



MASTER PLAN *for* Developmental Services

Workgroup 5 Meeting

December 6, 2024



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.

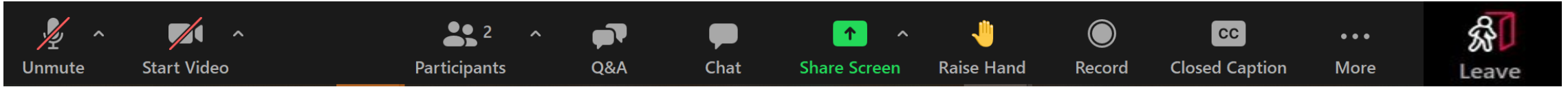


- Materials are available online.



- 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

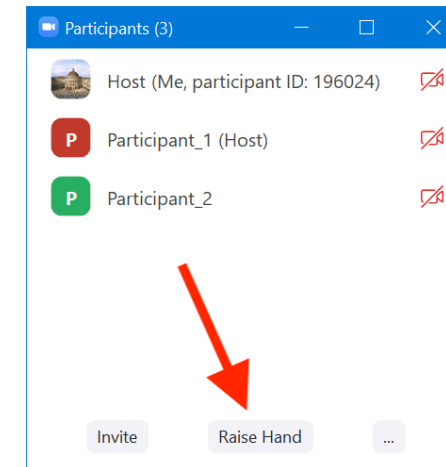
All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessibility barrier to a member of the committee.

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
- Some Zoom features are not available for telephone-only participants




Agenda

1. Welcome
2. Timeline for Creating Ideas and Recommendations
3. HCBS Gap Analysis
4. Priority 2 Draft Recommendations
5. Priority 3 Homework survey
6. Upcoming Meetings and DDS Photo Campaign
7. Public Comment

Community Agreements

1. Show respect toward others
2. Listen for understanding
3. Create a safe space for difficult conversations
4. Share time and space for everyone to contribute
5. Support an inclusive environment
6. Embrace collective wisdom
7. Build Community
8. Teamwork

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

Dec 2024 	Update Priority 2 Ideas and 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

HCBS Gap Analysis

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, Priority #2



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.

Summary of Draft Recommendations



1. Changing Medicaid authorities to make access to services easy
2. Make system navigation and service coordination better
3. Prevent and eliminate discrimination
4. Training for healthcare, behavioral health, and other professionals
5. Providing resources and creating flexible ways to pay providers
6. Creating healthcare that supports the whole person
7. Quality of life metrics
8. Gap Analysis

Priority 2, Recommendation 1: Medicaid Authorities (1/2)



- State needs to structure Medicaid authorities (such as Waivers and state plan options) in a way that creates seamless and easy access to services and supports.
- Regional Centers will support individuals and families in understanding and navigating available options.

Priority 2, Recommendation 1: Medicaid Authorities (2/2)

- DHCS and DDS will work with individuals with I/DD, family members, and community partners to do a review of Medicaid authorities to identify barriers and services gaps, and identify options for integrating Medicaid authorities into a seamless program.
- In collaboration with individuals with I/DD, family members and community partners, develop and implement Medicaid authorities alignment strategy to remove barriers and service gaps and build a seamless system of life-long support.
(Option to add specific completion timeline that DDS and DHCS can be held accountable to)

Priority 2, Recommendation 2: Systems Navigation and Coordination (1/4)



Systems support individuals and families with robust coordination and navigation of services they provide.

Systems also connect and coordinate with each other to ensure holistic and seamless approach to supports.

- Establish formal agreements between Managed Care organizations, Regional Centers, and Counties to:
 - Define roles and responsibilities for coordination and navigation of services.
 - Create processes and practices for coordination of supports across systems using person-centered principles and practices. This includes sharing of data and information.

Priority 2, Recommendation 2: Systems Navigation and Coordination, (2/4)

- Make Enhanced Care Management (ECM) available through Medi-Cal to individuals with I/DD.
 - Make ECM part of formal agreements and ensure ECM coordinates with Regional Centers and County BH programs.
 - Clearly distinguish ECM from service coordination provided by Regional Centers.
- For individuals with complex cross-system needs, require systems to work together as a multi-disciplinary team to support individuals using a whole person approach.

Priority 2, Recommendation 2: Systems Navigation and Coordination, (3/4)

- Ensure systems recognize that individuals with I/DD can have a full range of human experiences, including physical health, mental health and substance use conditions.
- People with I/DD are entitled to receive necessary services and supports to meet all their needs.
- Systems need to stop using concept of “primary diagnosis” to deny or limit access to needed supports.

Priority 2, Recommendation 2: Systems Navigation and Coordination, (4/4)

- Develop and implement accountability and performance metrics which provide information on how well the systems are doing in supporting navigation, coordination, and communication. Establish incentives and enforcement approaches.
- Establish a more efficient communication system between the regional centers, service providers, and individuals and families. Communication needs to be supported in the language preferred by the individual and their family and should be in plain language.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination (1/5)



Implement efforts to prevent and eliminate discrimination against individuals with I/DD.

- Disability, including I/DD, is a protected class under ADA, and individuals with I/DD are protected under ADA and other federal statutes and rules including Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act.
- Full inclusion in community life is not possible while discrimination and segregation persist within service systems and communities.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, (2/5)



- State Plan services: DHCS needs to proactively implement non-discrimination within healthcare and behavioral health systems the agency funds and regulates.
- Expectations around compliance need to be made explicit with measurements, accountability, and enforcement mechanisms in contracts with Managed Care Organizations, Counties, Regional Centers, providers, and other system's partners.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, (3/5)

- DHCS needs to provide support on transition to compliance, including:
 - Provide targeted outreach and education, including information about providing accommodations to individuals with I/DD.
 - Provide technical assistance, training, and outreach to help professionals and organizations understand their rights, responsibilities, and mandates to serve individuals with I/DD.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, (4/5)

- DHCS must engage self-advocates, family members, DDS and I/DD community partners in developing and implementing strategies and accountability measures to achieve full compliance with antidiscrimination laws and rules.
- DHCS must develop and regularly report on data and measures specific to disparities, access, and utilization for people with I/DD compared to population without disabilities. Data must be broken out by race, ethnicity, gender, language and other demographic characteristics.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, (5/5)

- DHCS must regularly report on status of Final Rules implementation (Final Rule implementing Section 504 of the Rehabilitation Act and Final Rule implementing the anti-discrimination provisions under Section 1557 of the Affordable Care Act).

Priority 2, Recommendation 4: Training Professionals (1/2)



- Healthcare and behavioral health workforce development must be based on universal design principles for healthcare and behavioral health systems that are competent to serve everyone, including individuals with I/DD.
- Implement systemic change and requirements for educational and credentialing systems (e.g. medical schools) to incorporate learning about disability as a natural part of human experience in educational programs for healthcare, BH, educational, and other professionals.

Priority 2, Recommendation 4: Training Professionals (2/2)

- Incorporate requirements for training on person-centered principles and practices into healthcare and BH workforce development.
- Ensure systems and professionals are aware of their legal obligation to serve all individuals regardless of the disability status and provide necessary accommodations to ensure equitable services for individuals with ID/DD.
- Establish awareness building and education efforts about disability for general community.

Priority 2, Recommendation 5: Resourcing the Systems (1/3)

- Provide adequate resources to ensure there are enough providers for people to choose from across the state. This includes providers within I/DD system, healthcare system, and behavioral health system.
 - DHCS and DDS must hold Managed Care organizations and Regional Centers accountable to ensure adequate provider networks across the state and timely access to services.
- Develop and regularly report on measures related to provider availability across the state, including linguistical and culturally specific capacity.

Priority 2, Recommendation 5: Resourcing the Systems (2/3)

- Develop flexible funding models for I/DD, healthcare and behavioral health providers that ensure access, availability of disability related accommodations and accessibility supports to people with I/DD, as well as allow individuals to be served in a culturally appropriate and person-centered way.
- Services across I/DD, healthcare, and behavioral health systems should be adequately resourced to provide individualized supports, allow providers to collaborate effectively, and implement innovative solutions that could improve quality of life outcomes.

Priority 2, Recommendation 5: Resourcing the Systems (3/3)

- To prevent adverse selection (providers only serving individuals with fewer support needs), funding models for I/DD, healthcare, and behavioral health providers must reflect level of need of individuals and cost of services that meet their needs.

Priority 2, Recommendation 6: Holistic Healthcare



- Develop equitable medical and behavioral health care where all aspects of an individual's health are addressed and not overlooked because they have a disability. This will lead to healthier individuals with disabilities living a better quality of life.

Priority 2, Recommendation 7: Quality of Life Metrics (1/2)

Develop Quality of Life Metrics with a focus on defining measurable outcomes prioritizing quality of life for individuals with developmental disabilities, such as agency over one's life, independent living, education success, employment, and overall and mental well-being. Use these metrics to evaluate how well services across systems are working together to achieve these goals.

- By focusing on the quality of life metrics, the system becomes more accountable to the actual needs of individuals, leading to better coordination, more effective services, and ultimately, a higher standard of living for people with developmental disabilities.

Priority 2, Recommendation 7: Quality of Life Metrics (2/2)

- By prioritizing quality of life, the system will not only provide immediate support but also equip individuals with the skills, education, and resources to lead more independent, fulfilling lives. This leads to long-term improvements in their quality of life and their ability to thrive within their communities.

Priority 2, Recommendation 8: Gap Analysis (1/2)

DHCS and DDS in collaboration with community partners will conduct an HCBS gap analysis and identification of impediments for individuals with I/DD across service delivery systems. The study must:

- Identify data and information needs required to identify and resolve system deficiencies.
- Identify impediments as well as possible service gaps, cultural and other disparities, obstacles or barriers, and people's unmet needs.

Priority 2, Recommendation 8: Gap Analysis (2/2)



Produce a report to be used by the community partners and Master Plan workgroups to:

- Understand the resulting data, gaps, and barriers
- Suggest systems integration approach for I/DD services and Medi-Cal healthcare and behavioral health systems
- Ensure the State honors and incorporates long-term protections of the Lanterman Act for persons served by DDS, while:
 - Harmonizing and integrating long-term services and supports,
 - Breaking down systemic exclusionary barriers,
 - Overcoming reporting and data-related impediments, and
 - Assuring diversity, equity, and inclusion and addressing disparities in access and purchase of services (POS).

Priority 3 Homework Survey



We will send out simple survey to gather initial ideas for Priority #3 recommendations.

Responses will be due on **Friday, December 27.**

We will bring themes and ideas from this survey to the workgroup meeting on January 17 to start the conversation.

Responding to this survey is optional. If you do not have an answer a question, it's ok to write "I'm not sure" or leave blank.

You can bring your ideas to the meeting on January 17 as well.

Priority 3 Homework Survey Questions (1/3)



Question 1:

What are some things we do now because 'that's how we've always done it; but they don't fit with the Master Plan goals of inclusion, fairness and choice?

Are there ways we give services now that make it harder for people with IDD to be included or make their own choices?

Are there things we do that feel like old-style institutions, even if they are in the community?

- For example, big group settings or strict rules that don't allow choices, or choice of service delivery model (for example traditional and self-determination programs).

Priority 3 Homework Survey Questions (2/3)



Question 2:

What ideas or changes do you want to see in services and supports? How should we change services, supports, and community spaces and activities to help people with I/DD be fully included in the community?

Question 3:

How can technology help people get services and offer new kinds of support?

How can technology help people with I/DD have more choices and control in their lives?

How can technology be used to have life-long seamless system of support?

Priority 3 Homework Survey Questions (3/3)



Question 4:

What big, creative ideas do you have for the future of services? If anything was possible, how would you make services better?

What kinds of help can we create so people with IDD can live meaningful lives, not just fit into the services we already have?

Question 5:

What services are missing or not working well that we should talk about?

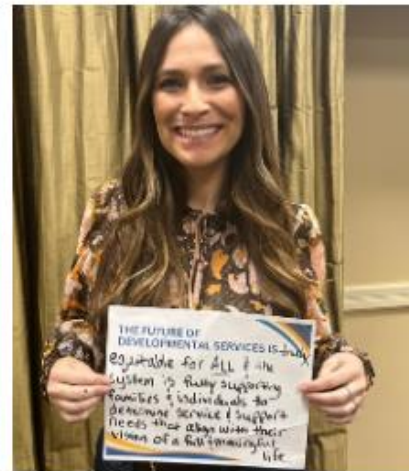
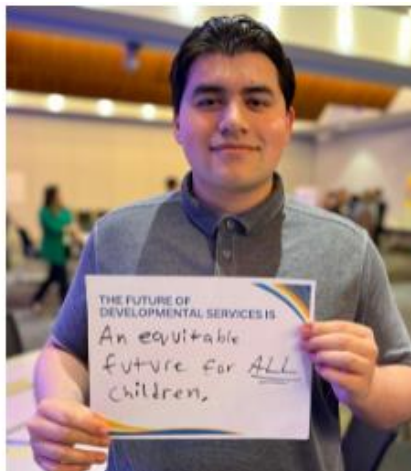
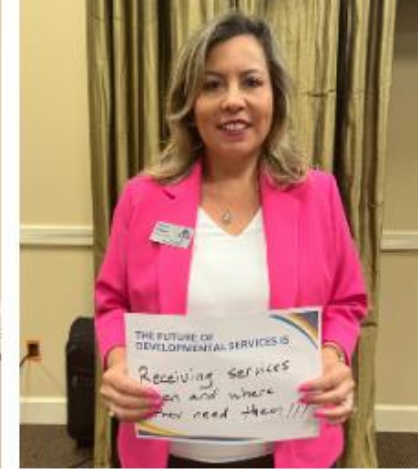
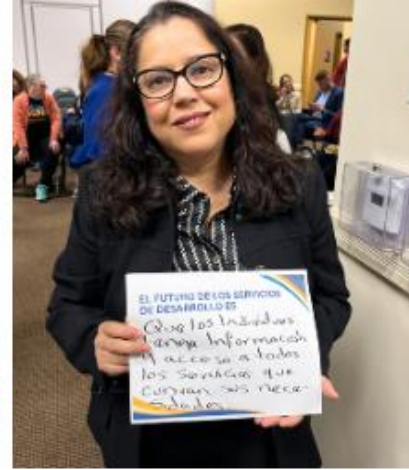
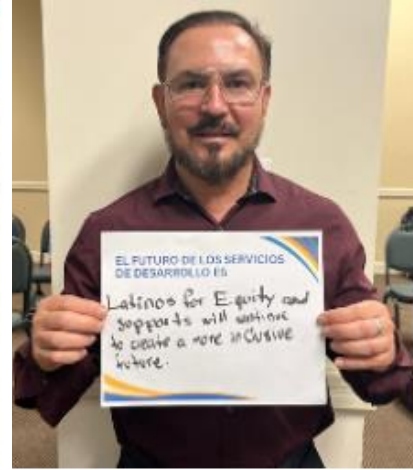
Are there services that are working well, and we should make them more available?

- Our workgroup will talk about housing and transportation services. What other areas of help should we think about?

Upcoming Workgroup Meetings

- Friday, January 17, 2025
- Friday, February 21, 2025
- Monday, March 3, 2025 (if needed)

Future of Developmental Services Campaign



Join in! #FutureofCalDDServices

Why join #FutureofCalDDServices?



This is another way for you to make your voice heard!

The Future of Developmental Services is being planned by Californians for Californians.

How to Join #FutureofCalDDServices

1. Get the Campaign Form. (Scan the QR code and print)
 - If you don't have a printer, you can also use a blank sheet of paper.
2. Get a dark colored marker or Pen.
3. Write one thing on the paper that you would like to see happen for Developmental Services. **What do you think would make California's services better for everyone?**



How to Join #FutureofCalDDServices

4. Ask someone to take your photo or take a selfie of you holding the campaign form.
5. Sign a consent form at the QR code. This says it's ok for DDS to use your image online.
6. There are two ways to submit your photo and consent form to DDS.
 - Email your photo and consent form to pio@dds.ca.gov.
 - By Phone: Upload your photo and signed consent form on the [DDS website](#).



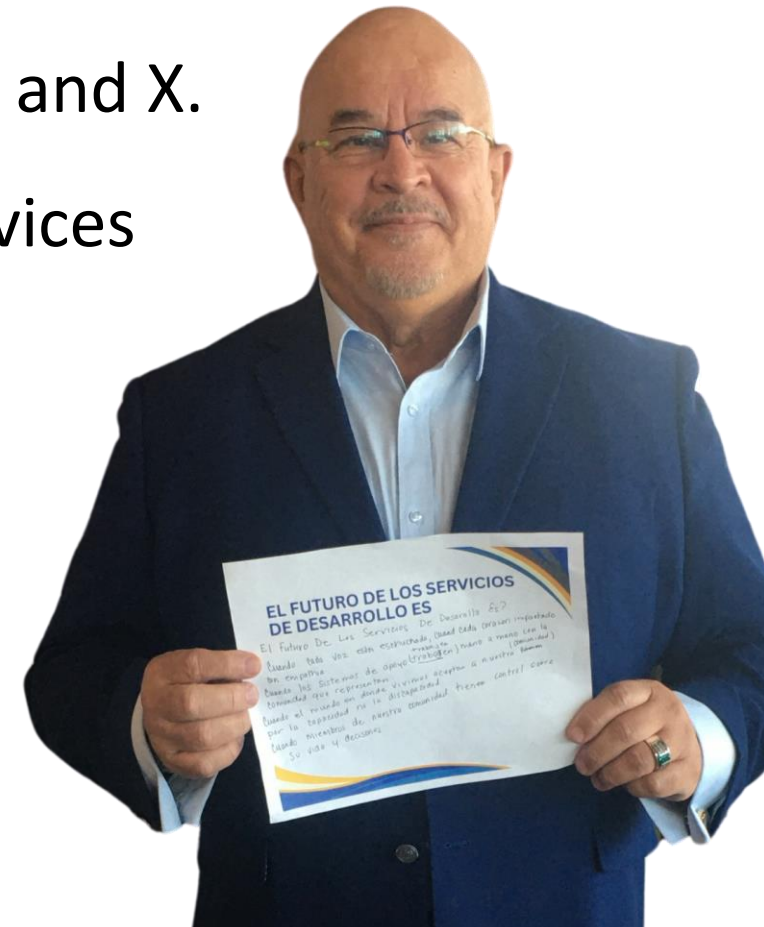


Cal HHS

MASTER PLAN *for*
Developmental Services

- The Master Plan website and the Department's website
- DDS Social Media Accounts: Facebook, Instagram and X.

We can help you participate in this campaign! Email us at pio@dds.ca.gov



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](mailto:DSMasterPlan@chhs.ca.gov), or post them in the Zoom Q&A

We can't help you with your services (or your family member's services) during public comment. If you need help, please contact the independent Ombudsperson's Office at: Ombudsperson@dds.ca.gov or call: 877-658-9731.

Thank you!

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

Wednesday, December 11, 2024

10:00 a.m. – 3:30 p.m.

Location: Virtual

For more information [visit our website](#)

[Email us your input](#) at: DSMasterPlan@chhs.ca.gov

