

The background of the slide is a top-down view of a collaborative workspace. Several people's hands and arms are visible, engaged in various activities. One person is writing on a notepad, another is using a magnifying glass, and others are pointing at or drawing on a large whiteboard. The whiteboard is covered with hand-drawn sketches and diagrams. A large yellow circle with a lightbulb and three lightning bolts is a central feature. Other sketches include a blue circle with an eye, a red circle with a coffee cup, a green circle with a computer monitor, and various gears, stars, and arrows. The words "INSPIRE", "DESIGN", and "RESEARCH" are written in chalk on the whiteboard. The overall atmosphere is one of creative collaboration and problem-solving.

MASTER PLAN *for* Developmental Services

Workgroup 5 Meeting
September 13, 2024

Housekeeping (1/2)



MASTER PLAN *for*
Developmental Services



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and Zoom, automatic closed captioning is active.

- Please make sure you state your name & speak slowly before making comments to help our interpreters



This meeting is being recorded.

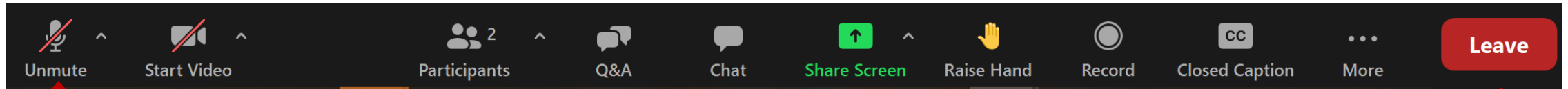


Materials are available on the [Master Plan website](#).



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

Housekeeping (2/2)




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

Committee members can turn their webcams on/off here

Participants will always be able to use the Q&A feature to ask questions and make comments during the meetings. In addition, the chat feature will be open unless it is an accessibility barrier to a member of the workgroup.

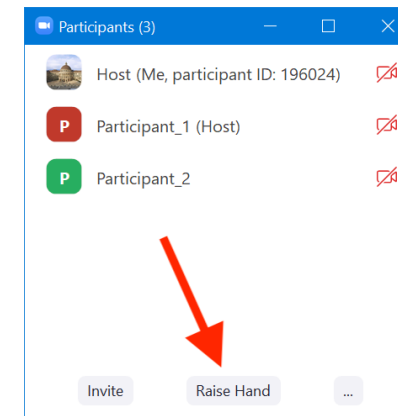
Raise your hand when you want to speak

You may need to click on "Participants" and a new window will open where you can "Raise Hand"

Leave the webinar at the end of the meeting












- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants



Agenda

1. Welcome and Introductions
2. Timeline and Process for Creating Ideas and Recommendations
3. Workgroup 5 Priorities
4. California Medicaid Background Information
5. Priority 1 Recommendation Ideas
6. Upcoming Meetings
7. Public Comment

Workgroup 5 will meet every month for six months. We will develop recommendations for workgroup 5 priority areas for the Master Plan

Aug 2024	 Workgroup Kick-Off
Sep 2024	 Discuss Priority 1 Ideas
Oct 2024	 Discuss Priority 1 Recommendations
Nov 2024	 Discuss Priority 2 and Priority 3 Ideas
Dec 2024	 Discuss Priority 2 and Priority 3 Recommendations
Jan 2025	 Update Priority 2 and Priority 3 Recommendations
Feb 2025	 Update and Finalize Workgroup Recommendations
Mar 2025	 Final Updates → Master Plan to Legislature 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.

Workgroup 5 Priorities



Priority #1: Maximizing federal reimbursement by increasing Medicaid enrollment for individuals and making eligibility processes easy on individuals and families.

Priority #2: Integrate waiver and State Plan services across systems to improve quality of life and outcomes.

Priority #3: Innovate and expand service types that support community living and can be covered by Medicaid or other systems, such as housing or transportation, to promote inclusive systems and communities.

Workgroup 5 Priorities – Simplified Version



MASTER PLAN *for*
Developmental Services

Priority #1: Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Priority #2: Connect the different types of services that people with developmental disabilities use in California (Regional Center, schools, mental health, and more). This will help all the systems work together to help people live better lives and reach their goals.

Priority #3: Make sure people have the right services to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

What are Home and Community Based Services?

- Home and Community Based Services (HCBS) are supports that help people with intellectual and developmental disabilities.
- HCBS are meant to help people live in their homes and fully participate in their communities. These services are provided to help with everyday activities.
- These services can include help with daily tasks like bathing, getting dressed, making meals, learning new skills, finding and keeping a job, getting around, using special equipment, different types of therapy, and more.

Medicaid Funding for Home and Community Based Services

- Medicaid is the primary funder for I/DD services and supports across the country.
- Medicaid is a federal-state partnership program.
- State and federal governments must share the cost of providing services through the Medicaid program.
- California DDS provides Medicaid funded services using two Waivers and one 1915i State Plan option.

Medicaid Funding for Home and Community Based Services

- To receive federal funding, California must comply with Medicaid rules and regulations.
- States must submit proposals to the Centers for Medicaid and Medicare Services (CMS) describing how they want to provide and fund I/DD services and supports.
- CMS must approve every state's proposal.
- Individuals have to go through eligibility process to enroll in DDS Waivers and California's Medi-Cal (Medicaid) program. Eligibility must be re-determined every year.

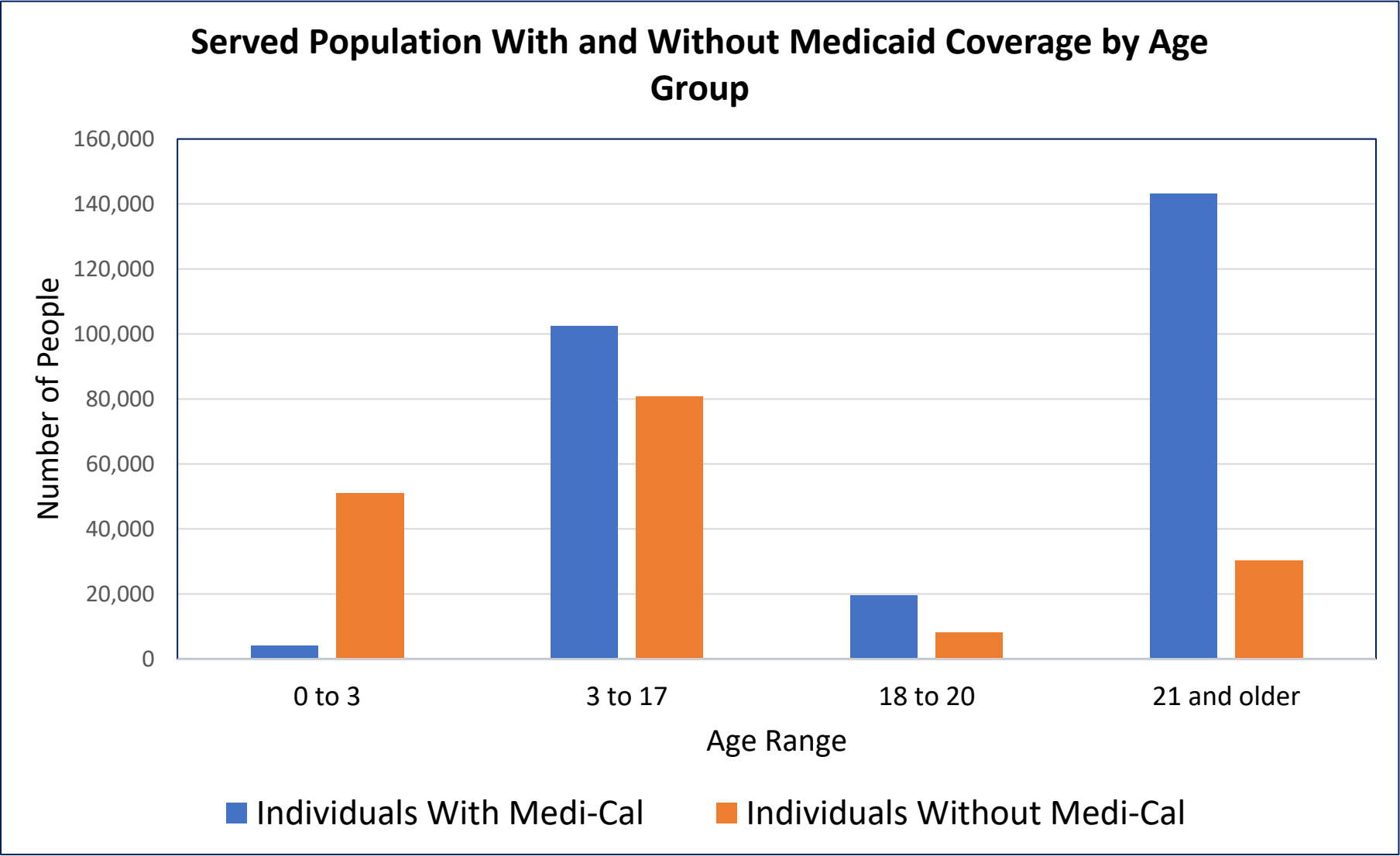
California Medicaid Background Info



What is the Lanterman Act?

- The Lanterman Developmental Disabilities Services Act is a California law passed in 1969. This law gives people with intellectual and developmental disabilities (I/DD) and their families the right to get the help they need to live like people without disabilities.
- This law requires the state to provide and pay for services and supports for people with I/DD.
- In California, individuals do not have to be eligible for and enrolled in a Waiver or in MediCal to receive I/DD services.

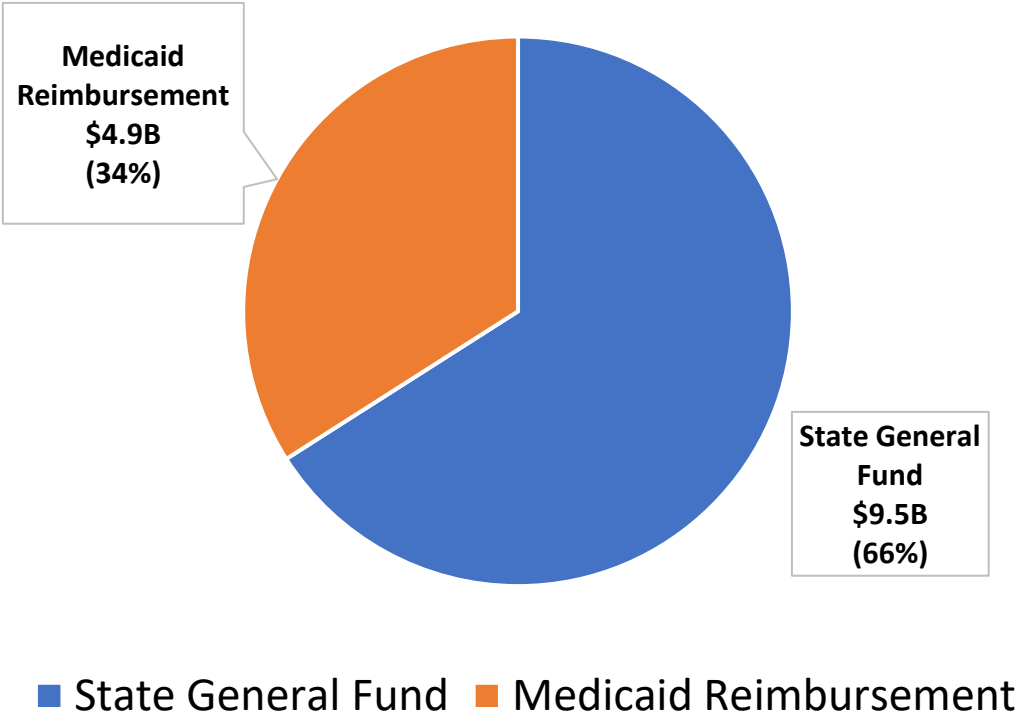
Basic Background Data: Medicaid Coverage



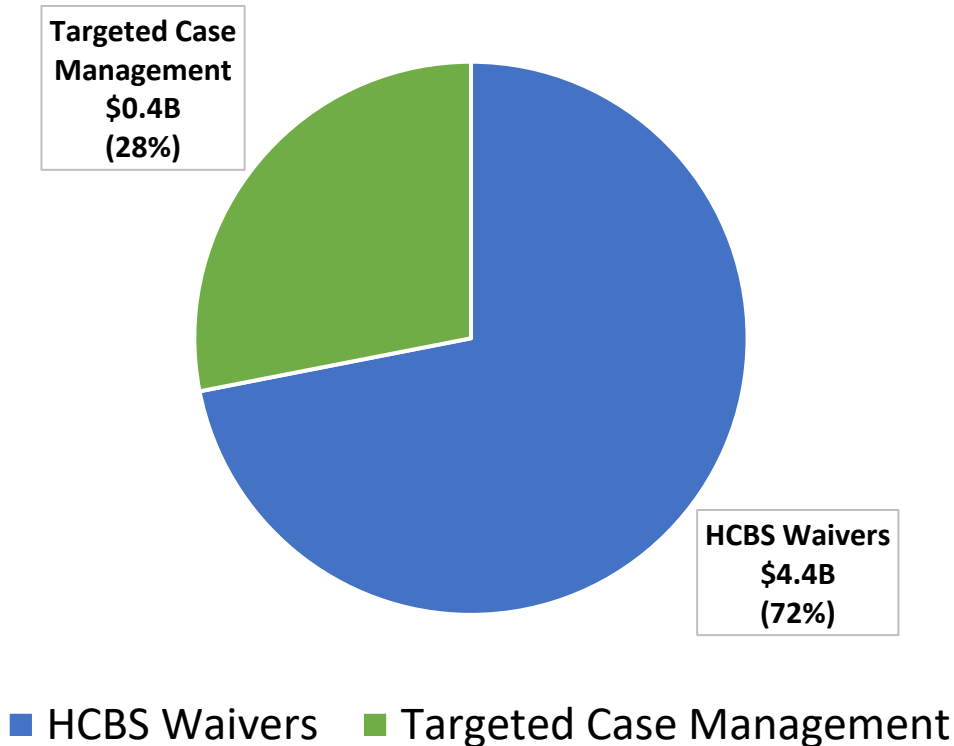
- About 61% of individuals receiving I/DD services are enrolled in Medi-Cal.

Basic Background Data: Financing

Total Expenditures (Financial Year 2024/2025 Estimate)



Total Medicaid Reimbursement By Source (Financial Year 2024/2025 Estimate)



Source: DDS Financial Year 2024/2025 Estimate Data

Workgroup 5, Priority #1



MASTER PLAN *for*
Developmental Services

Priority #1: Maximizing federal reimbursement by increasing Medicaid enrollment for individuals and making eligibility processes easy on individuals and families.

Priority #1 Simplified version : Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Use the Equity Tool to Review Priority #1



Let's discuss how we will use the Equity Tool to consider:

- 1. Universal Goals** → Where do we want to be?
- 2. Problem Statements** → Where are we now? Who is left behind?
- 3. Causes of Problems** → Why is there a problem?
- 4. Information** → What data do we need to understand the issues?

Think About the Equity Tool: Our Goal



MASTER PLAN *for*
Developmental Services

Priority #1: Make it easy for individuals and families to sign up for Waivers and MediCal if they are eligible. This will bring more money for services to California.

1. Universal Goal Setting → Our Priority #1 tells us where we want to be.

Everyone eligible is enrolled in DDS Waiver and with MediCal through a simple process with supports.

2. Problem Statement (example) → Where we are now

- Not everyone who is eligible for DDS Waivers and Medi-Cal is enrolled. State can not receive federal funding for services to those individuals.
- Individuals, families, and service coordinators do not have information on why enrolling in Waiver or Medi-Cal is important.
- Inadequate training regarding funding sources to RC managers and service coordinators.
- The enrollment process is difficult and there is lack of accessible information about it.
- Others?

2. Problem Statement (example) → Where we are now? Consider equity issue - who is left behind?

- People who speak languages other than English, who need information in plain language or in ways other than writing.
- Self-advocates with little to no natural supports.
- Immigrant communities who speak English but are unfamiliar with the system's processes.
- People from different cultural backgrounds where other factors pose as barriers such as guilt, shame, fear of government, fear of green card issues, etc.
- Individuals and families who have experienced and/or fear institutionalization.

Equity Tool: Cause of the Problem



3. Causes of Problem → Why is there a problem.

- Waiver and Medi-Cal rules and requirements are complex.
- Individuals and families may not have the information about Waiver, Medi-Cal, or need to enroll.
- Process is cumbersome and hard to understand and navigate.
- Others?

- 4. Information** → What data or information will help answer questions we have and make a recommendation?
- What are the requirements to become eligible?
 - What is the role of Regional Centers and Service Coordinators in supporting the individuals and families through the Medi-Cal eligibility process?
 - Are there differences in Waiver and Medi-Cal enrollment by race and ethnicity?
 - Others?

Brainstorming Priority #1 Big Ideas



We are going to talk about “big” ideas. For each big idea think about:

For each idea think about:

- What is the universal goal that we are trying to achieve?
- What problem are we trying to solve?
- What is the root cause of the problem?
- What information do we need to help us develop recommendations?

Brainstorming Priority #1 Big Ideas



Some Workgroup members and public comments gave us good ideas. We are going to talk about these ideas and ask you about other ideas.

- Educate everyone on why this is important to support financial sustainability of the system.
- Make eligibility process as easy as possible for individuals and families.
- Make supporting individuals and families through eligibility process an expectation for Regional Centers.
- Change language about eligibility (for example: “institutional deeming”) to be simple and not intimidating.

Your ideas



Think of ideas to make sure that it is easy for individuals and families to enroll in DDS Waivers and Medi-Cal.

- What is the universal goal that we are trying to achieve?
- What problem are we trying to solve?
- What is the root cause of the problem?
- What information do we need to help us develop recommendations?

Brainstorming Priority #1 Big Ideas



Big Idea #1: Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process.

- **Universal goal:** *Where do we want to be?*
- **Problem:** *Which groups are not able to reach the goal? Who has been left behind?*
- **Cause of the problem:** *Are certain groups further from reaching the universal goal? What do those groups say about their experiences of the problem?*
- **Information we need:** *What data or information will help answer these questions?*

Brainstorming Priority #1 Big Ideas



Big Idea #2: Make supporting individuals and families through eligibility process an expectation for Regional Centers.

- **Universal goal:** *Where do we want to be?*
- **Problem:** *Which groups are not able to reach the goal? Who has been left behind?*
- **Cause of the problem:** *Are certain groups further from reaching the universal goal? What do those groups say about their experiences of the problem?*
- **Information we need:** *What data or information will help answer these questions?*

Brainstorming Priority #1 Big Ideas



Big Idea #3: Change language about eligibility to be simple and not intimidating.

- **Universal goal:** *Where do we want to be?*
- **Problem:** *Which groups are not able to reach the goal? Who has been left behind?*
- **Cause of the problem:** *Are certain groups further from reaching the universal goal? What do those groups say about their experiences of the problem?*
- **Information we need:** *What data or information will help answer these questions?*

Upcoming Workgroup Meetings



- Monday, September 30, 2024
- Friday, October 25, 2024
- Friday, December 6, 2024
- Friday, January 17, 2025
- Friday, February 21, 2025
- Monday, March 3, 2025 (if needed)

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, September 18, 2024

10:00 a.m. – 3:30 p.m.

Location: Virtual and in Fresno at The Painted Table Event Center,
5080 North Blackstone Avenue, Fresno, CA 93710

For more information visit our [website](#)

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

