Housekeeping

- Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretación". Luego haga clic en "Español" y seleccione "Silenciar audio original".

- ASL interpreters have been "Spotlighted" and Zoom, automatic closed captioning is active.
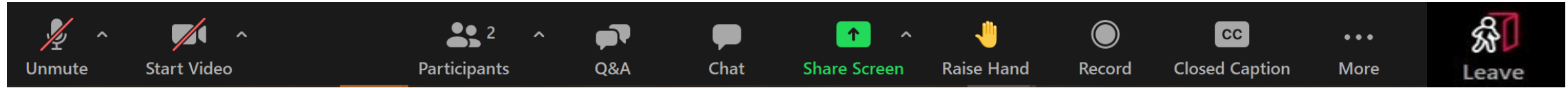
- This meeting is being recorded.

- Materials are available online on the Master Plan website.

- Questions? Comments? Email DSMasterPlan@chhs.ca.gov

Zoom Instructions

Committee members can unmute their mic when it's their turn to speak

Committee members can turn their webcams on/off

All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessbiilty barrier to a member of the committee.

Raise your hand when you want to speak
You may need to click on "Participants" and a new window will open where you can **"Raise Hand"**

Use the "leave" icon at the far right of the Zoom toolbar to leave the webinar at the end of the meeting

- Features will vary based on the version of Zoom and device you are using
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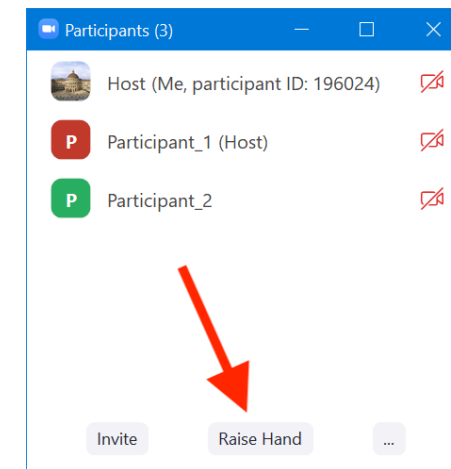
Agenda

1. Welcome and Introductions
2. Review Timeline and Process for Creating Ideas and Recommendations
3. Review Updates to Priority 1 Recommendation #1 and #2
4. Discuss Priority 1 Recommendation #3 – IPP
5. Discuss Priority 1 Recommendation #4 – Vendorization
6. Discuss Priority 2 Potential Recommendation Ideas
7. Review Upcoming Meetings
8. Public Comment

Workgroup Meetings

Workgroup 4 will meet every month for six months. We will develop recommendations for workgroup 4 priority areas for the Master Plan

2024					2025	
August	**September**	**October**	**November**	**December**	**January**	**March**
Workgroup Kick-Off	Discuss Priority 1	Discuss Priority 1 Recs	Discuss Priorities 2 & 3	Discuss Priorities 2 & 3 Recs	Discuss Priorities 2 & 3 Recs	Finalize workgroup recommendations

Finalize Master Plan in Spring 2025

Developing Our Recommendations

1. **Discuss recommendation ideas**: Talk about ideas and get consensus for recommendations

2. **Draft recommendations**: Co-Chairs, workgroup and staff will use the ideas to develop draft recommendations.

3. **Review recommendations with Workgroup**: Members will review, discuss and revise draft recommendations

4. **Review Recommendations with Master Plan Committee**: Recommendations will be presented to the Master Plan Committee for feedback and approval.

Updates to Priority 1 – Recommendation 1: Service Definitions

Universal Goal

Our universal goal is:

People get the services and supports they need, when they need them, so they can lead the lives they want.

Service Definitions Recommendation Updates (slide 1 of 2)

Changes that have been made since our last workgroup meeting:

- We updated text in many places that explain the recommendation more clearly.

- We added this text: "*definitions should not limit available services, but should be seen as a basic list of the most common ones.*"

- This text was moved to service authorization standards: "*Some regional centers place limits on certain services, while other regional centers do not.*"

- This text was moved to Vendorizations: "*Currently Service providers have to follow different rules if they are vendorized in different regional centers, requiring them to have admin processes that keep processes separate for different regional centers.*"

Service Definitions Recommendation Updates (slide 2 of 2)

Changes that have been made since our last workgroup meeting:

- Removed this language because it's not completely accurate: "such standardizations may be seen as a threat by Regional Centers".
  - Reason: Regional centers have led some standardization efforts through ARCA.
- We added language that service definitions should be precise and clear. That definitions should not limit what services are offered. And the language should be transparent about what services are available.
- We added language about how service definitions should be updated. The updates say that an independent organization should be involved in the review. They also say that the organization should include people from the community including self-advocates.

Discuss Priority 1 – Recommendation 2: Service Authorization Standards

Service Authorization Standard Recommendation Updates (slide 1 of 2)

Changes that have been made since our last workgroup meeting:

- We updated text in many places that explain the recommendation more clearly.

- We added this text: *"Regional Centers should keep track of how long it takes from the time a service authorization request is made, to the time it is completed."*

- We added this text: *"Service authorization decisions should apply across regional centers. This would allow individuals to move without needing to rewrite their plans or disrupt services that were already authorized."*

- We added this text: *"Regional centers should provide education sessions and webinars that clearly describe service authorization standards. Those education sessions should be accessible to everyone and use plain language."*

Service Authorization Standard Recommendation Updates (slide 2 of 2)

Changes that have been made since our last workgroup meeting:

- We also added this text for service denials, notices action and appeals:
  - *"Regional centers should provide an official record of IPP meeting to individuals and families. This help create clear documentation of meeting discussions and outcomes. It will also help track which services have been authorized.*
  - *Official records must include a plain language description. It should be provided in multiple language and modalities. Records should be tailored to the individual's needs.*
  - *Official records may also include transcripts, audio recordings, and Zoom meeting recordings ."*

Discuss Priority 1 – NEW Recommendation 3: Individual Program Plan (IPP)

Individual Program Plan (IPP) Process

Recommendation:

Develop IPP processes that are consistent, transparent, and equitable across all regional centers. IPP processes should be clear about what services are available. They should meaningfully involve individuals and families and must accommodate their specific needs and preferences.

Individual Program Plan (IPP) Process

What is an IPP and how is it developed?

IPPs are a key part of the person-centered planning process. An IPP should have information about self-advocates. That information should include what is happening in a self-advocates life. It should also include what is important to them, what their needs, preferences, goals and future plans are.

An IPP should be developed with self-advocates, family members, regional center planning teams and others.

What is DDS doing to standardize the IPP Process?

SB138 has requirements about IPP changes.

- DDS is required to create a standardized IPP template and standardized IPP procedures. These include frequency of meetings that are consistent with person-centered services planning requirements.

- Regional centers must implement the standardized IPP template and procedures by January 1, 2025

- DDS is going to do a webinar for all workgroup members on this including in the IPP.

- There are some additional slides in the appendix for your review if you would like to get more detail.

Priority 1, Recommendation 3: IPP Process Problem Statement

Problem Statements:

- Regional centers interpret person-centered approaches differently. This means that self advocates and families have different experiences across regional centers.
- Sometimes service coordinators don't know how to make changes to IPPs to meet individual needs and preferences.
- Many families feel unsupported and don't have all the materials they need after their IPP meetings.
- Information about service denials, appeals and notices of action IPPs is not accessible enough to everyone.
- These experiences make it hard to get equitable access to timely, person-centered services that meet their unique needs.

Recommendation: Make IPP processes consistent, transparent, and equitable across all regional centers

1. **IPP processes should clearly describe what services clients need, and when those services are available during IPP meetings.** IPP processes <u>must not</u> replace the person-centered planning (PCP) process.

2. **IPP processes must meet individuals and families where they are and make sure their needs are met**. There should be options so people can develop IPPs from their homes. There should be technology they can use to make IPPs easy to sign.

Recommendation: Make sure IPP processes are consistent, transparent, and equitable across all regional centers

3. **RCs should provide translation services and be sensitive to different cultures**. People should have access to community-based organization or other advocates to help them. Extra time should be provided when it's needed. Communication support such as Augmentative Assistive Communication (AAC) devices should be provided if needed.

4. **RCs should provide detailed documentation of IPP meetings**. Documentation might include audio recordings and transcripts. IPPs should be changed when a self-advocate's circumstances change.

5. **Anonymous surveys should be sent to self-advocates about the IPP process**. They should be used to see what worked well and what can be improved.

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Recommendation: Make sure IPP processes are consistent, transparent, and equitable across all regional centers

6. **Reform fair hearings process**. Regional centers should collect and report information on service denials, appeals and notices of action. DDS should aggregate and publicly report this information every year. This information should be used to improve access to services and supports. Transcripts and recordings should be provided for hearings. Self-advocates should get support for appeals.

7. **Create a portal where individuals can see their IPP**. The portal should allow people to see their IPP, person-centered plans, and what's been approved. It should be accessible to independent facilitators and parents (where appropriate). The portal should be the same even if people change regional centers.

Priority 1 – NEW Recommendation 4: Vendorization

Vendorization

Recommendation:

Improve the Vendorization process. Make vendors more accessible to everyone. This will help improve access to service providers for all self-advocates and families.

Vendorization

What is Vendorization?

Vendorization is the process to identify and select service providers that can be used by self-advocates. It allows regional centers to verify that vendors meet necessary qualifications.

SB 138 - Vendorization

No later than June 30, 2025, DDS will standardize vendorization procedures. Procedures may include standardized vendorization forms. They may also include requirements about when services are provided through more than one regional center. Regional centers are required to implement these procedures by January 1, 2026. They must also provide updated vendor lists to DDS every three months.

Priority 1, Recommendation 4: Vendorization Problem Statement

Problem Statements:

- Regional centers and other organizations involved in the vendorization process sometimes spend months requesting unnecessary information. As a result, some people experience "denials by delay".
- People are being referred to vendors that can't serve them.
- The vendorization process is very burdensome for some businesses.
- Rules about where a vendor must be located are outdated.

Recommendation: *Improve the Vendorization process.*

1. **Streamline the vendor application process across DDS and regional centers.** Make it faster, simpler and more transparent. Create and meet clear vendorization timelines. Update outdated policies. Assign vendor numbers quickly. Once a vendor is approved in one regional center, all regional centers should accept them.

2. **Review and update Title 17 vendorization rules**. Review and update vendorization rules. Include self-advocates and other stakeholders in the rulemaking process. Identify opportunities to increase vendors that can support language and cultural capability gaps. Measure how well regional centers are complying with new rules.

Priority 1, Recommendation 3: Vendorization (slide 2 of 3)

Recommendation: *Improve the Vendorization process.*

3. **Allow independent facilitators and non-profit corporations to become vendors**. Remove unnecessary barriers in the vendorization process.

4. **Identify and address vendor shortages**. Issue survey to help everyone understand where there are shortages. Develop "requests for proposal" to fill identified gaps. Create incentives to motivate more vendors to provide services. Identify and fast-track vendors who serve clients where English is not their primary language.

5. **Make vendorization standards and processes more transparent.** They should be more accessible, especially for communities and populations that have less access to services.

Priority 1, Recommendation 3: Vendorization (slide 3 of 3)

Recommendation: *Improve the Vendorization process.*

6. **Require regional centers to host information sessions.** RCs should support community outreach to help people understand the vendorization process.

7. **Train regional center staff in vendorization and intake processes.**

8. **Speed up vendorizations.** Put clear timelines in place. Use incentives and penalties to meet timelines.

Priority #2 – Data and Technology Systems

Priority #2

Enhance data and technology systems to improve equitable access to information. Use data and technology to help everyone more easily navigate the systems. Protect the privacy of individuals that receive services:

o Provide individual and family access to their information;

o Measure individual outcomes, system outcomes and performance;

o Make information available for research, analysis, evaluation, and to support accountability.

Priority #2: Plain Language

- Make it easy for everyone to get information they need and want;

- Let people see their own information;

- Keep personal information private;

- Help people easily find their way through services;

- Check if people are getting the services they need;

- Make it easy to understand if the system is working well; and

- Share information for research and to check how things are going.

Idea #1 – Require use of a single data system to manage service delivery

In 2023, the Little Hoover Commission recommended that DDS modernize its IT Systems. "Current data systems are so poor that it is impossible to track individual outcomes for those receiving services"

Little Hoover Recommendations:

1. Update laws to require all regional centers to use a single finance and case management system to manage service delivery.

2. DDS should build a plan, budget, and timeline to develop these systems.

Idea #2 – Develop portals to the case management system that individuals and families can use.

Problem: *Helps families communicate and access important information anytime, including updates, support contacts, and event details.*

How this recommendation would improve things:

1. Improve overall communication;

2. People could see and review services they need and receive; and

3. People could have access to documents they need.

Idea #3 – Invest time and resources into the work of the PAVE project.

Recommendation: Enhance data and technology systems to ensure equitable access to information. Help everyone more easily navigate the systems. Safeguard the privacy of individuals that receive services.

Idea #4 – Develop online community, platforms or hub for individuals and families.

Problem: *There is a lot of miscommunication, inconsistent communication, and misinformation.*

How would this recommendation improve things:

1. Improve communication;
2. Avoid misinterpretation; and
3. Improve understanding of service coordination and case management.

Idea #5 – Improve access to information and the quality of data for research and analysis.

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Problem: Data about the I/DD system and other systems that self-advocates use is difficult to access and use. Data sets are not linked. And the quality of the data makes it hard to analyze it.

How would this recommendation improve things:

1. Linking DDS, Medi-Cal, social service and other data sets would provide a more complete picture of services and supports self-advocates receive;

2. Creating clear rules about using these data will make it more accessible to researchers; and

3. Making these data more accessible will help researchers identify individual and system outcomes and trends.

Idea #6 – Develop ways to know if services and systems meet client needs. It can begin with satisfaction and evolve over time to measurable outcomes.

Problem: *We cannot track services people receive, how much time it took to get them, or how good they were.*

How would this recommendation improve things:

1. Help us know which services are really helping people and improving lives;

2. Help us measure success; and

3. Help makes better plans to support people.

Idea #7 – Use surveys and other data collection tools about ethnicities and languages spoken of individuals and families

Problem: We cannot accurately track languages and ethnicity of the people served by regional centers.

How would this recommendation improve things:

1. Improve communication;

2. Avoid misinterpretation; and

3. Improve understanding of service coordination and case management.

Idea #8 – Use anonymous surveys from individuals and families to get more information about service coordinators, vendors and other services and supports providers

Problem: We don't have enough information from self advocates and families about their experiences receiving services and supports.

How would this recommendation improve things:

1. Identify issues and concerns that individuals and families have;

2. Identify good trends that can be used as good models; and

3. Identify bad trends that can be improved.

Idea #9 – Measure the success of the $11 million in Equity Grants.

Problem: *We don't have enough information about the success of the Equity Grants.*

How would this recommendation improve things:

1. Provide information about the progress of addressing disparities;

2. Assess the community impact these programs are making in peoples lives; and

3. Hold grantees accountable.

Our Next Steps

At our next meeting we will:

1. Review updates to Priority 1 Recommendations

2. Review Priority 2 Recommendations

Upcoming Workgroup Meetings

- **Thursday November 21ˢᵗ**, 1pm - 4pm
- **Wednesday December 18ᵗʰ**, 1pm - 4pm
- **Wednesday January 29ᵗʰ**, 1pm - 4pm
- **Wednesday March 5th:** 1pm - 4pm

Public Comment

Public comment period will be limited to no more than 30 minutes.

If you want to make public comment regarding the topics of this meeting, please raise your hand and we will call on you in the order shown in Zoom.

At 2 minutes you will be asked to complete your thought to ensure everyone who wants to has a chance to speak.

Please let us know if you need additional time as a disability related accommodation to make your comment.

If you prefer to send comments in writing, email them to: DSMasterPlan@chhs.ca.gov or post them in the Q&A

Thank you!

We look forward to seeing you at the next **Master Plan Committee** meeting.

Wednesday, November 6, 2024
10:00 a.m. – 3:30 p.m.
Location: Virtual Meeting Only – Zoom

For more information visit the Master Plan web page .

Send us your input at: DSMasterPlan@chhs.ca.gov

Appendix

Priority #1

"Ensure the system has a consistent, equitable, and transparent interpretation of regional centers' responsibilities by establishing a common set of statewide regional center standards, services, and rates that are accessible and fair to all of individuals, using clear, simple and inclusive language that is understandable to all of our diverse communities."

Priority #1: Plain Language

"Make sure all regional centers follow the same rules. They should offer the same services and say what they pay for the services they give. We want everything to be clear and fair, and to use language everyone can understand."

Priority #2

"Enhance data and technology systems to ensure equitable access to information and help everyone more easily navigate the systems while safeguarding the privacy of individuals that receive services:

o Provide individual and family access to their information;

o Measure individual outcomes, system outcomes and performance;

o Publish information so that it can be used for research, analysis, evaluation, and to support accountability."

Priority #2

Priority #2: Plain Language

- Make it easy for everyone to get information they need and want

- Let people see their own information

- Keep personal information private

- Help people easily find their way through services

- Check if people are getting the services they need.

- Make it easy to understand if the system is working well.

- Share information for research and to check how things are going

Priority #3

"Strengthen DDS, regional center, vendor and provider accountability for achieving equitable and person-centered outcomes."

Priority #3: Plain Language

Make sure DDS, regional centers, vendors are responsible. They need to provide the services they are supposed to. They need to give fair and person-centered results.
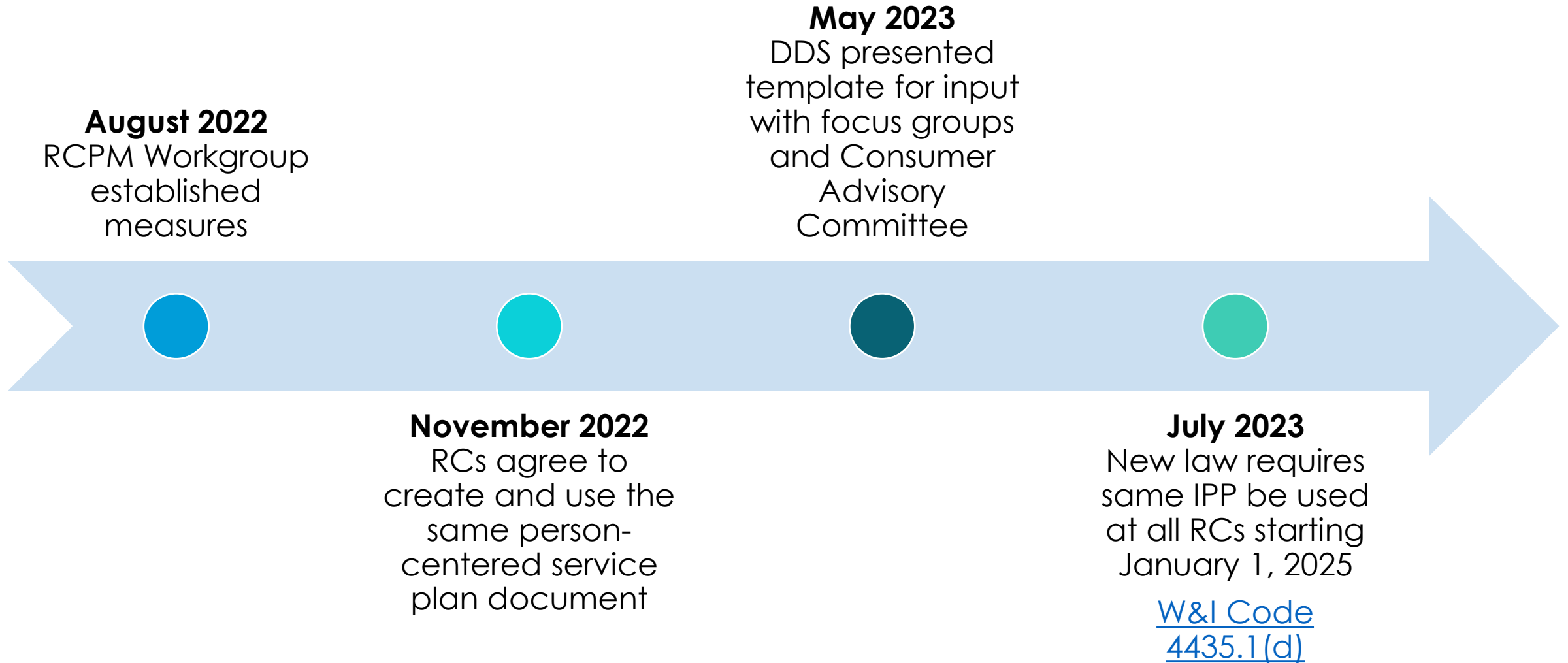
IPP Background (From DDS)

State Bill 138

- By June 30, 2024, DDS to establish a standardized IPP template and standardized procedures

- Regional centers shall implement no later than January 1, 2025

- Be integrated with the new case management system (CERMS)

- Provide statewide uniformity and consistency

- Promote equity in the practices and services of regional centers

IPP Project Timeline 2022-2023 (From DDS)

August 2022
RCPM Workgroup established measures

November 2022
RCs agree to create and use the same person-centered service plan document

May 2023
DDS presented template for input with focus groups and Consumer Advisory Committee

July 2023
New law requires same IPP be used at all RCs starting January 1, 2025

W&I Code 4435.1(d)

IPP Timeline 2024 (From DDS)

April 2024
DDS hosted focus groups and public meetings for feedback on template

June 2024
Final IPP template sent to RCs

July 2024
Pilot IPP template with 5 RCs

September 2024
Training for RCs, provide guides for individuals & families

Changes to the IPP (From DDS)

What's New

- Increased flexibility in what an individual wants to include in their plan
- More opportunities to practice person-centered approaches
- Standard format and process across regional centers
- Some areas or prompts may be new
- How Med-Waiver eligibility is addressed in the IPP
- New materials for regional centers, individuals and families

What's The Same

- Statute and requirements of the IPP
- The regional center's role in the IPP
- The assessment of needs and services
- Required documentation