

CALIFORNIA DEPARTMENT OF AGING WEBINAR WEDNESDAY WEBINAR SERIES

CALAIM COMMUNITY SUPPORTS: LEVERAGING AGING AND DISABILITY PARTNERSHIPS

MARCH 9, 2022

10:01:15 >> GOOD MORNING WELCOME EVERYBODY, GOING TO GIVE IT A COUPLE MORE SECONDS TO LET FOLKS TRICKLE INTO THE ZOOM PLATFORM AND THEN WE WILL GET STARTED.

10:01:25 GREAT TO SEE NUMBER OF ATTENDEES CONTINUE TO JOIN, ADVANCE TO THE NEXT SLIDE TO TAKE CARE OF LOGISTICS.

10:01:39 WELCOME EVERYBODY, A COUPLE OF REMINDERS BEFORE WE GET STARTED, LIVE CAPTIONING IS AVAILABLE YOU CAN CLICK LIVE TRANSCRIPTION OR CC ICON ON YOUR TOOLBAR TO ENABLE SUBTITLES.

10:01:55 WE HAVE AMERICAN SIGN LANGUAGE INTERPRETERS WITH US TODAY, YOU SHOULD BE ABLE TO SEE HER ON YOUR SCREEN. FOR THOSE INTERESTED IN ACCESSING THE RECORDING SLIDES AND TRANSCRIPTS THEY WILL BE AVAILABLE AFTER THE WEBINAR ON THE MASTER PLAN FOR AGING WEB PAGE.

10:02:12 THIS IS PART OF THE WEBINAR WEDNESDAY SERIES, THIS IS OUR KICK OFF WEBINAR, SERIES WILL RUN MARCH THROUGH DECEMBER. AGAIN ALL OF MATERIALS AND RECORDINGS WILL BE ARCHIVED ON THE CALIFORNIA HEALTH AND HUMAN SERVICES MASTER PLAN FOR AGING WEB PAGE.

10:02:28 THE SERIES WILL FEATURE LEADERS WITH EXPERTISE IN ALL AREAS. WE ARE REALLY EXCITED TO HAVE THIS SERIES.

10:02:45 WE ARE SAVING TIME FOR QUESTIONS AND COMMENTS, IF YOU ARE JOINING THROUGH ZOOM, USE THE Q AND A FUNCTION ON YOUR TOOL BAR WE HAVE CHAT ENABLED AND IF YOU ARE JOINING BY PHONE PRESS STAR 9 ON YOUR DIAL PAD TO RAISE YOUR HAND.

10:03:03 WE WILL ANNOUNCE THE LAST 4 DIGITS OF YOUR PHONE NUMBER OR NAME AND UNMUTE YOUR LINE TO HEAR FROM YOU. OF COURSE, IF YOU THINK OF ADDITIONAL INFORMATION OR FEEDBACK YOU ARE ALWAYS WELCOME TO E-MAIL THE CALIFORNIA DEPARTMENT OF AGING TEAM.

10:03:12 THANK YOU SO MUCH, AND I'M GOING TO PASS IT OFF TO DIRECTOR SUSAN DEMAROIS.

10:03:31 >> THANK YOU, AND GOOD MORNING TO EVERYBODY, WE GOT, GOSH, 208 PARTICIPANTS. 209, THANK YOU ALL SO MUCH FOR BEING HERE TODAY, WE ARE SUPER EXCITED TO BE RELAUNCHING THE WEBINAR WEDNESDAY SERIES AND I CAN'T THINK OF A BETTER TOPIC THAN TODAY'S.

10:03:49 FOCUSING ON CAL AIM, AS WE ARE DEEP INTO, ALREADY INTO YEAR 2 OF THE MASTER PLAN FOR AGING. CAL AIM, FOR THOSE WHO ARE FAMILIAR ALREADY WITH THIS TOPIC IS A MAJOR MULTIYEAR INITIATIVE, IMPACTING CALIFORNIA'S MEDI-CAL PROGRAM.

10:04:22 WE KNOW THAT NO ONE WILL BE AN EXPERT AT ONE WEBINAR, BUT WE SURE HOPE THAT TODAY'S WEBINAR STRENGTHENS OUR NETWORK OF AGING AND DISABILITY PARTNERS, PROVIDERS AND CONSUMERS. EQUIPS YOU WITH MORE KNOWLEDGE, AND WE ARE COMPLETED AT THE DEPARTMENT OF AGING AND WITH OUR CAL HHS PARTNERS TO CONTINUE WEBINARS LIKE TODAY.

10:04:32 TO LEARN TO TOGETHER AND BE POSITIONED TO PARTICIPATE AND CONTRIBUTE TO CAL AIM SUCCESS AT ALL LEVELS.

10:04:46 I WANT TO THANK YOU SARAH, AND AMANDA WHO ORGANIZED TODAY'S WEBINAR AND WORKING VERY HARD AND THE PANELISTS WHO HAVE DONE PREPARATION FOR TODAY.

10:05:00 I CAN'T WAIT TO HEAR FROM ALL OF THEM AND I AM ESPECIALLY HAPPY TO INTRODUCE A KEY PARTNER IN THE MASTER PLAN FOR AGING AS WELL AS CAL AIM.

10:05:24 ELLEN, WAS VERY ACTIVE AS A LEAD R IN THE MASTER PLAN FOR AGING IN THE LONG-TERM SERVICES AND SUPPORTS SUB COMMITTEE WORK, ELLEN NOW CHAIRS THE CALIFORNIA COMMISSION ON AGING, CCOA, A KEY PARTNER GOING FOR WARD.

10:05:41 >> THANK YOU SO MUCH SUSAN, IT'S A GREAT PRIVILEGE TO BE HERE, I AM WELCOMING YOU ON BEHALF OF THE CALIFORNIA COMMISSION ON AGING, WE ARE THE PRINCIPLE ADVOCACY BODY FOR OLDER CALIFORNIANS AND CATALYST FOR CHANGE THAT CELEBRATES CALIFORNIANS ALL OF US AS WE AGE.

10:06:02 WE WELCOME THE OPPORTUNITY TO PARTNER WITH THE DEPARTMENT OF AGING TO ENGAGE ALL OF YOU STAKEHOLDERS ACROSS THE STATE AND WE'RE PROUD TO WELCOME THOSE OF YOU HERE WITH US TODAY. WE'RE ALSO APPRECIATIVE OF ONGOING STAKEHOLDER ENGAGEMENT EFFORTS TO EDUCATE ABOUT AND SLIS IT INPUT.

10:06:20 THINGS ARE MOVING SO RAPIDLY WITH THE MASTER PLAN AND HAVING YOUR DEDICATION AND AWARENS OF WHAT IS HAPPENING AND PARTICIPATING MEANS EVERYTHING TO THE EFFORT. ONE OF OUR TOP PRIORITIES IS DEVELOPING INNOVATIVE LONG-TERM SERVICES AND SUPPORTS SOLUTIONS.

10:06:27 THAT'S ONE OF OUR TOP PRIORITIES FOR THE CALIFORNIA COMMISSION, WE LOOK FORWARD TO CONTINUE DEVELOPMENTS IN THIS AREA.

10:06:49 I CAN JUST SHARE WITH YOU FROM BEING IN SAN DIEGO AND WORKING ON LONG TERM CARE INTEGRATION FOR 20 PLUS YEARS WE HAD NUMEROUS PILOTS. FINALLY, WE WERE ABLE TO MOVE FORWARD WITH INTEGRATION AS CAL MED CONNECT WITH THE HEALTHY SAN DIEGO HEALTH PLANS AND WORK TO INTEGRATE IN-HOME SUPPORTIVE SERVICES IHSS.

10:07:21 MSSP, CBAS AND FOR THE FIRST TIME BROUGHT IN SKILLED NURSING FACILITIES, WE WORKED SO HARD TO TRULY COORDINATE CARE THROUGH THIS, AND NOW SEEING CAL AIM TAKE LESSONED LEARNED AND FURTHER DEVELOP THIS IMPORTANT PROGRAM THAT INCLUDES COMMUNITY SUPPORTS AND CARE MANAGEMENT. MIRRORING MANY OF THE BENEFITS THAT OUR INTEGRATED PROGRAM, PACE, PROVIDES, SO, VERY EXCITED SO SEE THESE EFFORTS.

10:07:45 ENHANCING CARE FOR THOSE ON MEDI-CAL. AND ONE OF OUR DREAMS AS THE COMMISSION IS THIS WILL ALSO LEAD TO INTEGRATED MEDICARE RECIPIENTS AS WELL. THANK YOU, I

AM ALSO LOOKING FORWARD TO LISTENING IN TODAY AND LEARNING MORE ABOUT CAL AIM, THANK YOU. AND NOW SARAH, PLEASE, TAKE IT AWAY.

10:07:59 >> GREAT, THANK YOU SO MUCH ELLEN AND SUSAN AND MARIYA, SO WONDERFUL TO BE HERE. I AM GOING TO PROVIDE A FEW CONTEXT SETTING BACKGROUND INFORMING ON CAL AIM.

10:08:14 SPECIFIC HI FOCUSED OB ELEMENTS RELATES TO CARE MANAGEMENT AND COMMUNITY SUPPORTS, REALLY WHERE OUR AGING AND DISABILITY PARTNERS CAN LEVERAGE STRENGTHS TO BE CRITICAL PARTNERS IN THE IMPLEMENT TAG OF CAL AIM.

10:08:34 NEXT SLIDE, ALL, MANY OF YOU ARE FAMILIAR WITH THE BROAD GOALS OF CAL AIM, BUT REALLY 3 PART GOALS, ONE IS FIRST IDENTIFY AND MANAGE THE COMPREHENSIVE NEEDS THAT MEDI-CAL ELIGIBLE INDIVIDUALS HAVE THROUGH REALLY A WHOLE PERSON APPROACH TO CARE.

10:08:46 THIS IS CRITICAL BECAUSE THIS IS WHERE A LOT OF THE SYSTEM TRANSFORMATION COMES IN, TRYING TO BETTER ALIGN SERVICES ACROSS MEDICAL AND SOCIAL SERVICE DELIVERY SYSTEMS.

10:08:55 SO PEOPLE DON'T HAVE TO CONSIDER NEEDS SEPARATE FROM ONE ANOTHER, WE KNOW THAT HOUSING AND FOOD AND NUMBER OF OTHER SOCIAL DRIVERS IMPACT A PERSON'S HEALTH.

10:09:22 SO, THIS IS THE STATE'S EFFORT TO TRY TO BETTER ALIGN SERVICES THROUGH A WHOLE PERSON APPROACH TO CARE. SECOND KEY GOAL OF CAL AIM, IS BUILDING OFF THIS NEW WHOLE PERSON APPROACH TO CARE, HOPE IS THAT THIS WILL IMPROVE QUALITY OUTCOMES AND REDUCE HEALTH DISPARITIES, PARTICULARLY EVIDENT AS WE HAVE SEEN WITH COVID AND HOW IT'S IMPACTED COMMUNITIES ACROSS THE STATE.

10:09:36 INCLUDING BLACK, LATINO, AND INDIGENOUS POPULATIONS. HOPEFULLY BY DEVELOPING THESE NEW STRATEGIES WE CAN REALLY START SEEING NEW IMPROVE HEALTH QUALITY OUTCOMES.

10:09:56 AND FINALLY THE GOAL OF THE STATE TO HELP MAKE MEDICAL CAL A SEAMLESS AND CONSISTENT SYSTEM AVAILABLE STATEWIDE. RIGHT NOW IN A RURAL AREA YOU MIGHT BE CHALLENGED GETTING SAME SERVICES AND SUPPORTS AS SOMEONE IN LA.

10:10:10 THE STATE IS REALLY TRYING TO MAKE IT SO THERE IS A UNIFORMITY, LESS COMPLEXITY ASSOCIATED WITH MEDI-CAL SO YOU CAN BE ASSURED THE SAME BENEFITS REGARD WILLS OF WHERE YOU LIVE.

10:10:17 THIS IS A BROAD OVERVIEW OF CAL AIM AND I WANT TO NOW MOVE INTO THE FOCUSED ON ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS.

10:10:24 AS I SAID, THESE ELEMENTS ARE REALLY FOUNDATIONAL TO THIS WHOLE PERSON APPROACH TO CARE.

10:10:31 BY BLENDING REALLY COMPLEX CARE MANAGEMENT WITH SERVICES THAT ADDRESS A PERSON'S SOCIAL NEEDS.

10:10:41 THE HOPE IS THAT YOU REALLY CAN START SEEING IMPROVED OUTCOMES FOR THE POPULATION SERVED BY MEDI-CAL. SO I WANT TO START WITH ENHANCED CARE MANAGEMENT.

10:11:00 EXPLAIN WHAT IT IS. ES SPEN SHLLY ENHANCED CARE MANAGEMENT IS A WHOLE PERSON INTERDISCIPLINE APPROACH TO CARE. THIS IS PARTICULARLY FOR MEMBERS WHO HAVE HIGH LEVELS OF NEED.

10:11:24 SO THE WAY THAT THE SERVICES ARE DELIVERED IS THROUGH A SYSTEMIC COORDINATION OF SERVICES AND COMPREHENSIVE CARE MANAGEMENT ACROSS IF CONTINUUM OF CARE. RECOGNIZING THAT PEOPLE DON'T JUST HAVE NEEDS IN MEDICARE DELIVERY SYSTEM, HOW CAN THEY BETTER PROVIDE MORE INTENTIONIVE CARE COORDINATION ACROSS THE CONTINUUM OF CARE.

10:11:43 THIS IS A HIGH TOUCH AND PERSON-CENTERED APPROACH TO CARE MANAGEMENT, CARE COORDINATION. AND IT ALWAYS REMINDED ME A LOT OF THE MODEL THAT WE HAVE SEEN GROW IN THE MSSP PROGRAM. MULTIPER PUS SENIOR SERVICES PROGRAM. THAT HAS SUCH A HIGH TOUCH IMPACT ON PEOPLE WHO ARE ELIGIBLE FOR IT.

10:11:56 BUT WHAT I REALLY THINK IS IMPORTANT TO NOTE IS THAT WITH ENHANCED CARE MANAGEMENT IT IS NOT NECESSARILY SOMETHING THAT EVERY MEDI-CAL BENEFICIARY WILL BE ABLE TO ACCESS.

10:12:13 YOU NEED TO FALL INTO WHAT THEY CALL A POPULATION OF FOCUS. SO, AS LONG AS YOU MEET THE TARGET POPULATION NEED, YOU CAN THEN BE ELIGIBLE FOR ENHANCED CARE MANAGEMENT. SO YOU SEE ON THE SCREEN THEY HAVE IDENTIFIED POPULATIONS THAT HAVE HIGH NEEDS.

10:12:35 INCLUDING INDIVIDUALS EXPERIENCING HOMELESSNESS, ADULT HIGH UTILIZERS, INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR SUBSTANCE USE DISORDERS, TRANSITIONING FROM INCARCERATION, AND FINALLY WHERE A LOT OF THE OPPORTUNITY IS FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES IS IN THE FINAL TWO POPULATIONS OF FOCUS.

10:12:49 PEOPLE WHO ARE AT RISK OF INSTITUTIONALIZATION AND LIVING IN THE COMMUNITY. AND PEOPLE WHO ARE IN RESIDENTS OF NURSING HOMES AND WISH TO TRANSITION TO THE COMMUNITY.

10:13:05 PEOPLE FALL INTO THE CATEGORY OF POPULATIONS THAT QUALIFY FOR ENHANCED CARE MANAGEMENT. I WILL TALK MORE ABOUT WHAT THAT MEANS AND WHAT NEXT STEPS ARE FOR BUILDING CAPACITY IN THE SYSTEM. NEXT SLIDE IS FOCUSED ON COMMUNITY SUPPORTS.

10:13:17 AS I SAID THE STATE IS TRYING TO EMPHASIZE THE WHOLE PERSON APPROACH TO CARE, IF YOU HAVE INTENSIVE AND HIGH TOUCH CARE COORDINATION, YOU STRO MAKE SURE YOU ACTUALLY HAVE ACCESS TO SERVICES THAT PEOPLE NEED TO GET COORDINATED.

10:13:44 SO, THE STATE IS HOPING THAT MEDI-CAL MANAGED CARE PLANS WILL OFFER A VARIETY OF, OR ALL OF THESE COMMUNITY SUPPORTS, AS YOU CAN SEE, THERE ARE 14 DEFINED COMMUNITY SUPPORTS. RANGING FROM HOUSING TRANSITION AND NAVIGATION SERVICES TO HOUSING BEDEPOZ ITS, AND TENANCY SUS STAINING SERVICE.

10:14:09 SHERT TERM POSTHOSPITALIZATION, RECOOPERATIVE CARE, DAY REHABILITATION. RESPITE, BEYOND WHAT IS IN THE PROGRAM. TRANSITION TO ASSISTED LIVING OR TRANSITION TO A HOME. AS WELL AS NUTRITIONAL SUPPORT, MEALS, MEDICALLY SUPPORTIVE FOOD.

10:14:22 AND SOBERING CENTERS AS REMEDIATION, AND ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS, COMMONLY REFERRED TO AS HOME MODIFICATIONS.

10:14:39 ONE THING THAT IS REALLY IMPORTANT TO NOTE, COMMUNITY SUPPORTS ARE NOT MANDATORY FOR MEDI-CAL MANAGED CARE PLANS TO PROVIDE. SO THE STATE IS TRYING TO ENCOURAGE, HIGHLY ENCOURAGE PLANS TO DEVELOP THEIR PROPOSALS SO THEY CAN PROVIDE COMMUNITY SUPPORTS.

10:14:53 BUT AT THIS TIME IT IS NOT MANDATORY. SO, THAT'S SOMETHING TO CONSIDER AS WE ARE MOVING FORWARD RIGHT NOW, IF YOU MOVE TO THE NEXT SLIDE, I WILL TALK A BIT ABOUT THE INTERACTIONS BETWEEN ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS.

10:15:15 SO STARTING WITH ENHANCED CARE MANAGEMENT, IT'S BEING PHASED IN BY THE DIFFERENT POPULATIONS THAT I OUTLINED. TARGET POPULATIONS. SO, THIS YEAR, THE MANAGED CARE PLANS ARE STARTING WITH THE HOMELESS AND HIGH USE POPULATIONS AS WELL AS PEOPLE WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

10:15:33 AND THEN NEXT YEAR, MEDI-CAL MANAGED CARE PLANS WILL START PROVIDING ENHANCED CARE MANAGEMENT, TO PEOPLE TRANSITIONING FROM INCARCERATION, AND AT RISK OF INSTITUTIONALIZATION AND WANT TO TRANSITION FROM NURSING HOMES TO THE COMMUNITY.

10:16:01 AGAIN, MANAGED CARE PLANS ARE REQUIRED TO PROVIDE ENHANCED CARE MANAGEMENT TO THESE POPULATIONS OF INDIVIDUALS. BUT IT'S GETTING PHASED IN OVER THESE NEXT TWO YEARS. IN CONTRAST, WITH COMMUNITY SUPPORTS, AS I SAID IT'S VOLUNTARY FOR MANAGED CARE PLANS TO OFFER THESE SERVICES IN THE COMMUNITIES. THEY ARE BEING ENCOURAGED TO OFFER THEM, AND THERE IS INFORMATION ON THE DEPARTMENT OF HEALTH CARE SERVICES WEBSITE P.

10:16:23 ABOUT WHICH COMMUNITY SUPPORT IS OFFERED BY WHICH PLAN AND WHICH COUNTY. THEY NEED TO APPLY TO THE STATE TO OBTAIN APPROVAL FOR PROVIDING SERVICES, THEY CAN ADD OR REMOVE SERVICES AT DEFINED INTERVALS, EVERY SIX MONTHS A PLAN COULD DECIDE TO ADD A NEW SERVICE, AND EVERY YEAR COULD DECIDE TO REMOVE ANY OF THE SERVICES.

10:16:47 BUT THEY HAVE GUN OFFERING THESE IN 2022. THE STATE IS HOPING THAT TOGETHER BETWEEN ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS WE WILL HAVE A STATEWIDE NETWORK WITH THESE SERVICES IN PLACE BY 2026, AND, THEY ARE SAYING THIS IS KIND OF THEIR VISION OF WHAT OUR MANAGED LONG-TERM SERVICES AND SUPPORTS DELIVERY SYSTEM WILL LOOK LIKE.

10:16:59 AGAIN ALIGNS WITH THE VISION OF ADDRESSING A PERSON'S NEED ACROSS THE CONTINUUM OF CARE, WHAT'S REALLY IMPORTANT FOR CONVERSATION WE ARE ABOUT TO HAVE, THIS DOES NOT JUST HAPPEN MAGICALLY.

10:17:06 YOU KNOW, MANAGED CARE PLANS DON'T SNAP FINGERS AND DECIDE THEY WANT TO PROVIDE THE SERVICES.

10:17:11 IN FACT THEY RELY ON YOU AS COMMUNITY PARTNERS TO CONTRACT WITH TO PROVIDE THESE SERVICES.

10:17:39 BUT THAT TOO INVOLVES A LOT OF UP FRONT WORK IN PLANNING AND CAPACITY BUILDING, IF YOU GO TO THE NEXT SLIDE I WANT TO HIGHLIGHT SIGNIFICANT OPPORTUNITIES THROUGH A PROGRAM CALLED PROVIDING ACCESS AND TRANSFORMING HEALTH. AND THERE WAS FUNDING PROVIDED IN THE HOME AND COMMUNITY BASED SERVICES SPENDING PLAN. UP TO A HUNDRED MILLION. COULD BE USED FOR VARIETY OF PURPOSES.

10:17:50 ONE OF WHICH IS PROVIDING A FUNDING OPPORTUNITY FOR COMMUNITY BASED ORGANIZATIONS WHO WISH TO BECOME PROVIDERS THROUGH COMMUNITY SUPPORTS OR THROUGH ENHANCED CARE MANAGEMENT.

10:18:05 FOR DIFFERENT TYPES OF DELIVERY SYSTEM INFRASTRUCTURE INVESTMENTS TO ENCOURAGE LOCAL PARTNERS TO BUILD CAPACITY SO THEY HAVE THE ABILITY TO PROVIDE THE COMMUNITY SUPPORTS AND THE ENHANCED CARE MANAGEMENT THAT IS ENVISIONED BY CAL AIM.

10:18:20 IF YOU GO TO THE NEXT SLIDE, I HAVE OUTLINED A FEW OF KIND OF SOME OF THE USE THAT THE FUNDING COULD BE USED FOR, RECOGNIZING THE NEED FOR RECRUITING WORKFORCE AND ON BOARDING AND TRAINING WORKFORCE.

10:18:34 IT AND DATA SHARING, WE COULD TALK A LONG TIME ABOUT HOW ALL OF THIS CAL AIM VISION REQUIRES A HUGE INFRASTRUCTURE OF IT DEVELOPMENT AND DATA SHARING.

10:18:46 THAT'S A TREMENDOUS NEED, RESOURCES FOR THAT, AND FOR A BUILDING CAPACITY AND PROVIDERS AND FOR GENERAL DELIVERY SYSTEM INFRASTRUCTURE INVESTMENTS, SUCH AS CARE MANAGEMENT SYSTEMS.

10:19:08 CLOSED LOOP REFERRAL SYSTEMS AND BILLING. AS WELL. IT'S WHAT IS IMPORTANT TO NOTE AT THIS POINT, THAT THE DEPARTMENT HAS A LOT OF DIFFERENT RESOURCES ON THEIR WEBSITE AT DHCS. BUT THEY HAVE NOT YET RELEASED APPLICATION OR FUNDING REQUIREMENTS FOR THIS PATH PROGRAM. TODAY IS TIMELY.

10:19:21 WE WANT TO PUT IT ON EVERYBODY'S RADAR TO BE WATCHING FOR IT, WHEN THEY COME OUT WITH ANNOUNCEMENTS AND INFORMATION, YOU AND YOUR ORGANIZATIONS AND YOUR COMMUNITY ARE READY TO APPLY FOR IT.

10:19:48 AND WE AT THE DEPARTMENT ARE COMMITTED TO WORKING WITH YOU AS PARTNERS TO PROVIDE AS MUCH TECH ASSISTANCE AS WE CAN ALONG THE WAY TO MAKE IT EASIER. NEXT SLIDE, PLEASE, THESE ARE SOME RESOURCES, AGAIN, TLEEZ SLIDES WILL BE AVAILABLE TO EVERYBODY, IT'S A VERY, THIS REQUIRES A LOT OF WORK AND PLANNING AND A LOT OF RESOURCES ON THE DEPARTMENT WEBSITE.

10:20:15 THAT MEANS THAT YOU ARE QUALIFIED AND THE DEPARTMENT HAS A LOT OF INFORMATION ON THEIR WEBSITE ABOUT HOW TO GO ABOUT DOING THAT AS WELL AS POLICY GUIDANCE FOR BOTH COMMUNITY SUPPORTS AND ENHANCED CARE MANAGEMENT.

10:20:20 NEXT SLIDE, PLEASE.

10:20:50 THAT WAS A LOT OF INFORMATION GIVEN TO YOU IN A SHORT AMOUNT OF TIME BUT I THINK IT FRAMES THE CONVERSATION WE WILL HAVE IN THE NEXT HOUR WITH OUR TREMENDOUS PANEL OF PARTNERS BUT I THINK THE MAIN QUESTIONS TO REALLY HIGHLIGHT IN THIS PANEL DISCUSSION ARE

WHAT ARE SOME OF THE BEST PRACTICES IN BUILDING PARTNERSHIPS, WHERE DO YOU START, HOW CAN LOCAL COMMUNITY-BASED ORGANIZATIONS ENGAGE WITH HEALTH PLANS BUT ALSO HOW CAN THEY ENGAGE TOGETHER SO THEY CAN BUILD NETWORKS TO MAKE IT EASIER FOR MANAG

10:21:22 CARE PLANS TO CONTRACT WITH YOU BECAUSE MANAGED CARE PLANS WILL HAVE A HARD TIME KNOCKING ON EVERY PROVIDER'S DOOR TO PROVIDE CONTRACTS SO I THINK THERE IS A LOT OF OPPORTUNITY FOR AGING AND DISABILITY PARTNERS TO WORK TOGETHER TO FORM COLLABORATIVES AND WITH OTHER COMMUNITY-BASED PROVIDERS THAT WILL BE PROVIDING OTHER SERVICES IN CALAIM. WITH THAT I WANT TO CLOSE IT OUT AND TURN IT OVER TO SERITA WHO WILL BE FACILITATING THE CONVERSATION. THANK YOU!

10:21:55 >> THANK YOU SO MUCH, SARAH. IT'S A PLEASURE AND REALLY, REALLY EXCITED TO BE PART OF THIS ESTEEM PANEL. I WANT TO THANK THE CALIFORNIA DEPARTMENT OF AGING AND THE CALIFORNIA COMMISSION ON AGING FOR ALLOWING ME TO MODERATE THE PANEL TODAY AND I THINK YOU WILL SEE AS WE ARE HAVING A DIALOGUE TODAY WITH THESE PANELISTS THAT YOU WILL SEE THE DEDICATION AND COMMITMENT TO PARTNERSHIPS AS WE REALLY TRY TO ADVANCE OUR EFFORTS AROUND HEALTHCARE AND COMMUNITY INTEGRATION FOR OLDER ADULTS

10:22:13 AND THOSE WITH DISABILITIES. SO REALLY AGAIN, I THINK IT'S GOING TO BE A VERY INFORMATIVE, WORTHWHILE ENGAGING DISCUSSION AND WE DO LOOK FORWARD TO SEEING YOUR QUESTIONS AND COMMENTS THROUGHOUT THE PRESENTATION. WE WILL DEFINITELY GET TO THOSE AFTER WE HEAR FROM OUR PANELISTS.

10:22:29 SO WITH NO FURTHER ADO, I WILL START INTRODUCING OUR PANELISTS. SO IF WE CAN HAVE THEM ON THE SCREEN. I WILL GO IN ALPHABETICAL ORDER HERE.

10:22:53 DO WE HAVE MICHAEL COSTA. HE IS THE EXECUTIVE DIRECTOR, CALIFORNIA ASSOCIATION OF AREA AGENCIEE SAIDGING. SO WELCOME, MICHAEL. NEXT WE HAVE ELI.

10:23:22 THE CARE OF THE ADRC ADVISORY COMMITTEE. WELCOME. THEN WE HAVE THE BENJAUREGUI FOR COMMUNITY HEALTH FOR INLAND EMPIRE. THANK YOU, AND KRISTIE FOR THE OFFICE OF ADMINISTRATION FOR COMMUNITY LIVING SO WELCOME, KRISTIE.

10:23:59 AND ANWAR, THE VICE PRESIDENT FOR PARTNERS IN CARE FOUNDATION. WE HAVE A BREATH AND DEPTH OF EXPERTISE AND I WILL JUST DIVE RIGHT IN AND I WILL START WITH YOU, BEN. I THINK AS A MANAGER OF COMMUNITY SUPPORTS AND SERVICES AT INLAND EMPIRE HEALTH PLAN, YOU HAVE A TREMENDOUS AMOUNT OF EXPERIENCE IN ENGAGING COMMUNITY PARTNERS AND HELPING OLDER ADULTS AND PEOPLE WITH DISABILITIES ACCESS A WIDE RANGE OF SERVICES ACROSS THE CONTINUUM.

10:24:12 WHAT LESSONS HAVE YOU LEARNED IN THESE EFFORTS AND WHAT RECOMMENDATIONS DO YOU HAVE TO AGING AND DISABILITY PARTNERS ACROSS THE STATE?

10:24:40 >> MORNING AND THANK YOU FOR HAVING ME. THE FIRST LESSON WE LEARNED RIGHT AWAY IS WE CAN'T PROVIDE ALL OF THESE SERVICES THAT THE COMMUNITY NEEDS. WE DEFINITELY KNOW AND UNDERSTAND THAT OUR PARTNERS HAVE THE EXPERTISE, THE EXPERIENCE, AND THE KNOW HOW TO REALLY SERVE THE COMMUNITY. THEY HAVE THE EXPERTISE IN CERTAIN SERVICES, WHETHER HOUSING AND INDEPENDENT LIVING SERVICES, TRANSITIONING SERVICES.

10:25:09 WE KNEW RIGHT FROM THE BEGINNING THAT WE NEEDED TO PARTNER WITH THESE AGENCIES AND WE DID. WE PARTNERED WITH SEVERAL ORGANIZATIONS BACK IN 2005, I WOULD SAY, WAS THE BEGINNING OF PARTNERING WITH A LOT OF ORGANIZATIONS THROUGH DIFFERENT COLLABORATIVES THAT WE STARTED AND STILL SUPPORT TO THIS DAY, INLAND EMPIRE AND PARTNERED NETWORK MEETINGS THAT WE HOST MONTHLY MEETINGS AND I THINK THAT WAS THE INITIAL START OF GETTING FOLKS TOGETHER.

10:25:34 SO WE COULD NETWORK, COLLABORATE, WORK TOGETHER, GET TO KNOW EACH OTHER BUT KNOWING WHO IS OUT THERE, UNDERSTANDING WHAT SERVICES THEY PROVIDE TO THE HEALTH PLANS I WOULD SAY WE HAVE THE KNOW OUR COMMUNITY; WE HAVE TO KNOW OUR PROVIDERS AND NON-PROFIT ORGANIZATIONS, COUNTY ORGANIZATIONS, OUR INDEPENDENT LIVING CENTERS AND OF COURSE OUR AGING AND DISABILITY CONNECTION AND THE AAAS AND THE AREA AGENCIES.

10:26:03 WE HAVE TO KNOW THOSE PARTNERS AND THEIR EXPERTISE AND WHAT THEY DO. AND THE SECOND PART I WOULD SAY WE NEED TO LEARN HOW WE OPERATE BECAUSE IT HELPS US TO UNDERSTAND HOW ONE ANOTHER OPERATES BECAUSE TO SOME FOLKS HEALTHCARE MIGHT BE DIFFICULT TO UNDERSTAND BUT REALLY ONCE YOU GET TO KNOW YOUR LOCAL HEALTH, THEN YOU WILL SEE THAT WHAT THEY DO, THEIR SERVICES ARE -- WE BELIEVE IN THE SAME THINGS, DEFINITELY.

10:26:35 WE HAVE AN INTEREST IN SERVING THE HEALTH AND SOCIAL NEEDS OF THE MEMBERS. WE HAVE AN INTEREST OF SUPPORTING PEOPLE IN THEIR HOME AND SUPPORTING THEM THROUGH THAT AND SUPPORTING THEM THROUGH TRANSITIONS OUT OF LONG-TERM CARE AND HOUSING AND ADDRESSING HOUSING AND HOMELESSNESS. SO KNOW THAT HEALTH PLANS ARE DEFINITELY INTERESTED AND INVESTED IN SOCIAL DETERMINANTS OF HEALTH AND THAT INCLUDES THE MASTER PLAN.

10:26:48 I WOULD SAY WE SPEAK THE SAME LANGUAGE, ALSO. WE JUST USE DIFFERENT TERMS. WE ARE SPEAKING THE SAME THING WHEN WE SAY PERSON-CENTERED CARE OR WHETHER WE SAY INDEPENDENT LIVING OR SELF-DETERMINATION, WE ARE ALL SPEAKING THE SAME, JUST USING DIFFERENT TERMS.

10:26:57 I THINK THAT'S HELPFUL TO LEARN, ALSO, THOSE WORDS AND TERMS THAT WE USE TO REALLY FIND THE CONNECTION AND HOW WE CAN WORK TOGETHER.

10:27:03 BUT HIGHLY ENCOURAGE NETWORKING AND DEVELOPING THOSE RELATIONSHIPS.

10:27:26 >> GREAT. THANK YOU. AND I THINK YOU HIGHLIGHTED I THINK THE SYMPATICS AND I THINK IT'S AN IMPORTANT CALL OUT. THANK YOU FOR THAT. I KNOW WE WILL HAVE SOME QUESTIONS FOR YOU. I WILL HAVE SOME AND OTHERS I AM SURE IN THE AUDIENCE WILL AS WELL SO THANK YOU AGAIN FOR ANSWERING THAT QUESTION.

10:27:52 NEXT I AM GOING THE TURN IT OVER TO ANWAR. YOU HAVE A LOT OF EXPERIENCE BUILDING CAPACITY AROUND THE HEALTH PLAN AND LONG-TERM SERVICES SUPPORTS ARENAS AND IN PARTICULAR AS WE THINK ABOUT HOME AND COMMUNITY-BASED SERVICE NETWORKS.

10:28:00 WHAT DO YOU THINK IS REALLY NEEDED TO MAKE AGING AND DISABILITY SUCCESSFUL PARTNERS IN KIND OF THE EFFORTS YOU HAVE BEEN ENGAGED WITH?

10:28:13 >> YEAH. THANK YOU FOR HAVING ME AND [OFF MIC].

10:28:40 >> DID ONWAR FREEZE? OKAY. ALL RIGHT. I THINK WE MIGHT HAVE LOST ANWAR FOR A MOMENT. SO MAYBE WITH THAT, IF IT'S OKAY, WHY DON'T WE GO AHEAD AND IF IT'S OKAY I CAN GO TO YOU, ELI, FOR THE NEXT QUESTION AND THEN WE WILL CIRCLE BACK TO ANWAR WHEN HE RETURNS.

10:29:14 ELI, THANK YOU FOR BEING HERE. AS THE EXECUTIVE DIRECTOR OF THE MARIN CENTER FOR INDEPENDENT LIVING, YOU HAVE -- YOU HAVE DONE A LOT TO DEVELOP PARTNERSHIPS WITH AGING AND DISABILITY AS WELL AS WITH LOCAL COMMUNITY PARTNERS. SO WHAT KIND OF EXPERIENCE CAN YOU TALK ABOUT ABOUT ENGAGING, PARTICULARLY THE HEALTHCARE SECTOR AND KIND OF WHAT IS IT THAT YOU NEED, LIKE, WHAT DO YOU SEE AS THE CORE OPPORTUNITIES TO SUCCEED IN THIS CAPACITY.

10:29:48 >> THANK YOU, SARITA. HOPEFULLY, I WON'T FREEZE ONCE I START TALKING. I WILL MOVE MY HEAD TO MAKE SURE I DON'T. YOU KNOW, THERE IS SO MUCH IN THE SPACE OF RELATIONSHIP BUILDING AND PARTNERSHIP DEVELOPMENT AND I HAVE JUST STARTED BY SAYING THE WORK, THERE IS KIND OF THE SPEED DATING OR IN-AND-OUT AND THEN THERE IS THE SLOW MOVEMENT, THE FARMER'S MARKET AND CULTIVATING RELATIONSHIPS OVER TIME.

10:30:20 I DEFINITELY THINK WHEN YOU ARE LOOKING TO PARTNER WITH THE HEALTHCARE SECTOR, PUBLIC, PRIVATE PARTNERSHIPS BETWEEN LIKE INDEPENDENT LIVING CENTERS AND AAAS, YOU REALLY HAVE TO START BY MEETING YOUR PEERS, YOUR FELLOW LEADERS AND JUST STARTING WITH CONVERSATIONS AROUND WHY PARTNER, WHAT DO YOU HOPE TO ACHIEVE, UNDERSTAND EACH OTHER'S LANGUAGES, AND CULTURES, BUILDING

10:30:58 INCREMENTALLY OFF OF PILOTS, ESTABLISHING PROTOCOLS AND PROCEDURES FOR YOUR TEAMS TO INITIATE AND THEN KIND OF ELEVATING AND SCALING THAT UP OVER TIME. OUR WORK IN THIS SPACE STARTING BACK IF 2014 WHEN WE BEGAN TALKING, WHAT IS THIS AGING AND DISABILITY RESOURCE CONNECTION MODEL AND HOW CAN THE AAA AND THE INDEPENDENT LIVING CENTER WORK CLOSELY TOGETHER.

10:31:37 THAT KIND OF EVOLVED AND ONCE INVITED TO PARTICIPATE IN THE INCREDIBLE ACCELERATING BUSINESS CAPACITY INITIATIVE LED BY OUR LOCAL COMMUNITY FOUNDATION AND COLLABORATIVE CONSULTING WHERE WE BUILT OUR CAPACITY AS AN ORGANIZATION TO PARTNER IN THE HEALTHCARE SECTOR, UNDERSTANDING WHAT DO WE BRING AS VALUE TO HEALTHCARE, WHY IS PERSON-CENTERED CARE SO IMPORTANT TO ACHIEVING THE AAA OF HEALTHCARE,

10:31:51 LOWERING COST AND IMPROVING HEALTH OUTCOMES AND IMPROVING PATIENT EXPERIENCE AND THEN DOING ENVIRONMENTAL SCAN WORK, IDENTIFYING WHERE OUR PROPOSITION FIT IN THE HEALTH CARE ECOSYSTEM.

10:32:24 THAT LED TO A SERIES OF ADDITIONAL PARTNERSHIPS BEFORE WE GOT TO MANAGED CARE, PRIMARILY WORKING WITH OUR FEDERALLY QUALIFIED HEALTH CENTER AROUND A PILOT TO ADDRESS COMPLEX MEDICALLY COMPLEX PATIENTS AT THE FHQC LEVEL WHICH ULTIMATELY LED US INTO CONVERSATION WITH CALAIM. MY POINT BEING THAT IT REALLY IS STEPS INCREMENTALLY ALONG THE WAY.

10:33:00 BUILDING A FOUNDATION ALONG THE WAY WITH YOUR TEAMS, BUILDING THEIR SKILL SETS UP, BUILDING THAT TRUST AND RELATIONSHIP WITH YOUR PUBLIC AND PRIVATE PARTNERSHIPS,

OTHER CBOs, OTHER PLAYERS IN YOUR LOCAL HEALTHCARE SYSTEM, AND THEN PURSUING OPPORTUNITIES FOR FUNDING, WHICH WE HAVE BEEN SUCCESSFUL AND IT'S STILL EARLY IN THE CALAIM PROCESS BUT, AGAIN, WE HOPE TO LEVERAGE THOSE PARTNERSHIPS, THOSE MOUs, THOSE RELATIONSHIPS THAT WE HAVE DEVELOPED IN THE OTHER SPHERES

10:33:03 TO PURSUE OPPORTUNITIES IN CALAIM.

10:33:29 >> ELI, THANK YOU. THAT WAS REALLY QUITE INSIGHTFUL AND I THINK YOU HIGHLIGHTED SOMETHING THAT I KNOW WILL RESONATE WITH OUR PANELISTS AS WELL AS I THINK THE AUDIENCE ABOUT THAT, ONE, THIS IS AN INCREMENTAL PROCESS AND IT'S A SERIES OF STEPS AND NAMELY THAT THIS IMPORTANT -- HOW DO YOU BUILD THAT TRUST, HOW DO YOU BUILD THOSE RELATIONSHIPS. THAT'S KIND OF THE FOUNDATION OF THIS WORK.

10:33:48 SO I REALLY APPRECIATED THAT INSIGHT. SO THANK YOU. ALL RIGHT! SO NEXT I WOULD LIKE TO POSE A QUESTION TO KRISTIE AND ANWAR, WE WILL COME BACK TO YOU, I AM GLAD YOU WERE ABLE TO REJOIN US.

10:34:11 KRISTIE, YOU ARE THE ADMINISTRATION FOR COMMUNITY LIVING, ACL AND YOU HAVE BEEN SUPPORTING AGING AND DISABILITIES PARTNERS IN DEVELOP THESE RELATIONSHIPS IN THE HEALTHCARE SECTOR, PARTICULARLY IN IT'S FUNDING SUPPORT OF THE AGING AND DISABILITY BUSINESS INSTITUTE, AB -- IT'S THE ADBI AS AN ACRONYM.

10:34:20 HOW DO YOU SEE THIS AND OTHER FEDERAL EFFORTS REALLY ALIGNING NOW WITH CALAIM? AND HOW WE MIGHT TAKE ADVANTAGE OF THESE RESOURCES AT THE STATE LEVEL?

10:34:31 >> GREAT. THANK YOU, SARITA AND THANK YOU TO CDA FOR THE INVITATION TO PARTICIPATE IN TODAY'S WEBINAR. IT'S GREAT TO SEE THE CROWD THAT YOU HAVE ON THE LINE.

10:34:55 I HAVE THE PRIVILEGE TO SERVE AS THE PROJECT OFFICER FOR CALIFORNIA'S ADRC WITH THE CARES ACT GRANT. THERE WAS A QUESTION ABOUT HOW DOES THE ADRC SYSTEM INTERFACE WITH CALAIM, AS WELL AS FOUNDATION TO STRENGTHEN THEIR INFRA STRUCTURE AS THEIR ROLE AND I WILL SHARE MORE ABOUT WHAT A NETWORK LEAD IS IN JUST A MOMENT.

10:35:03 SO AS YOU NOTED, I SIT WITHIN ACL CENTER FOR INNOVATION OF PARTNERSHIPS SPECIFICALLY AS A TEAM LEAD WITHIN OUR OFFICE OF NETWORK ADVANCEMENT.

10:35:25 SO OUR OFFICE HAS THE ADRC NO WRONG DOOR INITIATIVE AS WELL AS WHAT WE HAVE TRADITIONALLY CALLED OUR BUSINESS INITIATIVE AND THAT'S AN EFFORT THAT IN COLLABORATION WITH PRIVATE FOUNDATIONS AND OTHER NATIONAL PARTNERS PROVIDES AGING AND DISABILITY NETWORKS WITH THE TOOLS THEY NEED TO SUCCESSFULLY PARTNER AND CONTRACT WITH THE HEALTHCARE SECTOR.

10:35:50 SO WE KNOW THAT AAAS INDEPENDENT LIVING CENTERS AND OTHER AGING AND DISABILITY CBOs IN OUR NETWORKS ARE EXPERT AT DELIVERING SOCIAL CARE CENTERS, PARTICULARLY FOR THOSE HIGH NEED HIGH COST COUPLING WITH FUNCTIONAL LIMITATIONS. WE ARE KNOWN AND WE ARE TRUSTED IN OUR COMMUNITIES AND WE HAVE BEEN ADDRESSING SOCIAL NEEDS FOR DECADES.

10:36:06 THIS IS OUR REAL HOUSE SO CALAIM PRESENTS A TERRIFIC OPPORTUNITIES FOR CBOs LIKE AAAS AND ILCs TO PARTNER WITH MANAGED CARE PLANS, TO ADDRESS THOSE SOCIAL NEEDS AND PARTICULARLY THROUGH THE ECM AND THE COMMUNITY SUPPORTS COMPONENTS.

10:36:36 SO NATIONALLY WE KNOW THAT AGING -- SORRY -- THE AGING AND DISABILITY NETWORK IS CONTRACTING WITH HEALTHCARE TO PROVIDE SERVICES. THE MOST RECENT REQUEST FOR INFORMATION, WHICH IS A NATIONAL STUDY THAT THE AGING AND DISABILITY BUSINESS INSTITUTE, WHICH IS HOUSED AT US AGING FIELDS ALONG WITH THESE SCRIPTS GERONTOLOGY AND IS CURRENTLY CONTRACTING AND ANOTHER 12% ARE PURSUING CONTRACTS.

10:36:55 SO CLEARLY THERE IS MOVEMENT IN THIS DIRECTION AND THOSE SURVEY RESPOND DENTS INCLUDE OTHER CBOs AND WE ARE ALSO SEEING THE MOST COMMON SERVICES THAT ARE PROVIDED THROUGH CONTRACTS REALLY LINE UP WELL WITH WHAT IS INCLUDED IN CALAIM.

10:37:10 SO THOSE ARE SDHO ASSESSMENT, CASE MANAGEMENT AND NUTRITION PROGRAMS AND HOME CARE AND ADDITIONALLY THE MOST COMMON TYPE OF HEALTHCARE CONTRACTING PARTNER ARE MEDICAID MANAGED CARE PLANS.

10:37:18 SO THERE IS ALREADY A WEALTH AND BREADTH OF KNOWLEDGE ACROSS THE NATIONAL AGING AND DISABILITY NETWORK IN THIS SPACE.

10:37:31 SO TO BE SURE, HEALTH CARE CONTRACTING HAS A SIGNIFICANT CULTURE AND BUSINESS CHANGE FOR MANY CBOs AND I THINK ELI REALLY TOUCHED ON THAT AND THEN TOUCHED ON IT A BIT IN HIS REMARKS AS WELL.

10:37:42 SO ORGANIZATIONS THAT RESPONDED TO THAT SAME NATIONAL STUDY, ALSO, INDICATED THAT THERE ARE SOME REALLY SIGNIFICANT POSITIVE CHANGES THAT RESULTED FROM THIS CONTRACTING.

10:37:50 SO A COUPLE OF THEM WORK POSITIONING THE AGENCY AS A VALUABLE HEALTHCARE PARTNER. ANOTHER ONE WAS INCREASING THE NUMBER OF PEOPLE SERVED.

10:38:22 SO BY HAVING THESE HEALTHCARE CONTRACTS, THEY WERE ABLE TO ENHANCE THEIR MISSION AND INCREASE THE PEOPLE WHO THEY WERE SERVING. AND THEN OF COURSE, OBTAINING FUNDING FROM NEW SOURCES. SO THERE IS NEVER ENOUGH MONEY, I THINK, FROM OUR FORMULA, FROM OUR DISCRETIONARY GRANTS AND OTHER SOURCES OF FUNDRAISING TO MEET THE NEED OF THE COMMUNITY AND HAVING THOSE AND THAT CONTRIBUTED TO ENHANCING THE ORGANIZATION'S SUSTAINABILITY OVERALL.

10:38:36 I ALSO WANT TO POINT OUT THAT SAME SURVEY FOUND THAT THE PROPORTION OF CBOs THAT ARE CONTRACTING AS PART OF A NETWORK SO VERSUS AS AN INDIVIDUAL INDEPENDENT ORGANIZATION HAS DOUBLED OVER THE PAST FIVE YEARS.

10:39:02 AND THAT'S REALLY IN LINE WITH WHAT WE HAVE BEEN SUPPORTING WITHIN ACL. WE KNOW THAT NOT ALL COMMUNITY-BASED ORGANIZATIONS ARE PREPARED TO ENTER INTO A CONTRACT WITH THE HEALTHCARE ENTITY. THERE ARE A NUMBER OF CHALLENGES. LIKE LEGAL REVIEW, PRIVACY REQUIREMENTS, TECHNOLOGY REQUIREMENTS, FINANCIAL MANAGEMENT SYSTEMS AND MAKING BARGAINING FOR SOME COMMUNITY-BASED ORGANIZATIONS.

10:39:15 HEALTHCARE ENTITIES INDICATED THAT THEY PREFER SINGLE CONTRACTS WITH THE LEAD ORGANIZATION THAT CAN MANAGE THESE LOGISTICS LIKE COMPLIANCE, PERFORMANCE, QUALITY ASSURANCE BUILDING, ET CETERA.

10:39:33 WHAT WE HAVE REALLY TEATHERED OUR SUPPORT AROUND ACL AROUND IS THE COMPONENT OF A NETWORK LEAD ENTITY, OR NETWORK HUB. SO THIS ORGANIZATION SERVES AS A BACKBONE FOR A BROADER NETWORK AND OFFERS ONE-STOP CONTRACTING FOR MULTIPLE INTERVENTIONS.

10:39:53 ER THEN SPOKES ARE VARIOUS COMMUNITY PARTNERS THAT DELIVER ON A RAY OF SERVICES ACROSS THE GEOGRAPHY.

10:40:06 THIS IS MORE EFFICIENT MODEL IN MANY RESPECTS ALLOWS ALL CBO WITHIN A GEOGRAPHY TO PARTICIPATE WITHOUT BARRIERS THAT I NOTED EARLIER ARE ASSOCIATED WITH CONTRACTING.

10:40:25 AS I MENTIONED EARLIER, WE ARE FUNDING 12 GRANTEEES ACROSS THE COUNTRY. ONE IS PARTNERS IN CARE. I KNOW THE NETWORK EXTENDS ACROSS THE STATE OUTSIDE OF THE SOUTHERN PART OF THE STATE.

10:40:27 I ENCOURAGE YOU TO THINK ABOUT A NETWORK BASED APPROEF.

10:40:42 WE DO HAVE SOME TECHNICAL ASSISTANCE THAT WE PROVIDE ON NETWORK DEVELOPMENT.

10:41:03 SO PLEASE FEEL FREE TO REACH OUT TO ME IF YOU HAVE AN INTEREST THERE. SPEAKING OF TECHNICAL ASSISTANCE, I DO WANT TO HIGHLIGHT THE ROLE OF THE AGING AND DISABILITY BUSINESS INSTITUTE. YOU MENTIONED THAT IN YOUR QUESTION, HOUSED AT US AGING, FORMALLY THE NATIONAL AREA.

10:41:37 WE SUPPORT THE INSTITUTE, AND THE SCAN FOUNDATION HERE IN CALIFORNIA SUPPORTS IT AS WELL. WHETHER YOUR CONTRACTING IS PART OF THE CBO OR NETWORK, THE BUSINESS INSTITUTE HAS A TON OF RESOURCES AVAILABLE TO SUPPORT YOUR PARTNERSHIPS. I WILL DROP THE LINK TO THE WEBSITE IN THE CHAT IN A MINUTE. THEY REGULARLY HOST WEBINARS.

10:41:58 EVEN OFFER OPPORTUNITIES FOR MORE IN DEPTH TECHNICAL ASSISTANCE THROUGH LEARNING COLLABORATIVES, FOR EXAMPLE HOSTING ONE DOWN. (INAUDIBLE).

10:42:15 WITH THE MEDICAID MANAGED CARE ORGANIZATIONS TO PROVIDE THE SERVICES THAT ARE CORE TO WHAT YOU ALL DO EACH AND EVERY DAY. THIS IS REALLY KS SITING DELIVERY SYSTEM TRANSFORMATION, I KNOW AT A FEDERAL LEVEL WE ARE WATCHING AND EAGER TO SEE HOW IT UNFOLDS

10:42:32 >> THANK YOU SO MUCH. THAT WAS WONDERFUL, PERFECT, REALLY YOU OUT LINED, AND OFFERED REALLY IMPORTANT INFORMATION AGENT THE AGING AND DISABILITY RESEARCH INSTITUTE AND LEAD ENTITY.

10:42:52 THE FACT I THOUGHT THAT WAS REALLY IMPORTANT TO RECOGNIZE, YOU ARE SEEING A GROWTH IN CONTRACTING, BASED ON THE SURVEY THAT THE DISABILITY INSTITUTE, BUSINESS INSTITUTE DID, SO, THAT IS, AND IS A LOT OF WORK. AND TECHNICAL ASSISTANCE SEEMS TO BE AVAILABLE, THAT IS GOOD TO HEAR.

10:43:11 WITH THAT, ANWAR, YOU ARE BACK, THIS IS A NICE SEG WAY GIVEN HER FRAMING AND THE FACT YOU ARE A NETWORK LEAD ENTITY. WE WOULD LOVE TO HEAR YOUR THOUGHTS ON THE QUESTION I POSED EARLIER ABOUT WORKING ACROSS THE HEALTH PLAN AND LONG-TERM SERVICES AND SUPPORTS.

10:43:27 >> SORRY ABOUT THAT TECHNICAL DIFFICULTY, I HOPE ANY FROZEN FRAME WAS A GOOD ONE. (CHUCKLE) SO, TO ANSWER YOUR QUESTION I THINK WHAT WE NEED IS ONGOING COMMUNICATION EDUCATION AND ENGAGEMENT WITH STAKEHOLDERS, JUST LIKE THIS ONE.

10:43:40 PROVIDING ONGOING TRAINING AND EDUCATIONAL UPDATES ON CAL AIM AND HOW WE CAN OFFER PROVIDERS WAYS TO COORDINATE WITH THE LOCAL CARE MANAGED CARE HEALTH PLANS.

10:43:48 DISCUSS BEING ECM PROVIDERS, COMMUNITY SUPPORTS PROVIDERS WHO HELP INTEGRATE SERVICES WE PROVIDE TO THE COMMUNITY.

10:44:12 LEARNING MORE HOW AGING AND DISABILITY PROVIDERS CAN GET INVOLVED WITH CAL AIM DIRECTLY AND INDIRECTLY. ESPECIALLY OUR COUNTY AAAS, CBAS CENTERS AND MSSP PROVIDERS AND OTHER HOME AND COMMUNITY BASED SERVICE PROVIDERS WHO ARE REALLY EXPERS IN PROVIDING THESE SERVICES.

10:44:35 REMINDER, CAL AIM INITIATIVE MANDATES CONTRACTING WITH COMMUNITY SUPPORT OR COMMUNITY BASED ORGANIZATIONS WHO ARE REAL, THE REAL GROUND LEVEL EXPERTS. WE HAVE WORKEDED SO HARD FOR MANY YEARS TO BE RECOGNIZED AS THE LEADERS WHO MAKE IMPACT IN ADDRESSING KEY HEALTH DISPARITIES.

10:44:40 WE ARE EXPERTS IN ADDRESSING SOCIAL DETERMINING OF HEALTH.

10:45:06 NOT ONLY STOPPING THERE, ALSO LEADING COORDINATION OF CLINICAL AND HEALTH NEEDS OF THE COMMUNITIES. BECOMING ENHANCED CARE MANAGEMENT FOR VIEDER OR COMMUNITY SUPPORT PROVIDER IS A GREAT WAY TO EXPAND THE AGENCY'S SCOPE, BUILD THAT INTEGRATED SYSTEM OF HEALTH DELIVERIES, BE PART OF THE SOLUTION TO CLOSE THE MANY GAPS WE HAVE IN OUR HEALTH DELIVERY SYSTEM.

10:45:12 AND BE PART OF THE DESIGN TO OPTIMIZE CARE COORDINATION THROUGH THE HEALTH DELIVERY SPECTRUM.

10:45:26 BUILD ON THE TALENT AND KNOWLEDGE THAT HAS BEEN THE STAPLE OF OUR AGENCIES IN OUR COMMUNITIES FOR MANY, MANY YEARS AND MAINTAIN THAT LOCAL KNOWLEDGE AND EXPERTISE.

10:45:45 COMPLIMENT OTHER WRAP AROUND SERVICES THAT YOU MAY BE ALREADY OFFERING. ALSO HELPS ENHANCING MORE DIVERSE PROFILE OF THE SERVICES. YOUR AGENCY PROVIDES ALONG WITH THE ABILITY TO USE CAL AIM PROGRAMS TO EXPEDITE SERVICE DELIVERY.

10:46:09 REMEMBER, THIS IS ALL MADE EASY, WITH ABUNDANT SUPPORT OF STATE AND MANAGED CARE ORGANIZATIONS THROUGH FUNDING AND INCENTIVE FUNDING. WHICH ALSO HELP SUPPORT YOUR AGENCY IN BUILDING THE CAPACITY FUNDING AND STAFFING ACTIVITIES AND TRAINING AND PURCHASE OF EQUIPMENT.

10:46:40 THAT IS A HUGE HELP. YOU SEE THE EFFORT AND FUNDING THAT IS BEING PROVIDED TO ALL STORERS TO MAKE THIS INITIATIVE WORK. AND ALSO THE MANAGED CARE HEALTH PLANS REALLY DO PROVIDE SO MUCH SUPPORT. HAND HOLDING AND TRAINING, NOT JUST SAYING HERE IS A CONTRACT, GOOD-BYE, SEE YOU LATER. AND JUST BEEN TALKING TO REALLY THE COMMUNITY BASED ORGANIZATIONS BUT, I WANTED TO POINT OUT.

10:46:54 FOR OUR FRIENDS AT THE LOCAL PLANS, MAKE SURE YOU HAVE DIVERSE POOL OF ENHANCED CARE MANAGEMENT AND NETWORK PROVIDERS.

10:47:14 ESPECIALLY ENHANCED CARE MANAGEMENT, DON'T EXTEND ECM TO YOUR CURRENTLY CONTRACTED PROVIDERS BECAUSE IT'S EASY, IN ORDER TO HELP CONTRIBUTE TO THE SUCCESS OF CAL AIM, I FEEL THAT MANAGED CARE ORGANIZATIONS NEED TO BUILD A NETWORK OF PROVIDERS WHO CAN ADDRESS THE DIVERSE NEEDS OF POPULATION OF FOCUS.

10:47:43 INCLUDING HOMELESSNESS. EXPERTS, I ALSO WANT TO END BY OFFERING BY AVAILABILITY FOR THOSE WHO REALLY WANT TO TALK AND LEARN A LITTLE BIT MORE ON HOW WE BECAME CAL AIM COORDINATORS AND PROVIDERS. TO HER POINT, YES, WE ARE A STATEWIDE NETWORK. I'M HAPPY TO DISCUSS THAT WITH ANY STAKEHOLDERS.

10:47:59 >> FANTASTIC. AND YOU KNOW, I THINK YOUR INITIAL, AND THROUGH OUT YOUR COMMENTS THE AREA AROUND ONGOING ENGAGEMENT I THINK RESONATED WITH SOME OF THE FOLK INS THE AUDIENCE.

10:48:19 I HAVE SEEN COMMENTS IN THE CHAT. LIKE ONE FROM MARTY, SAID MISTAKES WILL BE MADE, THINGS OVER LOOKED, ONGOING ENGAGEMENT CAN HELP PROBLEMS, AND FOCUS ON UNINTENDED CONSEQUENCES OR UNEXPECTED CRISIS.

10:49:00 THINKING THAT IS CRITICAL AND I THINK YOU HIGHLIGHTED THE IMPORTANT ASPECT OF ANOTHER THING WE SHOULD TALK ABOUT MORE. ABOUT THE YOU KNOW, NETWORK BUILDING THAT PLANS NEED TO ACCOMPLISH. AND DIVERSE NETWORK BUILDING THAT IS NECESSARY TO ADDRESS THE DI V. NEEDS OF THE POPULATION. SO THAT WAS SOMETHING THAT I, I ALSO TOOK AWAY. SO, THANKS AGAIN FOR THAT. WELL, GREAT, NEXT I HAVE MICHAEL HERE. QUESTION FOR YOU. EXECUTIVE DIRECTOR FOR THE CALIFORNIA ASSOCIATION OF AREAS OF AAAS.

10:49:02 YOU ARE PLAYING A LEADERSHIP ROLE.

10:49:19 IN BUILDING CAPACITY ACROSS THE AREAS PARTNERS, WHAT ARE YOUR THOUGHTS ON THE ROLES THAT AREA ASIS PLAY MOVING FORWARD AS YOU HEARD OTHER COMMENTS, COMMENTS FROM OTHER PANELISTS.

10:49:35 >> THANK YOU IT'S GOOD TO BE HERE. I THINK THAT CAL AIM IS A GREAT OPPORTUNITY FOR AAAS AND THEIR COMMUNITY PARTNERS TO KIND OF ATTAIN TO PRIME DIRECTIVE FOR AAAS.

10:50:00 ESTABLISHED BACK IN THE 70'S, AND BASICALLY STILL THE PRIME DIRECTIVE, TO HELP OLDER ADULTS MAINTAIN INDEPENDENT AND LIVE IN THE COMMUNITY. AND OVER THE YEARS THERE'S BEEN A NUMBER OF SERVICES, CORE VER SERVICES THAT HAVE BEEN GIVEN TO AAAS TO PERFORM, STARTING WITH THE OLDER AMERICANS ACT.

10:50:16 CONTINUING WITH THE OLDER CALIFORNIANS ACT. AND THEN A SERIES OF MEDICAID WAIVERS AND OTHER FEDERAL PROGRAMS, SO THAT AAAS TODAY AND PARTNERS ACTUALLY, I WOULD ARGUE ARE ALREADY OFFERING A NUMBER OF COMMUNITY SUPPORTS.

10:50:42 AND I WILL TAKE A COUPLE OF EXAMPLES, I THINK IF YOU LOOK AT MEDICALLY TAILORED MEALS AND SUPPORTED MEALS, HOME MODIFICATIONS, HOMEMAKER AND PERSONAL CARE, HOUSING SUPPORTIVE SERVICES, REFERRAL AND REPLACEMENT, AND CAREGIVER RESPITE SERVICES YOU ARE REALLY TALKING ABOUT WITH A LITTLE SPEAKING AT POINTS, SERVICES THAT ARE ALREADY OFFERED BY THE AAA NETWORK AND THEIR CONTRACTED PARTNERS.

10:51:16 THE CHALLENGE HERE IS THAT THERE IS NO UNIFORM SERVICE OFFERING ACROSS CALIFORNIA. SO AAAS VARY, AND THEIR PARTNERS VARY BY COUNTY IN TERMS OF WHAT THEY ACTUALLY OFFER. SO ONE OF THE REASONS I THINK I WAS HIRED, I AM GOING TO HEAR ABOUT IT AT MY ANNUAL REVIEW. WHAT HAVE I DONE TO EDUCATE MY MEMBERS ABOUT THE OPPORTUNITIES OUT THERE. NOT ONLY WITH CAL AIM BUT ALSO WITH MEDICARE ADVANTAGE AND OTHER OPPORTUNITIES.

10:51:53 WE ARE TAKING STEPS NOW INTERNALLY, GOING THROUGH EDUCATION PROJECT AROUND THE OPPORTUNITIES. WHICH THEN WILL LEAD TO A BUSINESS PLANNING PROJECT THAT REALLY WILL HELP US AS A GROUP OF AAAS MAKE A DECISION ABOUT WILL OR NOT WE SHOULD GO INTO NETWORK DEVELOP. WE ARE GOING THROUGH THIS PROCESS, STEP-WISE PROCESS, MAKE GOOD DECISIONS AROUND THAT, AS SAID, DEVELOPING A E-NETWORK TAKES A LOT, THERE ARE A LOT OF SURPRISES THAT HAPPEN ALONG THE WAY.

10:52:17 SO, WE WANT TO DO THAT, AT THE SAME TIME IN THE SHORT RUN, WE NEED TO IMPLEMENT A TA PROJECT. I THINK FOR OUR MEMBERS TO HELP BRING A LOT OF THEM UP TO SPEED AROUND CONTRACTING AND HAVING THAT CONVERSATION, AND ALSO MAKING SURE THE SERVICE DELIVERY IS AT A POINT THEY HAVE SOMETHING TO NEGOTIATE WITH THE HEALTH CARE PLAN.

10:52:45 SO WE ARE DOING THAT AS WELL. THAT'S THE PRINCIPLE CHALLENGE, HOW DO WE OFFER, HOW DO WE HAVE A SERVICE OFFERING TO BRING TO MANAGED CARE, AND SAYS OKAY, IT'S LOGICAL TO CONTRACT WITH THE AAA AND THEIR COMMUNITY PARTNERS. IT'S A JOINED EFFORT BY THE WAY, WE HAVE ESTABLISHED RELATIONSHIPS WITH A NUMBER OF COMMUNITY PARTNERS THAT EXISTED FOR DECADES, I MAKE THE ART WE ARE ALREADY A NETWORK.

10:53:12 WE ARE A SOCIAL SERVICE DELIVERY NETWORK THAT IS THERE. THE CHALLENGE WITH HEALTH CARE, OVER THE DECADES, SINCE THE 70'S, YOU HAD A DEVELOPMENT OF THE SOCIAL SERVICE NETWORK, REPRESENTED BY THE AAAS AND PARTNERS. AND YOU ALSO HAD A DEVELOPMENT OF THE HEALTH CARE NETWORK, TODAY, THE PROVIDER NETWORK IS DIFFERENT THAN 40 YEARS AGO. AND THEY BOTH DEVELOPED OVER TIME WITHOUT REALLY HAVING A LOT OF CROSS TALK.

10:53:40 SO, GETTING TO THE LANGUAGE ISSUE, YOU KNOW, I THINK IT IS IMPORTANT FOR US, IT'S A WAY OF US HAVING A CONVERSATION WITH HEALTH CARE. AND REALLY REALLY UNDERSTANDING WHERE WE ARE THINKING ALONG THE SAME LINES. ALSO IN SUBTLE WAYS WE HAVE DIFFERENT ATTITUDES. AND I USE THE TERM CASE MANAGEMENT AS AN EXAMPLE OF THAT, IF YOU TALK TO HEALTH CARE PROVIDER.

10:54:05 ASK THEM WHAT THEY MEAN BY CASE MANAGEMENT AND TALK TO A SOCIAL SERVICE PROVIDER, YOU HAVE A SOMEWHAT DIFFERENT DEFINITION. AND I MAKE THE ARGUMENT THAT IF WE ARE GOING TO REALLY MAKE HEADWAY WITH HEALTH CARE PLANS AND PROVIDERS, THAT WE HAVE TO COME TO A MUTUAL AGREEMENT ABOUT EXPANDED VIEW. EXPANDED DEFINITION OF CASE MANAGEMENT. THAT REALLY ALLOWS FOR CONTINUUM OF CARE.

10:54:32 THAT THE PEOPLE WE CARE ABOUT WHICH ARE OLDER ADULTS, THAT ACTUALLY PROVIDES THAT CONTINUUM. SO THAT'S GOING TO BE A DIALOGUE THAT IS GOING TO TAKE SOME TIME. AND THAT'S A CHALLENGE, BUT I THINK OF IT AS SUCCESS FACTOR, AS SOMETHING WE CAN DO. THERE'S A FAILURE FACTOR IN ALL THIS, I COME OUT OF HEALTH CARE BACKGROUND AND NEGOTIATING AROUND GETTING REIMBURSEMENT AND PAYMENT FOR NEW SERVICES.

10:54:54 I THINK THERE'S AN ISSUE THERE WHEN TALKING TO PLANS INITIALLY AROUND NEW SERVICE OR NEW CONTRACTED SERVICE. THAT'S REALLY HOW DO YOU ESTABLISH REIMBURSEMENT RATE AND PAYMENT RATE, THAT ACTUALLY CAPTURES THE VALUE OF WHO WHAT YOU ARE PROVIDING.

10:55:23 USUALLY IT TAKES TIME, NOT GOOD DATA TO START, PEOPLE ARE GOING AFTER OR USING GUIDANCE THAT PERHAPS IS AN ACT FOR A PARTICULAR THINGS, SAY A MEAL. THERE'S GOING TO BE A DIALOGUE THERE, I ENCOURAGE FOLKS IN THAT DISCUSSION NOW, OR PLAN TO BE WITH THE LOCAL HEALTH CARE PLAN THAT IT'S VERY IMPORTANT TO DO EVERYTHING YOU CAN TO OBTAIN ADEQUATE PAYMENT FOR SERVICES YOU ARE OFFERING.

10:55:48 I WILL NEVER ADVOCATE TO MY MEMBERS THEY GO IN AND PROVIDE SERVICES, I DON'T THINK CBO'S CAN DO THAT AND AAAS CAN DO THAT. AND WE ALWAYS HAVE TO BE CONCERNED ABOUT THAT. AND I THINK THAT THAT IS AN ISSUE THAT HAS YET TO BE PROBABLY FULLY REALIZED BY FOLKS.

10:56:21 >> THANK YOU SO MUCH, YOU HIGHLIGHTED ON THINGS, CHALLENGES AND OPPORTUNITIES, WHAT KIND OF SUPPORTS, AAAS AND OTHER ORGANIZATIONS REALLY NEED TO BE ABLE TO DO THIS EFFECTIVELY, I THOUGHT IT WAS INTERESTING, HOW DO YOU--TWO THINGS ABOUT CASE MANAGEMENT, AND HOW YOU DEFINE THAT BEING CLEAR ON THAT, CAL AIM ENHANCED CASE MANAGEMENT.

10:56:47 AND THE OTHER THING I THINK COMES UP A LOT, A LOT OF FOLKS ARE TRYING TO FIGURE OUT AS WELL, ABOUT HOW YOU DEFINE VALUE, AND YOU KNOW, HOW DO YOU MEASURE THAT, HOW DO YOU SUBSTANTIATE THE RATE SETTING AND ALL THOSE THINGS BASED ON THE VALUE OF THE SERVICE THAT IS PROVIDED, SO, WELL, I CAN TELL YOU, YOU ALL HAVE STIMULATED SOME ACTIVE DIALOGUE DISCUSSION IN THE CHATS.

10:57:21 YOU KNOW, I WILL ENCOURAGE ACTUALLY, WE ARE ACTUALLY FOR THIS WEBINAR, ENCOURAGING, IF YOU WANT TO STATE YOUR QUESTION, AUDIENCE, FEEL FREE TO RAISE HAND, WE WILL SEEK YOU OUT AND HAVE YOU ASK THE QUESTION, WE WANT TO MAKE THIS AS INTERACTIVE AS POSSIBLE. BEFORE I GO TO SOME OF THE QUESTIONS THAT THE AUDIENCE POSED. ANY QUESTIONS THAT PANELISTS MIGHT HAVE FOR THEIR FELLOW PANELISTS ON THIS CALL ON THIS WEBINAR BEFORE I GO TO THE QUESTIONS IN THE CHAT?

10:57:46 WE READY TO GO, DIVE RIGHT IN? OKAY, DO THAT, I THINK IT WILL ENGENDER DIALOGUE, SO ONE OF THE QUESTIONS THAT ACTUALLY WE ARE SEEING A LOT OF QUESTIONS ON HOW TO BUILD A

NETWORK AT THE LOCAL LEVEL. KIND OF REENFORCING THE TECHNICAL ASSISTANCE, IMPORTANCE OF TECHNICAL ASSISTANCE.

10:58:17 LOCAL PARTNERS WANT TO, WOULD BE WELL SUITED TO ENGAGE WITH OTHER LOCAL PROVIDERS AND FIND OUT WHAT IS THE LOCAL NETWORK CURRENTLY AND HOW THEY MIGHT ENGAGE, YOU KNOW, WHILE ALSO EXPLORING RESOURCES THROUGH THE AGING AND DISABILITY BUSINESS INSTITUTE. MAYBE I DON'T KNOW, START WITH YOU AND OTHERS CHIME IN, HOW DOES, OR HOW DO YOU REALLY START TO ENVISION OR BUILD THIS KIND OF LOCAL NETWORK WITH OTHER PARTNERS AS YOU EVEN DISCUSSED CREATION OF THESE HUBS.

10:58:21 SO, LOVE TO HEAR MORE FROM YOU ON THAT.

10:58:56 >> I THINK I WOULD DEFER TO ANWAR TO THE ON THE GROUND EXPERIENCE OF MAKING THIS HAPPEN, I KNOW PARTNERS HAS DONE SO SUCCESSFULLY, I WOULD NOTE I THINK HAVING THAT ADMINISTRATIVE INFRASTRUCTURE, HAVING AN ORGANIZATION THAT HAS RESOURCES, I THINK KIND OF SOME OF IT IS LEADERSHIP APPROVAL, AND LEADERSHIP DIRECTION THAT IS WILLING TO TAKE ON THAT ROLE. I KNOW IT'S HARDER IN SOME ORGANIZATIONS THAN OTHERS, ESPECIALLY DEPENDING IF YOU SIT IN A COUNTY OR GOVERNMENTS.

10:59:38 WHAT TYPE OF ORGANIZATIONS CAN BE MORE CHALLENGING, I THINK SOME OF IT IS RESOURCES, LEADERSHIP SUPPORT TO TAKE THAT ON AND JUST THE ABILITY TO DEVELOP THAT ADMIN STRAY TOIF INFRA STRUCTURE THAT ALLOWS FOR INVOICING, PAYMENT, QUALITY PIECES, IS THERE AN ORGANIZATION THAT IS PART OF THE BROADER CATCHMENT AREA THAT CAN BE ELEVATED TO FILL THAT ROLE AND THEN SO MUCH OF IT, TOO, IS PARTNERSHIP DEVELOPMENT. AND THERE'S DIFFERENT TYPES OF MODELS IN TERMS OF HOW THIS WORKS, SOME ARE MOR.

10:59:59 THAT CENTRAL ORGANIZATION, HAS A SPECIFIC ROLE, THEY ARE WORKING IN TANDEM WITH THEIR PARTNERS, NOT DIRECTING PARTNERS, IT'S NOT IN AUTHORITARIAN TYPE OF RELATIONSHIP WHERE I AM YOU KNOW, NETWORK LEAD ENTITY AND YOU ARE MY VENDERS DOING THE WORK.

11:00:13 BUT REALLY COLLABORATIVE RELATIONSHIP, I THINK THAT PROCESS IS EQUALLY IMPORTANT, IN TERMS OF MAKING SURE THE NETWORK IS ON THE SAME PAGE AND EVERYONE IS SUPPORTED AND PART OF SOMETHING BIGGER.

11:00:19 EQUALLY PARENT AS ADMINISTRATIVE PIECES THAT ARE BUILT INTO HOW THAT FUNCTIONINGS.

11:00:24 I WOULD DEFER TO YOU ON HOW THAT HAS HAPPENED WITHIN PARTNERS IN CARE.

11:00:53 >> I THINK YOU REALLY CAPTURE EVERYTHING WELL, PARTNERS IN CARE, LIKE MICHAEL MENTIONED EARLIER, IT'S BEEN QUITE DIFFICULT WHEN WE STARTED THIS OVER TEN YEARS AGO. AND WE DO HAVE A STATEWIDE NETWORK OF COMMUNITY BASED ORGANIZATIONS NOW. AND WE ALSO HAVE AN ACTIVE ECM NETWORK RIGHT NOW IN SAN DIEGO WITH A GREAT WONDERFUL PARTNER.

11:01:25 AND ALSO IN THE INLAND EMPIRE, AND WE ARE ES TLASHING ONE RIGHT HERE IN LA, WORKING WITH A GOOD FRIEND OF MINE THAT HAS A LOT OF EXPERTISE IN ADULT DAY HEALTH CARE CENTERS, AMANDA FROM ADHC SOLUTIONS. AND ONE OF THE KEY THINGS HERE IS REALLY MAKING SURE THAT WE HAVE EXPERTS THAT HAVE ALWAYS BEEN ABLE TO PROVIDE SERVICES AND HAVE REALLY GREAT TRACK RECORD.

11:01:36 AND PROVIDING SERVICES AND ALSO WORKING WITH MANAGED CARE HEALTH PLANS TO MAKE SURE WHAT IS OUR TARGET POPULATION FOR THIS SPECIFIC AREA.

11:02:04 WHAT IS THE VOLUME EXPECTATIONS, BECAUSE WE NEED TO ALSO MAINTAIN THE ACTUAL VOLUME. AND REALLY THEN TARGET THAT AND WORK HAND IN HAND WITH THE HEALTH PLANS TO REALLY MAKE OUR NETWORK SUCCESSFUL, AND THEY HAVE BEEN SUCCESSFUL, AND JUST LIKE WAS SAID, WE HAVE WORKED ON A VERY SOPHISTICATED SALES FORCE ECM SOFTWARE SYSTEM.

11:02:34 THAT CAN PROVIDE ENCOUNTER DATA, WE HAVE A VERY SOPHISTICATED ENGAGEMENT CENTER LED BY MY COLLEAGUE'S I FILIATE, BECAUSE OF THAT TECHNOLOGY AND KNOWLEDGE AND EVEN RELATIONSHIPS WE HAVE WITH THE STATE, MANAGED CARE HEALTH PLANS AND EVEN IF PLAN ASSOCIATIONS IS REALLY MADE US KEY TO A SUCCESSFUL NETWORK SERVICE PROVIDER.

11:03:06 >> THAT'S GREAT, THAT WAS VERY HELPFUL AND I THINK TO HEAR HOW YOU KNOW, LOGISTICS OF APPROACHES YOU HAVE TAKEN IN DEVELOPING THESE NETWORKS IS KEY, YOU KNOW, I GUESS, BEN, FROM THE HEALTH PLAN SIDE AS YOU HEAR ABOUT YOU KNOW, THE NETWORKS AND, KIND OF THE HUB AND SPOKE CONCEPT THAT WAS REFERENCED, WHAT, WHAT IS THE HEALTH PLAN FROM THEIR VANTAGE POINT, WHAT DO YOU SEE AS THE OPPORTUNITIES OR QUESTIONS ABOUT THESE NETWORK LEAD ENTITY MODELS

11:03:13 I THINK YOU MIGHT BE ON MUTE. THANK YOU.

11:03:42 >> DEFINITELY APPRECIATE THE SUPPORT PROVIDED AT VARIOUS ORGANIZATIONS, BECAUSE IT'S DIFFERENT TO SOME FOLKS TO CONTRACT WITH HEALTH PLANS, MAY NOT BE FAMILIAR WITH NPI NUMBERS, MAY NOT HAVE TECHNOLOGY AVAILABLE TO ENSURE THAT E-MAILS ARE ENCRYPTED AND THINGS LIKE THAT. SUBMITTING CLAIMS AND ENCOUNTER DATA AND THAT CAN BE, SOUNDS INTIMIDATING BUT REALLY HAVING THE RIGHT TECH NLG.

11:03:53 TECHNOLOGY, I THINK AT FIRST THE TERMS AND WORDS ARE FOREIGN BUT REALLY IT'S ABOUT HAVING A SECURE SYSTEM IN ORDER FOR US TO XHOON KATE.

11:04:14 TAKING ADVANTAGE OF THE PROGRAMS KS PATH, BUSINESS INSTITUTE, AND RELATIONSHIPS HERE, PIONEERED OR HAVE RELATIONSHIPS WITH HEALTH PLANS AND TALKING TO THEM TO SHARE THEIR EXPERIENCE. AND OF COURSE HEALTH PLANS CAN ALSO SHARE OUR EXPERIENCES WITH OTHERS.

11:04:35 BUT WE WERE LUCKY ENOUGH TO START WITH ROLLING START, ALSO THE AGING AND DISABILITY RESOURCE CENTER, I THINK IF YOU HAVE THOSE PARTNERSHIPS WITH AAAS AND ADRCS, THAT WOULD BE A GOOD START AND PLACE TO GO TO FIND MORE SUPPORT IN FORMING RELATIONSHIPS AND GETTING READY TO PROVIDE SERVICES.

11:04:38 >> CAN I ADD SOMETHING THERE?

11:04:39 >> OF COURSE, PLEASE.

11:04:55 >> I WAS THINKING ABOUT WHAT MICHAEL WZ SAYING ABOUT IDENTITY FIING COSTS. AND I USED TO WORK WITH THE PROGRAMS.

11:05:21 MOST CHALLENGING THING IS IDENTIFY A COST FOR THE PROGRAM AND DIFFERENTIATE BETWEEN COST AND PRICE, BECAUSE THEY ARE DIFFERENT. I THINK JUNE PARTNERS, WOULD SAY NO

MARGIN AND NO MISSION, (INAUDIBLE). SO, THEN I AM WONDERING FROM A NETWORK PERSPECTIVE, BECAUSE OF THE ECONOMY OF SCALE THAT COME WITH THE NETWORK.

11:05:46 YOU HAVE ONE ORGANIZATION THAT HAS TO HOUSE TO TECHNOLOGY, THE SOFTWARE, PAYMENT AND INVOICING, LEGAL REVIEW FOR CONTRACT, THINGS LIKE THAT, COST A LOT OF MONEY, BUT EVERYONE CAN FEED INTO. AND THEN DRIVES DOWN SOME OF THE PER CAPITA PRICE ON YOUR INTERVENTIONS AS WELL. THAT'S A WAY TO MAKE THE AGING NETWORK AND DISABILITY NETWORK MORE COMPETITIVE AS WELL WITH THE PARTNERSHIPS.

11:05:50 SO I JUST WITHIN THE TO MAKE THAT CONNECTION.

11:06:03 >> THAT'S GREAT. I DON'T KNOW IF YOU HAVE ANY ADDITIONAL THOUGHTS TO THAT COMMENT, I KNOW SHE WAS REFERENCING SOME OF YOUR NEXT STEPS AS YOU ARE WORKING WITH THE AREA AGENCIES ON AGING.

11:06:28 >> I THINK THE IMMEDIATE THING IS TO HELP PEOPLE UNDERSTAND THE OPPORTUNITIES AND THEN HELP THEM MAKE DECISIONS ABOUT WHAT THEY WANT TO DO INDIVIDUALLY. ASK THEN WHAT WE WANT TO DO TOGETHER AS ASSOCIATION. AND THEN PROVIDING TA INITIALLY, SOME OF THE AAAS ARE ALREADY OUT CONTRACTING FROM CAL AIM.

11:07:11 YOU KNOW, THERE'S ONE DOING ECM AND MEALS AND THAT'S ALREADY HAPPENING, WELL THE ECM PIECE IS IN DEVELOPMENT AND THEN OTHERS ARE THINKING ABOUT IT AND OTHERS WILL PROBABLY NEVER DO IT. AND I THINK THE PLANNING PROJECT WILL LAY IT OUT. I HAVE DONE IT IN THE PAST, IT'S A BIG DECISION TO DECIDE WHETHER OR NOT YOU WANT TO DO IT YOURSELF, WHETHER YOU WANT TO BE LEAD AGENCY OR HIRE MSO TO LOWER COSTS.

11:07:35 THERE ARE A NUMBER OF DIFFERENT MODELS YOU COULD USE TO MINIMIZE THE COST TO THE PARTICIPANTS AND YOU KNOW THAT'S WHAT THE BUSINESS PLANNING WILL HELP IDENTIFY AND MAKE DECISIONS ON. DOES APPEAR THE LEAD AGENCY MODEL, MR WOULD AGREE, IT'S A GOOD THING TO DO, ALL THINGS CONSIDERED.

11:08:03 >> GREAT THANK YOU FOR THAT, ELI, REFLECTING BACK ON YOUR EXCELLENTS ABOUT CAPACITY BUILDING, YOU WENT THROUGH A PROCESS OF YOU KNOW ASSESSMENT AND BUILDING CAPACITY, AS YOU ARE HEARING ABOUT YOU KNOW, AS WE MOVE IN CAL AIM AND ECM AND YOU KNOW, DOING YOU KNOW, WHAT WOULD BE SOME OF THE THINGS YOU LEARNED IN YOUR CAPACITY BUILDING PROCESS.

11:08:23 I THINK ABOUT AND ASK THIS ABOUT ALL OF YOU, DATA EXCHANGE AND COLLECTING DATA, AND SHARE ACROSS YOUR CON STITCH WENS AND STAKEHOLDERS, IF YOU SHED LIGHT ON HOW IT LOOKS LIKE FOR YOU FOR YOUR LENS

11:08:55 >> THANK YOU FOR OUR ORGANIZATION REALLY STARTED WITH A SELF-ASSESSMENT, WHAT ARE OUR STRENGTHS AND WHERE ARE OUR GAPS, BEING A PEER LED, PERSON-CENTERED INDEPENDENT LIVING CENTER WE HAVE VALUE FROM LIVED EXPERIENCE AND SERVICE DELIVERY MODEL IS AWESOME. WHAT ARE THE AGREEMENTS AND STANDARDS TO MEET THE NEEDS TO CONTRACT.

11:09:46 WHETHER IT'S WITH HEALTH PLAN. EVEN THE SHARED DATA, AND ALL OF THAT HAS TO BE ADDRESSED. TECHNOLOGY MENTIONED EARLIER, YOU TALK ABOUT A ORGANIZATION LESS THAN 20

FTE, BRINGING OUR COMMUNICATIONS DATA BASE UP TO STANDARD WAS CERTAINLY PRIORITY. REALLY DOING A FULL SCOPE ASSESSMENT OF WHERE WE ARE HEADED.

11:09:47 .

11:10:17 I WANT TO SAY THE ABILITY TO WORK WITHIN THE NETWORK IS TREMENDOUS, YOU HAVE THE STRENGTHS OF BOTH THE AAA AND THE INDEPENDENT LIVING CENTER. YOU HAVE DIFFERENT SIZE ORGANIZATIONS FOR DIFFERENT SCALE SET. WORKING TOWARDS THE CORE SERVICES, TRANSITION, SHORT TERM OPTIONS, INFORMATION, ASSISTANCE, ALL OF WHICH INFLUENCE.

11:10:48 ALL OF WHICH ARE OPPORTUNITIES TO BUILD INTO THE CAL AIM ENHANCED CARE MANAGEMENT AND OPPORTUNITIES MOVING FORWARD, SO, IF THERE IS A PLACE TO START, AGAIN, I THINK LOOK AT YOUR EMERGING ADRC, AND START CONVERSATIONS LOCALLY WITH YOUR COMMUNITY PARTNERS, IN MARIN THERE IS A CAL AIM STORER COALITION.

11:11:18 CBO AND COUNTY AND QUALIFIED CENTERS AND SERVICE PROVIDERS ARE MEETING MONTHLY TO EXPLORE HOW WE IN A RELATIVELY SMALLER--TALK ABOUT ECONOMY OF SCALE, COUNTY OF ABOUT 260 THOUSAND, HOW WE CAN POSITION AS A NETWORK TO TAKE ADVANTAGE OF CAL AIM. AND THAT REALLY HAS TO BE COALITION. JUST BASED ON THE SIZE AND CAPACITY OF OUR COMMUNITY.

11:11:27 >> THANK YOU FOR THAT. MICHAEL I SEE YOUR HAND IS RAISED, DID YOU WANT TO ADD TO THIS?

11:12:04 >> I WANT TO BRIEF IS LITTLE BIT, AM I ON? I WANT TO TALK ABOUT THE COST, REALLY UNDERSTANDING COSTS, ELI MENTIONED THE DATA SIDE, AN AREA THAT CAN BECOME A SINK HOLE, IT'S IMPORTANT TO UNDERSTAND THE COSTS OF REQUIREMENTS YOU MAY HAVE TO MEET AROUND THE DATA REPORTING, THERE'S EVEN HIDDEN COSTS AROUND THE COMPLIANCE AND INSURANCE AND LIABILITY AND OTHER STUFF THAT COMES INTO IT.

11:12:19 SO, I JUST SUGGEST THAT BEFORE ANYONE GETS INVOLVED IN THE REQUEST FOR PATH FUNDING THEY REALLY UNDERSTAND WHAT IT IS THEY NEED HELP WITH IN TERMS OF THE INFRASTRUCTURE BUILDS.

11:12:39 >> THAT'S A GREAT, GREAT CALL OUT. I AM CURIOUS, MAYBE OTHERS, HOW DOES SOMEBODY FIGURE OUT WHAT THAT LIST LOOKS LIKE OF ALL POTENTIAL COSTS SO THEY CAN SAY, ALL RIGHT I GOT TO UNPACK WHAT ARE GOING TO BE MY REQUIREMENTS AND LIKE SAID, ASSOCIATED COSTS.

11:13:12 >> AS MICHAEL WAS SPEAKING I WAS LOOKING THROUGH AGING AND DISABILITY BUSINESS INSTITUTE WEBSITE, THINKING GOSH THEY MUST HAVE A CHECKLIST ON THIS, SO THAT IS SOMETHING I AM GOING TO LOOK FOR, AND IF WE CAN FOLLOW UP WITH EVERYONE AFTER, THERE'S A LOT OF RESOURCES. I KNOW THE INSTITUTE HAS MATERIALS WHAT ARE HIDDEN COSTS AS YOU NOTED. THEY ARE GOING TO DRIVE UP THE OVERALL PRICE TAG.

11:13:16 >> ANY THOUGHTS THAT?

11:13:48 >> YES, WE CAN PROVIDE YOU WITH SOME OF OUR BULLET POINTS, BUT, YES, REALLY HAS A LOT TO DO WITH THE WRITING OF THE SOFTWARE, THE OUTREACH AND HIRING OF STAFF ON

BOARDING THEM IN THE, JUST THE WHOLE STAFF TRAINING, BECAUSE WE REALLY WANT THEM TO BE READY AFTER EACH ON BOARDING PROCESS.

11:14:29 THE IT EQUIPMENT. ALSO THE SOFTWARE SYSTEMS WE NEED TO ENSURE THE STAFF HAVE APPROPRIATE SECURITY LICENSE, AND ACCESS TO E-MAIL SYSTEMS. WE DO HAVE A LIST THAT WE CAN DEFINITELY SHARE. BUT YOU HAVE TO REALLY DO, I THINK ELI MENTIONED THIS. THE WHOLE SELF-ASSESSMENT, WE HAVE DONE IT PLENTY OF TIMES WE HAVE DONE IT TO ACCOMMODATE PLANS BEFORE.

11:14:49 WE REALLY HAVE A FORMULA THAT INCLUDES EVERYTHING AS I MENTIONED EARLIER, INCLUDING OFFICE EQUIPMENT AND ANY TRAVEL EXPENSES THAT MAY BE INCURING DURING THIS ON BOARDING PROCESS. SO YOU HAVE TO REALLY OUTLINE AND THINK OF EVERYTHING YOUR AGENCY MAY NEED BEFORE YOU GO LIVE.

11:15:06 >> THANK YOU FOR THAT, WE ACTUALLY HAVE A COUPLE OF FOLKS RAISED THEIR HAND, AND I'M GOING TO CALL ON THEM AND HOPEFULLY WE GET THEM TO POSE THEIR QUESTION OR COMMENT TO THE PANEL, START WITH LILIBETH, ARE YOU ABLE TO UNMUTE YOURSELF?

11:15:15 >> GREAT, PLEASE INTRODUCE YOURSELF, AND POSE YOUR QUESTION.

11:16:04 >> I POSTED MY FIRST QUESTION EARLIER, WHERE DID IT GO? OKAY, BUT, THEN I HAVE A SUCCEEDING QUESTION. 2023 AS THE YEAR THAT WOULD BE THIS ENHANCED SERVICES FOR PEOPLE COMING OUT OF PRISON. AND I DON'T KNOW IF YOU WROTE IT AS Q AND A, THAT TELLS ME THERE WOULD BE PRIOR DISCUSSION AND PLANNING FOR HOW TO ENHANCE THAT.

11:16:40 BECAUSE AS AN ILC, EVEN FROM THE GET-GO, WE WOULD GET OCCASIONAL LETTERS FROM PEOPLE COMING OUT OF PRISON. WE HAD OUR CORE SERVICES AND THAT WAS IT WE COULD OFFER THEM IF THEY AS MUCH AS EVEN VISIT THE CENTER OR PROVIDE A NUMBER WE COULD CALL THEM. SO WE ARE INTERESTED IN THAT BECAUSE THEY ARE ALSO AMONG THOSE THAT NEED THE MOST HELP AS THEY MAINSTREAM BACK INTO SOCIETY.

11:17:20 AND THEN I'M ALSO WORRIED ABOUT IF WE WERE TO HAVE A HEALTH CARE GPS AND WE HAVE ALL THESE ALPHABET SOUPS, YOU KNOW? THERE'S ALL THAT, AND FROM THIS LEVEL WHERE WE ARE, WE CAN DEFINE, WE CAN TALK ABOUT ALL OF THE SERVICES THAT WE HAVE. I'M A LITTLE WORRIED ABOUT THE REMEMBER POPULATION AND HOW THEY GET TO HEAR ABOUT IT. ABOUT ALL OF THIS.

11:17:37 THESE ARE WONDERFUL THINGS THEY ARE LIKE JEWELRY ENCASED IN GLASS BOXES YOU HAVE TO SEE ONLY IN THE STORE. HOW DO WE GET TO THEM?

11:17:55 >> GREAT QUESTIONS, THANK YOU, I THINK YOU HIGHLIGHTED THAT COMPLEX ANALOGY, COMING OUT OF INCARCERATION, MORE OPPORTUNITIES TO ENHANCE THAT COORDINATION EFFORT. AND THEN THE ACRONYMS AND TWO THINGS I THINK YOU KNOW, HAVING SIMILAR LANGUAGE.

11:18:22 I KNOW BEN TALKED ABOUT WE HAVE SAME LANGUAGE BUT SAY IT DIFFERENT WAYS BUT STILL IMPORTANT TO CLARIFY THAT, AND HOW DOES THE GENERAL PUBLIC START TO UNDERSTAND WHAT ALL THESE SYSTEMS AND ACRONYMS MEAN. SO I THINK WE HAVE SOME WORK AHEAD OF US AND I KNOW YOU KNOW, DEPARTMENT OF HEALTH CARE SERVICES AND CALIFORNIA DEPARTMENT OF AGING AND OTHERS ARE ACTIVELY WORKING ON THOSE PUBLIC COMMUNICATIONS.

11:18:34 I DON'T KNOW IF OTHERS HAVE ANYTHING TO ADD ON THE COMMENTS OR QUESTIONS, THANK YOU FOR BRINGING THAT UP, GREAT, WERE YOU GOING TO SAY SOMETHING?

11:19:07 >> YEAH, YOU KNOW. I THINK SHE MAKES GREAT POINTS. NOT LOSING YOUR IDENTITY AS A LOCAL SERVICE PROVIDER AS YOU PURSUE OTHER OPPORTUNITIES, I THINK IT'S REALLY TAKING FROM A FRAMEWORK OF HOW IS THIS MOVING THE NEEDLE ON EQUITY FOR CLIENTS YOU ARE ALREADY SERVING AND CLIENTS YOU COULD BE SERVING.

11:19:30 SOME OF THIS WORK DOES REQUIRE SKILL BUILDING AND ALPHABET SOUP AND GOING BACK TO SCHOOL AND BUILD YOUR CAPACITY TO SPEAK THE HEALTH CARE LANGUAGE. BUT ULTIMATELY AT THE END OF THE DAY IT'S ABOUT RAISING THE LEVEL OF EQUITY FOR OUR COMMUNITY.

11:19:52 FOR OUR OLDER ADULTS PEOPLE WITH DISABILITIES, CAREGIVERS KS FAMILY MEMBERS, AND ENSURING THAT YOU KNOW, NOT ONLY DO THEY HAVE BETTER HEALTH OUTCOMES BUT BECAUSE THEY HAVE BETTER HEALTH OUTCOMES THEY ARE MORE LIKELY TO SUCCESSFULLY SECURE HOUSING, GAIN EMPLOYMENT, CONNECT SOCIALLY IN THE COMMUNITY.

11:20:09 CONNECT WITH FAMILY. SO KIND OF LIKE TAKING THOSE, THE COMPLEXITY OF THE HEALTH CARE LINGO AND TURNING IT INTO OUR LANGUAGE AND RECLAIMING THAT, I THINK IT'S PART OF THE PROCESS TO EXPLORE.

11:20:25 >> THAT'S GREAT, ACTUALLY HEATHER SAID THANK YOU FOR SHARING, ILC, INTEGRATIVE LIVING LIFE CENTER, I THOUGHT THAT WAS SO, NOT HOW WE ARE DESCRIBING IT, WANT TO SPEAK TO IT REMIND FOLKS WHAT IT STANDS FOR.

11:20:33 >> APOLOGIZE, BEEN IN MY FIELD TOO LONG, INDEPENDENT LIVING CENTER OR CENTER FOR INDEPENDENT LIVING. WE GO BY BOTH.

11:20:49 >> YES, THANK YOU, YEAH, IT'S A GREAT CALL OUT TO ALL OF US, I MEAN WE ALL ARE SUBJECT WHEN WE GET COMFORTABLE WITH OUR OWN, WE HAVE OUR IDENTITY AND MAKE SURE OTHERS UNDERSTAND WHAT WE ARE AND REPRESENT, THAT'S GREAT. .

11:20:58 I THINK THE OTHER HAND UP, ASK IF SHE WILL BE WILLING TO UNMUTE HERSELF.

11:21:29 >> GOOD MORNING, FIRST OF ALL THANK YOU SO MUCH FOR EVERYTHING, I MAIZING DISCUSSION AND HELPS A LOT, APOLOGIZE IF MY QUESTION WAS ANSWERED, STILL A LITTLE CONFUSED. I UNDERSTAND THAT THE COMPONENT OF CAL AIM IT'S A MEDI-CAL MANAGED CARE BENEFIT, HOWEVER I DON'T UNDERSTAND IF CBAS IS ONE OF THE RESOURCES OR CBAS WOULD BE ADDITIONAL SERVICE TO CAL AIM, COULD YOU EXPLAIN THAT?

11:21:35 >> COMMUNITY BASED ADULT SERVICES, ANYBODY WANT TO MAYBE HELP TO ANSWER THAT?

11:22:24 >> CBAS AND ECM CAN COMPLIMENT EACH OTHER, THEY CAN BE DUALY ENROLLED AND I CAN PROVIDE THE LINK TO THAT. I PUT IT EARLIER. BUT IT IS A THERE WE GO, THERE'S THE LINK. IT IS A BENEFIT THAT IS NOT NECESSARILY EXCLUDED IN PARTICIPATION OF ECM, WHAT I MEAN BY THAT, IF I AM ENROLLING SOMEONE IN ENHANCED CARE MANAGEMENT THEY ARE IN ANOTHER WAIVER LIKE MSSP OR HCBS, OR ASSISTED LIVING THEY CAN'T BE DUALY ENROLLED BUT THEY CAN WITH CBAS.

11:22:38 AS LONG AS YOU ARE NOT REPEATING THE INTENSIVE CARE MANAGEMENT SERVICES. IT TALLY COMPLIMENTS THE SERVICES THAT CBAS IS NOT PROVIDING IN THE COMMUNITY.

11:22:59 >> THANK YOU, THANK YOU FOR THE QUESTION, I THINK THAT WAS A REALLY IMPORTANT QUESTION FOR THE AUDIENCE AND FOR THE PANELISTS, WE HAVE A FEW MORE MINUTES, I HAVE A FEW MORE QUESTIONS FROM AUDIENCE PARTICIPANTS, ACTUALLY A GOOD QUESTION FROM MICHELLE AT THE CAREGIVER RESOURCE CENTERS, YOU KNOW.

11:23:18 AS A COMMUNITY BASED ORGANIZATION, FEW OF THE HEALTH CARE SETTINGS REACHED OUT TO US, THIS IS THE CAREGIVER RESOURCE CENTERS. TO PROVIDE CAREGIVER RESPITE SERVICES, HOWEVER THE REIMBURSEMENT RATES ARE LOWER THAN THE HOURLY RATES OF IN HOME CARE AGENCIES WE CONTRACT WITH.

11:23:55 THERE WAS SOME MENTION OF INSEN TI, HOWEVER IT IS NOT CLEAR TO ME WHAT THEY ARE. CAN YOU SHED LIGHT ON THE RATES FOR CBO TO MAKE IT WORTHWHILE, WHO WOULD LIKE TO TAKE THAT ON, I DON'T KNOW IF UMM, I KNOW WE TOUCHED ON THIS, I DON'T WANT TO PUT YOU ON THE SPOT, IT'S A HARD ONE, MAYBE WE DON'T HAVE A DIRECT ANSWER, HOW DO WE GET TO THAT QUESTION, I DON'T THINK THIS IS THE FIRST TIME WE WILL BE POSED A QUESTION SUCH LIKE THIS, ANYBODY HAVE THOUGHTS ON THIS? I THINK WE HAVE TO CIRCLE BACK ON THI

11:24:21 I DON'T THINK I HAVE AN ANSWER TO THIS KIND OF COMPLEX QUESTION, BUT I THINK WE HAVE A LOT OF, SOME WORK TO DO TO KIND OF HELP YOU THINK ABOUT THAT IN TERMS OF INCENTIVES AND HOW DO THEY SHED ANY LIGHT ON THE RATES I DON'T HAVE THAT ANSWER RIGHT NOW BUT IT'S A GREAT, GREAT QUESTION, CIRCLE BACK, AND FUTURE WEBINARS AND OTHER DISCUSSIONS CAN START WITH THAT.

11:24:28 MAYBE, I AM WONDERING IF AGING AND DISABILITY BUSINESS INSTITUTE MIGHT BE ABLE TO YOU KNOW TAKE THIS ON.

11:24:46 >> ONE OF THE THINGS I WAS THINKING ABOUT BROADLY, SO IT'S NOT SPECIFIC TO CAL AIM OR CAREGIVER SUPPORTS, BUT ONE THING WE HAVE BEEN THINKING ABOUT BROADLY IS THE AGING NETWORK AND DISABILITY NETWORK ABILITY TO BRAID FUNDS HOLISTICLY ADDRESS INDIVIDUAL'S NEEDS.

11:25:08 SO YOU ARE TAKING VARIOUS POTS OF FUNDING, WHETHER THE OLDER AMERICANS ACT, GET MY TITLE HERE, TITLE 3E SERVICES ADDRESS THE CAREGIVER SUPPORT AND RESPITE SUPPORT, OTHER FUNDING FROM CAL AIM, BRAID THE RESOURCES TOGETHER TO HOLISTICLY ADDRESS THE CARE NEEDS.

11:25:11 NOT SAYING THAT'S AN IDEAL MODEL.

11:25:39 BUT I THINK THAT'S FOR ONE SPECIFIC SERVICE, WE HAVE BEEN THINKING ABOUT IT FROM A CARE COORDINATION ASSESSMENT APPROACH, IF A INDIVIDUAL IS REFERRED FROM A HEALTH PLAN AND IT'S SAYING, WE WILL PAY FOR X SERVICES BUT THROUGH THAT ASSESSMENT, IT'S DETERMINED THEY NEED X PLUS Y AND Z SERVICES, THEN WHAT ARE OTHER FUNDING STREAMS THAT CAN BE BROUGHT TO MAKE SURE THE NEEDS ARE MET AND OTHER SERVICES DELIVERED.

11:25:56 THAT IS AN AREA THAT THE NETWORK DOES HAVE SKILL IN LOOKING AT (INAUDIBLE), WHAT ARE THE VARIOUS SOURCES OF FUNDING THAT CAN BE BROUGHT TOGETHER. THAT'S A HIGHER LEVEL, NOT AS DIRECT RESPONSE, BUT I WANT TO PUT THAT ON THE TABLE.

11:26:19 >> I THINK THAT'S A GREAT COMMENT, YOU KNOW, SOMEBODY FROM THE AUDIENCE, EVEN SAID, GREAT CONCEPT, GREAT, AND NATURAL, I THINK THERE IS MORE TO EXPLORE OR UNPACK ON THAT ONE. SO I YOU KNOW, I KNOW THERE IS MORE QUESTIONS AND COMMENTS, DEFINITELY A FIRST AND FOREMOST WANT TO THANK THE AUDIENCE FOR THEIR INSIGHTFUL COMMENTS, QUESTIONS.

11:26:48 WE WILL DO SOME FOLLOW UP OR TALK OFFLINE ABOUT HOW TO ADDRESS SOME THINGS THAT MAYBE WEREN'T CLARIFIED. I KNOW THAT APPRECIATE THE PANELISTS FOR OFFERING INFORMATION ON THE CHAT, AND REALLY WANT TO THANK THE PANELISTS FOR LEADERSHIP AND COMMITMENT AND PASSION IN THE SPACE AROUND PARTNERSHIPS AND COMMUNITY SUPPORTS AND WHOLE PERSON CARE. AND, SO, WITH THAT I WILL SAY THANK YOU FOR YOUR COMMITMENT, I THINK NOW, I AM BEING ASKED TO TURN IT BACK OVER.

11:27:27 >> THANK YOU SO MUCH, YOU DID A FANTASTIC JOB, KIND OF READING IN ALL OF THE DIFFERENT COMMENTS AND REMARKS FROM CHAT AND Q AND A, WE ARE KEEPING TRACK OF EVERYTHING THAT WE HEARD TODAY, WE ARE GOING TO PASS BACK THE FEEDBACK TO THE COLLEAGUES AT DHCS, WHAT WE WANT TO HEAR FROM YOU, WHAT WOULD YOU LIKE, HOW CAN WE BE HELPFUL IN ADVANCING THE CONVERSATION, THIS WAS JUST THE START, WE ARE COMMITTED TO EXPLORING AND ENGAGING IN THIS ISSUE.

11:27:49 WE THINK THIS IS A TREMENDOUS OPPORTUNITY AND TIME FOR THE NETWORKS TO PARTNER TO GETTER AND WITH OTHER PROVIDERS IN THE COMMUNITY TO BUILD OUT A MORE PERSON-CENTERED DELIVERY SYSTEM, THAT YOU THINK TO YOU ALL AND THANK YOU FOR BEING HERE, I WANT TO HAND IT OVER TO THE PROJECT DIRECTOR OF THE MASTER PLAN FOR AGING WHO IS GOING TO TALK ABOUT THE NEXT UPCOMING WEBINARS.

11:28:18 >> THANK YOU TO EVERYONE WHO ATTENDED TODAY, WE ARE EXCITED TO SHARE WE WILL HAVE A MONTHLY WEBINAR WITH A PANEL LIKE WE HAD TODAY, THE BAR IS REALLY HIGH. NEXT MONTH WE WILL FOCUS ON SKILLED NURSING CARE, AND TALK A BIT ABOUT THE BIDEN ADMINISTRATION NEW STEPS TO IMPROVE THE QUALITY AND SAFETY OF NURSING HOMES AND PROTECT RESIDENTS AND HEALTH CARE WORKERS WHAT THAT MEANS FOR CALIFORNIA.

11:28:56 AND MAY WILL TALK ABOUT FRIENDLY HEALTH SYSTEMS AND ALZHEIMER'S, AND DEMENTIA, COMMUNITY EDGE GAUGEMENT AND VOLUNTEERING, EQUITY AND DATA, CLIMATE CHANGE, EMERGENCY PREPARED. DISABILITY EMPLOYMENT AND AWARENESS, AND CARE GIVING, AND DECEMBER, RECAP THE FIRST TWO YEARS OF PROGRESS IN THE MASTER PLAN FOR AGING, ALWAYS POST MATERIALS ONLINE, YOU CAN FIND THEM ON CAL HHS MPA WEB PAGE, AND RECORDINGS ALWAYS ON CDA YOUTUBE CHANNEL.