

Workgroup 5 Meeting
September 30, 2024

Workgroup 5 Meeting
September 30, 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.

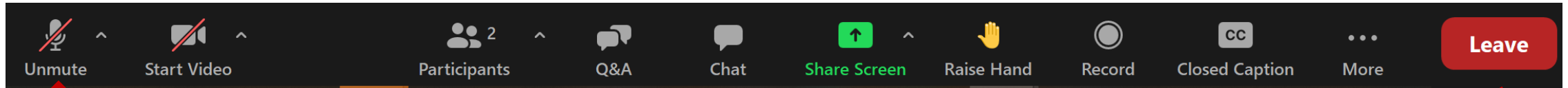


Materials are available on the [Master Plan web page](#).



Questions? Comments? Email 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.

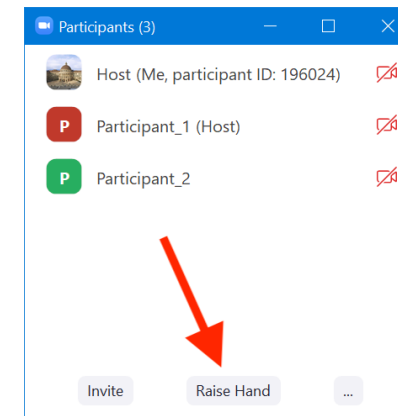
Raise your hand when you want to speak

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 Revised Priorities
4. Priority 1 Recommendations
5. California Medi-Cal Background Information
6. Next Steps: Priority 2 Recommendation Development
7. Upcoming Meetings
8. Public Comment

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

Today	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



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.

Workgroup 5 Priorities



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

Priority 2 Simplified version: 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.

Workgroup 5 Priorities – Simplified version



Priority 3: Innovate and expand person-centered and culturally informed 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.

Priority 3: Create new and expand person-centered and culturally informed services (such as housing, transportation, education, local resources, and more) that support people to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

Priority #1 Recommendations



Recommendation #1

Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process with supports.

- Individuals should have informed choice about Medicaid/MediCal and DDS Waivers eligibility and enrollment.
- Individuals, families, RCs (RCs), and other community partners need to have information to understand why Medicaid is important for long-term sustainability of the I/DD system and services.
- Department of Health Care Services (DHCS) (California's Medicaid Agency), Counties, Department of Developmental Services (DDS), and Regional Centers need to work together to create a single process that is easy for individuals and families to use to enroll in MediCal and DD Waivers with supports they need.

Priority #1 Recommendations

Recommendation #1

Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process with supports.

- Person's experience and outcome of eligibility and enrollment process should not be defined by their race, ethnicity, language, gender, age, health condition, or any other identity or background. State should evaluate data to identify and remedy any disparities.
- State and Regional Centers will provide language supports to ensure everyone has the needed information.

Priority #1 Recommendations



Recommendation #1 Continued. Recommended Supports:

Accessible, culturally responsive information provided in a variety of languages and modalities. Supports from people with lived experience (peer supports). Information hubs, informational toolkits, workshops, process visuals, short plain language documents, and instructional videos.

Short-term Milestones:

- 1) Department will do a study to see how much funding can be received if the State and RCs prioritize enrolling eligible individuals into MediCal and DDS Waivers.

Priority #1 Recommendations



Recommendation #2

Make supporting individuals and families with eligibility and enrollment process an expectation and a priority for Regional Centers.

- RCs need enough resources and staff to support individuals and families in navigating the eligibility and enrollment process. This will help make the process as quick and easy as possible. Some up-front funding may be needed to start the process, before more federal funding is brought to the state.
- RCs should do eligibility and enrollment consistently.

Priority #1 Recommendations

Recommendation #2

Make supporting individuals and families with eligibility and enrollment process an expectation and a priority for Regional Centers.

- Find RCs that do a good job in having a fast and well supported eligibility process and share best practices. Establish and support community of practice to continuously improve processes across RCs.
- There must be metrics and accountability for RCs supporting individuals and families with eligibility and enrollment.

Priority #1 Recommendations



Recommendation #2

- Service Coordinators and RC staff should receive quality training on Medicaid, MediCal, and Waiver eligibility and enrollment and on how to provide person-centered and culturally informed supports to individuals and families, including completing necessary forms and paperwork for eligibility.
- RCs staff should receive training to support individuals and families with cultural humility and awareness, and in a trauma informed way to foster a more inclusive and person-centered approach.

Priority #1 Recommendations

Recommendation #3

Change language about eligibility to be simple and not intimidating.

- Replace terminology that has negative meaning or can trigger trauma with plain, person-centered language. For example: “institutional deeming”, “Waiver”.

Priority #1 Recommendations

Recommendation #4

Individual's ability to receive services quickly and without interruption should not depend on Waiver and MediCal eligibility.

- Ensure that Waiver and MediCal eligibility process does not delay access to services. People should be able to start receiving services while waiting on Medicaid eligibility process to be completed.
- Eligibility and enrollment process should not impact continuity of services at eligibility redeterminations.

Background on I/DD and Medi-Cal Services



MASTER PLAN *for*
Developmental Services

- **What is Medi-Cal?**
 - Overview of Medi-Cal
 - Medi-Cal Covered Services
 - Medi-Cal Behavioral Health Services
- **Coordination Across Delivery Systems**
 - Enhanced Care Management (ECM)

What is Medi-Cal? (1/2)

- Medi-Cal is California's Medicaid program. It provides health insurance coverage for 14.8 million low-income Californians. This includes children and their parents, pregnant women, seniors, people with disabilities, and non-elderly adults.
- Medi-Cal is the **health insurance coverage** for many Californians. The program covers approximately:
 - 40% of California's children
 - 50% of individuals with disabilities
 - 25% of California's workers

What is Medi-Cal? (2/2)

Individuals must meet **eligibility requirements** to enroll in Medi-Cal:

- **Financial requirements** based on income (e.g., 138% of the federal poverty level or about \$43,000) and asset limits (e.g., \$130,000 for one person and \$65,000 for each additional household member)
- **Categorical requirements**, such as being a member of a specific group, a child under 21 years of age, a parent, a person with a disability, or a low-income adult under age 65
- **Other requirements** include state residency and immigration status

Medi-Cal Basic Information

- » Medi-Cal covers primary, specialty, and acute care, including home and community-based services (HCBS) that help with activities of daily living including those with I/DD.
- » By end of 2024, **99% of individuals on Medi-Cal will enroll and receive Medi-Cal coverage from Medi-Cal Managed Care Plans (MCPs)**. The remaining population would be covered in a traditional fee-for-service (FFS) delivery system.
 - **Managed care** is an organized system delivered through health plans to help Medi-Cal members receive high quality care. Managed care plans offer care coordination.
 - **FFS** means that Medi-Cal pays health care providers directly for each service they provide, like doctor's visits or tests, without focusing on overall cost.

Medi-Cal Covered Services

Ambulatory Care <ul style="list-style-type: none">- Primary care visits- Specialist consultations- Outpatient surgery	Emergency Services <ul style="list-style-type: none">- Ambulance services- Emergency room treatment- Trauma care	Early and Periodic Screening, Diagnostic, and Testing (EPSDT) <ul style="list-style-type: none">- Pediatric check-ups- Hearing/vision screenings- Developmental assessments	Hospitalization <ul style="list-style-type: none">- Inpatient surgery- Intensive care unit (ICU)- Hospital stays
Rehabilitative and Habilitative Services <ul style="list-style-type: none">- Physical therapy- Speech therapy- Occupational therapy	Dental/Vision <ul style="list-style-type: none">- Dental cleanings- Tooth extractions- Eye exams	Mental Health and Substance Use Disorder (SUD) Services <ul style="list-style-type: none">- Counseling/therapy- Addiction treatment- Psychiatric hospitalization	Maternity and Newborn Care <ul style="list-style-type: none">- Prenatal care- Childbirth- Neonatal intensive care (NICU)
Transportation <ul style="list-style-type: none">- Non-emergency medical transport- Ambulance transport- Medical vans	Prescription Drugs <ul style="list-style-type: none">- Medications for chronic conditions- Antibiotics- Mental health drugs	Preventative and Wellness Services <ul style="list-style-type: none">- Vaccinations- Cancer screenings- Wellness check-ups	Long-term Services and Supports <ul style="list-style-type: none">- Home health care- Nursing home care- Assisted living

Medi-Cal Behavioral Health Services

Medi-Cal covers behavioral health services including mental health and substance use disorder (SUD) services.

- Most people receive all their physical, mental health, and SUD services through a Medi-Cal managed care plan (MCPs).
- People with significant mental health and SUD needs receive specialty mental health services and SUD treatment through counties.
- To meet the diverse range of health needs among Medi-Cal members, California does not implement a uniform (“one-size-fits-all”) approach.

Medi-Cal Behavioral Health Services

- **Counties (with support from the State) play an important role in providing behavioral health services:**
 - The California Constitution requires the State and counties to share responsibility for funding Medi-Cal behavioral health services
 - Counties have responsibility to provide mental health and substance use disorder (SUD) services because:
 - Their historical role in providing such services
 - Importance of local control and expertise to serve local communities
 - Connections to social services and health-related social needs (HRSNs)

Medi-Cal Specialty Mental Health Services (SMHS) (1/2)

- » In California, 56 county mental health plans (MHPs) provide SMHS across all 58 counties.
- » County MHPs are required to provide or arrange for the provision of SMHS to members in their counties that meet specific access criteria. These services must be provided to meet the members' mental health treatment needs and goals
 - Access criteria are different for adults and children (people under age 21)

Medi-Cal Specialty Mental Health Services (SMHS) (2/2)

- » SMHS include a comprehensive array of services:
 - Mental health services (e.g., assessment, therapy, psychosocial rehabilitation)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation
 - Targeted case management
 - Crisis services
 - Inpatient and residential psychiatric services
- » Counties must also cover medically necessary services for children that may not be specified in the state plan according to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Current systems of service coordination

	Enhanced Care Management (ECM)	I/DD Service Coordination Covered Under TCM SPA
Delivery System	<ul style="list-style-type: none"> Community-Based “ECM Providers” under contract with Medi-Cal managed care plans (MCPs) 	<ul style="list-style-type: none"> Regional centers <ul style="list-style-type: none"> DDS/RC coordination efforts do not supplant the obligations of counties, Medi-Cal, Education, etc. to coordinate necessary services.
Functions	<ul style="list-style-type: none"> Outreach and engagement Comprehensive assessment and care management plan – “whole person” focus Enhanced care coordination Health promotion Comprehensive transitional care Member and family supports Coordination of and referral to community and social support services 	<ul style="list-style-type: none"> Comprehensive assessment and IPP focused on I/DD services Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed service Monitoring and follow-up activities to ensure the IPP is implemented effectively and adequately addresses the individual’s needs Individuals receiving services through Regional Centers are currently not eligible for ECM

Priority 2 Recommendation Development



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

Priority #2 Simplified version: 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 #2 Homework



We will send out simple survey to gather initial ideas for Priority #2 recommendations.

Responses will be due on Friday, September 11.

We will bring themes and ideas from this survey to the workgroup meeting on October 25th to start the conversation.

Responding to this survey is optional. You can bring your ideas to the meeting on October 25th as well.

Upcoming Workgroup Meetings



- Wednesday, October 25, 2024 11:30 a.m. - 2:30 p.m. PT
- Friday, December 6, 2024 11:30 a.m. - 2:30 p.m. PT
- Friday, January 17, 2025 10:30 a.m. – 1:30 p.m. PT
- Friday, February 21, 2025 11:00 a.m. – 2:00 p.m. PT
- Monday, March 3, 2025 (if needed) TBD

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, October 9, 2024
10:00 a.m. – 3:30 p.m.

Location: Virtual and in San Diego at the Sharp Prebys Innovation and Education Center
Executive Boardroom, 4th Floor
8695 Spectrum Center Blvd, San Diego, CA 92123

For more information visit our [website](#).

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



Workgroup 5 Priorities – previous versions



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 – previous versions



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.