OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Program Overview

May 2015

Learning Objectives

- After completing the training you will:

  - ➢ Have gained an awareness and knowledge about CalOptima's new OneCare Connect program for members in Orange County who are eligible for Medicare and Medi-Cal.

  - ➢ Understand the key elements of the members' services and benefits.

Note that this training covers multiple specific topics in a way designed to make you aware of the OneCare Connect program and its components. If your job requires more detail about a certain topic, you will receive more in-depth information it in a later training session.

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Course Content

- Introduction, Eligibility and Benefits
- Enrollee Services
- Member Rights
- Grievances and Appeals
- Cultural Competency
- Disability Awareness
- Model of Care (MOC)
- Interdisciplinary Care Team (ICT)
- Care Coordination
- Behavioral Health
- Long-Term Services and Supports (LTSS) and In-Home Supportive Services (IHSS)

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Introduction to OneCare Connect

What Is OneCare Connect?

- Part of a national pilot program for people with Medicare and Medi-Cal (known as Medi-Medi or dual eligible).

- California implemented Cal MediConnect via legislation, called the Coordinated Care Initiative (CCI).

- CCI includes two primary components:
  - **Cal MediConnect**, which integrates Medicare and Medi-Cal into a single plan (instead of Medicare with Medi-Cal wrap)
    - CalOptima's plan is **OneCare Connect**
  - Integration of two additional managed long-term services and supports as a managed care plan benefit
    - **Multipurpose Senior Services Program** (MSSP)
    - **In-Home Supportive Services** (IHSS)

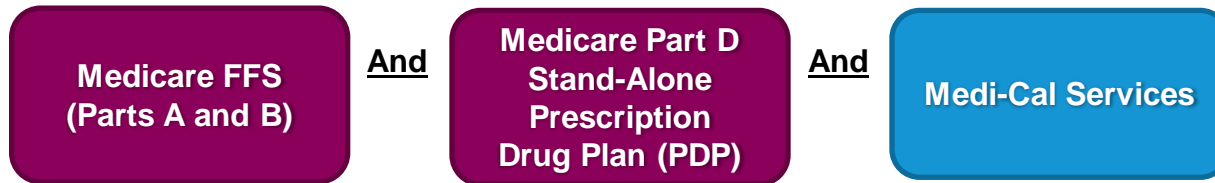OneCare Connect

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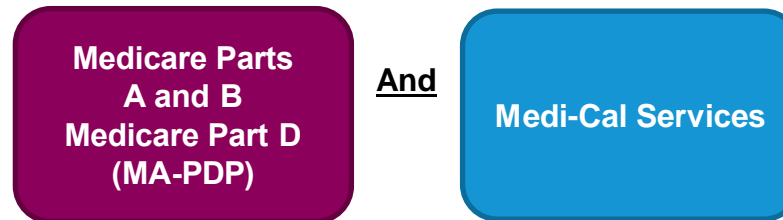
OneCare Connect Goals

- Combine Medicare and Medi-Cal benefits
- Make meaningful improvements to patient care with care coordination and care planning
- Help patients live safely at home as long as possible
- Protect patient choice and provide a better health care experience

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Addressing Fragmentation

Patients in Medicare Fee-For-Service (FFS):

Medicare FFS (Parts A and B)   **And**   **Medicare Part D Stand-Alone Prescription Drug Plan (PDP)**   **And**   **Medi-Cal Services**

Patients in a non-CalOptima Medicare Advantage (MA) Plan:

Medicare Parts A and B Medicare Part D (MA-PDP)   **And**   **Medi-Cal Services**

Patients in OneCare Connect

Medicare Parts A and B Medicare Part D Medi-Cal

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Dual Eligible Population

- About 1.1 million "duals" live in California; over 75,000 in Orange County
  - 66 percent are 65 and older
  - 50 percent live on less than $10,000/year
- Account for a disproportionate share of health care spending
- Have complex needs and challenges
  - Multiple health conditions, providers and medications
    - Average CalOptima member has eight conditions, up to 15 providers and 10 meds
    - Many have behavioral health issues (mental health or substance use disorder)

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Dual Eligible Population (cont.)

- ➢ May be culturally isolated or have language barriers
  - ▪ In Orange County, 23 percent speak Vietnamese, 16 percent speak Spanish and 13 percent speak other languages.
- ➢ Struggle to access health care because of challenging financial and social issues
- ➢ Have difficulty navigating through a complex system of disconnected programs

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OneCare Connect Eligible Members

- OneCare Connect members must meet all criteria to be eligible for benefits.
- Must be:
  - ➢ Age 21 and older, living in Orange County
  - ➢ Enrolled in Medicare Parts A, B, D
  - ➢ Receiving full Medi-Cal benefits

  Members who reside in a nursing homes, are enrolled in the Multipurpose Senior Services Program (MSSP) or have In-Home Supportive Services (IHSS) **must** meet their share of cost, if there is one.

  Excluded are people under 21, with other health insurance, with other share of cost, in certain waiver programs, receiving services through state or regional developmental centers or intermediate care facilities, confined to correctional facilities, or living in veterans homes

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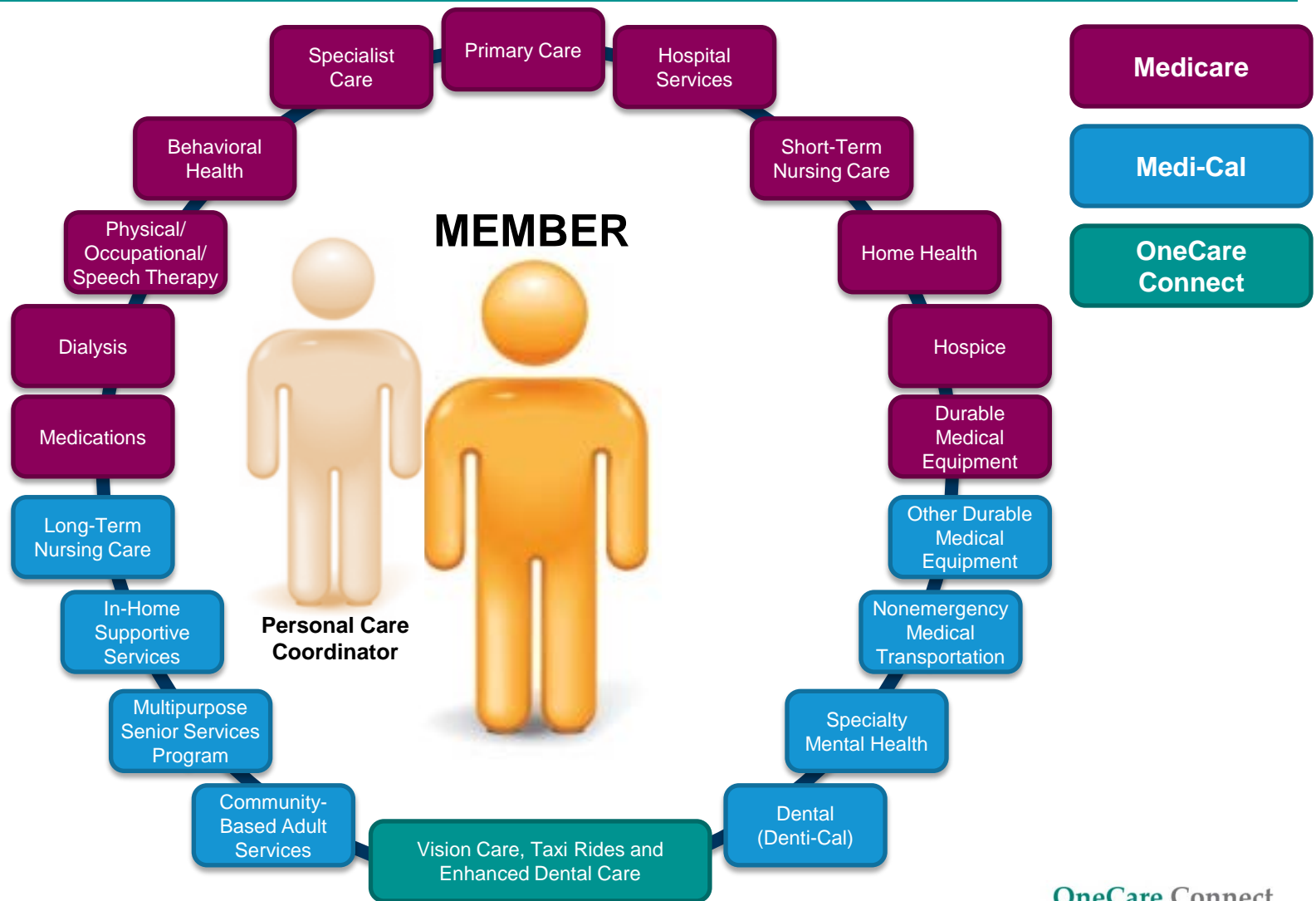
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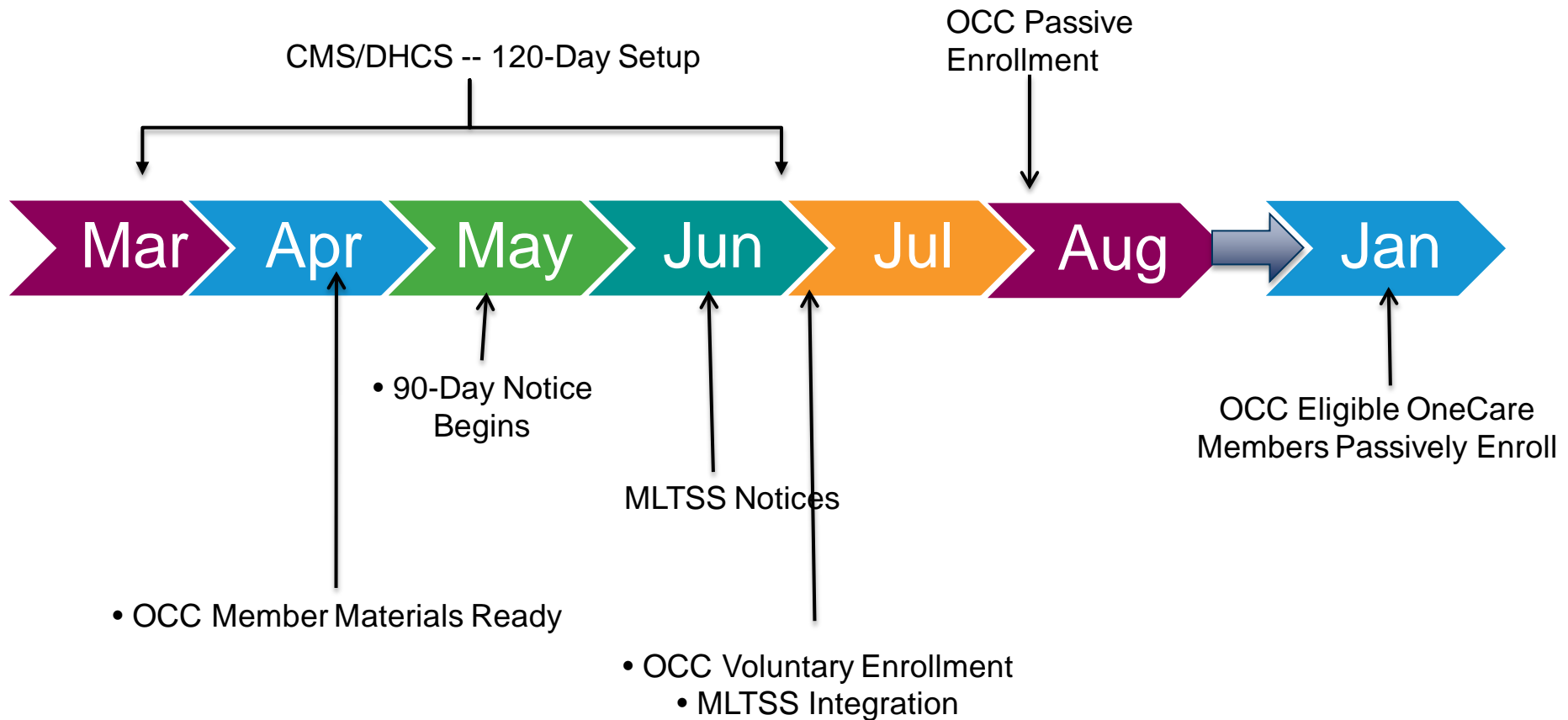
Added Benefits

- In addition to Medicare and Medi-Cal covered services, OneCare Connect members receive:

  - Vision care and taxi rides to medical appointments

  - Improved access to long-term services and supports, including skilled nursing, Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS) and Multipurpose Senior Services Program (MSSP) benefits.

  - Improved integration of behavioral health benefits with medical care benefits

  - Coordination of benefits via an Interdisciplinary Care Team (ICT) and an Individualized Care Plan (ICP)

  - Support from a Personal Care Coordinator (PCC) to help navigate the health care system

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Member Interactions With Providers

- Members can choose their health network and doctor.
  - Eight networks or the Community Network
  - OneCare Connect has primary care and specialist providers
  - Option to change doctors every 30 days
- Members must see providers in an assigned network.
- Special continuity of care provisions may cover members with existing provider relationships.
  - Medicare: 6 months
  - Medi-Cal: 12 months
- Member's providers participate on the Interdisciplinary Care Team (ICT) to create an Individualized Care Plan (ICP)

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Anticipated Timeline

CMS/DHCS -- 120-Day Setup

OCC Passive Enrollment

Mar | Apr | May | Jun | Jul | Aug | Jan

• 90-Day Notice Begins

• OCC Member Materials Ready

MLTSS Notices

• OCC Voluntary Enrollment
  • MLTSS Integration

OCC Eligible OneCare Members Passively Enroll

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Benefit Comparison

Items	Fee-For-Service	Managed Care OneCare Connect
Cards	Two cards	One card
Covered Services	• Medicare Covered Services • CalOptima Medi-Cal wraparound services	Medicare, Medi-Cal covered services including: • Integrated MLTSS • Vision • Taxi rides to medical appointments
Provider Access	Member discretion; potential duplication of service	Access providers through network or via continuity of care provisions
Care Coordination	No coordination	Highly coordinated
Threshold Languages	None	English, Spanish, Vietnamese, Farsi, and Korean

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OneCare Connect and Enrollee Services

Enrollee Services

- Voluntary Enrollment
  - Begins July 1, 2015
  - Medicare Advantage, other D-Special Needs Plan and PACE members may choose to enroll (no passive enrollment)
  - Members eligible for passive enrollment may enroll earlier than scheduled date

- Eligible for Passive Enrollment
  - Begins August 1, 2015
  - Approximately 47,000 members in Medicare fee-for-service
    - Approximately 3,900 per month
    - Enroll in their birthday month beginning no earlier than August 1, 2015
  - Approximately 11,000 members in OneCare
    - Enroll January 1, 2016

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Enrollee Services (cont.)

- Members will receive 90-, 60- 35- and 30-day notices before passive enrollment.

- Provider Directory, Summary of Benefits and other materials available June 1, 2015, at www.caloptima.org

If your particular job requires it, you will receive additional Enrollee Services training in your work unit.

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CalOptima Member Notices and Engagement

90 Days Before Enrollment
- First member notice

60 Days Before Enrollment
- Second member notice
- Phone outreach for primary care provider (PCP) and health network (HN) selection

35 Days Before Enrollment
- Final member notice

30 Days Before Enrollment
- Welcome packet, including Member Handbook, Provider and Pharmacy Directory, Summary of Benefits, List of Covered Drugs (Formulary) and ID Card

20 Days Before Enrollment
- Outreach for Health Risk Assessment

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CMS Member Notice

90 Days Before Enrollment
- First member notice

60 Days Before Enrollment

50 Days Before Enrollment
- Medicare Part D Plan Disenrollment Notice and Cal MediConnect Insert

35 Days Before Enrollment
- Final member notice

30 Days Before Enrollment
- Welcome packet, including Evidence of Coverage, Provider Directory, Summary of Benefits, Formulary and ID Card

20 Days Before Enrollment
- Outreach for Health Risk Assessment

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OneCare Connect Customer Service

- Customer service representatives help members with:
  - Answering questions regarding enrollment and opting out or disenrolling
  - Choosing a PCP and health network and supplying information about the provider networks
  - Benefits and coverage questions
  - Continuity of care questions and concerns
  - Member rights
  - Obtaining replacement ID Cards
  - Identifying and reporting abuse and neglect
  - Filing a grievance or an appeal

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OneCare Connect and Member Rights

Member Rights

- CalOptima is dedicated to providing members with quality health care services so they may remain as independent as possible. CalOptima staff is committed to treating each and every member with dignity and respect, and ensuring that all members are involved in planning for their care and treatment.

- All CalOptima members have the right to:
  - Be treated with respect
  - Protection against discrimination
  - Information and assistance
  - A choice of providers
  - Access emergency services
  - Have their health information kept private

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Member Rights (cont.)

- All CalOptima members have a right to: (cont.)
  - File a complaint
  - Leave the program
- Members have the right to know their rights and responsibilities. Available resources include:
  - In the Member Handbook/Evidence of Coverage (annual notifications)
  - On CalOptima's member and provider websites
  - In CalOptima's provider manual
  - In CalOptima's member newsletters
- There is no negative consequence to exercising a right.
- Members receive a statement of their rights upon enrollment and annually thereafter.

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Member Rights (cont.)

- Members can choose their network and doctor.
- Members decide composition of and level of involvement of ICT and ICP.
- Members can choose who can help with their health care decisions, such as family members, friends or others.
- If OneCare Connect is not working for them, a member can leave.
- Members still have the same rights available to members in Medicare and Medi-Cal plans.

Note that as your particular job requires, you will receive additional training in your work unit on member rights

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect and Grievances and Appeals

Grievances and Appeals

- CalOptima members have grievance and appeal rights for all programs.

- CalOptima ensures members receive all services to which they are entitled.

- Members have rights under both Medicare and Medi-Cal to voice dissatisfaction (grievance) or request a reconsideration of a decision (appeal).

- OneCare Connect members also have the right to contact the new state Cal MediConnect Ombudsman
  - Available Monday through Friday from 9 a.m. to 5 p.m.
  - **(855) 501-3077** (TDD/TTY 1-855-847-7914)

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Grievances and Appeals (cont.)

- A grievance is:
  - Any **complaint or dispute expressing dissatisfaction** with the manner in which CalOptima or a delegated entity provides health care services, regardless of whether any remedial action can be taken.

- An appeal is:
  - A term for any of the procedures that deal with the **review of adverse Organization Determinations** on the health care services a member believes they are entitled to receive, including the delay in providing, arranging for, or approving the health care services or on the amount the member must pay for a service.

- Grievances and appeals are important:
  - We learn about member perceptions of CalOptima.
  - We find opportunities for improving our services.

If your job involves member contact, you will receive additional training in your work unit about how to handle member or provider grievances and appeals.

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OneCare Connect and Cultural Competency

Cultural Competence

- What is cultural competence?
  - The state of being capable of functioning effectively in the context of cultural differences
  - A set of congruent skills, attitudes, policies, and structures, which come together to enable a system or agency to work effectively in the context of cultural differences

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Cultural Competency

- OneCare Connect is focused on members' individual needs – taking into account their diverse backgrounds and cultures
  - Acceptance and respect for differences
  - Continuing self-assessment regarding culture
  - Attention to the dynamics of difference
  - Ongoing development of cultural knowledge and resources
  - Dynamic and flexible application of service models to meet the needs of minority populations

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3 Pillars of Cultural Competence

- Pillars
  - Language Access Services
  - Culturally Competent Care
  - Organizational Support

- CalOptima applies the concepts to:
  - Encourage attitudes that value and respect diversity
  - Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices
  - Develop communication skills for members with diverse language needs, including sign language interpreter services
  - Enhance the ability to address the health needs of OneCare Connect's diverse population

Note that as your particular job requires, you will receive additional training in your work unit on Cultural Competency.

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OneCare Connect and Disability Awareness

Disability Awareness

- CalOptima's goal and commitment is to:
  - ➢ Serve all of its members with compassion and respect.
  - ➢ Ensure that communications, physical spaces, services and programs are accessible to people with special needs, including visual, hearing, cognitive and physical disabilities.
  - ➢ Be the member's partner in health care.

Definitions: Disability and Functional Limitations

- **Disability** may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth or occur during a person's lifetime.

- **Functional limitations** are difficulties completing a variety of basic or complex activities that are associated with a health problem. For example, vision loss, hearing loss, and inability to move one's legs are functional limitations.

- Limitations may also be due to mental and behavioral health issues.

Barriers to Access and Care

- Disabilities and functional limitations may create barriers to care:
  - ➤ Physical Access — The ability to get into a building or the area where health care services are offered; and the ability to get onto the equipment needed for procedures and testing.
  - ➤ Communication Access — The ability of the provider and member to communicate and understand the information asked and directions given.
  - ➤ Program Access — The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan.

- The most difficult barriers to overcome are **attitudes**
  - ➤ Focus on individual's ability rather than on disability.

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Reasons for Accommodations

- Functional limitations may create a need for accommodations, such as:
  - ➤ Physical accessibility
  - ➤ Changes to provider office policies
  - ➤ Accessible exam or medical equipment
  - ➤ Effective communication
  - ➤ Health education materials in alternate formats
- Physical disabilities may be more obvious, but **unseen** mobility issues are more common.
- OneCare Connect has processes in place to work with members who need accommodations.

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Disability Awareness Resources

- Information and resources are available on CalOptima's website at www.caloptima.org

  Materials are found under Providers/Manuals, Policies and Resources/ Provider Trainings/SPD Training Resources for:

  - ➤ Accommodation Checklist for Seniors and People with Disabilities
  - ➤ Communication tips
  - ➤ Tips on disability etiquette
  - ➤ Tips on being an empathetic listener
  - ➤ Tips for dealing with difficult members
  - ➤ Information and contact sheet for interpreter services
  - ➤ American with Disabilities Act (ADA) Questions and Answers for Health Care Provider — General

Note that as your particular job requires, you will receive additional training in your work unit on Disability Awareness.

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OneCare Connect and Model of Care

What is the "Model of Care?"

- An integrated delivery system that supports:
  - Care management policy
  - Procedures
  - Operational systems
- A member-centric program to support members health and health care decisions.
- Benefits managed via care coordination, health management and planning.
- Component of CalOptima Quality Improvement Program.

Model of Care

- Member-centric approach to care for OneCare Connect members.
- Program components:
  - **Personal Care Coordinator (PCC)** – specialized staff assigned to assist with completion of HRAs and serve as point of contact for members
  - **Health Risk Assessment (HRA**) - member's health status information used to improve the care process and offer providers actionable information
  - **Interdisciplinary Care Team (ICT)** – team in which all participants coordinate their effort to benefit the member
  - **Individual Care Plan (ICP)** – an "actionable" plan of care developed by the ICT and delivered to the member with a focus on cultural differences, language, alternative formats and health literacy

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OneCare Connect and Interdisciplinary Care Team

Interdisciplinary Care Team

- The ICT assesses the member's needs and works together on an ICP.

- Responsibility for the team is with the health network

Main Team Members	Possible Team Members
Member (encouraged, not required ,to participate)	Health Network Medical Director
Personal Care Coordinator	Hospital Case Manager
Medical Case Manager	Nursing Facility Rep
Providers (**PCP** and Specialists)	Personal Care Worker
Social Worker	Nutritionist
Behavioral Health Specialist	Pharmacist
Family members and caregivers (with consent)	

Note that as your particular job requires, you will receive additional training in your work unit on the ICT.

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Personal Care Coordinator

- All OneCare Connect members have an assigned PCC
  - ➢ Liaison between member, providers, health network and CalOptima
  - ➢ Helps member navigate the health care delivery system and facilitates access to care and services
  - ➢ Experienced in working with seniors or people with disabilities
  - ➢ Knowledgeable about health care service delivery and managed care
    - ▪ Medicare and Medi-Cal benefits
    - ▪ Community resources
    - ▪ Delivery system across the continuum of health care
    - ▪ OneCare Connect
  - ➢ Communicates effectively, both verbally and in writing, with individuals from varying cultural and ethnic backgrounds
  - ➢ Licensure is not required

Personal Care Coordinator (cont.)

- PCCs are employed both at the health network and at CalOptima.
  - CalOptima PCCs
    - Assist the member with telephonic and in-person completion of the HRA
    - Notify the member's health network of key events
    - Collaborate with health network PCCs and CalOptima Customer Service on behalf of the member
  - Health network PCCs and CalOptima Community Network PCCs
    - Function as the member's primary point of contact at the health network
    - Support the member in accessing and using the health care system
    - Assist with scheduling appointments
    - Notify the health team regarding triggers or key events to ensure real time response
    - Work with case management to resolve access, medical and psychosocial issues
  - CalOptima provides PCC training and oversight.

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PCC Role on the Care Team

- PCC will be able to access important aspects of care information from the continuum of care.

- PCC will have the ability to connect members on a real-time basis to key aspects of care:
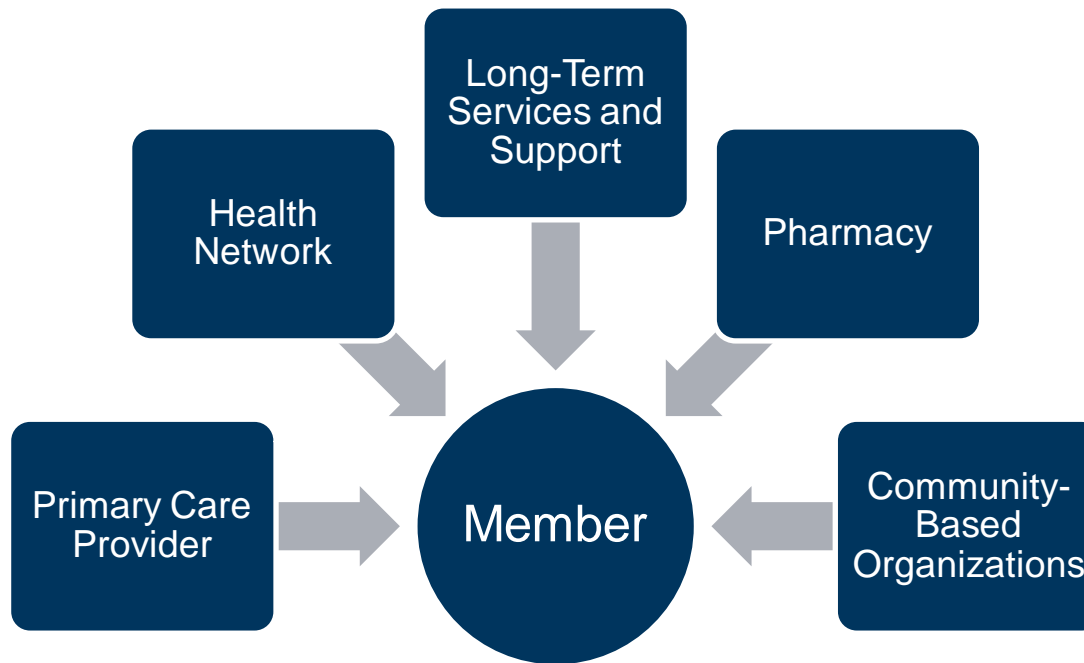
Individualized Care Plan

- The ICP organizes information about medical, home and community services so members get the right health care that is right for them.
  - ➢ Informed by HRA (initial, annual and as needed)
  - ➢ Lists current doctors, providers and medications
  - ➢ Suggests future services
  - ➢ Includes the member's health care goals and concerns
  - ➢ States who members want to be involved in their care, such as family members, friends or other caregivers

Note that as your particular job requires, you will receive additional training in your work unit on the Model of Care and an ICP.

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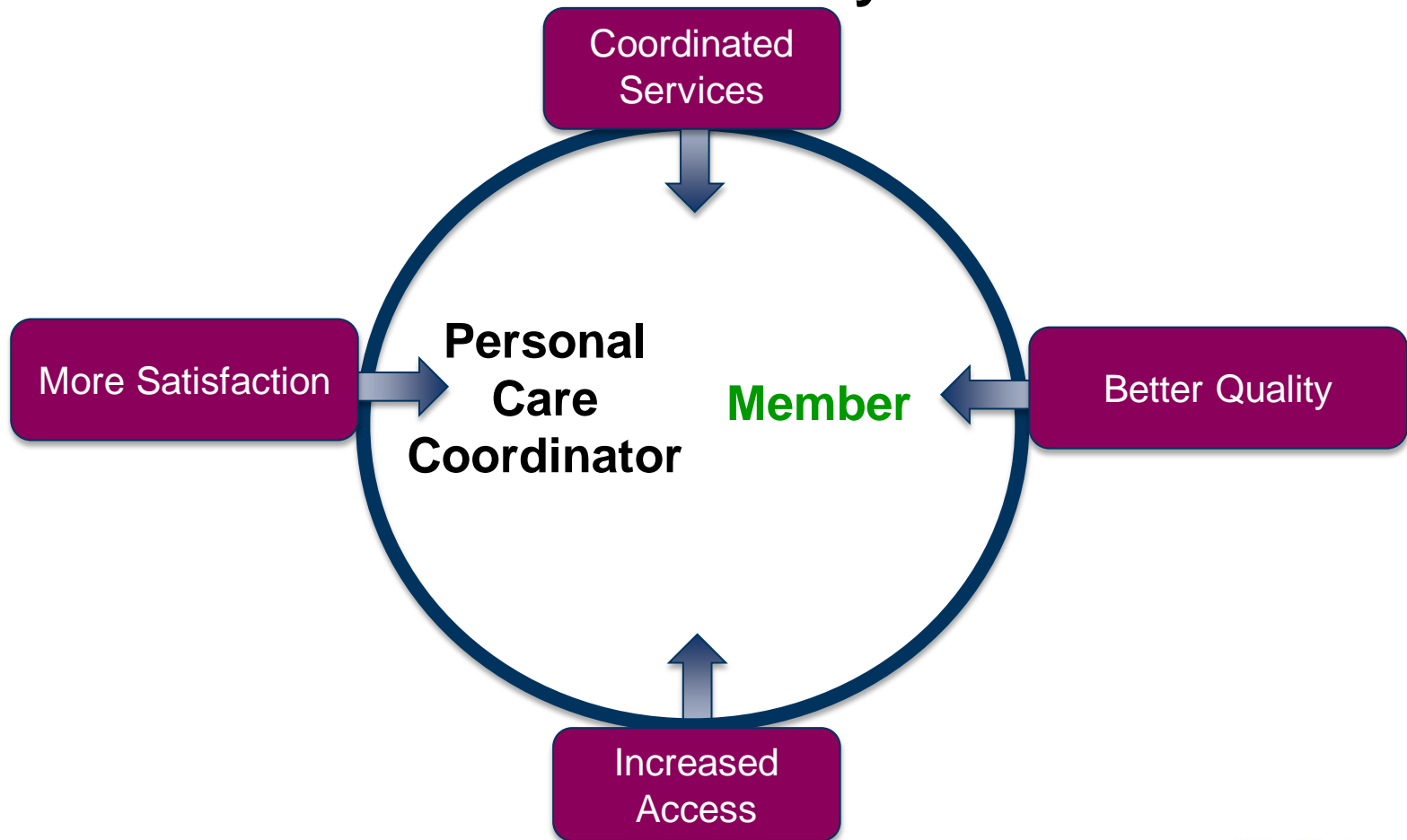CalOptima
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OneCare Connect and Care Coordination

Care Coordination

- **Coordinated care = Combined system**

Continuity of Care

- Continuity of care for services and medicines means that the member can continue receiving any current **medically necessary services or prescriptions** after enrolling in OneCare Connect, if certain criteria are met.

- Benefits can continue, provided all criteria are met:
  - ➤ For primary and specialty Medicare services
  - ➤ For Medi-Cal services
  - ➤ Special rules for Pharmacy
  - ➤ Special rules for overlapping benefits

- Members have support from a PCC to help navigate the health care system.

Note that as your particular job requires, you will receive additional training in your work unit on care coordination and continuity of care.

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Abuse and Neglect

- OneCare Connect members may be vulnerable to abuse or neglect due to medical or mental health condition or disability, age and frailty, social isolation, and poverty.

- All providers and staff are required to watch for and report incidents of abuse or neglect.

- To report suspected abuse or neglect:
  - **Orange County Adult Protective Services 800-451-5155 (24-Hour Hotline)**

Note that if your job involves member contact, you will receive additional training in your work unit on how to identify and report critical events.

Reportable Abuse and Neglect

- Abuse

- Neglect

- Exploitation

- Disappearance of a member (missing person)

- Death

- Serious, life-threatening event requiring immediate emergency evaluation by a medical professional

- Seclusion and restraints

- Suicide attempt or self abuse/neglect

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OneCare Connect and Behavioral Health

Behavioral Health

- OneCare Connect members have access to needed behavioral health services (mental health and substance use disorder treatment) currently covered by Medicare and Medi-Cal.

- Behavioral health services are offered through the plan and coordinated with **Windstone Behavioral Health** for non-specialty mental health services and with the **County of Orange Health Care Agency Behavioral Health Services** for specialty mental health services and the state Drug Medi-Cal.

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OneCare Connect Covered Services

- Behavioral health services include inpatient and outpatient care, integrated with medical care and services:
  - ➢ Inpatient services (general acute, emergency services)
  - ➢ Partial hospitalization/intensive outpatient
  - ➢ Psychological testing
  - ➢ Psychiatric office visits
  - ➢ Outpatient psychotherapy (individual and group therapy)
- Services for members identified for mild to moderate behavioral health services are coordinated by Windstone.
- Members identified for higher level of care or specialty mental health services are referred by Windstone to county mental health.
- **A member may self-refer.**

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Windstone Behavioral Health

- Covered benefits are delegated to Windstone Behavioral Health

  - **Windstone Behavioral Health (mental health services for OneCare Connect members)**

  - **1-800-577-4701**

  - **http://www.windstonebehavioral.com**

  - **Providers Line**

    - **1-888-738-7172**

    - Dedicated fax for referrals: 714-384-3875

Note that as your particular job requires, you will receive additional training in your work unit on behavioral health.

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OneCare Connect Long-Term Services and Supports and In-Home Supportive Services

Integrated Long-Term Care Services

- CalOptima administers:

  - Long-term Care (LTC) as a Medi-Cal managed care plan benefit

  - Community-Based Adult Services (CBAS) as a Medi-Cal managed care benefit

  - Multipurpose Senior Services Program (MSSP) as a Medi-Cal plan benefit

- CalOptima coordinates with the Orange County Social Services Agency (SSA) and Orange County IHSS Public Authority:

  - In-Home Supportive Services (IHSS) a OneCare Connect benefit

- OneCare Connect members have access to coordinated Long-term Services and Supports (LTSS).

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Referring Members

- Who should be referred for LTSS? Members who:
  - Need social support
  - Need assistance with activities of daily living
  - Qualify for a nursing home, but want to stay at home
  - Need caregiver support
  - Have issues with current LTSS services
  - Indicate they need more support
  - Have history of repeat hospitalizations
  - Request non-medical help
- Contact: OneCare Connect Customer Service department
  - **1-714-246-8823** or toll-free at **1-855-705-8823**
  - TDD/TTY users can call **1-800-735-2929**

Note that as your particular job requires, you will receive additional training in your work unit on LTSS and IHSS.

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Disability Awareness and Sensitivity Training

May 2015

Learning Objectives

After completing the training you will:

- Be able to define **disability** and **functional limitations** and identify types of **accommodations** that may be needed for members

- Gain a level of comfort around issues of disability, including etiquette and **communication tips**

- Be familiar with **basic rights** of persons with disabilities

- Identify available CalOptima and community **resources**

- Help ensure members get the right service at the right time in the right place

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Course Content

- Definitions: Disability and Functional Limitations
- Americans With Disabilities Act (ADA)
- Olmstead Decision
- Barriers to Access and Care
- Access and Accommodations
- Available Resources
- Communication Tips

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CalOptima's Commitment

- Starting June 2011, the California Department of Health Care Services (DHCS) required CalOptima to conduct awareness and sensitivity training for CalOptima employees, as well as network providers and staff who come in contact with Medi-Cal members identified by DHCS as Seniors and Persons with Disabilities (SPD).

- Disability awareness and sensitivity training is also required for staff and health care providers who care for members with OneCare Connect.

- CalOptima is committed to ensuring that communications, physical spaces, services and programs are accessible to people with special needs, including visual, hearing, cognitive and physical disabilities.

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OneCare Connect Program Purpose

- California's Cal MediConnect program combines Medicare and Medi-Cal benefits and coordinates all care, supports and services via one plan — CalOptima OneCare Connect.

- OneCare Connect integrates behavioral health benefits with medical care benefits.

- Offers improved access to long-term services and supports, including nursing facility, Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS) and Multipurpose Senior Services Program (MSSP).

- Coordination enables quality services that assure optimal outcomes, independence, health and quality of life.

CalOptima Medi-Cal SPD Members

28.4%
- Of CalOptima's Medi-Cal member population is identified as Seniors and Person with Disabilities (SPD)

31%
- Live with two or more chronic health conditions, and about 2.6% of these members have five or more chronic health conditions

30%
- Of CalOptima's Medi-Cal SPD population receives treatment for mental health issues each year.

A significant portion of our OneCare Connect members will be seniors and/or people with disabilities.

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OneCare Members With Chronic Conditions

Condition	Count	Percent
Diabetes without complication	3,699	16.81%
Major depressive, bipolar and paranoid disorders	3,541	16.09%
Renal failure	2,528	11.49%
Chronic obstructive pulmonary disease	2,290	10.41%
Congestive heart disease	1,923	8.74%
Vascular disease	1,803	8.19%
Polyneuropathy	1,781	8.09%
Diabetes with renal or peripheral circulatory manifestation	1,576	7.16%
Diabetes with neurologic or other specified manifestation	1,512	6.87%
Specified heart arrhythmias	1,353	6.15%
Total	22,006	100.00%

It is anticipated that OneCare Connect members will have a similar breakdown of chronic conditions.

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Definitions: Disability and Functional Limitations

Disability

- May be physical, cognitive, mental, sensory, emotional, developmental or some combination of these.
- A disability may be present from birth or occur during a person's lifetime.

Functional Limitations

- Are difficulties completing a variety of basic or complex activities that are associated with a health problem.
- For example, vision loss, hearing loss, and inability to move one's legs are functional limitations.

Limitations may also be due to mental and behavioral health issues.

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Americans With Disabilities Act (ADA)

- Passed in 1990, ADA states:

  "No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation."

- The ADA is an "equal opportunity" law for people with disabilities.

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The Olmstead Decision

- In 1999, the Supreme Court made the Olmstead Decision:

    Title II of the ADA requires states to place qualified individuals with **mental disabilities** in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities. The Department of Justice regulations implementing Title II of the ADA require public entities to administer their services, programs and activities in the **most integrated setting appropriate to the needs of qualified individuals with disabilities.**

Most Integrated/Least Restrictive Setting

Key concept:

Least restrictive environment/setting possible means members are treated in an environment and manner that respects individual worth, dignity, privacy and enhances their personal autonomy.

1986 Mental Health Act requires restrictions on people with mental illnesses be **minimum necessary** to enable effective treatment, and to ensure protection of members and the public

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Barriers to Access and Care

- Disabilities and functional limitations may create barriers to care:

Physical Access	Communication Access	Program Access
• The ability to get into a building or the area where health care services are offered; and the ability to get onto the equipment needed for procedures and testing	• The ability of the provider and member to communicate and understand the information asked and directions given	• The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan

- Most difficult barriers to overcome are **attitudes**.
  - ➢ Focus on individual's ability rather than on disability.

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Program Access: HRA and Individualized Care Plan

- Health Risk Assessment (HRA) identifies and assesses:

Conditions	Mental health and cognitive function	Cultural linguistic needs
Visual and hearing needs, preferences and limitations	Activities of daily living and instruments of activities of daily living	Need for referrals to Long-Term Services and Supports (LTSS) and In-Home Supportive Services (IHSS)

- An Interdisciplinary Care Team (ICT) will develop an Individualized Care Plan (ICP), taking members' needs into account, including required accommodations, based on evidence-based practices.

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Recovery Model

- "Recovery is an individual's journey of healing and transformation to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential." (U.S. Department of Health and Human Services, 2005b, p. 4, as cited in NASW, 2005)

- OneCare Connect considers a member's medical, psychosocial and behavioral needs.

Independent Living

- Concepts of choice, autonomy and control
- Individuals with disabilities have these rights:
  - ➤ Live with dignity and with appropriate support in their own homes
  - ➤ Fully participate in their communities
  - ➤ Control and make decisions about their lives

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Access and Accommodations

- CalOptima ensures that members with disabilities get accommodations that meet physical and psychosocial needs.

- Services are available to all members, whether supplied by CalOptima or by providers.

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Reasons for Accommodations

- Functional limitations may create a need for accommodations, such as:
  - ➤ Physical accessibility
  - ➤ Changes to provider office policies
  - ➤ Accessible exam or medical equipment
  - ➤ Effective communication
  - ➤ Member and health education materials in alternate formats
- Physical disabilities may be more obvious, but **unseen** mobility issues are more common.
  - ➤ For example, a member may experience an issue with physical ability to move around or walk a distance due to hip or knee problems, breathing issues, weakness, etc.
- Never assume to know the member's disability.

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Identifying Accommodation Needs

- An **Accommodation Checklist** (two-page form) can be obtained from CalOptima to help providers and their office staff identify accommodation needs

  - The checklist should be completed by office staff with assistance from the member, member's caregiver or authorized representative **prior** to the appointment.

  - The information from the checklist should be used to prepare appropriate accommodations.

  - Place the checklist in the member's medical or electronic record for easy access and future use.

    (The checklist can be downloaded at www.caloptima.org.)

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Types of Accommodations

- Physical accessibility may include all of these:
  - ➢ Building entrance
  - ➢ Restrooms
  - ➢ Parking lots
  - ➢ Doors, doorways and hallways
  - ➢ Waiting areas and reception desk
  - ➢ Drinking fountains and water coolers
  - ➢ Elevators
  - ➢ Posted signs
  - ➢ Telephones
  - ➢ Forms and documents

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Types of Accommodations (cont.)

- Changes to provider office policies may include:

  - ➢ Flexible appointment times

  - ➢ Longer appointment times

  - ➢ Providing support to fill out forms

  - ➢ Providing lift assistance

  - ➢ Providing print materials in alternate formats

  - ➢ Allowing service animals

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Types of Accommodations (cont.)

- Members with limited mobility may need accessible exam or medical equipment, including:
  - ➢ Height adjustable exam table
  - ➢ Wheelchair accessible weight scale
  - ➢ Height adjustable mammography equipment
  - ➢ Moveable optometry chair

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Types of Accommodations (cont.)

- To help you better communicate with members who are deaf or hard-of-hearing, learn about and use resources or services, such as:
  - ➤ Assistive listening devices or amplification technologies
  - ➤ Augmentative and alternative communication devices
  - ➤ Audio recordings
  - ➤ Captioning
  - ➤ Qualified American Sign Language (ASL) interpreters
  - ➤ Qualified readers
  - ➤ Relay service
  - ➤ Speech reading
  - ➤ Video relay

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Types of Accommodations (cont.)

- Speech disabilities may be developmental or a result of illness or injury.
- Members with speech disabilities may use:
  - ➢ Their own voice
  - ➢ Letter board
  - ➢ Pen and paper
  - ➢ Augmentative and alternative communication devices

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Types of Accommodations (cont.)

Communication Services

- **Relay Operator**: use of a **T**ele**TY**pe (**TTY**) or **T**elecommunication **D**evice for the **D**eaf (**TDD**)

- A TDD/TTY is a special device that lets people who are deaf, hard-of-hearing or have a speech disability use the telephone to communicate by typing messages.

- A TDD/TTY is required at both ends of the conversation.

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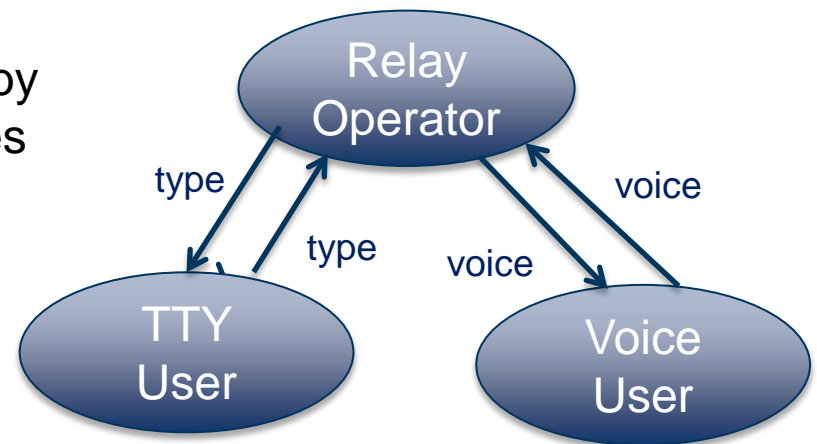A Public Agency
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Types of Accommodations (cont.):

California Relay Service

People with a hearing or speech impairment (deaf, hard-of-hearing, deaf-blind or speech disability) may use California Relay Service to communicate by telephone.

There are two ways to contact the Relay Operator.

1. TTY user dials 711 and communicates by typing to the Relay Operator, who replies back by typing.
2. Voice user dials 711 and communicates by voice to the Relay Operator, who replies back by voice
   - User should **speak slowly**
   - User should **speak directly** to the caller

Relay Operator

type

type

voice

voice

TTY User

Voice User

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Types of Accommodations (cont.):

Language Interpreter Services

- **NO-COST** telephone or face-to-face interpreter services are available for OneCare Connect members (no authorization is needed).

- For face-to-face interpreter and American Sign Language (ASL) services, schedule one week in advance.

- For health network members, contact the member's assigned health network for language and interpreter services.

- For Interpreter Services, contact CalOptima:
  - Toll-free at **1-855-705-8823.**
  - Available Monday - Friday, from **8 a.m. to 5:30 p.m.**
  - TDD/TTY users can call **1-800-735-2929**

Types of Accommodations (cont.):

Materials in alternate formats

- Members may request health education materials in alternate formats: Braille, digital, audio or large print.

  ➢ If health education information is needed right away for a member, CalOptima can be contacted to provide an oral interpreter for key information.

  ➢ A health education topic in an alternate format for the member may be requested by using the Health Education Request Form located in the Common Forms section of CalOptima's website www.caloptima.org.

  ➢ Alternate format requests to CalOptima may take up to 21 days.

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Available Resources

- Schedule a language interpreter or American Sign Language interpreter:

  ➢ Call CalOptima's OneCare Connect Customer Service department toll-free at **1-855-705-8823** or TTD/TTY users can call **1-800-735-2929**.

  ➢ Contact the member's assigned health network if the member is in a health network.

    ▪ For a listing of phone numbers for CalOptima health networks, please refer to Section B2: Health Network contact Information of CalOptima's Medi-Cal Provider Manual located on CalOptima's website at **www.caloptima.org**

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Available Resources (cont.)

- Request health education materials in alternate formats:
  - ➢ Call CalOptima's Health Education department toll free at **1-888-587-8088** or **1-714-246-8500.**
  - ➢ Visit CalOptima's website at **www.caloptima.org** for a Health Education Request Form located in the Common Forms section.
  - ➢ Fax a complete Health Education Request Form to **1-714-338-3127** or email to healthpromotions@caloptima.org
  - ➢ For member materials in alternative formats, call CalOptima's Cultural & Linguistics (C&L) Services toll-free number at **1-888-587-8088** or e-mail C&L Services at culturallinguistic@caloptima.org

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Available Resources (cont.)

- CalOptima's Provider Resource Line at **1-714-246-8600**
- CalOptima's website – www.caloptima.org
  - Materials are found under Providers/Manuals, Policies and Resources/Provider Trainings/SPD Training Resources for:
    - Accommodation Checklist for Seniors and People with Disabilities
    - Communication Tips
    - Tips on Disability Etiquette
    - Tips on Being an Empathetic Listener
    - Tips for Dealing with Difficult Members
    - Information and Contact Sheet for Interpreter Services
    - Americans with Disabilities Act (ADA) Questions and Answers for Health Care Providers — General
- Aging and Disability Resource Connection of Orange County (ADRCOC) at **1-800-510-2020** or visit www.adrcoc.org

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Communication Tips

- When talking about disability, avoid negative language and use people-first language

Use People-First Language			
Person with a disability	Person who is deaf	Person who uses a wheelchair	Person with an intellectual disability

Avoid Negative Language:
Handicapped person, deaf person, wheelchair-bound, mentally retarded

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Communication Tips (cont.)

If you have trouble communicating:

Ask the member how <u>he or she</u> wants to communicate	Speak slowly, clearly and patiently, and give time to respond

Don't
Assume – which also includes, not to assume someone from another culture understands American Sign Language; Rush or ask the member to hurry

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Communication Tips (cont.)

When assisting a member with limited mobility:			
Sit Down	Relax, speak directly and be attentive	Ask before you attempt to help	Ask how assistive devices and equipment work if you don't know

Don't:
Stand; speak through a caregiver or companion or treat the person as invisible; start pushing someone's wheelchair unless asked; touch or move a person's wheelchair, can, crutches or walker without consent

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Communications Tips (cont.)

- Members who are blind or have low vision may use:
    - ➢ A white cane
    - ➢ A service dog
    - ➢ A sighted guide (a technique that enables a person who is blind to use a person with sight as a guide.

These members may or may not need assistance		
Identify yourself	Ask before you attempt to help	Use sighted guide technique, if asked

Don't:
Shout; Move someone's cane without asking; If you move it, tell where it is

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Communications Tips (cont.)

Members with hearing impairments may need consideration:				
Speak clearly and slowly.	Offer pen and paper.	Ask if a sign language interpreter is needed.	Make eye contact.	Make sure written materials are available.

Don't:
Shout; Assume the member will not speak; Assume an interpreter is needed or wanted; Look down, read or mumble

Communications Tips (cont.)

Members with speech impediments may need consideration:			
Allow them to say what they want to say.	Be polite.	Ask them to repeat or rephrase, or offer a pen and paper	Be considerate.

Don't:
Finish their sentences or cut them off; Mimic or mock their speech; Assume you know what they are saying; Be patronizing

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Communications Tips (cont.)

Members with cognitive disabilities may need consideration:			
Listen to ensure understanding.	Change words you use.	Keep it simple. Break ideas into small pieces that can be more easily remembered.	Be considerate.

Don't:
Get frustrated; Use complicated language or technical terms; Speak for long periods of time; Be patronizing

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Communications Tips (cont.)

Members with learning disabilities may need consideration:

Put instructions and important information in writing if member has short-term memory issues	Use hands-on training.	Provide a quiet environment.	Be considerate.

Don't:
Assume member will remember; Use complicated language or technical terms; Enable distractions for you and the member; Be patronizing.

Communications Tips (cont.)

Members with mental health and/or substance abuse conditions may need consideration:

Know how to get help in the event of a possible crisis.	Listen to ensure understanding.	Change words you use.	Keep it simple. Break ideas into small pieces that can be more easily remembered.	Put instructions and important information in writing if member has short-term memory issues	Be patient.

Don't:
Ignore what members say; Get frustrated; Use complicated language or technical terms; Speak for long periods of time; Assume member will remember; Be patronizing.

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Authorities

- Title 29, United States Code, Section 794 (section 504 of The Rehabilitation Act of 1973)

- Americans Disabilities Act of 1990

- DHCS Facility Site Review (FSR), Physical Accessibility Review Survey (Attachment C – "29 elements")

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References

- CalOptima Policy MA. 1001, Glossary of Terms
- CalOptima Policy CMC. 4002, Cultural & Linguistic Services
- CalOptima Policy MA. 7007, Access & Availability Standards
- CalOptima Policy MA. 1608, Full Scope Site Reviews
- CalOptima 3-way Contract
- OneCare Connect Model of Care
- CalOptima Policy CMC.9001, Complaint Process
- CalOptima Policy CMC.9002, Member Grievance Process
- CalOptima Policy CMC.9003, Standard Service Appeal
- CalOptima Policy CMC.9004, Expedited Service Appeal
- CalOptima Policy CMC.9006, Provider Complaint Process

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References (cont.)

- CalOptima Policy CMC.9008, Appeal Process for Coverage Termination of SNF, Home Health, or CORF Services
- CalOptima Policy CMC.9009, Non-Contracted Provider Payment Disputes
- CalOptima Policy CMC.9010, Medication Grievances and Appeals
- CalOptima Policy CMC.9007, Appeal Process for Member Discharge from Inpatient Facility
- CalOptima Policy CMC.9005, Payment Appeal

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Cultural Competency Training

May 2015

Learning Objectives

- OneCare Connect is **focused on members' individual needs** – taking into account **their diverse backgrounds and cultures.**
- After completing the training you will understand:
  - ➢ The variety of cultural groups in CalOptima's service area
  - ➢ Services that promote equal access to health care services and are responsive to a member's cultural and linguistic needs
  - ➢ The meaning of cultural competent care

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Course Content

- Terminology
- Orange County Culture and Demographics
- Regional Cultural & Linguistic Needs
- Elements & Components of Culture
- Cultural Competence
- Cultural Competence Pillars
- Solutions To Eliminate Racial & Ethnic Disparities
- Available Resources

Objectives of Cultural Competency

- Identify members with potential cultural or language needs where alternate communication methods are needed

- Use informational materials that are culturally sensitive

- Determine that appropriate processes and tools are available to support communication and remove barriers

- Ensure persons interacting with OneCare Connect members have an understanding of how culture and language may influence health

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Terminology

- **Race:** any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape.

- **Ethnic:** a group having a common cultural heritage or nationality, as distinguished by customs, language, common history, etc.

- **Culture:** the ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated, or passed along, as in or to succeeding generations

Webster's New World College Dictionary, Fifth Edition

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Total U.S. Population = 300.7 Million

White (Non-Hispanic)	192.0 million	64.0%
Latino/Hispanic	49.60 million	16.5%
African American	40.2 million	13.4%
Asian American	17.0 million	5.7%
American Indian/ Alaska Native	5.1 million	1.7%
Native Hawaiian and other Pacific Islander	1.2 million	.4%
People of Color	>113 million	37.6%
(not counting all other ethnic/racial groups)		

U.S. Census Bureau, 2010

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Orange County Population = 3 million

	Orange County		California
White (Non-Hispanic)	1.3 million	44.1%	40.1%
Latino/Hispanic	1.0 million	33.7%	37.6%
African American	0.05 million	1.7%	6.2%
Asian American	0.54 million	17.9%	13.0%
American Indian/ Alaska Native	0.02 million	0.6%	1.0%
Native Hawaiian and other Pacific Islander	0.003 million	0.3%	0.4%
People of Color	>1.63 million	54.2%	54.2%
(not counting all other ethnic/racial groups)			

U.S. Census Bureau, 2010

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Orange County By Region

- **North Region**
  - Average household income is $83,457
  - Median housing prices is $426,677
  - Ethnicity is mostly White, Hispanic, Pacific Asian and African-American

- **West Region**
  - Average household income is $68,067
  - Median housing prices is $484,710
  - Ethnicity is mostly White, Pacific Asian, Hispanic and African-American

U.S. Census Bureau, 2010

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Orange County By Region (cont.)

- **Central Region**
  - Average household income is $52,412
  - Median housing prices is $360,750
  - Ethnicity is mostly Hispanic, Pacific Asian, White and African-American

- **South Region**
  - Average household income is $104,574
  - Median housing prices is $709,235
  - Ethnicity is mostly White, Hispanic, Pacific Asian and African-American

U.S. Census Bureau, 2010

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Regional Cultural & Linguistic Needs

Orange County has unique needs in every region. All regions are culturally diverse with CalOptima threshold languages in English, Spanish, Vietnamese, Farsi and an emerging Korean population.

- North county serves a large Hispanic and Vietnamese population
- Central county serves a primarily Hispanic population
- West county serves a large Vietnamese community
- South county has an emerging Middle Eastern community (Farsi)

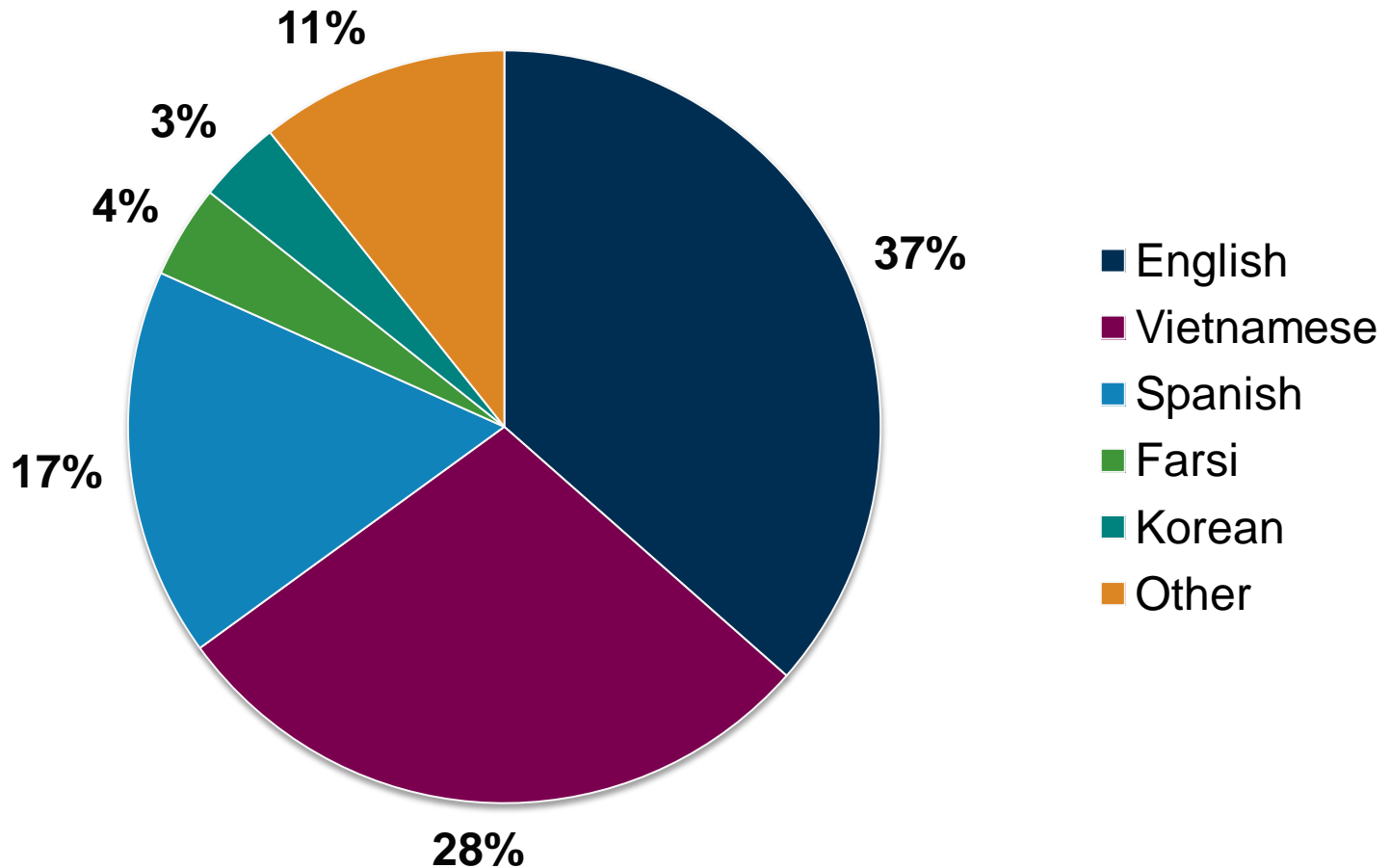CalOptima Cultural & Linguistics department, 2015

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Other Cultures

- Veterans
- Homeless
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Two-Spirit (LGBTQQITS)

Languages of Eligible Members

Based on data for "dual eligible" enrollees in Orange County

Latest Homeless Findings

- The National Center on Family Homelessness released a report in November 2014 that estimates that one in every 30 American children were homeless between 2012 to 2013. That totals roughly 2.5 million kids.

- States with the highest number of homeless children in the period studied were Kentucky (66,818), New York (258,108), **California** (526,708), Alabama (59,349) and Oklahoma (43,643)

- About 34% of homeless children are elementary to middle school age, and 51% are under age six.

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Implications

- Changing U.S. ethnic and racial demographics
- Definition and manifestations of health and mental health disparities
- Disparities in mental health status, care delivery, and treatment response
- Cultural competence measures as a response to end disparities

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Culture

An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; is dynamic in nature

National Center for Cultural Competence, 2006

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Elements and Components of Culture

- Collective values, experience, beliefs — beliefs about health and health care, as well as behavioral styles
- Non-verbal communication
- Perspectives, world views, frames of reference
- Community motivation and social identification
- Cultural awareness
- Languages and dialect

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Factors Influencing Culture

- Age
- Gender
- Socioeconomic status
- Ethnicity
- National origin
- Religion
- Geographical location
- Migration
- Sexual orientation

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Cultural Divide

- High likelihood of ethnic and cultural differences between health care providers and patients

- Disproportionate number of health care system and health care professionals matching the increasing number of CalOptima members with diverse ethnic and racial backgrounds

- Lack of training about the importance of cultural and ethnic factors in health care

Ethnic and Racial Health Disparities

- Difference and inequalities among racial, ethnic, linguistic and cultural groups
  - ➢ Risk and predisposition
  - ➢ Disease prevalence, health status and diagnosis
  - ➢ Health care differences in quality not due to access-related factors or clinical needs, preferences and appropriateness of intervention
  - ➢ Health outcomes and mortality

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Higher Death Rates

- African-Americans
  - Heart disease, stroke, breast cancer, lung cancer, prostrate cancer, diabetes, infant mortality and HIV/AIDS

- Asian-Americans and Pacific Islanders
  - Tuberculosis, stroke and cervical cancer

- Hispanics
  - Diabetes, uncontrolled hypertension and HIV/AIDS

- American Indians and Alaskan Natives
  - Diabetes and infant mortality

Centers for Disease Control and Prevention 2013

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Cultural Competence

What is cultural competence?

- The state of being capable of functioning effectively in the context of cultural differences

- A set of congruent skills, attitudes, polices and structures, which come together to enable a system or agency to work effectively in the context of cultural differences

- Attention to the dynamics of difference

- Continuing self-assessment regarding culture

- Acceptance and respect for differences

- Ongoing development of cultural knowledge and resources

- Dynamic and flexible application of service models to meet the needs of minority populations

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3 Pillars of Cultural Competence

Language Access Services	Culturally Competent Care	Organizational Support

All are designed to

Develop attitudes that value and respect diversity	Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices	Develop communication skills for members with diverse language needs, including sign language interpreter services	Develop the ability to address the health needs of OneCare Connect's diverse population

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Language Access

A OneCare Connect member with a language preference other than English may need:

- A health care provider, physician assistant, nurse practitioner, social worker who speaks the language

- A professional interpreter

- A family member

- Appropriate in-language signage communicating the different services that are available

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Language Services

- OneCare Connect members have the right to certain language services:
  - 24-hour access to interpreter (including American Sign Language, Telecommunications Device for the Deaf [TDD/TYY] or California Relay Services) at key points of contact
  - Customer Service call center
  - Provider settings (network capable of meeting diverse cultural needs, including many pharmacies that offer services in several languages)
  - Health Risk Assessment and Interdisciplinary Care Team meetings

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Language Services (cont.)

- Notice of interpreter services is required
  - ➢ Provided via Member Handbook and other mechanisms
  - ➢ Posters and flyers at care sites and member orientation settings
- OneCare Connect members have the right to certain language services
  - ➢ Member information and health education materials translated in the following languages:
    - ▪ Spanish
    - ▪ Vietnamese
    - ▪ Korean
    - ▪ Farsi
  - ➢ Alternative formats such as Braille, large print and audio CD

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Translated Materials

Multi-lingual settings and translated information materials for five threshold languages: English, Spanish, Vietnamese, Korean and Farsi

- New member orientation group meetings
- Semiannual newsletter, with list of community resources
- OneCare Connect Member Handbook
- Explanations of Benefits (EOBs)
- Disclosure forms
- Provider listings or directories
- Marketing materials
- Form letters
- Preventive health reminders
- Member surveys

Written materials translated at a sixth grade reading level or appropriate level determined by field testing

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Ongoing Language Analysis

CalOptima monitors non-English speaking members ability to obtain health care services

Language Study Analysis and Areas of Improvement

- Language data of CalOptima providers and members to determine provider adequacy by language for non-English speaking members
- OneCare met language standards for each threshold language
- Plan of Action for health network or medical group with member to provider ratio at 50:1 and above

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Culturally Competent Care

- Due diligence on member's background

  ➤ Race, religion, preferred language support network, major pre- and post immigration trauma, etc.

  ➤ Inquire about alternative / folk treatments

- Use a culturally appropriate course of inquiry

  ➤ "Do you believe that it's your destiny to have this condition, or do you believe it's your destiny not to have this condition?"

  ➤ "What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc)?"

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Culturally Competent Care (cont.)

- Be aware of body language (eg, verbal / nonverbal cues) while dealing with patients. This helps to reduce the patients' bias/ apprehension towards the doctor

- Do not discount culturally specific treatments if they do no harm

- Provide simple questionnaires for patients to fill in at the time of visiting the doctor

  ➢ Can include questions describing somatic symptoms vs actual ailments to elicit more open communications

  ➢ Fosters dialogue and encourages patients to ask more questions

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8 Q's for Members

Eliciting patients' Explanatory Model (EM) of their illness (by Arthur Kleinman):

1. What do you call your problem?

2. What has caused it?

3. Why do you think it started when it did?

4. What does it do to you?

5. How severe is it?

6. What do you fear most about it?

7. What are the chief problems it has caused you?

8. What kind of treatment do you think you should receive?

Organizational Support

Embrace the significant role played by family members while working with patients

Partner with community based physician and/or specialist clinics

Reach out to community centers, community leaders, religious center within ethnic neighborhoods

Have offices create bilingual maps showing the practice and its proximity to public transportation, major clinics, pharmacies, etc. However be sensitive with the clinic's name

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Organizational Support

- CalOptima monitors and adheres to the Culturally and Linguistically Appropriate Services (CLAS) recommendations and standards promulgated by the Office of Minority Health of the U.S. Department of Health and Human Services (HHS)
  - ➢ The Office of Minority Health defines cultural competence as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter

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Potential Solutions to Eliminate Racial and Ethnic Disparities

- Support capacity development
- Increase representation in research
- Promote outreach to and collaboration with communities
- Provide training in culturally appropriate care
- Establish cultural competence initiatives

Available Resources

- Schedule an American Sign Language interpreter:
  - ➢ Call CalOptima's OneCare Connect Customer Service department
    - ▪ **1-714-246-8823** or toll-free at **1-855-705-8823**
    - ▪ Or TTD/TTY users can call **1-800-735-2929**
  - ➢ Contact the member's assigned health network, if the member is in a health network
    - ▪ For a listing of phone numbers for CalOptima health networks, please refer to Section B2: Health Network Contact Information of CalOptima's Medi-Cal Provider Manual located on CalOptima's website at www.caloptima.org

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Available Resources (cont.)

- Request health education materials in alternate formats:
  - ➢ Call CalOptima's Health Education department toll free at **1-888-587-8088** or **1-714-246-8500**
  - ➢ Visit CalOptima's website at www.caloptima.org for a Health Education Request Form located in the Common Forms section
  - ➢ Fax a complete Health Education Request Form to **1-714-338-3127** or email healthpromotions@caloptima.org
  - ➢ For member materials in alternative formats call CalOptima's Customer Services toll free number at **1-888-705-8823**

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Available Community Resources

Agency	Description of Service	Contact Information
Braille Institute of Orange County	Serves the residents of Orange County, providing an array of free services and programs, including classes such as orientation and mobility and independent living skills, library services, a Vistas shop, youth programs and other benefits.	(714) 821-5000 527 North Dale Avenue, Anaheim CA http://www.brailleinstitute.org/orangecounty
Camino Health Center	Fully licensed, community-based clinic that provides affordable, quality primary medical and dental care.	(949) 240-2272 medical appt. (949) 488-7682 dental appt. 30300 Camino Capistrano San Juan Capistrano, CA www.mission4health.com/
Council On Aging	The Council on Aging–Orange County is a 501(c)(3) nonprofit corporation, charged with serving older and dependent adults and their families throughout Orange County. The Council on Aging advocates for the health, well-being, and legal rights of adults needing or receiving services.	(714) 479-0107 1971 E 4th St Suite #200, Santa Ana, CA www.coaoc.org
Korean Community Services	The goal is to enable and manage programs and projects that provide education counseling, information, resources and technical assistance in a quality, yet cost effective manner.	(714) 527-6561 8633 Knott Avenue, Buena Park, CA www.kcservices.org
Nhan Hoa Clinic	Provides cost-effective, family-based health services to people who may not otherwise have access to them due to financial, language, cultural, lifestyle, or psychological barriers, regardless of ability to pay.	(714) 898-8888 7761 Garden Grove Blvd, Garden Grove CA www.nhanhoa.org

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Authorities

- Title 9, Code of Federal Regulation, Section 1810.410 (f) (3)
- Title 45, Code of Federal Regulations, Section 84.52
- Title 42, Code of Federal Regulations, Section 422.112
- Centers for Medicare & Medicaid Services
- Office of Minority Health, Nationals Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Medicare Managed Care Manual, Chapter 4

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References

- One Care Physician Medical group (PMG) Service Agreement
- OneCare Connect Policy CMC.1001 Glossary of Terms
- CalOptima Policy: CMC 4002, Cultural and Linguistic Services
- OneCare Connect Policy: CMC 9001, Complaint Process
- OneCare Connect Model of Care
- Office of Minority Health
- National Center on Family Homelessness
- US Census

Training Attestation

Please click on the link below to access the attestation for the OneCare Connect Program Overview, Disability Awareness and Sensitivity Training and Cultural Competency Training. Be sure to follow the instructions provided on the form and/or email notification for the appropriate process to complete and submit the attestation.

[Link to Training Attestation Form](#)

CalOptima's Mission

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