September 3, 2026

CalOptima Board of Directors
505 City Parkway West, Suite 108
Orange, CA 92868

Dear Chair Vicente Sarmiento and the Honorable Board of Directors,

We submit the enclosed materials to provide additional information regarding community barriers to accessing Enhanced Care Management (ECM) and Community Health Worker (CHW) services. Our organizations represent a subset of Orange County-based community providers serving CalOptima Health members with complex needs who have been historically underserved by mainstream health delivery systems and unable to access ECM and CHW services through a trusted provider.

Enclosed, please find the following documents:

- August 17, 2026 Letter from ECM Equity Providers to Yunkyung Kim, Chief Operating Officer
- Policy Brief on Expanding Equitable Access to Enhanced Care Management and Community Health Worker services in Orange County

We acknowledge the difficulties of declining Medi-Cal member enrollment and other policy implementation challenges facing CalOptima Health. We share these concerns and strongly believe broadening the network of ECM and CHW providers to include local providers with existing and trusted community relationships, language capacities and cultural knowledge and competencies will enhance CalOptima Health's ability to mitigate these challenges for high-risk populations.

Orange County Medi-Cal members will experience worsening health outcomes and access barriers if CalOptima Health does not include ECM and CHW providers for populations with specific language, cultural, and disability needs.

We look forward to discussing our access concerns with CalOptima staff and thank them for their ongoing communication. Should you have any questions or need further information, please contact Becky Nguyen, Executive Director of VACF, at becky.nguyen@vacf.org.

SENT VIA EMAIL

August 17, 2026

Yunkyung Kim, MPH
Chief Operating Officer
CalOptima Health
505 City Parkway West
Orange, CA 92868

Re: Request for Meeting Regarding Community Access to Enhanced Care Management

Dear Ms. Kim,

We write on behalf of our organizations serving CalOptima Health members who face persistent cultural, linguistic, disability-related, geographic, and trust-based barriers to accessing Enhanced Care Management (ECM) services. On October 31, 2025, representatives of Access California Services, Beyond Blindness, OMID Multicultural Institute, Pacific Islander Health Partnership, Sacred Path Indigenous Wellness Center, The Cambodian Family, and Vital Access Care Foundation met with Kelly Bruno-Nelson, Executive Director of CalOptima Health CalAIM. At that meeting, we requested that CalOptima Health consider our organizations for inclusion in its ECM provider network because the populations we serve have not been able to fully and equitably access ECM services through the existing network. We have not received a substantive response or a clear path forward since that meeting.

The communities represented by our organizations include people with visual impairments and other disabilities; Vietnamese, Cambodian, and other Asian American immigrant and refugee communities; American Indian and Alaska Native communities; Native Hawaiian and Pacific Islander communities; Middle Eastern and North African immigrant communities; and members with limited English proficiency, complex trauma histories, and limited familiarity with mainstream health and social-service systems. For many of these members, access depends on more than the nominal availability of an ECM provider. Effective access requires trusted relationships, language capacity, cultural knowledge, disability competence, community presence, and sustained engagement by organizations that members already know and rely upon.

ECM was designed to improve outcomes for Medi-Cal members with complex needs by meeting them where they are, coordinating medical, behavioral health, and social services, and reducing barriers that prevent members from receiving care. Addressing the health needs of populations that have historically been underserved by conventional delivery systems was a core objective of CalAIM. That objective cannot be fully realized when qualified members are technically eligible for ECM but are not successfully reached, enrolled, or retained because the provider network does not include organizations with the relationships and capabilities needed to serve them.

Our organizations would like to further understand CalOptima Health's internal capacity to implement and expand ECM. We have been told that the Medi-Cal/CalAIM division's administrative capacity has been limited and as a result, CalOptima Health is unable to add additional ECM providers. Our group would like to meet and see if we can be your partner in resolving this challenge, as the majority of us are also CHW and/or CalAIM CS providers.

More broadly, we are concerned that the ECM provider-selection process has not adequately prioritized the populations described above. The process appears to have favored expediency and administrative scale over equitable access, including through the reliance on large agencies and organizations based outside Orange County. Organizational size and rapid contracting capacity may be relevant considerations, but they should not displace the need for population-specific expertise, local accountability, culturally and linguistically responsive service delivery, disability access, and demonstrated trust within communities that remain underrepresented in ECM utilization.

We respectfully request a meeting with you and the appropriate CalOptima Health leadership to address: (1) the status of the request presented on October 31, 2025; (2) available data regarding ECM referrals, enrollment, engagement, and service utilization among the populations our organizations serve; (3) the criteria and process CalOptima Health uses to add ECM providers; (4) any current staffing or resource constraints affecting network expansion; and (5) a concrete pathway and timeline for adding our organizations for ECM participation.

Our organizations are prepared to work constructively with CalOptima Health to develop a model that is operationally feasible, accountable, and responsive to member needs. We believe this discussion is necessary to ensure that CalAIM's promise extends to members who are least likely to benefit from a provider network that does not reflect their communities.

Sincerely,

Angie Rowe
President & CEO
Beyond Blindness

Carrie Johnson, PhD
Chief Executive Officer and Co-Founder
Sacred Path Indigenous Wellness Center

Nahla Kayali
Founder & Executive Director
California Access Services

Vattana Peong, MPH
Executive Director
The Cambodian Family

Maryam Sayyedi, PhD
Founder and Executive Director
OMID Multicultural Institute

Becky Nguyen, MPH, MPA
Executive Director
Vital Access Care Foundation

Ualani Ho'opai, MPH
Executive Director
Pacific Islander Health Partnership

cc:

Kelly Bruno-Nelson, DSW, Executive Director, Medi-Cal/CalAIM, CalOptima Health
Mia Arias, CalOptima Health
Andrew Kilgust, CalOptima Health
Michael Gomez, Executive Director, Health Network Operations, CalOptima Health
Michaell Silva Rose, DrPH, LCSW, Chief Health Equity Officer, CalOptima Health
Michael Hunn, Chief Executive Officer, CalOptima Health
Veronica Kelley, DSW, LCSW, Agency Director, Orange County Health Care Agency
Orange County Supervisor Vicente Sarmiento, Chair, CalOptima Health Board of Directors
Yasie Goebel, Chief of Staff, Office of Supervisor Vicente Sarmiento
Vasila Ahmad, Policy Advisor, Office of Supervisor Vicente Sarmiento
Isabel Becerra, CEO, Coalition of Orange County Community Health Centers
Priscilla Huang, Executive Director, Center for Asian Americans in Action
Michael Arnot, Executive Director, Children's Cause Orange County
Valerie Brauks, Executive Director, Children and Families Coalition of Orange County

CalOptima Health

Community-Based Services Policy Brief

Meeting Members Where They Are: A Coordinated ECM and CHW Strategy for Orange County

Presented to the CalOptima Health Board of Directors | September 3, 2026

Who We Are and Why We Are Here

We are community health workers, navigators, health educators, and community-based organizations serving Orange County's Medi-Cal and OneCare members. We live in the communities we serve. We speak the languages our members speak. We show up in homes, community centers, and clinics to help people navigate a health care system that was not always designed with them in mind.

The organizations represented in this brief include CHW partners currently working with CalOptima Health, as well as organizations serving Vietnamese, Cambodian, Pacific Islander, American Indian and Alaska Native, Middle Eastern and North African, Latino, and disability communities, including Access California Services, Beyond Blindness, Latino Health Access OMID Multicultural Institute, Pacific Islander Health Partnership, Sacred Path Indigenous Wellness Center, The Cambodian Family, and Vital Access Care Foundation, who first raised these concerns directly with CalOptima leadership in October 2025 and renewed that request in August 2026.

We are bringing two related policy requests to the Board today. The first concern is CalOptima's implementation of Enhanced Care Management (ECM), a California Advancing and Innovating Medi-Cal (CalAIM) benefit for which seven of our organizations have sought contracting for nearly a year without a substantive response. The second concerns Community Health Worker (CHW) services, a covered Medi-Cal benefit that has no coordinated plan-level strategy and reaches members inconsistently depending on which health network they happen to be assigned to. These are not competing requests. They describe two benefits that should work together as a continuum and currently do not.

Two Benefits. One Shared Goal.

ECM and CHW services are community-based tools designed to reach high-need members outside of clinical settings. Both are covered Medi-Cal benefits and central to CalAIM's goal of creating a more coordinated, person-centered and equitable health system that works for all Californians.

Community Health Worker	Enhanced Care Management	Relationship
• Preventive, community-based outreach and engagement • No clinical license required	• Whole-person care management for highest-need members • Clinical and non-clinical coordination	• CHWs serve as the on-ramp: building trust, identifying needs, referring members into ECM when clinical complexity warrants • Services must not duplicate ECM for shared members

• Standing CalOptima CMO recommendation in effect (Dec 2024) • First 12 units require no prior authorization	• Populations of Focus defined by DHCS • Network more established; state focus is now on quality improvement	• Together they form a complete community-based continuum

The Legislative Analyst's Office, in its March 2025 CalAIM implementation update, found ECM and Community Supports utilization was below expectations statewide. Based on 2023-24 data, the majority of counties had an ECM utilization rate below 0.6 percent of managed care members, and most MCPs had utilization rates below 1 percent. The LAO identified several causes, including MCPs' limited experience administering nonmedical benefits, difficulty adding and supporting nontraditional providers, provider unfamiliarity with MCP requirements, and other capacity constraints. The LAO also noted that availability of nontraditional providers - particularly community-based organizations - can affect utilization, and that counties with earlier Whole Person Care or Health Homes pilots generally achieved higher ECM utilization because they had more time to build provider networks and implementation capacity.

In short, community-based organizations are not ancillary to CalAIM. They are central to its strategy of reaching members who have not been effectively served through conventional health care. When network expansion prioritizes administrative expediency over population-specific expertise and community presence, members who face the greatest barriers remain eligible in theory but disconnected in practice.

The Evidence

14 vs. 1 CCN vs. Optum CHW partners *(CalOptima Provider Directory)*	**$27.54** Medi-Cal rate per 30-min CHW visit	**10-13 pts** Avg. cancer screening increase with CHWs *(American Journal of Preventive Medicine, 2023)*

- A systematic review of 76 studies found CHW-led outreach increased breast cancer screening by 11.5 percentage points, cervical by 12.8 points, and colorectal by 10.5 points -- across all race, ethnicity, income, and insurance groups (published by the *American Journal of Preventive Medicine, NIH*).
- The Community Preventive Services Task Force recommends CHW interventions for diabetes prevention and management, with consistent evidence of improved glycemic control and care engagement.
- The California Legislative Analyst's Office found that counties with earlier Whole Person Care or Health Homes pilots achieved higher ECM utilization because they had more time to build provider networks and implementation capacity -- meaning investment in community-based infrastructure now pays off in outcomes later.
- **CalOptima's own CMO issued a standing recommendation in December 2024 authorizing CHW services for all qualifying Medi-Cal members. The legal and policy framework is already in place.** What is missing is the operational strategy and equitable access.

The Access Problems the Board Can Solve

For ECM: Seven Organizations. One Year. No Support.

In October 2025, seven Orange County community-based organizations, all of whom already serve populations that are not fully and equitably accessing ECM through the existing network, met with CalOptima leadership to request inclusion in the ECM provider network. They renewed that request in writing in August 2026. They have received no substantive response and no clear pathway to contracting.

These organizations serve members whose effective access to care depends on language concordance, cultural knowledge, disability competence, local presence, and established trust; qualities that a language line or centralized provider cannot replicate. Nominal access to an unfamiliar ECM provider is not the same as trusted access for these populations.

> *CalOptima staff have indicated that the Medi-Cal/CalAIM division lacks sufficient administrative capacity to add additional ECM providers. If accurate, this is a structural barrier to CalAIM implementation -- and it is one the Board has the authority and the resources to resolve.*

For CHW: Access Determined by Assignment, Not Need

Despite being a covered benefit since 2022, access to CHW services in Orange County depends almost entirely on which health network a member is assigned to without regard to their health needs, their neighborhood, or their language.

> **CalOptima Community Network (CCN) has contracted with 14 CHW organizations. Optum has contracted with 1. Most other health networks have contracted with none.**
> *Two members in the same neighborhood who speak the same language and have the same diagnosis but are assigned to different health networks could lead to different outcomes. One gets a community health worker. One does not.*

CHW organizations are further restricted to serving members within their contracted health network -- meaning an organization with deep roots in a Vietnamese-speaking community cannot reach a CalOptima member two blocks away assigned to a different health network. The current CHW reimbursement rate ($27.54 for a 30-minute visit) does not cover the true cost of this work, and most health networks have not contracted with a sufficient number of CHW providers to reflect the size and diversity of the populations they serve. The organizations raising concerns about ECM access face these same structural barriers in the CHW space.

Our Seven Requests to the Board

The following requests address both ECM network equity and CHW program infrastructure as a coordinated community-based services strategy. The first four reflect the specific recommendations of the seven Orange County organizations that have sought ECM contracting; the final two address the CHW gaps that compound those same barriers.

	Board Action	What We Are Asking

1	**Expand the ECM network with a cohort of population-focused providers**	• Establish a structured cohort of 7-15 community-based ECM providers selected specifically for their ability to reach distinct populations underrepresented in the current network • The cohort should include the seven organizations that have already requested contracting and gone unanswered: Access California Services, Beyond Blindness, OMID Multicultural Institute, Pacific Islander Health Partnership, Sacred Path Indigenous Wellness Center, The Cambodian Family, and Vital Access Care Foundation • Remaining slots should fill documented population, language, disability, geographic, or service-access gaps across Orange County
2	**Address CalOptima's internal capacity constraints to support meaningful ECM and CHW implementation**	• Identify the staffing, contracting, provider relations, data, and claims resources required to support a diverse ECM and CHW provider network -- and present a plan to resolve any shortfalls • Staffing should be sufficient to onboard, train, support, monitor, and pay community-based providers across both ECM and CHW benefits • The state authorized $1.5 billion in Incentive Payment Program (IPP) funding for MCPs and $1.85 billion through PATH for provider capacity were intended to address precisely the implementation barriers providers are now reporting • The solution to capacity constraints is to strengthen infrastructure, not to limit participation by the community-based providers CalAIM was designed to incorporate
3	**Establish Board-level accountability for network access and community investment**	• Regular Board reporting on ECM and CHW access and utilization by health network, zip code, race/ethnicity, and language is needed to distinguish nominal network adequacy from effective access • Support local CalAIM Technical Assistance Marketplace (TAM) providers to continue providing TA to CBOs starting January 1, 2027 • Continue funding facilitation of the Orange County CalAIM Collaborative • Workforce development investments for CBOs with budgets under $10 million • Grantmaking for CBO capacity building and quality assurance activities • Supplement the CHW reimbursement rate so it covers the true cost of services (see Ask 5) • Target future RFP opportunities to underserved communities and trusted messenger organizations • Provide transparent data on population inclusion progress to inform additional CBO investments • Similar to CalOptima's recently announced $429.6 million in rate increases for hospitals and specialists, the Board should consider a comparable investment in community-based organizations
4	**Integrate meaningful community engagement and reinvestment**	• Maximize Medi-Cal MCP Community Reinvestments in small and mid-sized CBOs who serve as health navigators, enrollment assisters, and service providers for hard-to-reach populations

		• Ensure these organizations, who have a unique perspective on the members CalOptima serves, are meaningfully represented in CalOptima's Advisory Committees, not just acknowledged • Recognize that community presence, language concordance, cultural knowledge, and established trust are not supplemental to effective care access, they are the required conditions for it
5	**Establish equitable CHW access standards across all health networks**	• Direct all health networks to contract with a sufficient number of CHW partners commensurate with their population size and diversity, to ensure meaningful access for all enrolled members • Alternatively, authorize CalOptima to contract directly with CHW providers on behalf of health network members, ensuring no member is denied access based on health network assignment • Prioritize CHW partners with demonstrated presence in the communities identified in this brief: Vietnamese, Cambodian, Pacific Islander, American Indian and Alaska Native, Middle Eastern and North African, and disability communities • Networks that do not meet access standards within a defined timeline should be subject to plan-level backstop contracting by CalOptima Community Network (CCN)
6	**Increase CHW reimbursement rates above the Medi-Cal floor**	• Authorize a CalOptima rate enhancement for contracted CHW providers above the current 100% of Medi-Cal floor • The current rate ($27.54/30-min visit) does not cover the true cost of culturally congruent, community-based CHW service delivery which includes time for travel, outreach, documentation, supervision, and relationship-building • CalOptima has already adopted targeted rate increases for doulas and other preventive providers; CHW organizations serving the plan's highest-need members should receive comparable treatment • A rate enhancement is a direct investment in the sustainability of the CBOs represented in this brief
7	**Data**	• Utilization rates on both ECM and CHW by race, ethnicity, language, networks

What Is at Stake

CalOptima Health serves more than 800,000 members across one of the most linguistically and culturally diverse counties in California. ECM is a critical benefit for Medi-Cal members with complex medical, behavioral health and social needs. CHWs can reach everyone else -- members who are rising in risk, who have unmet care gaps, who just left the hospital, who have never connected to a primary care provider.

The organizations represented here are ready to serve these members. Some have been waiting nearly a year for a response to a straightforward contracting request. Others are operating CHW programs at a reimbursement rate that does not cover their costs, in a system that has not set consistent expectations for health network partners.

A coordinated strategy that is equitably contracted, appropriately resourced, and properly funded is not a nice-to-have. It is the missing piece of the community-based care continuum that CalAIM was designed to create. We respectfully ask the Board to act.

Presented to the CalOptima Health Board of Directors | CalOptima Health CHW Partner Organizations, Access California Services, Beyond Blindness, Latino Health Access, OMID Multicultural Institute, Pacific Islander Health Partnership, Sacred Path Indigenous Wellness Center, The Cambodian Family, and Vital Access Care Foundation | 2026