



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 DeMarois

California Department of Aging

Eric Harris

Disability Rights CA

Patti Prunhuber

Justice in Aging

Committee Member Introductions

Roster I

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

Kelsy Castillo, Assembly Speaker's Office

Jessica Cruz, National Alliance for Mental Illness CA

Paul Dunaway, Sonoma County 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

Roster V

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 DeMarois
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

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

CalAIM Federal
Approval
Presentation

Jacey Cooper
CA Department of Health Care
Services



DHCS Update for the Disability & Aging Community Living Advisory Committee

February 2022

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.

[HCBS Spending Plan webpage](#)
[Final HCBS Spending Plan Package](#)
[CMS HCBS Conditional Approval Letter](#)

*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](#)

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](#). 27

Enhanced Care Management (ECM)

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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

- » Scheduled for January 1, 2023.
- » 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

Background: Accessible Transportation

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.”

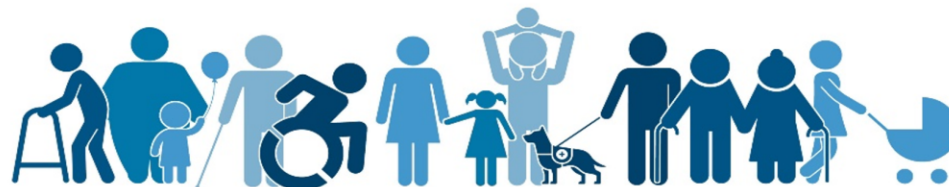
Metropolitan Transportation Commission: Coordinated Public Transit-Human Service Transportation Plan:

“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...”

Master Plan for Aging

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

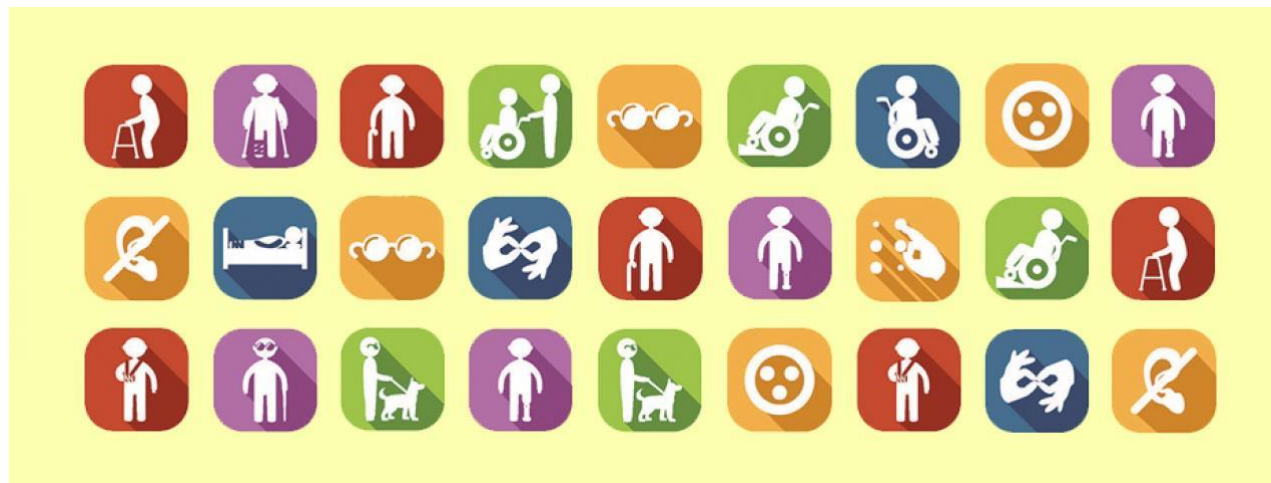
The Public Policy Institute estimates that California's older population will nearly double by 2030, bringing an increase of 4 million people over 65 years of age.

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**



California

TRANSPORTATION PLAN

2040

Integrating
California's
Transportation
Future



June 2016

“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



Caltrans Strives for Fairness, Inside and Out



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

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.

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