

**Olmstead Advisory Committee Meeting
November 8, 2017 Meeting Minutes**

Department of Rehabilitation
721 Capitol Mall, Sacramento, California

Committee Members Present:

Brenda Premo
Lisa Hall
Barbara Hanna
Michael Humphrey
Marty Omoto
Timothy Schwab
Lisa Shiner
Robert Taylor
Kate Wilbur
Curt Child
Peter Mendoza
Susan DeMorois
Jamie Whiteford

State Staff Present:

Michael Wilkening (CHHS)
Samantha Lui (CHHS)
Will Lightbourne (DSS)
Jennifer Kent (DHCS)
Joe Xavier (DOR)
Lora Connolly (CDA)
Brian Winfield (DDS)
Jim Knight (DDS)
Terrence Kelley (CDPH)
Caroline Peck (CDPH)
Sarah Brooks (DHCS)
Joseph Billingsley (DHCS)

Agenda Item 1: Welcome and Introductions

Chair Brenda Premo welcomed the group and introduced California Health and Human Services Agency (CHHSA) Undersecretary Michael Wilkening.

Agenda Item 2: Updates from the Health and Human Services Agency and Departments

Undersecretary Wilkening thanked the committee for all of their services and provided a brief update on its recent activities with the recent California fires. CHHSA and Departments have been assisting with the fires throughout California to make sure that

clients are safe and are receiving needed services. CHHSA thanked all of the Departments, Agencies and volunteers that have assisted in any way.

Department of Social Services (DSS) Director Will Lightbourne provided an update on the IHSS electronic timesheet program, which began about a year ago. As of this week, with Los Angeles being the last to go live, it has been implemented across the state and seems to be working well. DSS has been working on the Electronic Visit Verification (EVV), a requirement put into the federal 21st Century CURES Act in December 2016. The CURES Act requires Medicaid funded programs to record provider hours and activities electronically. DSS has released an RFO after conducting several stakeholder meetings and expects to have the program “in flight” by January 2019.

Department of Health Care Services (DHCS) Deputy Director, Sarah Brooks noted the recent integration of the Long Term Care Division with the Systems of Care Division, resulting in a new Integrated Systems of Care Division; Sarah Eberhart-Rios is the new division chief over the division. Joseph Billingsley provided an update on the Home and Community Based Services Waiver: About a year and half ago, DHCS started the renewal process for their Nursing Facility and Acute Hospital Waiver (renewal is required every 5 years); the final was submitted in December 2016, and it was approved in May 2017 with a retroactive date of January 2017. Changes in the waiver include: the waiver is now called the Home and Community Based Alternatives Waiver; there was a change in determining cost neutrality, now determined at the aggregate level, so there are no longer cost caps for members or cost caps tied to levels of care; the waiver also added 5,000 slots to be incorporated over the five-year term of the waiver. Additional key changes in this waiver renewal: under the previous waiver, all of the administration functions were carried out at the DHCS level. Under this renewal, DHCS is moving to Organized Health Care Delivery System Model to provide comprehensive case management, conduct waiver administration functions, develop/maintain provider network, billing/reimbursement and performing quality assurance functions. DHCS released a solicitation for applications for waiver agencies on October 4, 2017, and is preparing the contract for when agencies are selected. DHCS expects to announce selected entities in February 2018 and “go-live” in April 2018.

Department of Aging (CDA) Director Lora Connolly provided an update on the Home and Community Based Settings Final Rule. CDA is focused on developing Individual Plans of Care that Centers will use to meet requirements; a draft has been developed and is with DHCS for review. CDA is also participating in EVV conversations as the requirement may affect vendors who participate in their Multipurpose Senior Services Program.

Recent legislation extended the transition date for the Multipurpose Senior Services Program to January 2020, transition discussions have are ongoing with DHCS, CDA

and stakeholders. San Mateo County has already transitioned; this extension would be for remaining six CCI counties.

Department of Developmental Services (DDS) Brian Winfield thanked all who helped assist with the evacuation of Sonoma Development Center due to the California wildfires. One of DDS' priorities is reducing the disparities in Service Delivery System for people with developmental disabilities, the State is conducting public meetings for input and ideas on ways to help reduce disparities in the Service Delivery System – these meetings are in addition to the requirement that Regional Centers have to gather similar input. The DDS budget has funding to accept requests/proposals from Regional Centers and Community-Based Organizations on strategies to reduced disparities, the request/proposals were due November 1, 2017; and DDS expects to announce those selected for funding in January 2018. DDS also has a funding opportunity related to meeting Home And Community Based Setting requirements. There is \$15 million available for Regional Center Service Providers if they feel the need to make changes in the way their services are structured or delivered in order to meet the requirements. Guidelines have been published, and proposals should be submitted by January 5, 2018. DDS is working on a Request for Information and exploring how EVV would be implemented in their systems.

Department of Rehabilitation (DOR) Director Joe Xavier thanked everyone for the great community work seen around the California fires. Director Xavier provided an update on the Older Individual Who Are Blind Program grants, which were recently re-competed. Now, there are 19 providers providing services in 57 of the 58 California counties. The implementation of California Integrated Employment Blueprint continues. In October 2017 alone, DDS, DOR, and the California Department of Education have conducted 13 technical assistance calls with regional centers, local education partners and other partners to look at how to implement the Blueprint at the local level. The interagency Integrated Employment Blueprint workgroup is finalizing some shared guidance to provide to the local partners to assist them with leveraging and streamline local partnerships.

Committee members questions and public comment discussed revisiting the establishment of workgroup to discuss specific topics; interest in learning how individuals are working on housing choice voucher programs, and questions about DHCS' update related to specified waivers.

Agenda Item 3: Updated Alzheimer's Disease Clinical Care Guidelines, 2017

Dr. Caroline Peck, Chief of the California Department of Public Health's Chronic Disease and Injury Control Program and Terence Kelley, Program Lead for the department's Alzheimer's Disease Program presented the on the 2017 Alzheimer's Guideline.

The Alzheimer's Disease Program's primary function is grant administration for ten of California Alzheimer's Disease Centers (CADC) and provision of funding for Alzheimer's disease and related dementia research grants. In June 2016, the Alzheimer's Disease Program along with the Alzheimer's Association conducted a workgroup comprised of stakeholder experts in Alzheimer's disease. The updated Guideline align with Goal 2. Living Well: Preventing and Managing Chronic Disease of the "Let's Get Healthy California" Task Force Report; The California State Plan for Alzheimer's Disease: An Action Plan for 2011-2021; and the California Wellness Plan, 2014.

The Guidelines focus on four primary areas:

- Assessment: understanding/knowing the patient, by addressing the patient directly and by monitoring and reassessing changes;
- Care Plan: including beneficial interventions such as disease management, treat emotional, behavioral and/or mood symptoms, evaluate safety issues, document goals of care, promote healthy living, refer to clinical studies;
- Education and Support: connecting with social and community support;
- Important Considerations: including time sensitive issues such as advance planning, capacity evaluation, elder abuse, driving and eligibility for benefits.

The ten California Alzheimer's Disease Centers will use this updated Guideline to educate primary care physicians and residency training programs. It is intended to help primary care physicians and physician extenders offer comprehensive care to patients with Alzheimer's disease. The Guideline was approved March 15, 2011, and disseminated at various meetings and has been published by the Medical Board of California. The Alzheimer's Disease Program is currently working with various entities to have the Guideline available nationally.

Committee comments on the presentation included commending CDPH for their work on the development of the Guideline and interest in the development of a search function by county on a dashboard.

Agenda Item 4: Medi-Cal 2020

Sarah Brooks presented on the Medi-Cal 2020 Waiver Program progress.

- Whole Person Care (WPC) Pilots have been designed to put together different systems and entities at the local levels to integrate with each other and provide better overall preventative care. Pilots were designed based on target populations and needs in the communities, there were two application rounds for a total of 25 pilots operating in 27 different counties. Most pilots chose to target beneficiaries with multiple acute visits and those that are homeless or at risk of homelessness, beneficiaries with mental health and/or substance use disorders and recently institutionalized populations, and variation in care coordination strategies.

- Public Hospital Redesign and Incentives in Medi-cal Program (PRIME) previously known as DSRIP is a pay-for-performance program with three domains and six required projects. There are currently 18 PRIME projects in the three domains with a total of 54 participating in PRIME entities.
- Global Payment Program (GPP) restructures existing federal funds for care to the uninsured, creates financial incentives to shift care towards primary and preventive settings, and supports non-traditional services that were previously not reimbursable. The GPP has four categories with four tiers each. GPP supports non-traditional services, ambulatory care, local coverage programs and data infrastructure.
- Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform and aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. The public notice of progress will be published in the annual report in January 2018 per the 1115 Waiver's Special Terms and Conditions.
- To date, DHCS has received 40 county implementation plans and approved 24 of them for the Drug Medi-Cal Organized Delivery System (DMC-ODS) which is currently in Implementation Phase 5 of 5.

Agenda Item 5: California Department of Transportation 2040 Plan

Mark Barry from the California Department of Transportation presented the California Transportation Plan (CTP) 2040, which is a statewide, long-range transportation plan completed every five years with a 20-year horizon, defines goals, policies, and strategies and the future statewide, multimodal transportation system, integrates statewide modal plans, builds upon Regional Transportation Plans and Sustainable Communities Strategies and analyzes future alternatives and policies using robust modeling tools. The vision of the CTP 2040 plan is to provide California with a system that is safe, sustainable, universally accessible, and globally competitive. It provides reliable and efficient mobility for people, goods, and services, while meeting the State's greenhouse gas emission reduction goals and preserving the unique character of California's communities.

Committee member feedback centered on how the plan should also account for those with disabilities, as paratransit could not be the only solution; how to improve collaboration for transportation needs for specific types of doctors' visits; and recommended safe set-backs.

To get involved with the next CTP, CTP 2050, Mark asked the Committee and the public to visit CaliforniaTransportationPlan.org, participate in the Policy Advisory Committee and Technical Advisory Committee, CTP 2050 Workshops, and review Public Drafts.

Agenda Item 6: Legislation Watch List

No items to report.

Agenda Item 7: Next Steps and Closing Comments

The meeting adjourned.