Disability & Aging Community Living Advisory Committee

February 9th | 2:00 – 5:00 pm
Meeting Logistics

Join by smart phone, tablet, or computer

To join audio by telephone: 888 788 0099

Meeting ID: 898 7958 6347

• Live captioning streamed through webinar (Zoom)

• American Sign Language Interpretation via webinar (Zoom)

• Recording, Slides, and Transcripts will be posted to the CalHHS Community Living webpage post webinar
Public Comment

• Time is reserved on the meeting agenda for public comment.

• Attendees joining by webinar (Zoom), use the Q&A function to ask a questions or click the raise hand button. The moderator will announce your name and will unmute your line.

• Attendees joining by phone, press *9 on your dial pad to “raise your hand”. The moderator will announce the last 4 digits of your phone number and will unmute your line.
Welcome

Susan DeMaroïs
California Department of Aging

Eric Harris
Disability Rights CA

Patti Prunhuber
Justice in Aging
Committee Member Introductions
Stakeholder Co-Chairs
Eric Harris, Disability Rights CA
Patti Prunhuber, Justice in Aging

Stakeholder Committee
Patricia Blaisdell, CA Hospital Association
Michael Blecker, Swords to Plowshares
Mareva Brown, Senate Pro Tem’s Office
Sheri Burns, California Foundation for Independent Living Centers
Michelle Cabrera, County Behavioral Health Directors Association of CA
Erika Castile, CA Commission on Aging
Kelsey Castillo, Assembly Speaker’s Office
Jessica Cruz, National Alliance for Mental Illness CA
Paul Dunaway, Sonoma Count Adult Services
Roster II

Stakeholder Committee, Cont.
Sheri Farinha, NorCal Services for the Deaf and Hard of Hearing
Liz Fuller, Assembly Committee on Aging and Long-Term Care
Jared Giarrusso, Alzheimer’s Association
Lisa Gonzales, Deaf Plus Adult Community; Regional Center of the East Bay
Jeff Thom, CA Council of the Blind
Barbara Hanna, CA Association for Health Services at Home
Susan Henderson, Disability Rights Education and Defense Fund
Michael Humphrey, Sonoma County IHSS Public Authority
Corrine Jones, Multipurpose Senior Services Program
Kathy Kelly, Family Caregiver Alliance
Eileen Kunz, On-Lok Lifeways
Sunny Maden, Family Member and Advocates
Roster III

**Stakeholder Committee, Cont.**
- Shireen McSpadden, San Francisco Human Services Agency
- Peter Mendoza, Consumer Advocate
- Kim Mills, A Better Life Together, Inc. San Diego Regional Center Provider
- Lydia Missaelides, Alliance for Leadership and Education
- Marty Omoto, CA Disability Community Action Network
- Jeannee Parker Martin, LeadingAge California
- Gabriel Rogin, North Bay Regional Center
- Michelle Rousey, Consumer Advocate
- Richard Smith, Independent Living Partnership
- Robert Taylor, Lake County IHSS Public Authority Advisory Committee
- Greg Thompson, Personal Assistance Services Council, Los Angeles
- Nina Weiler-Harwell, AARP CA
- Janie Whiteford, CA In-Home Supportive Services (IHSS) Consumer Alliance
Roster IV

Stakeholder Committee, Cont.
Kate Wilber, USC Center for Long-Term Care Integration
Sylvia Yeh, Friends of Children with Special Needs; San Andreas Regional Center and Regional Center of the East Bay
Alona Yorkshire, Foster Parent of High Needs Child

State Chair
Susan DeMarois, CA Department of Aging

State Committee Members
Mark Ghaly, CA Health and Human Services Agency
Marko Mijic, CA Health and Human Services Agency
Tomas Aragon, CA Department of Public Health
Michelle Baass, CA Department of Health Care Services
Nancy Bargmann, CA Department of Developmental Services
State Committee Members, Cont.

Stephanie Clendenin, CA Department of State Hospitals
Kim Johnson, CA Department of Social Services
Joe Xavier, CA Department of Rehabilitation
Lourdes Castro-Ramirez, CA Business, Consumer Services, and Housing Agency
Vito Imbasciani, CA Department of Veterans Affairs
David Kim, CA State Transportation Agency
Natalie Palugyai, California Labor and Workforce Development Agency
Rosanne (Rosie) Ryan, State Council on Developmental Disabilities
Vance Taylor, CA Governor's Office of Emergency Services
Committee Updates

Susan DeMaroios
California Department of Aging
Housing for All Ages & Stages: Housing Workgroup

Meghan Rose
LeadingAge CA

Patti Prunhuber
Justice in Aging

Marty Omoto
California Disability Community Action Network
Housing for All Ages & Stages: Housing Workgroup Update

Patti Prunhuber, Justice in Aging
Meghan Rose, Leading Age CA
Marty Omoto, CA Disability Community Action Network

February 9, 2022
Recap of Last Meeting

• Discussed MPA Goals of:
  • Housing for all Ages and Stages
  • Preventing/Ending Homelessness among Older Adults and People with Disabilities

• DACLAC purpose:
  • to advance community living, inclusion, and integration for all, rooted in both the Olmstead decision and in California’s values of inclusion, access, and equity.
Housing Workgroup

• Open to DACLAC stakeholders
• Will meet 8 times/year, starting in March (every month except months when DACLAC meets)
• Specific Recommendations/Initiatives to Advance the MPA housing goals, consistent with DACLAC purpose
Home and Community-Based Services Spending Plan Update

On January 4, 2022, DHCS received conditional approval* of the revised spending plan and spending plan narrative, submitted to CMS on October 28, 2021.

*Full approval of the spending plan is conditioned upon the state’s continued compliance with the program requirements specified in State Medicaid Director Letter (SMDL) #21-003

HCBS Spending Plan webpage
Final HCBS Spending Plan Package
CMS HCBS Conditional Approval Letter
Categories of Services and Initiatives

Workforce: Retaining and Building Network of Home and Community-Based Direct Care Workers

Expanding the Workforce

- Workforce proposals work to expand workforce supply and HCBS provider types, including homeless service workers; providers of HCBS wrap services help keep people in their homes and communities; and home-based clinical direct care. In addition, these proposals will increase training, ensuring a skilled and linguistically and culturally responsive workforce, while supporting a career ladder that allows HCBS workers to develop their skills and training.
  - In Home Supportive Services (IHSS) Career Pathways
  - Direct Care (Non-IHSS) Workforce - Training and Stipends
  - IHSS HCBS Care Economy Payments
  - Non-IHSS HCBS Care Economy Payments *(Directly led by DHCS)*
  - Increasing Home and Community-Based Clinical Workforce
  - Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers *(Directly led by DHCS)*
  - Traumatic Brain Injury (TBI) Program
Categories of Services and Initiatives
Home and Community-Based Services Navigation

Improving Access

» Navigation services seek to improve access to HCBS. HCBS Navigation initiatives work to develop a variety of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, coordination of services, and outreach campaigns.

- No Wrong Door System/Aging and Disability Resource Connections (ADRCs)
- Dementia Aware and Geriatric/Dementia Continuing Education *(Directly led by DHCS)*
- Language Access and Cultural Competency Orientations and Translations
- CalBridge Behavioral Health Pilot Program *(Directly led by DHCS)*
Categories of Services and Initiatives

Services: Enhancing Home and Community-Based Services Capacity and Models of Care

Increasing Capacity

» By innovating and improving HCBS models of care to meet the needs of the individuals it serves, the state can increase capacity in the HCBS system, allowing more individuals, particularly those in the aging and disabled communities, to access services. In addition, some of these initiatives will allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

- Alzheimer’s Day Care and Resource Centers
- Older Adult Resiliency and Recovery
- Adult Family Homes for Older Adults
- Coordinated Family Support Service
- Enhanced Community Integration for Children and Adolescents
- Social Recreation and Camp Services for Regional Center Consumers
- Developmental Services Rate Model Implementation
- Contingency Management *(Directly led by DHCS)*
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Categories of Services and Initiatives

Home and Community-Based Services Infrastructure and Support

Infrastructure and Growth

The following infrastructure investments will support the growth of HCBS services, to allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

- **Long-Term Services and Supports Data Transparency** *(Directly led by DHCS)*
- Modernize Developmental Services Information Technology Systems
- Access to Technology for Seniors and Persons with Disabilities
- Senior Nutrition Infrastructure
Approved California Advancing and Innovating Medi-Cal (CalAIM) Waivers

DHCS has received federal approval from the Centers for Medicare & Medicaid Services (CMS) to authorize the CalAIM Section 1115 and CalAIM Section 1915(b) waivers through December 31, 2026.

CalAIM Section 1115 Demonstration & Section 1915(b) Waiver Webpage
- Section 1115
- Section 1915(b)
- Approval letters

Approved CalAIM State Plan Amendments

CalAIM Homepage
CalAIM Initiative

CalAIM’s bold Medi-Cal transformation expands on the traditional notion of “the health care system.” It is much more than a doctor’s office or hospital; it also includes community-based organizations and non-traditional providers that together can deliver equitable, whole-person care.

CalAIM Transformation Means:

» Meeting the needs of the whole person
» Engaging health providers who are trusted and relatable
» Expanding Community Supports and proactive upstream services
» Promoting community engagement
» Making the best use of partners and resources
Approved CalAIM Initiatives

- Aligned Delivery Systems
- Enhanced Care Management
- Community Supports
- Providing Access & Transforming Health Supports (PATH)
- Contingency Management in DMC-ODS Counties
- Peer Support Specialists
- Aligned Enrollment for Dual Eligibles
- Global Payment Program
- Community-Based Adult Services (CBAS)
- DMC-ODS Services for Short-Term Residents of IMDs
- Chiropractic Services for Indian Health Service and Tribal Facilities
- Coverage for Low-Income Pregnant Individuals and Out-of-State Former Foster Care Youth
- Preventive Dental Benefits and Pay-For-Performance Initiatives for Dental Providers
Enhanced Care Management (ECM)

Leveraging its managed care authority, DHCS began implementing ECM for populations with complex health and social needs via the Medi-Cal managed care contract in January 2022 and will phase in through 2023.

**Benefit Overview**

- ECM is a **new, statewide Medi-Cal benefit** providing intensive care management to address **clinical and non-clinical needs** of Medi-Cal’s **highest-need enrollees**, primarily through in-person engagement where enrollees live, seek care, and choose to access services. Populations of focus include nursing facility residents, to be implemented in January 2023.

- ECM builds off the successful community-based care management programs piloted in the Medi-Cal 2020 waiver’s Whole Person Care (WPC) Pilots and Health Homes Program (HHP)

For more information and the full “populations of focus”, see [DHCS’ ECM webpage](#) and the [ECM Fact Sheet](#).
Enhanced Care Management (ECM)

Leveraging its managed care authority, DHCS began implementing ECM for populations with complex health and social needs via the Medi-Cal managed care contract in January 2022 and will phase in through 2023.

Benefit Overview

- Population of Focus #5: Individuals at risk for institutionalization who are eligible for Long-Term Care services who, in the absence of services and supports, would otherwise require care for 90 consecutive days or more in an inpatient nursing facility (NF). Individuals must be able to live safely in the community with wraparound supports.

- Population of Focus #6: Nursing facility residents who are strong candidates for successful transition back to the community and have a desire to do so.

For more information and the full “populations of focus”, see [DHCS’ ECM webpage](#) and the [ECM Fact Sheet](#).
Community Supports

DHCS received federal authority to provide 14 State-proposed Community Supports beginning January 2022.

Service Overview

» Community Supports refer to 14 new services proposed by DHCS and approved by CMS designed to address social drivers of health and advance health equity

» Benefits will be offered by a local community provider as a medically appropriate, cost-effective alternative to traditional medical services or settings

» Medi-Cal managed care plans are encouraged to offer as many of the Community Supports as possible, which are voluntary for MCPs to offer and for members to use

For more information on the Community Supports that managed care plans have opted to provide and when, see DHCS’ Community Supports webpage, Community Supports Fact Sheet, and the CalAIM Incentive Payment Program FAQ.
Community Supports (Cont’d)

Service Overview

» Nursing Facility Transition/Diversion to Assisted Living Facilities:

- **Program Description:** Assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements. The assisted living provider is responsible for meeting the needs of the Member, including Activities of Daily Living (ADLs), Instrumental ADLs (IADLs), meals, transportation, and medication administration, as needed.

- **Implementation:** Most Medi-Cal plans intend to implement in January 2023. Some plans will implement in July 2023 or January 2024.
Community Supports (Cont’d)

Service Overview

Community Transition Services/Nursing Facility Transition to a Home:

- **Program Description:** Helps individuals to live in the community and avoid further institutionalization. Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

- **Implementation:** Very similar to Nursing Facility Transition/Diversion, most Medi-Cal plans will implement in January 2023.
Community Supports (Cont’d)

Service Overview

» Respite Services:
  
  • **Program Description:** Respite services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only. Respite should be made available when it is useful and necessary to maintain a person in their own home and to preempt caregiver burnout to avoid institutional services for which the Medi-Cal managed care plan is responsible.

  • **Implementation:** Most Medi-Cal plans will implement in January or July of 2023.
Community Supports (Cont’d)

Service Overview

» Personal Care and Homemaker Services:

• **Program Description:** Personal Care Services and Homemaker Services provided for individuals who need assistance with ADLs such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management. Includes services provided through the In-Home Supportive Services (IHSS), however IHSS must always be utilized first for eligible members when available.

• **Implementation:** Most Medi-Cal plans will implement in July 2022, January 2023, or July 2023.
Community Supports (Cont’d)

Service Overview

» Environmental Accessibility Adaptations (Home Modifications):
  
  • **Program Description:** Environmental Accessibility Adaptations (EAAs also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the Member would require institutionalization. Examples include ramps and grab-bars, doorway widening for Members who require a wheelchair, stair lifts, and Personal Emergency Response Systems (PERS). The services are available in a home that is owned, rented, leased, or occupied by the Member.
  
  • **Implementation:** Most Medi-Cal plans are presently offering or will offer by January 2023.
Long-Term Care Managed Care Carve-in

Service Overview

» Scheduled for implementation on January 1, 2023.

» Currently LTC is carved-in to Medi-Cal managed care in 27 counties, including seven Coordinated Care Initiative counties, and 20 additional County Organized Health System (COHS) counties.

» As of January 2023, LTC will be a Medi-Cal managed care benefit in the remaining 31 counties.

» DHCS is working collaboratively with advocates, providers, and plans on the operational steps needed to implement LTC carve-in by January 2023. DHCS will present updates at the monthly public MLTSS/Duals integration stakeholder meetings.
Dual Eligibles

DHCS received approval to better coordinate coverage for individuals dually eligible for Medi-Cal and Medicare, who often have the most complex health care needs.

Program Overview

» Effective January 2022, provide a more integrated experience for dual eligibles by permitting Medicare plan choice to drive Medi-Cal plan choice
  ‒ In certain counties, a member’s Medi-Cal plan choice will align with their Medicare Advantage or Dual Special Needs Plan (D-SNP), to the extent the Medicare plan has an affiliated Medi-Cal plan

» Effective January 2023, transition the Cal MediConnect demonstration to a D-SNP exclusively aligned enrollment model, with plans that coordinate all Medicare and Medi-Cal benefits for dual eligibles

» In future years, expand the D-SNP exclusively aligned enrollment model to additional counties

The federal authority is subject to improved care coordination across Medicare and Medi-Cal, integrated appeals and grievances, and integrated member materials for D-SNPs.
Dual Eligibles

Statewide Mandatory Medi-Cal Managed Care

Program Overview


» Currently duals are mandatorily enrolled in Medi-Cal managed care in 27 counties, including seven Coordinated Care Initiative counties, and 20 additional County Organized Health System (COHS) counties, and voluntary in all other counties.

» As of January 2023, duals will be mandatorily enrolled in Medi-Cal managed care in the remaining 31 counties.
Thank You
CalAIM Federal Approval Stakeholder Discussion

Facilitated by:

Sarah Steenhausen
CA Department of Aging

Patti Prunhuber
Justice in Aging
Break

The session will resume shortly
Transportation for All Ages & Abilities

Avital Barnea
CA State Transportation Agency
Transportation for All
Ages & Abilities-
Stakeholder
Presentation

Debbie Toth
Choice in Aging

John Cunningham
Department of Conservation and Development, Contra Costa County

Russell Rawlings
California Foundation of Independent Living Centers
Accessible Transportation

Can We Make Progress?
Introduction

John Cunningham, Contra Costa County
Principal Transportation Planner
Background: Accessible Transportation

Accessible Transportation Definition: A blanket term used to describe a universe of services for older persons and those with disabilities:

- ADA Paratransit
- Dial-a-Ride
- Travel Training
- Mobility Management
- Volunteer Driver Programs
- Non-Profit Program Transportation

Current Status of Accessible Transportation: Inadequate, unacceptable, stagnant
Transportation Research Board of the National Academy of Sciences: Economic Benefits of Coordinating Human Service Transportation and Transit Services
“transportation services for the disadvantaged are...operated independently by multiple entities in a community, and result in duplicative, overlapping, and uncoordinated services. “Significant economic benefits...can be obtained by coordinating...transportation and transit services.”

Metropolitan Transportation Commission: Coordinated Public Transit-Human Service Transportation Plan:
“Current senior-oriented mobility services do not have the capacity to handle the increase in people over 65 years of age...the massive growth among the aging ...points to a lack of fiscal and organizational readiness...
Executive Order N-14-19: Newsom – Master Plan for Aging

...Master Plan for Aging be developed and issued to serve as a blueprint for state government, local government, private sector and philanthropy to implement strategies and partnerships that promote healthy aging and prepare the state for the coming demographic changes.
Senate Bill 228 (2019) Master Plan For Aging
The Public Policy Institute estimates that California’s older population will nearly double by 2030, bringing an increase of 4 million people over 65 years of age.

U.S. Department of Labor
“…People with disabilities are the largest and most diverse minority in the our country…”

California Legislative Analysts Office
Population of California Seniors With Disabilities Projected to Grow Faster Than Overall California Senior Population…the senior population is projected to shift from being majority white to majority nonwhite by 2030
History of Attempts and Opportunities to Improve Accessible Transportation

• 1979 Social Service Transportation Improvement Act
  • Established Consolidated Transportation Services Agencies (CTSA)
  • **No dedicated funding**, limited effectiveness

• 2004 Master Plan on Aging: Transportation Recommendations
  • **No implementation**

• 2005 Transportation Task Team Report to CA Commission on Aging
  • **No implementation**

• 2007 Transportation Task Team Report to CA Commission on Aging:
  • **No implementation**

• 2017 Senate Bill 1 Road Repair and Accountability Act ($5.2 Billion Annual)
  • **No dedicated funding for accessible transportation**

• 2021 Master Plan for Aging
  • **Stakeholder Advisory Committee recommendations were rejected**
“Limited access to transportation can affect health, particularly among vulnerable populations, such as the poor, the elderly, children, the disabled, and various ethnic communities.”

California Transportation Plan 2040
Introduction

Debbie Toth, Choice in Aging
President & CEO
ACCESSIBLE TRANSPORTATION RECIPE
= MODERNIZED POLICY + STABLE FUNDING

Fund, expand, and empower Consolidated Transportation Services Agencies (CTSA)

CTSA's are a flexible local model structured to fit local conditions - rural, urban, suburban, etc.
(think Aging and Disability Resource Connection No Wrong Door Model)

CTSAs advocate for, organize, and provide accessible transportation services such as:

» Walkability
» Rollability
» Affordability
» Volunteer Driver Programs
» Door Through Door Services
» Same Day/Demand Response Rides
» Cross County Trips
Introduction

Russell Rawlings
Statewide Community Organizer
California Foundation for Independent Living Centers
Disability Organizing Network (DOnetwork)
Accessible Transit is Segregated from the Progress Seen in Other Transportation Areas

- **Roadways**: Lane additions, toll lanes, ramp metering, commuter lanes, interchange improvements, increased funding, etc.

- **Conventional Transit**: New rail lines, ferry service, ridership encouragement programs, increased funding, etc.

- **Bicycle and Pedestrian**: Separated bikeways, green bike lanes, the Active Transportation funding program, increased funding
Governor Gavin Newsom
Master Plan For Aging Executive Order

Whereas, any policy recommendations should build on California’s work supporting people with disabilities living independently and reflect the principle of “Nothing About Us Without Us.”

CalSTA Secretary David Kim

April 30, 2021, Disability and Aging Community Living Advisory Committee (responding to a discussion on accessible transportation):

“...the status quo is not acceptable...”
Contact Information

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Statewide Community Organizer
California Foundation for Independent Living Centers
Disability Organizing Network (DOnetwork)
Transportation for All
Ages & Abilities-
Open Discussion

Facilitated by:

Eric Harris
Disability Rights CA
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• **Attendees joining by phone, press *9 on your dial pad to “raise your hand”**. The moderator will announce the last 4 digits of your phone number and will unmute your line.
Summary & Next Steps

Susan DeMarois
CA Department of Aging
Thank you!

Visit the CHHS Disability and Aging Community Living Advisory Committee webpage for:

- More information about Community Living
- Information about upcoming meetings
- Presentations, recordings, and transcripts of past meetings