California Health and Human Services Agency
Olmstead Advisory Committee
Meeting Notice and Agenda

Wednesday, November 6, 2019
10:00am – 3:00pm

Department of Rehabilitation, Room 242
721 Capitol Mall, Sacramento, California

Call-in Information:
Dial 1-844-291-5491; Participant Code: 8466442

---

1. **Welcome and Introductions 10:00 AM**

2. **Discussion Item: Health and Human Services Priorities 10:15 AM**
   Mark Ghaly, MD, MPH- Secretary, Health and Human Services Agency

   The Health and Human Services Agency has released its Strategic Priorities and Guiding Principles, which are intended to coalesce the broad work of its 12 Departments and 5 Offices to deliver meaningful outcomes that are focused on meeting the needs of the individuals its serves.

   CHHS Strategic Priority 1: Building a Healthy California for All

   - Create a system in which every Californian, regardless of origin or income, has access to high quality, affordable health care coverage;
   - Ensure all Californians have meaningful access to care by modernizing the health workforce and expanding care delivery capacity;
   - Reduce the rate of growth of health care costs in California, move toward single-payer principles and other strategies that emerge out of the Healthy California for All Commission; and
   - Promote a whole person orientation to care, including inclusive cultural, linguistic and accessibility competencies.

   CHHS Strategic Priority 2: Integrating Health and Human Services

   - Enhance the accessibility and quality of California's mental health and substance use disorder systems as manifest by increasing the availability of community-based outpatient prevention and treatment service capacity and stabilizing and expanding the overall number of community-based placements, locked and unlocked, for individuals who require residential support on their road to greater independence;
   - Integrate clinical, financial, and system structures among physical health, mental health, substance use disorder services, social services and developmental services to facilitate seamless care delivery; and

- Address upstream social determinants, including early childhood trauma, that drive disease and worsen health and economic disparities.

CHHS Strategic Priority 3: Improving the Lives of California's Most Vulnerable

- Reduce homelessness, especially chronic homelessness, by focusing on building up permanent supportive housing and the support services needed by those we house, including employment support as a path out of poverty;
- Expand diversion and re-entry services so that anyone released from an incarcerated setting has a service access plan and the main behavioral health treatment setting for those with serious mental illness stops being our jails by default;
- Improve outcomes for children living in extreme poverty and in foster care, including a focus on addressing adverse childhood experiences; and
- Address the needs of persons with disabilities and our growing aging population including issues such as care, support, housing and transportation for our most vulnerable populations.

The intent is to drive these priorities through a series of guiding principles, which include: (1) adopting a culture of collaboration and innovation; (2) focusing on outcomes and value generation; (3) using data to drive action; (4) putting the person back in person-centered; and (4) seeing the whole person.

The purpose of this discussion item is for the Secretary to brief the Olmstead Advisory Committee on the Agency's strategic priorities and guiding principles.

3. Discussion and Action Item: Master Plan for Aging Framework 10:45 AM
Kim McCoy Wade- Acting Director, Department of Aging

The Health and Human Services Agency, along with the Department of Aging, has established a Master Plan for Aging Stakeholder Advisory Committee, which includes members from the Olmstead Advisory Committee, to help guide the development of the Master Plan for Aging. The Stakeholder Advisory Committee will also include two Subcommittees.

- The Long-Term Services and Supports Subcommittee will provide input on LTSS issues such institutional and home and community-based services, including In-Home Supportive Services (IHSS); LTSS access and quality; workforce labor supply and retention; family caregivers; information and referral systems; LTSS financing; and recommendations to stabilize LTSS. A report from this Subcommittee is due March 2020.

- The Research Subcommittee will develop measurable indicators, with baseline data, goals, and a dashboard, to measure the state's progress on the Master Plan; identify disparities and strategies to measure progress to address those disparities; identify local best practices and promising practices; identify new research findings with significant impact to the Master Plan.

The purpose of this discussion item is to engage with the Olmstead Advisory Committee on the framework for the Master Plan for Aging, which is centered on four person-centered goals:

1. I want to choose where I live and have the help I need to do so (long-term services and supports, family caregivers, caregiver workforce, information and referral systems);
2. I want to live in an age-friendly community (housing, transportation, parks, purpose/engagement, increase inclusion/reduce isolation);
3. I want to have good health as I age (disease and injury prevention, nutrition and physical activity, health care); and
4. I want to be financially secure and safe as long as I live (income, employment, adult protective services, ombudsperson, licensing, legal services).

ACTION: Subgroup of Committee Members to develop written recommends from the Olmstead Advisory Committee to the Administration and the Master Plan for Aging Stakeholder Advisory Committee on critical elements or principles related to individuals with disabilities and the *Olmstead* decision that should be considered as part of the development process for the Master Plan. The recommendations should include local and regional efforts that can be highlighted as best practices or model policies.

Lunch Break Noon

4. Discussion and Action Item: Advancing and Innovating Medi-Cal 1:00PM
Mark Ghaly, MD, MPH- Secretary, Health and Human Services Agency
Jacey Cooper- Senior Advisor, Department of Health Care Services

The Health and Human Services Agency, along with the Department of Health Care Services, has launched the California Advancing and Innovating Medi-Cal or CalAIM Initiative, which is a multi-year effort to improve the quality of life and health outcomes of the population served by implementing broad delivery system, program and payment reform across the Medi-Cal program.

For context, the Medi-Cal program has significantly expanded and changed over the last ten years, most predominantly because of changes brought by the Affordable Care Act and various federal regulations as well as state-level statutory and policy changes. During this time, the DHCS has also undertaken many initiatives and embarked on innovative demonstration projects to improve the beneficiary experience. In particular, DHCS has increased the number of beneficiaries receiving the majority of their physical health care through Medi-Cal managed care plans.

CalAIM leverages Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, insufficient behavioral health care access, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population. CalAIM recognizes the opportunity to provide for non-medical interventions via Medi-Cal that target social determinants of health and reduce health disparities and inequities. The broader system, program, and payment reforms

included in CalAIM allow the state to take a person-centered approach to providing services and puts the focus on improving outcomes for all Californians.

CalAIM has three primary goals:

1. Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

DHCS will formally release the CalAIM proposal on October 29, 2019, at the Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) meetings. Throughout the remainder of 2019 and 2020, DHCS will conduct extensive stakeholder engagement for both CalAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e. 1115 and 1915b waivers).

The purpose of this discussion item is to initiate a conversation with the Olmstead Advisory Committee on the CalAIM proposal and its components.

ACTION: Subgroup of Committee Members to develop written comments from the Olmstead Advisory Committee to the Department of Health Care Services on the CalAIM proposal in the context of ensuring that the proposal reflects the needs of individuals with disabilities.

5. Update: Implementation of Federal Electronic Visit Verification 2:30 p.m.
Debbi Thomson- Deputy Director, Department of Social Services

The Department of Social Services, along with the Departments of Health Care Services, Aging, Public Health, and Developmental Services, as well as the Office of Systems Integration, has been working with stakeholders to develop an Electronic Visit Verification (EVV) solution in compliance with federal requirements.

For context, Federal law, Subsection l of Section 1903 of the Social Security Act (42 U.S.C. 1396b) , requires all states to implement EVV for Medicaid-funded personal care services by January 2020 and home health care services by January 2023. States can select and implement their own EVV design. However, the EVV system must verify: type of service performed; individual receiving the service; date of the service; location of service delivery; individual providing the services and time the service begins and ends. California is implementing EVV in two phases:

Phase I is focused on the IHSS and Waiver Personal Care Services (WPCS) programs that currently use the Case Management Payrolling & Information Systems (CMIPS) and Electronic Timesheet and Telephonic Timesheet Systems. California plans to implement Phase I EVV over the course of the next two years or so and will seek a good faith exemption request to delay full implementation until January 1, 2021.

Phase II is focused on identifying either an existing system(s) or a new system to implement EVV for non-CMIPS and agency personal care services, and self-directed and agency home health services.

The guiding principles in the implementation have been as follows:

- California's approach to EVV will be consistent with federal law.
- EVV will be developed through a collaborative stakeholder process.
- EVV will be developed in a manner that respects recipients and providers, does not alter their Olmstead protections and is minimally burdensome.
- EVV will not change the number of service hours, nor how or where services are delivered.
- Use of geo-tracking or global positioning system capabilities (GPS) will not be required.
- Existing electronic and telephonic timesheet systems will be leveraged for EVV.
- Providers, recipients and other stakeholders will be trained on the use of the EVV system.

The purpose of this discussion item is to update with the Olmstead Advisory Committee on implementation progress and provide a status related to the Los Angeles County pilot. The remainder of the counties will be implemented through a phased approach with a cohort of seven counties (Orange, Lake, Napa, Placer, Sacramento, San Luis Obispo, and Solano) starting in January of 2020.

6. Meeting Adjourns 3:00 PM

###

In consideration of attendees who are sensitive to environmental odors created by chemicals and perfumes, please restrict the use of fragrances at this meeting.

Any person who wishes to request this notice or other meeting materials in an alternative format, requires translation services, or needs any disability-related modification or accommodation, including auxiliary aids or services, which would enable that person to participate at the meeting must make that request at least five (5) business days prior to the meeting date to:

Sara Anderson
California Health and Human Services Agency
1600 9th St., Room 460, Sacramento, CA 95814
Sara.Anderson@chhs.ca.gov

The order in which agenda items are considered may be subject to change. Public comment will be taken at the conclusion of each agenda item as well as at the end of the meeting. If you

wish to speak, place your name on the sign-in list. Prior to making your comments, please state your name for the record and identify any group or organization you represent. Depending on the number of individuals wishing to address the Committee, the Co-Chairs may establish specific time limits on presentations.

We have evaluated the use of the American Sign Language interpreters, and after not having used the service over the course of the past year, we have decided to make it only available upon request. Please note that as of the March 2017 meeting, American Sign Language interpreters will not be available unless requested. As outlined above, all requests must be made five (5) business days prior to the meeting date.