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NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
WHOLE-CHILD MODEL FAMILY ADVISORY COMMITTEE

TUESDAY, JUNE 22, 2021
9:30 A.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 <u>not</u> 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: 179-704-005 or**
2) **Participate via Webinar at:**
   https://attendee.gotowebinar.com/register/1145008735089772559 rather than attending in person. Webinar instructions are provided below.

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

II.   **ESTABLISH QUORUM**

III.   **PUBLIC COMMENT**
       At this time, members of the public may address the Whole-Child Model Family 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.

IV.   **APPROVE MINUTES**
   A.   Approve Minutes of the April 27, 2021 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

V.   **REPORTS**
   A.   Consider Approval of the Whole-Child Model Family Advisory Committee FY 2020-2021 Accomplishments

VI.   **MANAGEMENT REPORTS**
   A.   Chief Executive Officer Report
   B.   Chief Operating Officer Report
   C.   Chief Medical Officer Report

VII.   **INFORMATIONAL ITEMS**
   A.   Whole-Child Model Family Advisory Committee Member Updates
   B.   CalOptima COVID-19 Provider Communication Toolkit
   C.   Working Together for System Improvement: Orange County Whole-Child Model
   D.   California Children's Services (CCS) Update
   E.   Behavioral Health Update
   F.   Community Relations Update
   G.   Federal and State Legislative Update

VIII.   **COMMITTEE MEMBER COMMENTS**

IX.   **ADJOURNMENT**

WEBINAR INFORMATION

1. **Please register for the Whole-Child Model Family Advisory Committee Meeting on June 22, 2021 9:30 AM PDT at: https://attendee.gotowebinar.com/register/1145008735089772559.**

   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.

2. **Choose one of the following audio options:**

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

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

   United States: **+1 (562) 247-8422**
   Access Code: **179-704-005**
   Audio PIN: Shown after joining the webinar

MINUTES

REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

April 27, 2021

A Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee (WCM FAC) was held on April 27, 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 limitations of the Brown Act.

CALL TO ORDER
Kristen Rogers, WCM FAC Chair called the meeting to order at 9:35 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Kristen Rogers, Chair; Brenda Deeley, Vice Chair; Maura Byron; Cathleen Collins; Jacqui Knudsen; Kathleen Lear; Monica Maier; Malissa Watson

Members Absent: Sandra Cortez-Schultz

Others Present: Ladan Khamseh, Chief Operations Officer; Emily Fonda, M.D., Chief Medical Officer; Belinda Abeyta, Executive Director, Operations; Rachel Selleck, Executive Director, Public Affairs; Tracy Hitzeman, Executive Director, Clinical Operation; Thanh-Tam Nguyen, M.D., Medical Director; Kris Gericke, Director, Pharmacy Management; Albert Cardenas, Director, Customer Service; Debra Kegel, Director, Strategic Development; Andrew Tse, Associate Director, Customer Service; Claudia Magee, Manager, Strategic Development; Vy Nguyen, Manager, Customer Service; Jackie Mark, Sr. Policy Advisor, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service

PUBLIC COMMENT
There were no public comments

MINUTES

Approve the Minutes of the February 23, 2021 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

    Action: ***On motion of Member Maura Byron, seconded and carried, the WCM FAC Committee approved the minutes of the February 23, 2021 meeting. (Motion carried 8-0-0; Member Sandra Cortez-Schultz absent)***

REPORTS

Consider approval of the WCM FAC FY 2021-2022 Meeting Schedule

WCM FAC members reviewed the proposed FY 2021-2022 meeting schedule and opted to continue with their bi-monthly meeting schedule and continue with a 9:30 AM start time.

> *Action:* ***On motion of Member Maura Byron, seconded and carried, the Committee approved the WCM FAC FY 2021-22 Meeting Schedule. (Motion carried 8-0-0; Member Sandra Cortez-Schultz absent)***

Consider Recommendation of WCM FAC Slate of Candidates

Chair Kristen Rogers reviewed the recommendations of the WCM FAC Ad Hoc Committee which consisted of Chair Kristen Rogers, Vice Chair Brenda Deeley and Member Maura Byron. The ad hoc committee met via Teams on April 22, 2021 to review the applications received from the recent recruitment to fill the five expiring WCM FAC seats for three Authorized Family Members and two Community Based Organization or Consumer Advocate Representatives.

The ad hoc committee recommended the following applicants for the three expiring Authorized Family Member Representative seats: Kathleen Lear (new appointment), Monica Maier (reappointment) and Malissa Watson (reappointment). The committee also recommended Sandra Cortez-Schultz (reappointment) as a Community Based Organization Representative.

> *Action:* ***On motion of Vice Chair Brenda Deeley, seconded and carried, the Committee approved the WCM FAC Slate of Candidates. (Motion carried 8-0-0; Member Sandra Cortez-Schultz absent)***

Consider Recommending Adding a WCM FAC Orange County Health Care Agency Representative

Chair Kristen Rogers reviewed the recommendation to add an Orange County Health Care Agency Representative standing seat to the committee.

> *Action:* ***On motion of Member Maura Byron, seconded and carried, the Committee approved the recommendation to add an Orange County Health Care Agency Representative . (Motion carried 8-0-0; Member Sandra Cortez-Schultz absent)***

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer announced that Emily Fonda, M.D. has accepted the Chief Medical Officer position at CalOptima. Ms. Khamseh also updated the committee on the current status of the draft policy intended to address health network model changes that was discussed at the August 2020 Board meeting. Ms. Khamseh noted that the policy included draft language that is intended to define the criteria and provided the process for health networks to

submit requests for contract model changes. She also noted that staff plans to prepare and submit this policy for board consideration at the May 6, 2021 Board meeting. Ms. Khamseh also updated the committee on the status of the Qualified Medicare Beneficiary annual outreach to members.

Chief Medical Officer Update

Emily Fonda, M.D., Chief Medical Officer, provided a COVID-19 update and discussed the on-going vaccine efforts that were currently in progress. Dr. Fonda noted that over 71K members who had been vaccinated. She discussed how the incentive gift cards had been distributed to CalOptima members as an incentive for getting their vaccine. Dr. Fonda also discussed the vaccine initiatives for those members who are homeless and addressed the myths that were circulating about the vaccines.

INFORMATION ITEMS

Whole-Child Model Member Updates

Chair Kristen Rogers notified the members that the annual committee accomplishments were being developed and to submit any items they would like to add to Cheryl Simmons, Staff to the Committees. She noted that the committee will approve these accomplishments at their June 22, 2021 meeting and that they would be submitted to the Board as an informational item.

CalOptima 2020-2022 Strategic Plan Discussion

Rachel Selleck, Executive Director, Public Affairs, jointly presented with Debra Kegel, Director, Strategic Development and Claudia Magee, Manager, Strategic Development the feedback they received on the FY 2020-2022 Strategic Plan that was presented at the advisory committees joint meeting March 11, 2021. WCM FAC members provided additional feedback on Health Equity, Social Determinants of Health, Service Delivery Model and Behavioral Health as well as other service categories during the meeting.

California Advancing and Innovating Medi-Cal (CalAIM) Update

Pallavi Patel, Director, Process Excellence provided a California Advancing and Innovating Medi-Cal (CalAIM) presentation. She noted that this overview had been presented to the Board at their April meeting. Ms. Patel noted that a final plan will be presented to the Board at their June 3, 2021 meeting with submission of deliverables to the Department of Health Care Services (DHCS) on or before July 1, 2021.

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 Legislative Platform and Legislative Priorities.

Medi-Cal Rx Update

Kristin Gericke Pharm.D, Director, Pharmacy Management provided a verbal update on the Medi-Cal Rx transition to Magellan Health Care and noted that it again had been delayed due to Magellan being purchased by Centene and due to conflict of interest. Dr. Gericke noted that meetings had been postponed indefinitely by the Department of Health Care Services.

<u>Family Support Network</u>

Maura Byron, Executive Director, Family Support Network and current WCM FAC member presented on how the Family Support Network offered resources and advocacy for families and children with social, emotional, intellectual and physical needs so they could achieve their full potential by offering programs to empower families to be the best versions of themselves.

<u>ADJOURNMENT</u>

Chair Rogers reminded the committee members that the next meeting would be on June 22, 2021 at 9:30 a.m.

Hearing no further business, Chair Rogers adjourned the meeting at 11:18 a.m.

_____
Cheryl Simmons
Staff to the Advisory Committees

Whole-Child Model Family Advisory Committee
FY 2020-21 Accomplishments

During FY 2020-21 the Whole-Child Model Family Advisory Committee (WCM FAC) of the CalOptima Board of Directors provided input to ensure that Whole-Child Model members receive quality health care services. The following list highlights the accomplishments:

- At the request of the Board, members provided input into CalOptima's revision of its 2020-2022 Strategic Plan.

- A Nomination Ad Hoc Subcommittee was convened to select the proposed slate of candidates. The subcommittee reviewed the proposed candidates at its April 27, 2021 meeting and forwarded their recommendations to the Board for consideration and approval at their June 3, 2021 meeting.

- Kristen Rogers, Chair and Brenda Deeley, Vice Chair were part of a joint ad hoc committee to plan three different meeting agendas for the three joint meetings that were held during 2020-21.

- Members provided input on CalOptima's strategies to maximize outreach efforts to Whole-Child Model members.

- Chair Kristen Rogers as a member of the California Children Services Advisory Group (CCS AG) attended quarterly meetings on behalf of CalOptima's WCM FAC.

- All members completed their required annual compliance training in a timely manner.

- Chair Kristen Rogers provided bi-monthly verbal reports at Board meetings to provide the Board with input and updates on the WCM FAC's activities.

- Members contributed over 179 hours to CalOptima during 2020-2021, including meetings, ad hoc meetings, CCS AG Meetings, Lucille Packard/Family Voices quarterly meetings, compliance course completion and Board meetings which is equal to 22 business days. These hours do not account for the innumerable hours that the members dedicate to Whole-Child Model members on a day-to-day basis.

The WCM FAC thanks the CalOptima Board for the opportunity to provide updates on their activities. The committee welcomes direction or assignment from the Board on any issues or items requiring study, research, and input related to the WCM.

M E M O R A N D U M

DATE:	May 26, 2021
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Chief Executive Officer
SUBJECT:	CEO Report — June 3, 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

CalOptima/County of Orange Break Vaccination Records During Two Local Events
By all measures, the CalOptima/County of Orange Vaccine Clinic and Resource Fair events on May 15 and 22 were a resounding success. In total, 2,064 individuals age 12 and older were vaccinated at the pop-up events held in the CalOptima parking lot. Further, hundreds of $25 Member Health Rewards were distributed directly to eligible members. The outstanding turnout was driven by a variety of factors, including through Othena.com, direct text messaging to members, word-of-mouth among members' friends and family, and walk-in traffic from the nearby Outlets at Orange. The previous vaccination record for a County pop-up clinic was 560 vaccines administered.

The Resource Fair component differentiated the events from other vaccine clinics and was designed to address members' social determinants of health. OC Social Services Agency (SSA) was on-site with staff and Mobile Response Vehicles to assist individuals with applying for CalFresh and Medi-Cal. Further, 2-1-1 Orange County had a booth with representatives offering community resources to support basic needs. Community Action Partnership brought the Clementine food trolley to collect signups for future food distribution and the Tom Tom diaper bank truck to provide diapers to families in need. Dozens of preventive health screenings for carotid artery, thyroid and bone density were provided to interested attendees. Finally, a kids' activity zone engaged children while parents got their shots.

CalOptima welcomed Orange County leaders and elected officials at both events. On May 15, CalOptima Board Chair and Board of Supervisors Chairman Andrew Do, CalOptima Board Member and Board of Supervisors Vice Chair Doug Chaffee, Supervisor Don Wagner and County Health Officer, Health Care Agency (HCA) Director and CalOptima Board Member Clayton Chau, M.D., Ph.D., attended. On May 22, State Sen. Tom Umberg toured the site, spoke with staff and vaccine recipients, and visited the Resource Fair booths. He also presented State Senate Certificates of Appreciation to leaders from CalOptima, HCA and SSA.

Across the two events, 110 CalOptima staff worked either a morning or afternoon shift, helping with check-in, line control, temperature check/hand sanitizing stations, post-vaccine observation and Member Health Rewards distribution among other tasks. Staff worked hard to launch these events quickly and enthusiastically served members at the building for the first time since the pandemic began. The upcoming June 5 and 12 events are focused on administering second doses, although walk-ins will be served, according to County staff.

Member Health Rewards Funding Received, Distribution Vendor Engaged
CalOptima recently received Intergovernmental Transfer (IGT) 10 funding of $140 million from the Department of Health Care Services (DHCS), representing dates of service July 2019 through June 2020. The estimated payment to IGT funding partners is approximately $95 million, and CalOptima's remaining portion is $45 million. As approved at the January Board meeting, the majority of CalOptima's IGT 10 dollars will be used to incentivize members to get vaccinated via the COVID-19 Member Health Rewards. The program is driven by data from DHCS, and a new type of data source recently and dramatically increased the identification of vaccinated CalOptima members. The number of vaccinated members rose from 70,000 to 250,000 almost overnight. This has created a backlog for Population Health Management, which has distributed roughly 40,000 gift cards using internal staff and Board-approved temporary staff. This no longer supports the level of member response, so staff plans to engage an existing fulfillment vendor to support mass mailings of gift cards until the Member Health Rewards vendor is contracted and takes over responsibility. Staff will bring an action to your Board in August to ratify using dollars approved for this program to cover the expenses.

CalOptima Hosts California Advancing and Innovating Medi-Cal (CalAIM) Stakeholder Meeting, Launches Web Page
On May 15, CalOptima welcomed more than 300 attendees to the CalAIM stakeholder meeting. Executive Director, Public Affairs Rachel Selleck provided an overview of CalAIM while Executive Director, Clinical Operations Tracy Hitzeman discussed the populations of focus and outreach methods. A Q&A session enabled provider and community partners to ask about CalAIM implementation, and network and care management services. To provide background on CalAIM and access to the information shared at the stakeholder meeting, CalOptima launched a detailed webpage. This centralized location will offer CalAIM updates in preparation for Phase 1 implementation in January 2022. As part of the June 3 Board meeting, staff will present CalOptima's approach to CalAIM for consideration, in advance of submission to DHCS in July.

Governor Releases Revised State Budget, Increasing Spending on Health Care
On May 14, Gov. Gavin Newsom announced the Revised State Budget (May Revise) for Fiscal Year (FY) 2021–22. The May Revise expands existing health care programs managed by DHCS and continues to support funding for CalAIM, homelessness and response to COVID-19.
- *Total State Budget:* $267.8 billion ($196.7 billion General Fund (GF)). Compared with the January Proposed Budget, this is an increase in spending of nearly 18%.
- *Total Medi-Cal Budget:* $123.8 billion ($27.6 billion GF). Compared with Medi-Cal funding in the FY 2020–21 Enacted Budget, this is an increase in spending of nearly 7%.

The California State Legislature is constitutionally obligated to pass a balanced budget by June 15, which Gov. Newsom must enact by July 1. Following my report is a staff summary of the May Revise.

Strategic Plan Update Moving Forward With Feedback From Advisory Committees
Per your Board's guidance at the February 4 meeting, CalOptima staff met with the Board Advisory Committees to gather feedback on initiative development for the 2020–2022 Strategic Plan, with a particular focus on four areas: Behavioral Health, Health Equity, Social Determinants of Health and Service Delivery Model. During a series of robust facilitated discussions with committee members in March and April, draft Purpose Statements were

developed for the four areas as well as seven Strategic Initiative Categories. Committee members also made recommendations about potential initiatives for development. Staff is in the process of finalizing the Purpose Statements as well as fleshing out the initiative recommendations and assessing their feasibility. Staff will provide an update in late summer and seek Board approval and allocations, as appropriate, in the future.

Community Alliances Forum Draws Audience for COVID-19 Vaccine, Health Equity Info
On May 11, CalOptima welcomed more than 130 attendees for a virtual Community Alliances Forum that provided a COVID-19 update and vaccine information, and addressed barriers to health equity. Regina Chinsio-Kwong, D.O., Deputy Health Officer of HCA, discussed Project Independence and how the County is partnering with community organizations to support health equity. CalOptima Chief Medical Officer Emily Fonda, M.D., shared how CalOptima is improving access to vaccines for members and distributing Member Health Rewards. CalOptima Board Vice Chair Isabel Becerra, CEO of the Coalition of Orange County Community Health Centers, and Ellen Ahn, Executive Director of KCS Health Center, highlighted Orange County initiatives to address health equity in the Latino and Asian-Pacific Islander communities during the pandemic.

CalOptima Garners Media Coverage About Mental Health, Vaccination Activity
In May, CalOptima received significant positive media attention from diverse outlets. See below:
- *Verywell Mind:* Edwin Poon, Ph.D., Director, Behavioral Health Integration, participated in an online article about senior mental health and resiliency during the pandemic. He is the first expert source quoted and highlighted in the piece. Dr. Poon's comments tie well with CalOptima's strategic priority on behavioral health. Verywell's website traffic is estimated at around 16 million visits a month.
- *Tri-County Bulletin:* Executive Director, Quality & Population Health Management Marie Jeannis was interviewed for an article about CalOptima's efforts to combat vaccine hesitancy. It ran on the front page of the Tri-County Bulletin, a newspaper that serves Orange County's Black population.
- *ABC7 Eyewitness News:* On May 13, CalOptima was covered on two ABC7 evening news programs. Reporter Tony Cabrera interviewed Dr. Fonda about vaccine hesitancy and CalOptima's response. In addition, we referred Cabrera to Board Vice Chair Becerra and Families Together of Orange County, a community health center. Both were featured positively as well.

CalOptima COVID-19 Provider Toolkit

June 2021

CalOptima COVID-19 Provider Toolkit

https://www.caloptima.org/en/Features/Covid-19/ProviderToolkit.aspx

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Toolkit Elements

- Don't Wait, Vaccinate! Provider 11x17 Poster
- Don't Wait, Vaccinate! Provider 8.5 x11 Flyer
- COVID-19 Vaccine FAQ
- Sample Provider Letter to CalOptima Members
- Vaccine Myth Buster Fact Sheet (Facts vs. Fiction)
- What to Expect When You Get the COVID-19 Vaccine Fact Sheet
- Telephone On-Hold Message
- Trusted Messenger COVID-19 Explainer Videos (videos for use with website or social media pages)

Toolkit Elements (cont.)

Our Mission

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

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Working Together for System Improvement:
Orange County Whole Child Model
June 22, 2021

Who is OCC3 for Kids?

- Coalition of more than 30 organizations working to improve systems of care for children with special health care needs

- Funding is provided by Lucile Packard Foundation for Children's Health along with in kind contributions of staff support from those who participate

- Formed in April 2013, OCC3 for Kids has engaged in multiple projects together

- Most recently, starting in November 2019, OCC3 for Kids began a process to understand system strengths and challenges related to the transition to Whole Child Model (WCM)
    - Goal is to identify a system issue to work on together

C3
for kids

2

Identifying System Issues w/ WCM Transition

Project Objectives:

- Identify common system barriers for CSHCN, with a focus on the transition and implementation of the WCM

- Identify and raise awareness re: the strengths and challenges of WCM

- Select one issue to work on further

- Develop and implement a plan to address the issue

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for kids

3

Case Review & Focus Group Process

Case Reviews

Purpose: Review cases re: families with challenges related to the transition to WCM, identifying and documenting system issues while working through the specifics of the case to support the families

Nearly 20 cases reviewed

- Presented by Children's Hosptial of Orange County, Regional Center, State Council on Dev. Disabilites, Family Support Network, Center for Autism and other partners

Timeframe: November 2019 - August 2020

Focus Groups

Purpose: Validate and better understand the system issues uncovered in the case review process

9 Focus Groups w/ a Total of 65 Participants:

- Physicians
- 4 Parent Groups (2 in English, 2 in Spanish)
- Health Network Administrators
- Patient Care Coordinators and Case Managers
- Medical Therapy Unit - Therapists
- Vendors

Timeframe: October 2020 - January 2021

4

Key Findings from Case Review Process

1. Need for Parent Education *(use of Patient Care Coordinators, understanding their network and medical necessity)*

2. System "Cracks" *(transfer of records, incomplete medical records, contracting issues between provider organizations and networks)*

3. Continuity of Care/Relationships Between Networks *(role of "established relationship" in continuity of care, communication between networks and transfers)*

4. MTU concerns *(eligibility and appeals)*

Overarching Themes from Focus Groups

1. Interruption of Care for Patients

2. Not All Networks are Equal

3. Unclear Who Supports Parents with System Navigation

4. With WCM, Orange County is on an Island

1) Interruption of Care for Patients

Interruption of care came up by all stakeholder groups. Focus group participants shared four key challenges that led to interruptions in care:

- Out-of-Network Challenges

- Annual Redetermination

- Re-authorizations

- Silos Within Health Networks and Across the WCM System

2) Not All Networks Are Equal

There were two primary issues related to differences between health networks:

- Variance in level of specialization & expertise for children with special needs

  "There is a huge disparity in Medicare managed care networks and their ability to deal with CCS children...some only have like 4 CCS kids and they are not equipped to really help them. There needs to be more transparency around what constitutes a good plan so parents know what they are signing up for." **– Physician**

- Disparity in approval processes & perception that there are different lists of pre-approved services and items

3) Unclear System Navigation

"The happiest parents are those who attend the family meetings before the transition and use their care coordinator." **- Health Network Administrator**

What we heard:

- Parents are hungry for education, community, and support (Parents)

- Parents that felt supported in navigating the system usually said they had a good pediatrician who helped them (Parents)

- Parents don't always know who to go to for what, and more responsibility is put on the parent (Parents, MTUs)

- There are different names, roles and policies for "navigators," depending on the health network (Health Network Administrators)

- Increased burden on other parts of the system because parents depend on pediatricians, MTUs and the Regional Center to help with navigation (Physician)

4) Orange County is on an Island

Focus group participants shared that since surrounding counties are not part of WCM, there are some challenges:

- It can be difficult for patients to get second opinions or change specialists

  "We have access to specialists, but not as many providers as we would like." - Parent

- Providers in other counties do not want to see Orange County WCM patients (this came up often in the different stakeholder groups)

- Vendors work across counties and are operating under different guidelines

- Challenging to transition children when they move

- Some children live in two counties (e.g. due to divorced parents)

- OC specialists not always able to see patients in a timely manner

Focus Group & Case Review Themes

Focus Groups

- **Interruption of Care for Patients** *(out-of-network issues, re-authorizations & redetermination, system silos, complete patient records, difficulty getting patient info)*

- **Not All Networks are Equal** *(differences across health networks, transparency/support for parents in choosing a network that best meets their needs)*

- **Unclear Who Support Parents w/ System Navigation** *(clarity of roles, better leveraging Patient Care Coordinators, parent education)*

- **With WCM, Orange County is on an Island** *(cross-county issues)*

Case Review Process

- **Need for Parent Education** *(use of Patient Care Coordinators, understanding their network and medical necessity)*

- **System "Cracks"** *(transfer of records, incomplete medical records, contracting issues between provider organizations and networks)*

- **Continuity of Care/Relationships Between Networks** *(role of "established relationship" in continuity of care, communication between networks and transfers)*

- **MTU Concerns** *(eligibility and appeals)*

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Prioritized System Issue: WCM System Navigation

Strategies to Addess Issue:

1 **Map resources available to support families with WCM system navigation**
Specialty Providers, Health Networks, CalOptima, Community Support Organizations

2 **Review Health Needs Assessment**
Identify families that need additional supports and direct resources accordingly

3 **Develop shared messaging**
Parent-facing and partner-facing

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Questions for Discussion

Do you have any feedback on our selected system issue (addressing challenges related to WCM system navigation)?

What issues related to WCM system navigation do you recommend be addressed through the 3 streams of work?

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Thank You!

Rebecca Hernandez
Help Me Grow Orange County
ReHernandez@choc.org

Serving Our Community During COVID-19

Tiffany Kaaiakamanu

Manager, Community Relations Department

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Community Relations Department

○ Vision
- Community Relations strives to strengthen partnerships by enhancing communications, understanding and mutual support between CalOptima and community organizations to serve our members' health care needs.

○ Mission
- To increase understanding of CalOptima's values and mission by educating, collaborating and strengthening relationships in the community

Community Relations Team

Debra Kegel
Strategic Development
Director

Tiffany Kaaiakamanu
Community Relations
Manager
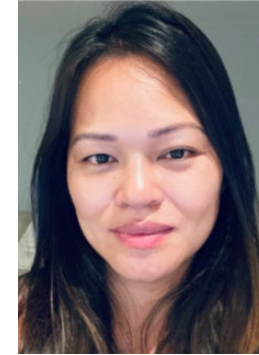
Lisa Nguyen
Sr. Community Relations
Specialist

Shelly Manjarrez
Sr. Community Relations
Specialist

Jennifer Funez
Community Relations
Specialist

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Community Support

- ○ Participate in community events including conferences, workshops and resource/health fairs
  - FY 18–19: 126 events attended
  - FY 19–20: 112 events attended
  - FY 20-21: 49 events attended
- ○ Provide financial support through sponsorships, registration fees and promotional items
  - FY 18–19: $97,230
  - FY 19–20: $70,765
  - FY 20-21 to date: $47,680

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Community Support (cont.)

- Since March 2020, Community Relations has followed local, state and federal guidelines
  - In-person attendance at events suspended
    - 35 virtual meetings attended
    - 34 community events attended, distributed CalOptima items/materials and provided $33,930 in financial support
- From March through May 2020
  - 41 community events/resource fairs were cancelled or postponed

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Community Support (cont.)

○ Hosted events/collaborative meetings and gave presentations

  ▪ Shared information about CalOptima and community health initiatives for members and strengthen community partnerships.

○ Since March 2020, Community Relations transitioned to virtual platform

  ▪ Hosted virtual events and collaborative meetings.

    • 7 Cafecito meetings

    • 4 session resource fair — "Resources for Individuals Experiencing Homelessness"

    • 2 Community Alliances Forum "Mental Health and Self-Care During Uncertain Times" and "COVID-19 Update, Vaccines and Addressing Barriers to Health Equity"

  ▪ Delivered approximately 58 virtual presentations

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Community Support (cont.)

- ○ Endorsements
  - ■ Letters of Support and Use of CalOptima's Name or Logo
- ○ Communication efforts
  - ■ Community Announcements
  - ■ Community Connections e-Newsletter
  - ■ Speakers Bureau
    - • Collaborating to support community partners' meetings, events, town hall meetings and conference
- ○ COVID-19 response
  - ■ Weekly COVID-19 updates to community stakeholders
  - ■ Expanded outreach to serve potential members
    - • 60+ community partners, 30+ collaboratives and 21 shelters
    - • 22 partners for educational materials, 6 websites/social media platforms, 23 collaboratives, 5 newsletters and listservs

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New Initiatives in Response to COVID-19

○ Supporting COVID-19 vaccine events

- Community partners' vaccine events
- CalOptima VOCI-19 Vaccine Clinics for members and community
  - Collaborating with OC Health Care Agency and community partners
- CalOptima Vaccine Clinics
  - May 15th and May 22nd first dose events
    - 820 vaccinated on May 15th and 1244 vaccinated on May 22nd
  - June 5th and June 12th second dose events
    - 808 vaccinated on June 5th and 1,316 vaccinated on June 12th
  - June 5th and June 12th vaccine events to provide accommodations for people on the Autism Spectrum and individuals with disabilities

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Questions

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Tiffany Kaaiakamanu

Manager, Community Relations

tkaaiakamanu@caloptima.org

657-235-6872

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Our Mission

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

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 454 Rodriguez	**Provider Supplemental Payments:** Would allow the Department of Managed Health Care (DMHC) to require health plans to provide supplemental payments and/or nonmonetary support to any severely impacted providers during and for 60 days after a public health emergency or disaster declaration. DMHC may require health plans to provide rate increases, one-time payments, personal protective equipment, and/or other equipment and business expenses to ensure the continued operation of the practice, but no more than the total payment amount that the plan would have paid in an average year.	**05/04/2021** Re-referred to Assembly Appropriations Committee **04/27/2021** Passed Assembly Health Committee **02/08/2021** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose
SB 510 Pan	**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.	**04/12/2021** Re-referred to Senate Appropriations Committee **04/07/2021** Passed Senate Health Committee **02/17/2021** Introduced	CalOptima: Watch CAHP: Oppose Unless Amended
SB 242 Newman	**Provider Reimbursement for Medically Necessary Equipment:** 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.	**04/13/2021** Re-referred to Senate Appropriations Committee **03/10/2021** Passed Senate Health Committee **01/21/2021** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 764 Wyden	**Crisis Assistance Helping Out on the Streets (CAHOOTS) Act:** Would allow State Medicaid programs to provide community-based mobile crisis intervention services under a State Plan Amendment or waiver. Would provide states a 95% FMAP for such services.	**03/16/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch

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Orange County's
Community Health Plan

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 563 Berman	**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 LEA Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) 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.	**04/13/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **03/24/2021** Passed Assembly Education Committee **02/11/2021** Introduced	CalOptima: Watch
AB 586 O'Donnell	**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.	**04/19/2021** Re-referred to Assembly Appropriations Committee **04/13/2021** Passed Assembly Health Committee **04/07/2021** Passed Assembly Education Committee **02/11/2021** Introduced	CalOptima: Watch
AB 822 Rodriguez	**Emergency Psychiatric Observations:** Would add observation services for a psychiatric emergency medical condition as a covered Medi-Cal specialty mental health benefit. Medi-Cal MCPs would be required to pay when the suspected condition is later determined not to be a psychiatric emergency.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/16/2021** Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
SB 221 Wiener	**Timely Access to 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.	**03/22/2021** Re-referred to Senate Appropriations Committee **03/17/2021** Passed Senate Health Committee **01/13/2021** Introduced	CalOptima: Watch CAHP: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 293 Limon	**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 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.	**03/18/2021** Re-referred to Senate Appropriations Committee **03/17/2021** Passed Senate Health Committee **02/01/2021** Introduced	CalOptima: Watch
SB 562 Portantino	**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 been denied or limited if a parent or caregiver is unable to participate.	**04/21/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **04/06/2021** Passed Senate Human Services Committee **02/18/2021** Introduced	CalOptima: Watch
SB 773 Roth	**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.	**04/14/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/19/2021** Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 875 Wood	**CalAIM Proposal: County Inmate Release Coordination:** 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.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/17/2021** Introduced	CalOptima: Watch
AB 942 Wood	**CalAIM Proposal: Behavioral Health:** 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.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/17/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1132 Wood	**CalAIM Proposal: Standardized MCP Benefits and Dual Eligible Special Needs Plan (D-SNP) Transition:** 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 also standardize the 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.	**05/03/2021** Re-referred to Assembly Appropriations Committee **04/27/2021** Passed Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch
SB 256 Pan	**CalAIM Proposal:** Would authorize DHCS to implement the CalAIM proposal, including the following provisions: ■ Enhanced Care Management ■ ILOS ■ Incentive payments to Medi-Cal MCPs ■ Mandatory managed care enrollment populations ■ Population Health Management program ■ Regional capitation rates	**04/28/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **01/26/2021** Introduced	CalOptima: Watch
SB 279 Pan	**CalAIM Proposal:** Would terminate the Health Homes Program on January 1, 2022, require all MCPs and health plan subcontractors to become accredited by the National Committee for Quality Assurance by January 1, 2026, and implement the State Plan Dental Improvement Program.	**04/28/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **01/29/2021** Introduced	CalOptima: Watch
RN 21 08858 Trailer Bill	**CalAIM Proposal:** Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, for which implementation requires changes in state law.	**02/01/2021** Published on the Department of Finance website	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**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.	**01/04/2021** Introduced; referred to House Committees on Energy and Commerce, Ways and Means and Armed Services	CalOptima: Watch
H.R. 1118 Dingell	**Medicare Hearing Aid Coverage Act of 2021:** Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.	**02/18/2021** Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 114 **Maienschein**	**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.	**04/13/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **12/17/2020** Introduced	CalOptima: Watch
AB 342 **Gipson**	**Colorectal Cancer Screenings and Colonoscopies:** Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening and laboratory test recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, would prohibit health plans from imposing cost sharing on colonoscopies for those between 50 and 75 years of age. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.	**03/26/2021** Re-referred to Assembly Appropriations Committee **03/23/2021** Passed Assembly Health Committee **01/28/2021** Introduced	CalOptima: Watch
SB 245 **Gonzalez**	**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.	**04/12/2021** Re-referred to Senate Appropriations Committee **04/07/2021** Passed Senate Health Committee **01/22/2021** Introduced	CalOptima: Watch CAHP: Oppose
SB 306 **Pan**	**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	**04/19/2021** Passed Senate Business, Professions and Economic Development Committee; referred to Senate Appropriations Committee **04/07/2021** Passed Senate Health Committee **02/04/2021** Introduced	CalOptima: Watch CAHP: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 523 Leyva	**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.	**05/03/2021** Re-referred to Senate Appropriations Committee **04/28/2021** Passed Senate Health Committee **04/05/2021** Passed Senate Labor, Public Employment and Retirement Committee **02/17/2021** Introduced	CalOptima: Watch
RN 21 05566 Trailer Bill	**Delayed Suspension of Medi-Cal Adult Optional Benefits:** Would delay the suspension of certain Medi-Cal adult optional benefits, which are currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch
RN 21 05595 Trailer Bill	**Delayed Suspension of Medi-Cal Postpartum Care Extension:** Would delay the suspension of Medi-Cal postpartum expanded eligibility, which is currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Postpartum expanded eligibility allows Medi-Cal beneficiaries who receive pregnancy-related services and are diagnosed with a mental health condition to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy. Upon the discontinuation of postpartum expanded eligibility on December 31, 2022, postpartum care would terminate 60 days after the last day of pregnancy.	**02/02/2021** Published on the Department of Finance website	CalOptima: Watch

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status.	**04/13/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **12/07/2020** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 112 Holden	**Inmate Eligibility Extension:** Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one year of elapsed incarceration to three years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three years after their status as a juvenile has ended.	**03/26/2021** Re-referred to Assembly Appropriations Committee **03/23/2021** Passed Assembly Health Committee **12/17/2020** Introduced	CalOptima: Watch
AB 470 Carrillo	**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.	**04/14/2021** Re-referred to Assembly Appropriations Committee **04/06/2021** Passed Assembly Health Committee **02/08/2021** Introduced	CalOptima: Watch LHPC: Support
SB 56 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status.	**03/10/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **12/07/2020** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell	**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.	**03/10/2021** Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch ACAP: Support
S. 646 Brown	**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.	**03/09/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch ACAP: Support
AB 1050 Gray	**Medi-Cal Beneficiary Communications Consent:** Would amend the application for Medi-Cal benefits to include a written consent to receive text messages from DHCS, county welfare departments, MCPs and providers regarding appointment reminders and outreach efforts.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1082 Waldron	**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.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch CAHP: Support In Concept
AB 1131 Wood	**Health Information Network (HIN):** Would establish a statewide HIN to facilitate the required exchange of patient data among all health plans, health systems, providers, hospitals, skilled nursing facilities and laboratories in California. Exchanged data would include clinical summaries, claims, encounter data, laboratory data, eligibility files, and race and ethnicity information.	**04/06/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch
AB 1162 Villapadua	**Claims Processing Timeline and Prior Authorizations During Emergency:** Would shorten the timeline for health plans to process submitted claims from 30-45 days to 20 days for all health plans. Additionally, would allow DMHC to suspend health plan requirements for prior authorizations in any county where a declared state of emergency has impacted beneficiaries or providers.	**04/27/2021** Re-referred to Assembly Appropriations Committee **04/20/2021** Passed Assembly Health Committee **02/18/2021** Introduced	CalOptima: Watch CAHP: Oppose Unless Amended
AB 1355 Levine	**Independent Medical Review (IMR) System:** Would require DHCS to establish an IMR system for Medi-Cal MCPs, effective January 1, 2022. The bill would also provide every Medi-Cal beneficiary filing a grievance with access to an IMR.	**03/04/2021** Referred to Assembly Health Committee **02/19/2021** Introduced	CalOptima: Watch
SB 250 Pan	**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 appealed or were lost upon appeal) are both within a certain range of the average numbers for the same specialty in the same region.	**03/17/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **01/25/2021** Introduced	CalOptima: Watch CAHP: Oppose
SB 371 Caballero	**Health Information Technology and Exchange:** Would require DHCS to apply for federal funding from the American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program 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 and safety net hospitals to expand the use of health information technology and connect to exchanges.	**03/24/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/10/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08473 Trailer Bill	**Delayed Proposition 56 Suspensions:** Would delay the suspension of certain 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, DHCS would suspend payments after spending a total of $95 million. For all other VBP programs, DHCS would suspend payments on July 1, 2022.	**02/04/2021** Published on the Department of Finance website	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	**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.	**04/14/2021** Signed into law **04/13/2021** Passed the House **03/25/2021** Passed the Senate **03/12/2021** Introduced	CalOptima: Watch
S. 1162 Casey	**Program for All-Inclusive Care for the Elderly (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. 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.	**04/15/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 523 Nazarian	**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.	**05/04/2021** Re-referred to Assembly Appropriations Committee **04/27/2021** Passed Assembly Health Committee **04/06/2021** Passed Assembly Aging and Long-Term Care Committee **02/10/2021** Introduced	CalOptima: Watch CalPACE: Support/ Sponsor

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 540 **Petrie-Norris**	**PACE Enrollment Process:** Would seek to increase enrollment into PACE organizations by: ■ Listing PACE as a Medi-Cal/Medicare plan choice in areas where a PACE center is available and there is more than one MCP ■ Delaying mandatory or passive enrollment into 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	**04/28/2021** Re-referred to Assembly Appropriations Committee **04/20/2021** Passed Assembly Health Committee **04/06/2021** Passed Assembly Aging and Long-Term Care Committee **02/10/2021** Introduced	CalOptima: Watch CalPACE: Support/Sponsor
AB 1083 **Nazarian**	**Senior Affordable Housing Nursing Pilot Program:** Would require the California Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the counties of Los Angeles, Orange, Riverside, Sacramento and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purpose of hiring one full-time registered nurse to work at three senior citizen housing developments in each county. The registered nurse would be required to provide health education, navigation, coaching and care to residents.	**04/20/2021** Passed Assembly Aging and Long-Term Care Committee; referred to Assembly Appropriations Committee **02/18/2021** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 671 **Wood**	**Disease Management Payment for Specialty Drugs:** Would require DHCS to provide a supplemental disease management payment to contracted pharmacies for dispensing specialty drugs to ensure beneficiary access.	**03/23/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/12/2021** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 882 Gray	**Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program:** Effective January 1, 2022, would restrict eligibility for loan payment assistance under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which is currently available to recently graduated physicians and dentists who serve Medi-Cal beneficiaries, to only those who practice in provider shortage areas and whose patients include at least 30% Medi-Cal beneficiaries. Would indefinitely extend the program beyond its current termination date of January 1, 2026.	**04/15/2021** Re-referred to Assembly Appropriations Committee **04/06/2021** Passed Assembly Health Committee **02/17/2021** Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
SB 365 Caballero	**Medi-Cal Provider Electronic Consultation (E-Consult) Service:** Would allow a provider-to-provider e-consult service to be reimbursable by Medi-Cal. Would require the providers to be enrolled in Medi-Cal, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.	**05/04/2021** Re-referred to Senate Appropriations Committee **03/24/2021** Passed Senate Health Committee **02/10/2021** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 316 Eggman	**FQHC Reimbursement:** Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that does not allow an FQHC to be reimbursed for mental or dental and physical health visits on the same day; a patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit (through the member's primary care provider) and a mental health or dental visit as two separate visits, regardless 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.	**03/10/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/04/2021** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 **Rivas, Luz**	**Bring California Home Act:** Would create the Bring California Home Fund in the State Treasury to fund a statewide homelessness solutions program. Would authorize the Homeless Coordinating and Financing Council to administer the funds to applicants, including counties and large cities, for the purpose of reducing the number of individuals experiencing homelessness. Eligible uses of funding would include rental assistance, landlord incentives, housing navigation services, moving support, operating costs of affordable supportive and transitional housing projects, and the board and care of individuals with complex needs at licensed residential facilities.	**05/04/2021** Re-referred to Assembly Appropriations Committee **04/29/2021** Passed Assembly Housing and Community Development Committee **04/19/2021** Passed Assembly Revenue and Taxation Committee **12/07/2020** Introduced	CalOptima: Watch
AB 369 **Kamlager**	**Presumptive Eligibility and Street Medicine Payment:** 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.	**04/26/2021** Re-referred to Assembly Appropriations Committee **04/20/2021** Passed Assembly Health Committee **02/01/2021** Introduced	CalOptima: Watch
SB 17 **Pan**	**Office of Racial Equity:** Effective until January 1, 2029, would establish the independent Office of Racial Equity 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.	**04/15/2021** Re-referred to Senate Appropriations Committee **04/13/2021** Passed Senate Judiciary Committee **03/23/2021** Passed Senate Governmental Organization Committee **12/07/2020** Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	**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.	**01/19/2021** Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch
H.R. 2166 Sewell	**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.	**03/23/2021** Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch NPA: Support
S. 150 Cortez Masto	**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.	**02/02/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 32 Aguiar-Curry	**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.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **12/07/2020** Introduced	CalOptima: Watch
AB 935 Maienschein	**Behavioral Health Telehealth Consultation Program:** Would create a provider-to-provider telehealth consultation program for use when assessing mental health and/or providing mental health treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2022. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	**04/27/2021** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **02/17/2021** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose Unless Amended

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08394 Trailer Bill	**Medi-Cal Telehealth Proposal:** Would modify, extend or expand certain telehealth flexibilities adopted by DHCS during the COVID-19 pandemic to be incorporated into permanent law. Would allow FQHCs and RHCs to establish a patient within its federal designated service area through audio-visual telehealth. However, health care providers would be prohibited from establishing a patient through audio-only telehealth or other non-audio-visual telehealth modalities. Would require DHCS to specify the Medi-Cal-covered health care 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. 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.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**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.	**01/04/2021** Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch
S. 453 Casey	**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.	**02/25/2021** Introduced; referred to Senate Finance Committee	CalOptima: Watch
AB 393 Reyes	**Early Childhood Development Act of 2020:** Effective immediately, would require the California Department of Social Services (CDSS) to conduct an evaluation of emergency childhood services provided during the COVID-19 public health emergency, including the following: ■ Availability of crisis childcare services ■ Availability of COVID-19 testing and personal protective equipment ■ Vaccination prioritization and distribution ■ Cleaning of childcare centers ■ Payment to family childcare homes during state-mandated closures ■ Foster care programs CDSS would be required to submit its findings and associated recommendations to the State Legislature by October 1, 2021.	**04/21/2021** Passed Assembly Human Services Committee; referred to Assembly Appropriations Committee **02/02/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 428 Hurtado	**Adverse Childhood Experiences Screenings (ACEs):** Would require a health plan to provide coverage for ACEs.	**04/21/2021** Passed Senate Health Committee; referred to Senate Appropriations Committee **02/12/2021** Introduced	CalOptima: Watch
SB 682 Rubio	**Childhood Chronic Health Conditions:** Would require CHHS, 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.	**04/12/2021** Re-referred to Senate Appropriations Committee **04/07/2021** Passed Senate Health Committee **02/19/2021** Introduced	CalOptima: Watch

Two-Year Bills

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

- AB 58 (Salas)
- AB 552 (Quirk-Silva)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 862 (Chen)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1160 (Rubio)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra, Lee, Santiago)
- 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: May 10, 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 May Revise

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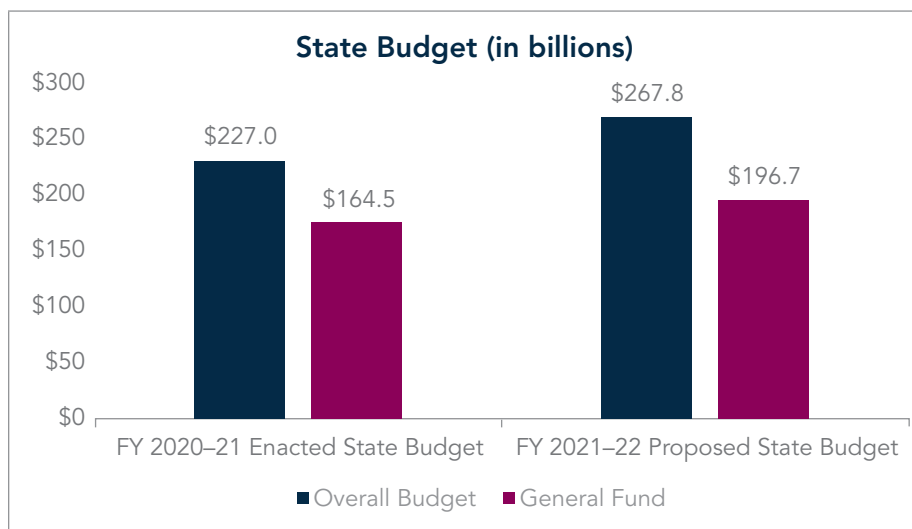
Overview

On May 14, 2021, Gov. Gavin Newsom announced the Revised State Budget (May Revise) for Fiscal Year (FY) 2021–22. After the State experienced a budget shortfall of $54 billion in 2020, the *California Comeback Plan* includes $25 billion in federal relief for an overall budget surplus of $100 billion for the next FY.

As the State continues to respond to the public health emergency, Gov. Newsom's proposed budget expands existing health care programs managed by the Department of Health Care Services (DHCS) and includes several one-time funding proposals. The May Revise proposes a total budget of $267.8 billion, including $196.7 billion General Fund (GF). In comparison with the January Proposed Budget ($227 billion, including $164.5 billion GF), this reflects an increase in spending of nearly 18%.[1] CalOptima's analysis features highlights from the May Revise, including budget provisions for California Advancing and Innovating Medi-Cal (CalAIM), homelessness and the COVID-19 pandemic.

Table 1. California State Budget

State Budget (in billions)

	FY 2020–21 Enacted State Budget	FY 2021–22 Proposed State Budget
Overall Budget	$227.0	$267.8
General Fund	$164.5	$196.7

Revised State Budget

The budget increases funding for the State's Medi-Cal program to a total of $123.8 billion ($27.6 billion GF).[2] When compared with Medi-Cal funding in the FY 2020–21 Enacted Budget ($115.4 billion ($22.3 billion GF), this represents an increase of nearly 7%. The May Revise also assumes fewer Medi-Cal beneficiaries than estimated in the January Proposed Budget. The Medi-Cal caseload is expected to include approximately 14.5 million total

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Medi-Cal beneficiaries by 2022, down from 16.1 million. The total caseload is due to the suspension of Medi-Cal eligibility redeterminations, the COVID-19-driven recession and additional data on actual caseload growth.

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 May Revise includes nearly $3.5 billion in proposed funding with several initiatives focusing on care coordination, prevention and access.[3] This includes implementing an incentive plan through Medi-Cal managed care plans, in partnership with county BH departments, to increase the number of students receiving preventive and early intervention BH services at school:

- $1.7 billion ($1.3 billion American Rescue Plan Act [ARPA])
- $1 billion from ARPA's Coronavirus State Fiscal Recovery Fund
- $431 million ($300 million GF) ongoing for the Children and Youth Behavioral Health Initiative
- $39.2 million GF to assist counties with serving foster youth with complex needs and BH conditions
- $30 million one-time distribution from the Mental Health Services Fund for Mental Health Student Services Act partnership grants
- $23.8 million ongoing GF to provide children aging out of Early Start provisional Lanterman service with eligibility up to age 5
- $12.4 million one-time GF for seven demonstration projects focused on advancing research and developing approaches to treating and preventing Adverse Childhood Experiences (ACEs).

CalAIM

Components of the CalAIM proposal, such as Enhanced Care Management and In Lieu of Services, continue to receive funding in the May Revise, with $1.6 billion ($673 million GF) proposed for FY 2021–22 and $1.5 billion ($746.6 million GF) for FY 2022–23. In comparison with the January Proposed Budget, this reflects an increase of $5 billion for FY 2021–22. With additional funds available, the Administration included three new proposals for CalAIM: Medi-Cal Population Health Management (PHM), Providing Access and Transforming Health (PATH), and a Medically Tailored Meals Pilot Program.[4] Of note, the preliminary PHM proposal allowed individual health plans to develop their own programs. The May Revise specifies PHM would now standardize risk stratifications and quality measures statewide, which would streamline assessments to improve care coordination through CalAIM.

Table 2. CalAIM Proposed Funding

Cost Category	May Revise Estimate
Behavioral Health	$21.8 million
Dental	$113.5 million
Enhanced Care Management	$187.5 million
Incentives	$300.0 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
PATH	$200.0 million
Population Health Management	$300.0 million
Specialty Mental Health Services Carve-Out	$-4.8 million
State Operations Funding	$38.9 million
Transitioning Populations	$401.6 million

COVID-19

The State continues to recover from the COVID-19 pandemic-driven recession and public health emergency. As of May 2021, 3.6 million California residents have contracted COVID-19, including nearly 62,000 people who have died.[5] The May Revise highlights the State's ongoing response to the pandemic using state and federal funds, including the most recent $27 billion from ARPA.

The State calculates significant fiscal impacts related to the pandemic, including $5.6 billion in total costs in FY 2020–21 and $12.1 billion in total costs in FY 2021–22. This includes costs for contact tracing, testing, vaccine administration and temporary provider reimbursements.[6]

Table 3. COVID-19 Costs to the State[7]

Cost Category	May Revise Estimate
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	$1.3 billion

Furthermore, DHCS estimates a significant offset in state spending due to increased federal funding from the Families First Coronavirus Response Act that is projected to remain through December 2021 due to the ongoing public health emergency. This specifically includes:

- $4.4 billion in additional FY 2020–21 federal funding, offsetting $2.6 billion in GF costs
- $3.6 billion in additional FY 2021–22 federal funding, offsetting $2.3 billion in GF costs

Of note, upon the conclusion of the public health emergency, the May Revise 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.[8]

Covered Benefits

In addition to proposing the CalAIM initiative, Gov. Newsom suggests the Medi-Cal program expand the list of covered benefits and address issues related to health equity and cultural sensitivity. In response, the May Revise includes the following two new proposals:

- Doula Care: The May Revise includes $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]

- Dyadic Care: The May Revise includes $200 million ($100 million GF) annually to introduce a new statewide Medi-Cal benefit that 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, increase rates of immunization completion, offer social-emotional health services, foster developmentally appropriate parenting and promote maternal mental health.[10]

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

Homelessness

The homeless crisis continued to emerge throughout the pandemic. 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.[11] The May Revise builds off the January Proposed Budget, increasing homeless services from $2.1 billion to $6.8 billion. This

includes $3.5 billion in one-time funds over two years for Project Homekey, with $1 billion specifically targeting those who are experiencing or at risk of homelessness. In total, the May Revise includes $11.9 billion over the next two FYs with a goal of ending homelessness statewide.[12]

Medi-Cal Expansion

Originally proposed in 2019 and suspended due to the pandemic, the May Revise seeks to expand Medi-Cal eligibility to those 60 years or older, regardless of immigration status. This includes $69 million ($50 million GF) in FY 2021–22 and $1 billion ($859 million GF) ongoing to expand Medi-Cal, including IHSS, to undocumented adults ages 60 and older, effective no sooner than May 1, 2022.[13]

The May Revise also includes a five-year Medi-Cal eligibility expansion program for postpartum women. This would extend eligibility for full-scope Medi-Cal from six months to 12 months postpartum. Effective no sooner than April 1, 2022, the May Revise includes $90.5 million ($45.3 million GF) in FY 2021–22 and $362.2 million ($181.1 million GF) annually between FY 2022–23 and FY 2027–28 to implement the expansion.[14]

Medi-Cal Rx

The pharmacy benefit will remain carved-in to managed care through the remainder of this calendar year. However, for budgeting purposes, the Administration anticipates the carve-out will take place no sooner than January 1, 2022. With the current placeholder in the May Revise, the Medi-Cal Rx carve-out is expected to result in ongoing annual savings of $859 million ($309 million GF). Due to the timing of various Medi-Cal Rx transition impacts, the May Revise also assumes temporary costs of $32 million ($14 million GF) in FY 2020–21 and $363 million ($134 million GF) in FY 2021–22.[15] The Administration is still discussing an implementation plan and will provide an update in the coming months.

Telehealth

As part of the Administration's proposal to extend telehealth flexibilities implemented during the pandemic, DHCS will establish audio-only telehealth rates at 65% of the Medi-Cal fee-for-service rate and a comparable alternative to prospective payment system rates for community clinics to maintain an incentive for in-person care. DHCS will consult with stakeholders to establish utilization management protocols for all telehealth services prior to implementation of post-pandemic telehealth services.[16]

Other Medi-Cal Proposals

Gov. Newsom included additional key proposals impacting Medi-Cal within the May Revise:

- 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 permitted to provide services to Medi-Cal beneficiaries, effective January 1, 2022.[17]

- Health Information Exchange: $2.5 million GF for the Health and Human Services Agency to lead efforts and stakeholder engagement in building out information exchange for health and social services programs.[18]

- Master Plan for Aging Implementation: An April 1, 2021, proposal included $3.3 million GF ongoing to provide the Department of Aging with policy, project management and information technology leadership necessary to implement the Master Plan for Aging.[19]

- 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.[20]

Next Steps

The California State Legislature is constitutionally obligated to pass a balanced budget by June 15, 2021, which must be enacted by the Governor by July 1, 2021. Many of these proposals, such as CalAIM, require additional legislation to implement. CalOptima will continue to closely monitor ongoing budget discussions and provide updates regarding issues that impact the advancement of CalOptima's legislative priorities.

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 May Revise Budget Summary, May 14, 2021, Pg. 13
[2] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 84
[3] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pgs. 79–80
[4] DHCS May Revise Budget Highlights, May 14, 2021, Pg. 7
[5] California COVID-19 State Dashboard, May 17, 2021
[6] DHCS May Revise Budget Highlights, May 14, 2021, Pg. 10
[7] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 30
[8] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 87
[9] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 85
[10] DHCS May Revise Budget Highlights, May 14, 2021, Pg. 5
[11] Legislative Analyst's Office: California's Homelessness Challenges in Context, January 21, 2021
[12] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 5
[13] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 82
[14] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 85
[15] DHCS May Revise Budget Highlights, May 14, 2021, Pg. 12
[16] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 86
[17] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 85
[18] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 101
[19] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 83
[20] 2021–22 Governor's May Revise Budget Summary, May 14, 2021, Pg. 81