinated Care Initiative (CCI) counties by January 1, 2023, and in non-CCI counties by January 1, 2025. Would standardize benefits provided by Medi-Cal MCPs statewide, including the carve-out of the Multipurpose Senior Services Program (MSSP) and the carve-in of organ transplants by January 1, 2022, and the carve-in of institutional long-term care services by January 1, 2023.</p> <p>Would require DHCS to implement alternate criteria for medical necessity regarding behavioral health services, as well as mandatory screening and transition of care tools for Medi-Cal behavioral health benefits no sooner than January 1, 2022. Additionally, as of January 1, 2027, the bill would require a county/counties to administer behavioral health benefits under a single Medi-Cal behavioral health delivery system contract.</p> <p>No later than January 1, 2023, would require Medi-Cal MCPs to coordinate with county jails, juvenile facilities and county MHPs to provide continued behavioral health services to former inmates who received the same services while incarcerated.</p>	<p>06/01/2021 Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
SB 256 Pan	<p>CalAIM Proposal: Would authorize DHCS to implement the CalAIM proposal, including the following provisions:</p> <ul style="list-style-type: none"> ■ Enhanced Care Management ■ In Lieu of Services ■ Incentive payments to Medi-Cal MCPs ■ Mandatory managed care enrollment populations ■ Population Health Management (PHM) Program ■ Regional capitation rates 	<p>06/01/2021 Passed Senate floor; referred to Assembly</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08858 Trailer Bill	<p>CalAIM Proposal: Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, as well as authorize additional CalAIM initiatives included in the Governor's May Revise, released on May 14, 2021. Additional initiatives would include:</p> <ul style="list-style-type: none"> ■ Providing Access and Transforming Health (PATH) Supports ■ Targeted Pre-Release Medi-Cal Benefits for Qualified Inmates ■ Behavioral Health Quality Improvement Program ■ Centralized PHM service ■ Augmented incentive payments to Medi-Cal MCPs 	05/19/2021 Republished on the Department of Finance website	CalOptima: Watch

**The potential CalOptima impacts of CalAIM legislation are included in the CalAIM Legislative Analysis that follows the Legislative Tracking Matrix.

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	<p>Patient Access to Medical Foods Act: Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.</p> <p><i>Potential CalOptima Impact: New covered benefit for CalOptima's lines of business.</i></p>	01/04/2021 Introduced; referred to House Committees on Energy and Commerce, Ways and Means and Armed Services	CalOptima: Watch
H.R. 1118 Dingell	<p>Medicare Hearing Aid Coverage Act of 2021: Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><i>Potential CalOptima Impact: New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</i></p>	02/18/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch
AB 114 Maienschein	<p>Rapid Whole Genome Sequencing: Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least one year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>5/27/2021 Passed Assembly floor</p>	CalOptima: Watch
AB 342 Gipson	<p>Colorectal Cancer Screenings and Colonoscopies: Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, when such a test produces a positive result, health plans would be required to provide no-cost coverage for a colonoscopy. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>06/30/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>5/27/2021 Passed Assembly floor</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 245 Gonzalez	<p>Abortion Services: Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.</p> <p>Potential CalOptima Impact: <i>Modified utilization management (UM) procedures for a covered Medi-Cal benefit.</i></p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
SB 306 Pan	<p>Sexually Transmitted Disease (STD) Home Test Kits: Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. Would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception</p> <p>Potential CalOptima Impact: <i>New Medi-Cal covered benefit.</i></p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Business and Professions Committee</p> <p>06/02/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
SB 523 Leyva	<p>Contraceptive Equity Act of 2021: Effective January 1, 2022, would require health plans to provide coverage of all Food and Drug Administration-approved over-the-counter contraceptive drugs, devices, and products, including vasectomies, without a prescription and regardless of gender. Would also require coverage of related examinations, procedures, and consultations.</p> <p>Potential CalOptima Impact: <i>New Medi-Cal covered benefit.</i></p>	<p>06/22/2021 Passed Assembly Labor and Employment Committee; referred to Assembly Health Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
RN 21 13505 Trailer Bill	<p>Eliminate Suspension of Optional Adult Medi-Cal Benefits: Would permanently extend certain optional adult Medi-Cal benefits, which are currently set to expire on December 31, 2021. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.</p> <p>Potential CalOptima Impact: <i>Continuation of current optional adult Medi-Cal benefits.</i></p>	<p>05/25/2021 Published on the Department of Finance website</p>	CalOptima: Watch

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	<p>Medi-Cal Eligibility for All Undocumented Adults: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status.</p> <p>Potential CalOptima Impact: <i>Projected increase of approximately 75,000–80,000 CalOptima Medi-Cal members.</i></p>	<p>06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/01/2021 Passed Assembly floor</p>	CalOptima: Watch CAHP: Support LHPC: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 470 Carrillo	<p>Elimination of Asset Consideration: Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval.</p> <p>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</p>	<p>06/30/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Watch LHPC: Support
SB 56 Durazo	<p>Medi-Cal Eligibility for Undocumented Older Adults 60+: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 60 years or older, regardless of their immigration status.</p> <p>Potential CalOptima Impact: Projected increase of approximately 5,000–6,000 CalOptima Medi-Cal members.</p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Support LHPC: Support
RN 21 13777 Trailer Bill	<p>Medi-Cal Eligibility Extension for Postpartum Individuals: Would permanently extend and expand Medi-Cal postpartum eligibility, which is currently set to expire on December 31, 2021, to all pregnant individuals and targeted low-income children. Would allow all Medi-Cal beneficiaries who receive pregnancy-related services and their newborns to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy.</p> <p>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</p>	<p>05/19/2021 Published on the Department of Finance website</p>	CalOptima: Watch
RN 21 14089 Trailer Bill	<p>Medi-Cal Eligibility for Undocumented Older Adults 60+: No sooner than May 1, 2022, would extend eligibility for full-scope Medi-Cal benefits to eligible individuals ages 60 years or older, regardless of their immigration status.</p> <p>Potential CalOptima Impact: Projected increase of approximately 5,000–6,000 CalOptima Medi-Cal members.</p>	<p>05/24/2021 Published on the Department of Finance website</p>	CalOptima: Watch

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell	<p>Stabilize Medicaid and CHIP Coverage Act of 2021: Similar to S. 646, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</p>	<p>03/10/2021 Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch ACAP: Support
S. 646 Brown	<p>Stabilize Medicaid and CHIP Coverage Act of 2021: Similar to H.R. 1738, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</p>	<p>03/09/2021 Introduced; referred to Senate Finance Committee</p>	CalOptima: Watch ACAP: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1082 Waldron	<p>California Health Benefits Review Program (CHBRP) Extension: Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from \$2 million to \$2.2 million, beginning July 1, 2022.</p> <p>Potential CalOptima Impact: Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.</p>	<p>06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Watch CAHP: Support In Concept
SB 250 Pan	<p>Prior Authorization “Deemed Approved” Status: Beginning January 1, 2023, would require a health plan to review a provider’s prior authorization requests to determine eligibility for “deemed approved” status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if their number of denied prior authorizations requests (which were not successfully appealed) are both within a certain range of the average numbers for the same specialty in the same region.</p> <p>Potential CalOptima Impact: Implementation of new UM procedures to assess provider appeals rates and exempt certain providers from UM requirements.</p>	<p>06/01/2021 Passed Senate floor; referred to Assembly</p>	CalOptima: Watch CAHP: Oppose
SB 371 Caballero	<p>Health Information Technology and Interconnected Exchanges: Would require DHCS to apply for federal funding to create a unified data exchange between the state government, health records systems, other data exchange networks and health care providers, including for the Medi-Cal program. Funds would also be used to provide grants and technical support to small provider practices, community health centers, safety net hospitals, social service entities and CBOs to expand the use of health information technology and connect to exchanges.</p> <p>Potential CalOptima Impact: Connection of CalOptima’s electronic health record system to a health information network (HIN); coordination with contracted providers to connect to the same HIN.</p>	<p>05/28/2021 Passed Senate floor; referred to Assembly</p>	CalOptima: Watch
RN 21 13435 Trailer Bill	<p>Eliminate Suspension of Proposition 56 Supplemental Payments: Would permanently extend the value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, incentive payments would instead be earned by Medi-Cal MCPs rather than by providers.</p> <p>Potential CalOptima Impact: Continuation of VBP programs administered through CalOptima; increase in incentive payments that may be retained by CalOptima.</p>	<p>05/14/2021 Published on the Department of Finance website</p>	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	<p>Extension of Medicare Sequestration Moratorium: Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021.</p> <p>CalOptima Impact: Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.</p>	04/14/2021 Signed into law	CalOptima: Watch
H.R. 4131 Dingell	<p>Better Jobs Better Care Act: Similar to S. 2210, would make permanent the enhanced 10% FMAP for Medicaid home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.</p> <p>Potential CalOptima Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	06/24/2021 Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch NPA: Support
S. 1162 Casey	<p>PACE Plus Act: Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers.</p> <p>Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.</p> <p>Potential CalOptima Impact: Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).</p>	04/15/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
S. 2210 Casey	<p>Better Jobs Better Care Act: Similar to H.R. 4131, would make permanent the enhanced 10% FMAP for Medicaid HCBS enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.</p> <p>Potential CalOptima Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	06/24/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 523 Nazarian	<p>Permanent PACE Flexibilities: Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning.</p> <p>Potential CalOptima Impact: Continuation of most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.</p>	<p>06/23/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Support CalPACE: Support/ Sponsor

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 540 Petrie-Norris	<p>Modification of PACE Enrollment Process: Would seek to increase enrollment into PACE organizations by:</p> <ul style="list-style-type: none"> ■ Listing PACE as a Medi-Cal/Medicare plan choice in areas where a PACE center is available and there is more than one Medi-Cal MCP ■ Delaying mandatory or passive enrollment into Medi-Cal MCPs by up to 60 days for new Medi-Cal beneficiaries who express interest in being assessed for PACE ■ Requiring DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment based on age, residence and prior use of services <p>Potential CalOptima Impact: Increased awareness of PACE.</p>	06/02/2021 Passed Assembly floor; referred to Senate	CalOptima: Watch CalPACE: Support/ Sponsor

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 12969 Trailer Bill	<p>Medication Therapy Management (MTM) Reimbursement for Qualified Specialty Drugs: Would add MTM as a covered Medi-Cal fee-for service (FFS) pharmacist service for beneficiaries who are prescribed certain specialty drugs. MTM services would be designed to address noncompliance in drug therapy and would be subject to different DHCS reimbursement rates in comparison with other pharmacist services.</p> <p>Potential CalOptima Impact: Increased care coordination for new Medi-Cal FFS benefit.</p>	05/20/2021 Published on the Department of Finance website	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 365 Caballero	<p>Medi-Cal Provider Electronic Consultation (E-Consult) Service: Would allow provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.</p> <p>Potential CalOptima Impact: Expanded reimbursable service for all Medi-Cal providers and FQHC providers.</p>	05/28/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 316 Eggman	<p>FQHC Reimbursement for Same-Day Visits: 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. 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 of whether the visits were at the same location on the same day. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.</p> <p>Potential CalOptima Impact: Timelier access to services at CalOptima's contracted FQHCs.</p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Support CAHP: Support LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 379 Barragan	<p>Improving Social Determinants of Health Act of 2021: Similar to S. 104, would require the Centers for Disease Control and Prevention (CDC) to establish an SDOH program to coordinate SDOH activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p>Potential CalOptima Impact: Increased availability of federal grants to address SDOH.</p>	<p>01/21/2021 Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch
S. 104 Smith	<p>Improving Social Determinants of Health Act of 2021: Similar to H.R. 379, would require the CDC to establish an SDOH program to coordinate SDOH activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p>Potential CalOptima Impact: Increased availability of federal grants to address SDOH.</p>	<p>01/28/2021 Introduced; referred to Senate Health, Education, Labor, and Pensions Committee</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 369 Kamlager	<p>Presumptive Eligibility and Street Medicine for Homeless Individuals: Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card to such individuals. Would also allow Medi-Cal providers to receive reimbursement for any covered Medi-Cal benefit delivered to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization. Finally, would add a field on the Medi-Cal application form to indicate homelessness.</p> <p>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members; increased access to services for homeless members, but may negatively impact care coordination; increased payments to providers; implementation of modified UM procedures for homeless members.</p>	05/27/2021 Passed Assembly floor; referred to Senate	CalOptima: Watch
SB 17 Pan	<p>Office of Racial Equity: Would establish the independent Office of Racial Equity and position of Chief Equity Officer to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.</p> <p>Potential CalOptima Impact: Increased reporting requirements to DHCS.</p>	<p>06/30/2021 Passed Assembly Accountability and Administrative Review Committee; referred to Assembly Appropriations Committee</p> <p>6/02/2021 Passed Senate floor</p>	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	<p>Protecting Access to Post-COVID-19 Telehealth Act of 2021: Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.</p> <p>Potential CalOptima Impact: Continuation and expansion of certain Medicare telehealth flexibilities allowed during the COVID-19 pandemic.</p>	01/19/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch
H.R. 2166 Sewell	<p>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021: Similar to S. 150, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.</p> <p>Potential CalOptima Impact: For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</p>	03/23/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch ACAP: Support NPA: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 150 Cortez Masto	<p>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021: Similar to H.R. 2166, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency.</p> <p>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</p>	02/02/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch ACAP: Support NPA: Support
AB 32 Aguiar-Curry	<p>Telehealth Payment Parity and Flexibilities: Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse their contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Likewise, clinics must be reimbursed by Medi-Cal for telehealth services at the same rate as in-person services. Would also allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic.</p> <p>Potential CalOptima Impact: Extension of all Medi-Cal telehealth flexibilities allowed during the COVID-19 pandemic.</p>	06/01/2021 Passed Assembly floor; referred to Senate	CalOptima: Watch
RN 21 08267 Trailer Bill	<p>Medi-Cal Telehealth Proposal: Would require DHCS to specify Medi-Cal-covered benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates. Audio-only telehealth would be reimbursed by DHCS at 65% of the in-person service rate. However, a provider may not establish a new Medi-Cal patient relationship using audio-only telehealth.</p> <p>Would allow FQHCs and RHCs to establish a patient within its service area through audio-visual telehealth. Audio-only telehealth delivered at an FQHC or RHC would be reimbursed by DHCS at a separate rate from its per-visit PPS rate.</p> <p>Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.</p> <p>Potential CalOptima Impact: Extension of certain Medi-Cal telehealth flexibilities allowed during the COVID-19 pandemic; restricted scope of telehealth services; modified reimbursement rates for audio-only telehealth services.</p>	05/18/2021 Republished on the Department of Finance website	CalOptima: Watch

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	<p>CARING for Kids Act: Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.</p> <p>Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima's Medi-Cal members eligible under CHIP.</p>	01/04/2021 Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch
S. 453 Casey	<p>Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act: Would retroactively extend CHIP's temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency.</p> <p>Potential CalOptima Impact: Increased federal funds for CalOptima's Medi-Cal members eligible under CHIP.</p>	02/25/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch
SB 428 Hurtado	<p>Adverse Childhood Experiences (ACEs) Screenings Coverage: Would require a health plan to provide coverage for ACEs screenings.</p> <p>Potential CalOptima Impact: Continuation or expansion of a current Medi-Cal covered benefit.</p>	06/01/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch
SB 682 Rubio	<p>Childhood Chronic Health Conditions: Would require the California Health and Human Services Agency, the Governor's office and other departments to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases.</p> <p>Potential CalOptima Impact: Increased reporting requirements to DHCS.</p>	06/02/2021 Passed Senate floor; referred to Assembly	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed out of their originating house. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 58 (Salas)
- AB 71 (Rivas, Luz)
- AB 112 (Holden)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- AB 552 (Quirk-Silva)
- AB 671 (Wood)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 822 (Rodriguez)
- AB 862 (Chen)
- AB 875 (Wood)
- AB 882 (Gray)
- AB 935 (Maienschein)
- AB 942 (Wood)
- AB 1050 (Gray)
- AB 1083 (Nazarian)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1131 (Wood)
- AB 1160 (Rubio)
- AB 1162 (Villapadua)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra, Lee, Santiago)
- SB 279 (Pan)
- SB 508 (Stern)

*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: July 2, 2021

2021 Federal Legislative Dates

January 3	117th Congress, First Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	First Session adjourns

2021 State Legislative Dates*

**Due to COVID-19, 2021 State Legislative dates have been modified*

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	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 to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 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).

FY 2021–22 California State Budget: Analysis of the Enacted Budget

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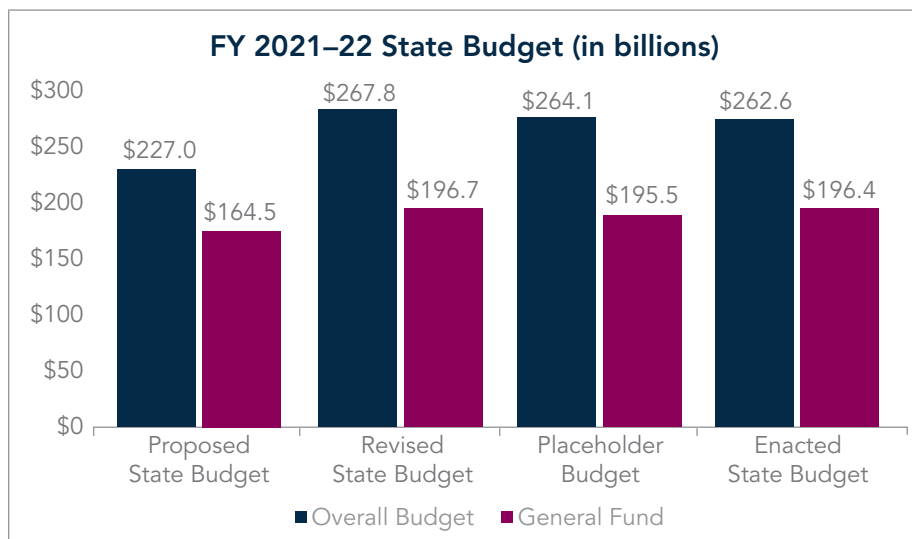
On January 8, 2021, Gov. Gavin Newsom released the Fiscal Year (FY) 2021–22 Proposed State Budget of \$227 billion, including \$164.5 billion General Fund (GF).¹ After experiencing a \$54 billion budget shortfall in the Enacted FY 2020–21 State Budget, the proposed budget estimated \$34 billion in budget resiliency, including a \$12 billion surplus and \$22 billion in budget reserves.

On May 14, 2021, Gov. Newsom announced the Revised State Budget (May Revise) for FY 2021–22. The May Revise proposed a state budget of \$267.8 billion, including \$196.7 billion GF.² With the economy beginning to recover from the COVID-19 pandemic, the May Revise included the *California Comeback Plan*, a budget surplus of \$100 billion for the next FY.

To meet the constitutionally obligated deadline to pass a balanced budget, on June 14, 2021, the Senate and Assembly passed the Budget Act of 2021, Assembly Bill (AB) 128, a preliminary state budget for FY 2021–22. The Legislature's Budget includes a spending plan of \$264.1 billion, including \$195.5 billion GF. This reflects a \$3.7 billion decrease in overall spending from the May Revise.

Following negotiations with the Legislature, on June 28, 2021, Gov. Newsom signed into law AB 128 and, on July 12, 2021, Senate Bill 129 followed by AB 133 on July 27. Together, these bills represent the Enacted Budget for FY 2021–22.

Table 1. California State Budget



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Enacted Budget & Key Impacts

The Enacted Budget reflects a total spending plan of \$262.6 billion (\$196.4 billion GF) for FY 2021–22.



7%

Medi-Cal Budget

The spending plan also increases funding for Medi-Cal and assumes total Medi-Cal enrollment will reach 14.5 million by 2022.

\$123.7B

The overall caseload is influenced by the suspension of Medi-Cal eligibility redeterminations, the COVID-19-driven recession and additional data on actual caseload growth.

Key budget initiatives related to health care with a significant impact to CalOptima include:

- Behavioral health services for youth
- California Advancing and Innovating Medi-Cal (CalAIM) proposal
- Medi-Cal eligibility for older adults ages 50 and older, regardless of immigration status

Behavioral Health for Youth

In response to the ongoing COVID-19 pandemic, the Administration and State Legislature have prioritized behavioral health (BH) services for youth ages 25 and younger. The Enacted Budget includes nearly \$4.4 billion in funding over five years with several initiatives focusing on care coordination, prevention and access.⁴ This includes implementing a \$400 million one-time funding incentive plan through Medi-Cal managed care plans (MCPs) to increase the number of preschool and TK-12 students receiving preventive and early intervention BH services at school, beginning no sooner than January 1, 2022.

During calendar year (CY) 2020, **more than 40,000 CalOptima members under the age of 19 utilized BH services** — half of which were diagnosed with severe mental illness and received care through the Orange County Health Care Agency (HCA). If CalOptima opts into the BH incentive program, CalOptima will need to establish the infrastructure to administer Medi-Cal-reimbursable services to students. CalOptima does not currently contract with schools or school districts. This could result in significant administrative changes for CalOptima by requiring increased staff time to administer incentive payments and implement interventions with one or more school districts.

Of note, CalOptima already has an existing MOU with HCA for BH services. It is unknown if a new MOU would need to be established and at what level schools would

be integrated into the incentive program. Pending guidance from DHCS, the program may lead to confusion regarding where the member can access services (e.g., school, MCP or HCA), who is responsible for that member, and what role each provider would play. With key details still missing from this proposal, including the allocation of funds, the exact degree of impact remains unclear.

Other funding directed for innovative and preventive youth BH services includes:

- \$1.4 billion (\$1 billion GF, \$100 million Coronavirus Fiscal Recovery Fund, \$222 million federal funds, and \$105 million Mental Health Services Fund) in 2021-22
- \$1.5 billion (\$1.4 billion GF and \$124 million federal funds) in 2022-23
- \$431 million (\$300 million GF and \$131 million federal funds) in 2023-24 and ongoing³

CalAIM

The CalAIM initiative received full funding in the Enacted Budget, with \$1.6 billion total funds (\$650.7 million GF) for FY 2021–22, \$1.5 billion total funds (\$812.5million GF) for FY 2023–24, decreasing to \$900 million (\$480 million GF) by FY 2024-25, ongoing.⁴ When compared with the January Proposed Budget, this reflects an increase of \$5 billion for FY 2021–22.

Table 2. CalAIM Funding

Cost Category	Enacted Budget
Behavioral Health	\$21.8 million
Dental	\$113.5 million
Enhanced Care Management	\$187.5 million
Incentives	\$300 million
In Lieu of Services	\$47.9 million
Medically Tailored Meals	\$9.3 million
Multipurpose Senior Services Program Carve-out	\$1.6 million
Organ Transplant Carve-In	\$4.7 million
Population Health Management (PHM)	\$315 million
Providing Access and Transforming Health (PATH)	\$200 million
Specialty Mental Health Services Carve-Out	-\$4.8 million
State Operations Funding	\$38.9 million
Transitioning Populations	\$401.6 million

Of the CalAIM initiatives, ECM, ILOS and operating a Dual Eligible Special Needs Plan (D-SNP) are projected to have direct impacts to CalOptima, with details to follow.

ECM and ILOS

Building upon the existing Health Homes Program (HHP) delivery system infrastructure, ECM is designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries. This includes members experiencing homelessness, members with complex medical conditions, members unable to self-manage health successfully and may include those enrolled in HHP or Whole Person Care (WPC). ILOS, which is optional for MCPs to offer, also builds upon both HHP and WPC infrastructures as a way to provide flexible wrap-around services as substitutes for other covered services, such as emergency department visits or skilled nursing facility admissions. DHCS has proposed 14 ILOS options, four of which CalOptima will implement in Phase 1. CalOptima has not yet determined which of the remaining ILOS options will be included in Phase 2 and beyond. Of note, CalOptima has begun discussions with HCA and its current ECM providers (health networks) to coordinate implementation efforts and ensure no gaps in services.

**Table 2. Phase 1 ILOS Programs
(No Sooner Than January 1, 2022)**

Housing Transition Navigation Services	Housing Tenancy and Sustaining Services
Housing Deposits	Recuperative Care (Medical Respite)

**Table 3. Pending Future ILOS Programs
(No Sooner Than July 1, 2022)**

Short-Term Post-Hospitalization Housing	Personal Care and Homemaker Services
Respite Services	Environmental Accessibility Adaptations (Home Modifications)
Day Habilitation Programs	Meals/Medically Tailored Meals
Nursing Facility Transition/ Diversion to Assisted Living Facilities	Sobering Centers
Community Transition Services/Nursing Facility Transition to a Home	Asthma Remediation

As of June 2021, there are approximately 790 CalOptima members participating in HHP and nearly 5,000 members in WPC. Based on current populations identified in May 2021, **CalOptima projects approximately 34,000 members may be eligible for ECM and/or ILOS.** Additional population projections will be available in the future, pending guidance from DHCS. Of note, recent DHCS guidance directs counties managing a WPC pilot to determine which members should transition to ECM,

ILOS or both. If a member is not deemed appropriate for ECM, ILOS or both, that county will continue to manage that individual's care until referred to another service.

With ECM reimbursement rates and the cost of providing ILOS still pending due to unknown utilization levels, CalOptima has budgeted approximately \$16 million for FY 2022 in Medi-Cal revenue and expenses for ECM and ILOS. ECM and ILOS are scheduled to be implemented no sooner than January 1, 2022.

D-SNP

To standardize comprehensive care coordination, the Enacted Budget supports the discontinuation of the Cal MediConnect pilot program at the end of CY 2022. DHCS will support mandatory enrollment of dually eligible beneficiaries into managed care and require MCPs to operate a Medicare D-SNP in order to achieve that aligned enrollment.

Therefore, **CalOptima will be required to transition more than 14,000 OneCare Connect members into OneCare, CalOptima's D-SNP**, effective January 1, 2023. Current trends project 250 Orange County residents become dually eligible for Medi-Cal and Medicare each month. Pending further clarification from DHCS, it is unknown how aligned enrollment will be implemented for CalOptima members who become dually eligible on or after January 1, 2023. Of note, there are approximately 75,000 dually eligible seniors in Medicare fee-for-service (FFS) in Orange County. Those individuals will not be required to passively enroll into OneCare and will remain in Medicare FFS unless they elect to enroll in a D-SNP.

Medi-Cal Eligibility Expansion

Older Adults

The Enacted Budget expands Medi-Cal eligibility to those 50 years or older, regardless of immigration status. This was originally proposed in 2019 and paused due to the COVID-19 pandemic. The cost of the expansion is \$1.5 billion (\$1.3 billion GF) ongoing, including In-Home Supportive Services, effective no sooner than May 1, 2022.⁵

There are an estimated 17,000 Orange County residents ages 55 and older who are undocumented immigrants; another 37,000 are ages 45–54.⁶ Of that population, CalOptima staff estimate there are approximately 35,000 individuals ages 50 and older. While those eligible for full-scope Medi-Cal based on federal poverty level (FPL) percentage is unknown, it is estimated that nearly half of those individuals are eligible. Therefore, **CalOptima is projecting approximately 16,000–17,000 new members.**

Pregnant Women and Their Newborn Children

The Enacted Budget includes a 5-year Medi-Cal eligibility expansion program for postpartum individuals and their newborn children, regardless of receiving a formal BH-related diagnosis. This extends eligibility for full-scope Medi-Cal from 60 days to 12 months postpartum and would apply to those with an FPL percentage of 139% to 322%. Effective no sooner than April 1, 2022, the budget includes \$90.5 million (\$45.3 million GF) in FY 2021–22 and \$362.2 million (\$181.1 million GF) in FY 2022–23, increasing to \$400 million (\$200 million GF) until April 2027, to implement the extension.⁷

In 2020, nearly 750 CalOptima members earning 139% to 322% FPL were Medi-Cal-eligible because of their pregnancy. Since this program extends access to full-scope Medi-Cal from 60 days to 12 months postpartum, it is expected that point-in-time membership and utilization of covered services, overall, will increase. However, the total number of unique CalOptima members is projected to remain the same.

Covered Benefits

In addition to introducing the CalAIM proposal, Gov. Newsom proposed that Medi-Cal expand the list of covered benefits and address issues relating to health equity and cultural sensitivity. In response, the Enacted Budget includes three new covered benefits.

- **Continuous Glucose Monitors (CGMs):** \$4.9 million (\$1.3 million GF) to include CGM devices as a Medi-Cal-covered benefit for those with Type 1 Diabetes, effective January 1, 2022.⁸ CalOptima had 6,700 members with Type 1 Diabetes through CY 2020. These members would meet the qualifications to request a CGM device as a new method to manage their Type 1 Diabetes.
- **Doula Care:** \$403,000 (\$152,000 GF) in FY 2021–22 and approximately \$4.4 million (\$1.7 million GF) annually to add doula services as a Medi-Cal covered benefit, effective January 1, 2022.⁹ While CalOptima is unable to specifically identify members who may become pregnant and use doula services in CY 2021, there were approximately 15,000 members who became pregnant in CY 2020.
- **Dyadic Care:** \$800 million to introduce dyadic care as a new statewide Medi-Cal benefit, effective no sooner than July 1, 2022.¹⁰ Similar to Parent-Child Interaction Therapy, currently managed by HCA, dyadic care would provide integrated physical and behavioral health screening and services to the whole family. The goal of providing dyadic care is to improve access to preventive and coordinated care for children, rates of immunization completion, social-emotional health services, developmentally appropriate parenting

and maternal mental health. As this is a new covered benefit, CalOptima is unable to determine the exact impact to the plan. However, for CY 2020, 282,000 CalOptima members were 21 years or younger, with approximately 60,000 utilizing BH services. It is projected that children with a BH-related condition may be more likely to use dyadic care.

- **Over the Counter (OTC) Medications:** Reinstates Medi-Cal coverage for adult cold/cough and acetaminophen OTC medications, effective July 1, 2021.¹¹ Based on utilization prior to being eliminated, reinstating these OTC medications may cost CalOptima approximately \$600,000 a year. However, once the pharmacy benefit is carved out of managed care, there will be no cost to CalOptima.

Of note, Proposition 56 directed payments, In-Home Support Services (IHSS) and optional adult Medi-Cal benefits that were scheduled for suspension in 2021 will now receive ongoing funding and have been removed from the suspension list.

COVID-19

California continues to recover from the COVID-19 pandemic-driven recession and public health emergency. As of July 2021, over 3.7 million California residents have contracted COVID-19 and nearly 64,000 people have died.¹² The Enacted Budget highlights the State's ongoing response to the pandemic using state and federal funds, including \$27 billion from the American Rescue Plan Act of 2021.

Since the May Revise, the State calculated an additional \$122 million in spending related to the vaccine distribution and administration. Therefore, current fiscal impacts to the state include \$12.1 billion total costs between FY 2019-20 and 2021–22.¹³ This includes costs for contact tracing, testing, vaccine administration and temporary provider reimbursements.

Table 4. COVID-19 Costs to the State¹⁴

Cost Category	Enacted Budget
Community Engagement	\$193.3 million
Contact Tracing and Tracking	\$233.1 million
Hospital and Medical Surge	\$1.2 billion
Hotels for Health Care Workers	\$277.9 million
Housing for the Harvest	\$24.2 million
Procurements	\$2.9 billion
State Response Operations	\$2.3 billion
Statewide Testing	\$1.8 billion
Support for Vulnerable Populations	\$1.7 billion
Vaccine Distribution and Administration	\$1.5 billion

California State Budget: Analysis of the Enacted Budget (continued)

Furthermore, the state will continue to maximize the use of federal funds to support the current public health emergency, currently projected to remain in effect through December 2021. This includes:

- \$236.6 billion from the Coronavirus Aid, Relief, and Economic Security Act
- \$191.1 billion from the American Rescue Plan Act
- \$99.2 billion from the Coronavirus Response and Relief Act
- \$74.7 billion from the Paycheck Protection and Health Care Act
- \$17.3 billion from the Families First Act
- \$8 billion from the Federal Emergency Management Agency (FEMA) Public Assistance Program
- \$2.4 billion from the Coronavirus Relief Fund
- \$1.6 billion from the Preparedness and Response Act
- \$347.7 million from other federal and private funds

Of note, upon the conclusion of the public health emergency, the Enacted Budget includes one-time funding of \$73 million (\$36.5 million GF) for FY 2021–22 and FY 2022–23 to resume annual Medi-Cal redeterminations.¹⁵

Homelessness

The State's response with Project Roomkey, and then Project Homekey, was successful at both housing those experiencing homelessness and reducing their risk of contracting COVID-19. The Enacted Budget includes approximately \$12 billion for housing and homeless services over the next two FYs, with a goal to end homelessness statewide.¹⁶ This includes \$5.8 billion in one-time funds over two years to further support Project

Homekey. Initiatives within Project Homekey will also include BH services and housing support for youth, families, and low-income seniors.

It is anticipated that of the 132 units currently available in Orange County through Project Homekey, approximately 80% will house CalOptima members.

Medi-Cal Rx

The Medi-Cal pharmacy (Rx) benefit carve-out will remain carved-in to managed care through the remainder of CY 2021. The Administration anticipates the carve-out will take place no sooner than January 1, 2022. With the current placeholder in the Enacted Budget, the pharmacy carve-out is expected to result in ongoing annual savings of \$859 million total funds (\$309 million GF). Due to the timing of various Medi-Cal Rx transition impacts, the budget also assumes temporary costs of \$32 million total funds (\$14 million GF) in FY 2020–21 and \$363 million total funds (\$134 million GF) in FY 2021–22.¹⁷ The Administration is still discussing an implementation plan and will provide an update within the coming months.

Telehealth

As part of the Administration's proposal, the Enacted Budget includes \$151.1 million (\$53.3 million GF) for FY 2021–22 to extend telehealth flexibilities implemented during the pandemic.¹⁸ DHCS will consult with stakeholders to establish utilization management protocols for all telehealth services prior to implementation of post-pandemic telehealth services.

Other Medi-Cal Programs

Community Health Workers

\$16.3 million (\$6.2 million GF), increasing to \$201 million (\$76 million GF) by FY 2026–27, to add community health workers to the class of health workers who are able to provide services to Medi-Cal beneficiaries, effective January 1, 2022.¹⁹



Health Information Exchange

\$2.5 million GF for the Health and Human Services Agency to lead efforts and stakeholder engagement to build out information exchange capabilities for health and social services programs.²⁰



Master Plan for Aging (MPA) Implementation

\$3.3 million GF ongoing for the hiring of 20 permanent positions that will provide the Department of Aging with policy, project management and information technology leadership necessary to implement the MPA.²¹ Of note, it is still unknown which initiatives will be implemented first.



Regional Center Mobile Crisis Teams

\$8 million GF in FY 2021–22, increasing to \$11 million GF ongoing in FY 2022–23, for Systemic, Therapeutic, Assessment, Resources and Treatment (START) teams. The START teams provide 24-hour crisis prevention and response services to individuals with intellectual or developmental disabilities.²²



Next Steps

The Legislature will continue to advance budget trailer bills and policy bills through the legislative process. Bills with funding allocated in the Enacted Budget are likely to be passed and signed into law. The Legislature has until September 10, 2021, to pass legislation, and Gov. Newsom has until October 10, 2021, to either sign or veto that legislation. Additionally, state agencies will begin implementing the policies enacted through the budget, such as CalAIM and the Medi-Cal Rx carve-out. Staff will continue to monitor these policies and provide updates regarding issues that have a significant impact to CalOptima.

About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing guaranteed access to Medi-Cal for all eligible individuals in Orange County and is responsible for almost all medical acute services, including custodial long-term care. CalOptima is governed by a locally appointed Board of Directors, which represents the diverse interests that impact Medi-Cal.

If you have any questions, please contact GA@caloptima.org.

Endnotes

- ¹ 2021-22 Governor's Budget: Proposed Budget Detail, January 8, 2021
- ² 2021-22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 13
- ³ 2021-22 Governor's Enacted Budget Summary, Pg. 83
- ⁴ California State Assembly Floor Report of the 2021-22 Budget, July 15, 2021, Pg. 9
- ⁵ 2021-22 Governor's Enacted Budget Summary, Pg. 69
- ⁶ Profile of the Unauthorized Population: Orange County, CA, Migration Policy Institute, 2018
- ⁷ 2021-22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 96
- ⁸ 2021-22 Governor's Enacted Budget, Department of Health Care Services Enacted Budget Detail
- ⁹ 2021-22 Governor's Enacted Budget Summary, Pg. 70
- ¹⁰ California State Assembly Floor Report of the 2021-22 Budget, July 15, 2021, Pg. 16
- ¹¹ California State Assembly Floor Report of the 2021-22 Budget, July 15, 2021, Pg. 26
- ¹² State of California COVID-19 Dashboard, July 19, 2021
- ¹³ 2021-22 Governor's Enacted Budget Summary, Pg. 31
- ¹⁴ 2021-22 Governor's Enacted Budget Summary, Pg. 32
- ¹⁵ 2021-22 Governor's Enacted Budget Summary, Pg. 71
- ¹⁶ 2021-22 Governor's Enacted Budget Summary, Pg. 70
- ¹⁷ 2021-22 Governor's Enacted Budget, Department of Health Care Services Enacted Budget Detail
- ¹⁸ 2021-22 Governor's Enacted Budget Summary, Pg. 71
- ¹⁹ 2021-22 Governor's Enacted Budget Summary, Pg. 70
- ²⁰ 2021-22 Governor's Enacted Budget Summary, Pg. 84
- ²¹ 2021-22 Governor's Enacted Budget Summary, Pg. 87
- ²² 2021-22 Governor's Enacted Budget Summary, Pg. 81