Master Plan for Developmental Services Workgroup 5 Meeting #7 Summary

Friday, February 21, 2025
11:00 a.m. – 2:00 p.m.
Virtual Zoom Meeting

Attendance

Workgroup Members in Attendance

- Shella Comin-DuMong
- Elizabeth Hassler
- Barry Jardini
- Mark Klaus
- Jay Kolvoord
- Jonathan Padilla
- Hyun S. Park
- Kavita Sreedhar
- Susan Stroebel
- Isabel Torres
- Kendra Wagner

Facilitators and Workgroup Chairs/Leads in Attendance

- Elizabeth Hassler (Co-Chair)
- Anna Lansky (Facilitator)
- Kavita Sreedhar (Co-Chair)

Public in Attendance

Over 60 public attendees attended the meeting via Zoom video conference.

Welcome

Workgroup 5 Facilitator Anna Lansky and Workgroup 5 Co-Chairs Kavita Sreedhar and Elizabeth Hassler welcomed the workgroup members and

members of the public to the meeting. Anna reviewed the agenda and community agreements to ensure a respectful and productive meeting.

Timeline for Creating Ideas and Recommendations (Slides 6-7

Workgroup 5 Timeline (Slide 6)

The workgroup will meet one more time after this meeting to discuss and establish recommendations for each workgroup priority. Recommendations will be finalized in March and sent to the Master Plan Stakeholder Committee for consideration.

Developing Our Recommendations (Slide 7)

The workgroup will draft and revise a list of recommendations for each priority for the Master Plan Stakeholder Committee to review and approve. Workgroup member feedback and input can also be sent to the facilitators and co-chairs between meetings via email.

Priority 3 Recommendations (Slides 8-80)

Priority #3 Summary of Recommendations (Slide 8)

Anna reviewed the list of recommendations for Priority 3. The workgroup will discuss new and updated recommendations since the last meeting. Priority 3 is:

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 3 Draft Recommendation #1: In-Home and Community Services (Slides 9-14)

This recommendation was added as a potential replacement for recommendations #2 and #3. The new recommendation is called "In-Home and Community Services." The recommendation is:

- Redesign services for individuals who live in their own or family homes using a flexible unified approach. This in-home and community service should reflect these recommendations:
    - In-home and community services should be based on person's needs and preferences, rather than on how old they are, where or with whom they live, or other criteria. This includes people who live

independently, with family, or with other people of their choosing, and children in foster homes

- In-home and community services should include and expand on the scope of services and supports currently available through SLS, ILS, and other services available to individuals who live in their own or family home
- In-home and community services should be person-centered and culturally responsive
- The services should evolve as person goes through their life and life transitions without disruption, or as their needs change
- Services should follow the individual where they go: home and community
- In-home and community services should bring in additional supports, if individual needs them, to meet their accessibility, medical or behavioral needs. This way everyone can have the supports they need to live in the community. Individuals with complex behavioral or medical needs should be able to receive the right supports through this service in their own homes and communities
- This service should have enough providers of in-home and community services so that people do not have to wait to receive it
- This service should have a reimbursement structure that pays providers adequately and reflect cost of services and prevents adverse selection. Rates should reflect various levels of staff qualifications and training that is needed to meet the needs of individuals with various levels of need and support requirements. Rates need to be tiered based on the person-centered support needs of the individual being served. Additional funding needs to be made available to provide progressive trainings on a regular basis for staff serving those with higher support needs (Behavioral, Medical etc.)
- Service needs to have ways to make sure services are high quality, person-centered, and culturally and trauma informed
- There should be ways to make sure that in-home and community services are following Home and Community Based Settings rule

requirements (HCBS rule), even though in home settings are the person's own or family homes and presumed to be HCBS compliant. DDS should consider using a client Advisory Council or another method to identify, review, and resolve issues related to complying with rule requirements

- DDS should develop standard definitions for this unified in home and community service approach so that the service is provided consistently across the state

- Individuals should have transparency into what in-home and community providers are billing for, to ensure those services have actually been provided

- Individuals and families should be given information about this option

Workgroup members agreed that the approach of replacing recommendations #2 and #3 with recommendation #1 made sense. One workgroup member suggested including sign language interpreters and caregivers who assist with lifting and transferring in rate structures. Another workgroup member suggested revising services codes to include providers with cultural and language competency backgrounds in addition to or in place of education backgrounds. The co-chairs clarified that the recommendation is referring to residential services because that is the area with the largest gap in services, and workgroup members recommended also including residential services and day programs. Ultimately, the workgroup agreed that the recommendation should make clear that services should be provided based on individual needs and not where a person lives.

Priority 3 Draft Recommendation #2: Supported Living Services (Slides 15-16)

The workgroup agreed that this recommendation will be replaced by recommendation #1. This may become a recommendation for short-term improvements to address immediate issues.

Priority 3 Draft Recommendation #3: Enhanced Supported Living Services (Slide 17)

This recommendation is:

- Continue to develop and expand Enhanced Supported Living Services (SLS) model to provide individualized, trauma informed, culturally responsive services to individuals who choose this option in their own or family home

- Proactively develop Enhanced SLS providers.
- Provide information and educate individuals and families about this option
- Explore how Enhanced SLS supports could be adjusted to be used in long term single foster home settings for those children with complex needs that cannot stay at home but want to remain near their families and communities

Workgroup members supported this recommendation. They agreed that Enhanced SLS should have its own rate and vendor mentorship. One workgroup member also suggested including services that people need when they are temporarily unhoused. The workgroup agreed that this recommendation will be replaced by recommendation #1. This may become a recommendation for short-term improvements to address immediate issues.

Priority 3 Draft Recommendation #4: Innovative Service Models Where People Share Resources and Services (Slide 18)

This recommendation is:

- DDS should work with individuals with I/DD and families to think about and develop innovative service models where people can share resources and services with others
- This can include sharing staff or hours of support, for example "time banks". Such models can be called co-op models
- These models could be more resource effective and may be easier for people to get assistance from providers who are not their parents or relatives

Workgroup members shared opinions that both supported and highlighted concerns about this recommendation. Comments in support of the recommendation noted that a time bank might be useful for those in the same home. However, workgroup members were concerned that this may lead to unlicensed group homes and that there may be challenges related to addressing needs that conflict with each other as these ideas are implemented. For those reasons, the workgroup agreed to remove this recommendation.

Priority 3 Draft Recommendation #5: Day Programs (Slide 19)

This recommendation is:

- Develop and create programming that is individualized, person-centered, is culturally responsive and provides opportunities for person to authentically participate in and contribute to their community

- Ensure that community inclusion and participation opportunities and supports are available to all individuals, regardless of the setting they live in

- Access to meaningful day activities must be supported with access to transportation

Workgroup members supported this recommendation but suggested ensuring day programs provide time limited housing focused services if individuals or families are in a housing crisis. Another workgroup member suggested including individuals who have different language needs or other non-medical or behavioral support.

Priority 3 Draft Recommendation #6: Technology (Slides 20-27)

This recommendation is:

- Support individuals in getting needed technology, including internet or cell services, to better access services and opportunities such as telemedicine, distance learning, jobs, or to access and be included in virtual communities and social media

- Explore non-Medicaid funding sources, state and federal funds to get rural communities stable connectivity (such as USDA broadband connectivity).

- Consider tax incentives for internet providers to expand their ranges or satellite providers to provide low-income options.

- Increase access to effective communication, including communication supports. This can include:

    - Easy access to augmentative and alternative communication (AAC) evaluations and devices, including mainstream technologies such as tablets and smartphones

    - Easy access to ongoing services and supports to use AAC devices and expand person's ways to communicate

    - Proactively work to increase the number of organizations that provide translation and interpretation services to people with IDD whenever needed (e.g., ASL, cognitive interpretation, etc.)

    - Proactively increase the number of trainings for direct support staff and other professionals (including healthcare and behavioral health professionals) to support people with IDD's communication, learn people's communication methods and systems, and improve their own skills as communication partners

- Offer more choices of virtual and remote supports to those who want them. Consider virtual and/or hybrid models for people whose work takes them out of town

- Virtual and remote services should be made available based on person's preferences and not for provider/vendor convenience

- In-person options and options to receive services without using technology should always be made available for those who prefer them

- Remove geographic constraints, such as limits that come from the current vendorization process and increase the ability to get remote services. Traditional services are location -dependent, limiting access to individuals in rural areas

- Make technology that helps people be more independent more easily accessible to those who need it.

    - Make it easy and fast for people to get assistive technology they need. This includes clarifying roles and responsibilities of different entities and funding sources to provide assistive technology

    - Provide supports to make sure there are enough vendors with necessary skills to provide assistive technology, equipment (like wheelchairs), and environmental accessibility modifications (like ramps, or wider doors) timely

    - Expand access to innovative technology, such as "smart homes", to help people be more independent in their own homes and make them be less dependent on help of staff. Research, explore, and pilot independent living with use of technology

    - Provide supports and learning opportunities to help individuals, their families, and their support staff to improve their skills in using technology

    - This can include learning about technology like "Zoom" virtual meeting technology that can help people in their daily lives. Sometimes this education is called "digital literacy"

- Develop a Life Tracker System that supports individuals from birth through end of life
    - In the Life Tracker all systems of support are tied together, and there is technological innovation that helps alert to lags in response time and access to services
    - Life Tracker has client portal access so people can see important information themselves. This portal can be similar to "MyChart", which is a patient portal tool that the electronic health record company Epic created, where the individual can communicate with their RC and providers by sending chat messages
    - It also supports communication with the different system community partners and provides each system of support (Behavioral Health, Regional Centers, School, Department of Rehabilitation (DOR), etc.) their unique areas of access to track, deliver and monitor services

Workgroup members supported this recommendation but made several suggestions including:

- Adding language about having access regardless of waiver type
- Highlighting telemedicine but ensuring protection of privacy for people with disabilities
- Suggesting that people should be able to opt-in to the life tracker system and that it should be controlled by the individual and their family
- Considering tax incentives for internet providers to offer low-cost options for high connectivity rates
- Recommending that basic internet access becomes a service code due to essential service requirements
- Including subscriptions for necessary devices or software for internet connectivity in the service bundle
- Ensuring staff and family training for AAC, Assistive Technology, and virtual services
- Addressing the need for virtual service accessibility knowledge and device provision in recommendations
- Incorporating language and cultural access into the recommendation to remove geographic constraints
- Clarifying the inclusion of sign language interpreters as part of assistive technology provisions
- Providing information to the Master Plan implementation team on potential solutions currently under development by DDS or other stakeholder groups such as the PAVE system
- Transcribing IPPs with technology

- Coordinating between systems to allow independent learning services and employment services to start between ages 18-23 and ensuring there is technology available to help with these services

Priority 3 Draft Recommendation #7: Grants and Other Funding Sources (Slide 28)

- Explore and prioritize use of grant funding for innovative projects and service delivery models.
- Provide advance notices to community partners interested in applying about federal or other funding opportunities or grants
- Partner with researchers, universities—specifically UCEDDs--to explore innovative models and opportunities

Workgroup members supported this recommendation but suggested changes including adding "pilot projects" to the first bullet. They also suggested amending the language in the second bullet point to include newer community partners such as community-based organizations that wouldn't usually be considered as working with and for the I/DD community but that might have services available. This would help ensure that grantees are culturally diverse. Workgroup members also suggested that grant writing assistance should be available to smaller organizations. Workgroup members suggested creating a resource hub for potential grantees to understand what grants are available.

Priority 3 Draft Recommendation #8: Specialized Remote/Virtual Supports (Slides 29-30)

This recommendation is:

- Partner with managed care organizations and community-based organizations to provide I/DD-specialized telehealth services to individuals with I/DD

- This could allow individuals to connect quickly with a doctor at any hour of the day, 365 days a year, for any medical concern or for disability-specific advice

- Specialized virtual doctor or psychiatric appointments can help reduce costs associated with first responder calls, emergency department visits, urgent care usage and hospitalizations

- This further addresses issues for rural families and individuals that cannot access the same resources as those who live in more urban areas, by giving them access to experts in their own home and communities

Workgroup members suggested adding this recommendation to recommendation #6 (Technology) instead of it being a separate recommendation.

Recommendations 9 through 12 (on slides 31-80) were not discussed during this meeting and will be discussed during the final workgroup meeting on March 6th.

Public Comment (Slide 82)

At the end of the meeting, the workgroup co-chairs and facilitator supported a 30-minute public comment period. A summary of public comments are included in the Public Comment summary document which is available with other meeting documents on the Master Plan website (https://www.chhs.ca.gov/home/master-plan-for-developmental-services/)

Meeting Materials:

- Discussion PowerPoint and other meeting documents can be found on the Master Plan website (https://www.chhs.ca.gov/home/master-plan-for-developmental-services/)