



Disability & Aging Community Living Advisory Committee

August 10, 2022 | 2:00pm – 5:00pm



Meeting Logistics

We continue to meet virtually only: Join by smart phone, tablet, or computer

To join audio by telephone: 888 788 0099

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

Marko Mijic

*California Health & Human Services
Agency*

Susan DeMarois

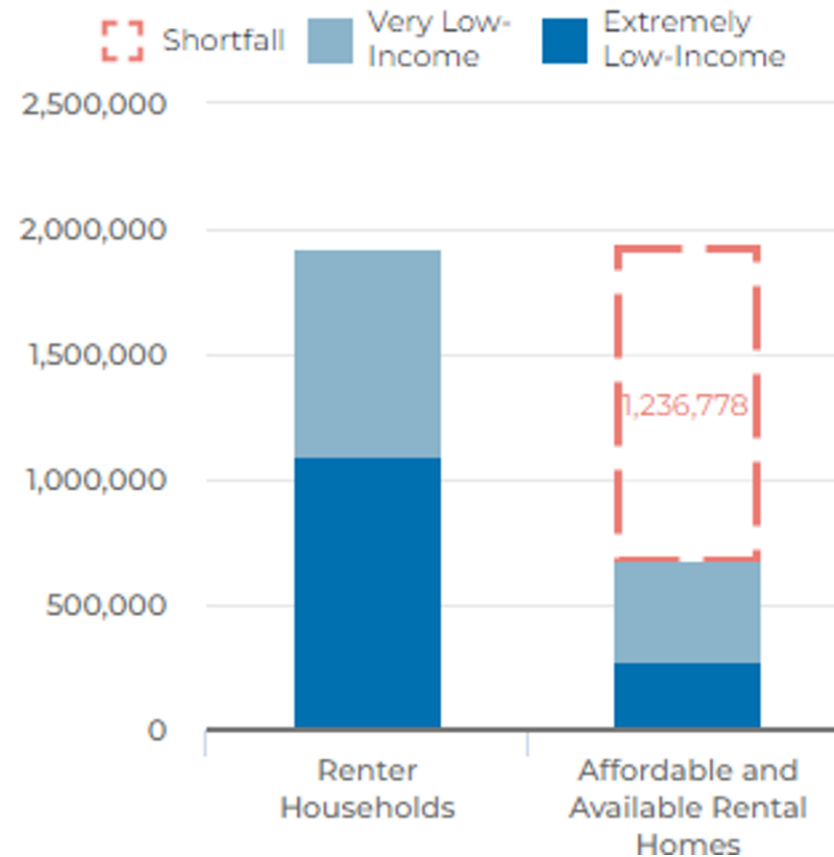
California Department of Aging

Patti Prunhuber

Justice in Aging

Lack of Affordable Housing

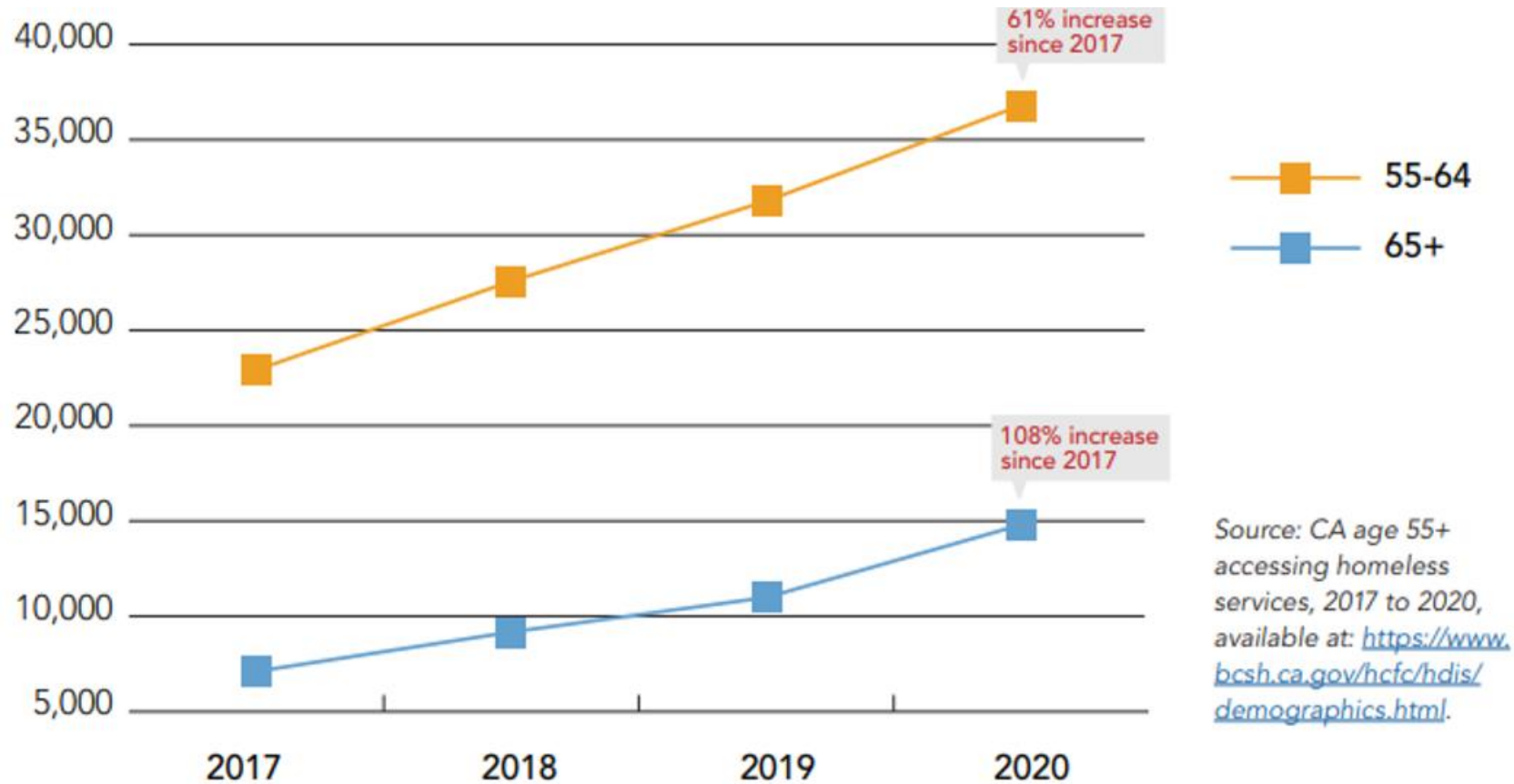
- In CA, there are 23 affordable units for every 100 HHs at or below 30% AMI
- > 1.2 million low-income renters do not have access to an affordable unit



Unaffordable Rents Driving Homelessness

- About 8 out of 10 ELI renter households are paying more than half their income on housing
- 48% of ELI renter households are seniors, adults with disabilities
- Black, Latinx more likely to be ELI, rent burdened
- Renters with high costs likelier to forego medical care, report poorer health

Spike in CA Older Adult Homelessness 2017-20



MPA Goal: Prevent/End Homelessness for Older Adults and People with Disabilities

Solution: Targeted Rental Assistance (Subsidies) to Prevent or End homelessness for good.

Who? Must meet all 4:

- Adults with disabilities or age 50+
- Acutely low-income (20% of AMI)
- Severely rent-burdened, or if homeless, would be
- Meets one or more of the high risk factors for homelessness

Where are we? Next Steps

- AB 2547 introduced, passed through all Assembly steps
- The MPA Impact Committee recommended this as one of two top priorities
- \$750 M budget request did not get appropriated, so bill did not proceed in Senate
- Plans for next legislative/budget session
- Opportunity to coalesce around this recommendation at the MPA Day of Action on Sept. 20.

Thank you!
From the 5 Co-Sponsors and over 40 Coalition Partners



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

Sheri Farinha, NorCal Services for the Deaf and Hard of Hearing

Roster II

Stakeholder Committee, Cont.

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

Shireen McSpadden, San Francisco Human Services Agency

Roster III

Stakeholder Committee, Cont.

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

Debbie Toth, Choice in Aging

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

Tomás Aragón, 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

Today's Agenda

2:00 Welcome & Introductions

2:10 CalAIM: PATH & Local Capacity Building

2:50 CalAIM Workgroup Updates

3:10 Public Comment

3:20 BREAK

3:30 Housing Subcommittee Presentation & Discussion

4:00 Transportation Subcommittee Presentation & Discussion

4:30 Sept 20th: CA for ALL Ages & Abilities

4:45 Public Comment

4:55 Closing Comments & Next Steps

5:00 Adjourn

CalAIM:
PATH &
Local Capacity
Building

Susan Philip

Department of Health Care Services



**DACLAC:
ECM / Community Supports and PATH**

August 10, 2022

Goals for Today



Reminder: Enhanced Care Management (ECM) and Community Supports



Discuss the “Providing Access and Transforming Health” (PATH) Initiatives and Key Opportunities



Open time for Q&A and discussion



Reminder: Enhanced Care Management and Community Supports



Reminder: What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

- » ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home
- » ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

Reminder: ECM Populations of Focus and Go-Live Timing

ECM Populations of Focus

Go-Live Timing

- 1. Individuals and Families Experiencing Homelessness
- 2. Adult High Utilizers
- 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- 4. Transitioning from Incarceration (some WPC counties)



January 2022 (WPC / HH counties)
July 2022 (all other counties)

- 5. At Risk for Institutionalization and Eligible for Long Term Care
- 6. Nursing Facility Residents Transitioning to the Community

January 2023

- 7. Children / Youth Populations of Focus

July 2023

- 4. Transitioning from Incarceration (statewide)

Beginning July 1, 2023

The **Individuals Transitioning from Incarceration** Population of Focus will go live in alignment with pre-release services, beginning July 1, 2023. DHCS has always intended to align the implementation dates of the justice-involved pre-release services initiative and the statewide launch of ECM justice-involved population of focus.

For more information on Populations of Focus, see the [ECM Policy Guide](#).

Reminder: What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

- » Community Supports are designed as **cost-effective alternatives** to traditional medical services or settings
 - » Covered under In Lieu of Services (ILOS) Authority 101 which states that services must be **medically appropriate** and **cost-effective**
 - » ILOS Authority can be used to offer a comprehensive menu of health-related services in Medicaid i.e. *offering home asthma remediation in lieu of future emergency department visits*
- » Community Supports are designed to **address social drivers of health; all of which may be relevant for Seniors and Persons with Disabilities (SPDs) and dual eligible Members.**
- » Each Community Support has **specific eligibility criteria** linked to each service
- » Community Supports are **voluntary to the enrollee**

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation



“Providing Access and Transforming Health”(PATH) Initiatives and Key Opportunities



Reminder: What is “Providing Access and Transforming Health” (PATH)?

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the “Providing Access and Transforming Health” (PATH) program to take the State’s system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS has currently received authorization for \$1.44 billion total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of Enhanced Care Management (ECM) and Community Supports under CalAIM.



PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Key PATH Program Initiatives

PATH Initiative Name*	High-Level Description
WPC Services and Transition to Managed Care Mitigation Initiative	Time limited support to sustain existing WPC pilot services that have transitioned to ECM and Community Supports and that MCPs have committed to cover, through the transition (no later than January 2024). Application process and funding began in Q1 2022.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Application process and funding is ongoing.
★ Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation groups among MCPs, providers, community-based organizations, county agencies, public hospitals, Medi-Cal Tribal and the Designees of Indian Health Programs, and others to promote readiness for ECM and Community Supports. Funding anticipated to begin in Fall 2022.
★ Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure for providers, community-based organizations, county agencies, public hospitals, Medi-Cal Tribal and the Designees of Indian Health Programs, and others to provide ECM and Community Supports. Application process is currently open and funding anticipated to begin in Winter 2022.
★ Technical Assistance Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, Medi-Cal Tribal and the Designees of Indian Health Programs, and others. Application process and funding anticipated to begin in January 2023.

★ Focus for Today

Tentative Launch Timeline for PATH Initiatives

Activity/Initiative	June	July	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
Collaborative Planning and Implementation Initiative launch			<i>Registration Open</i>	<i>Launch: Funds Disbursed</i>					
CITED Initiative launch			<i>Round 1 Application Window Currently Open</i>	<i>Round 1 Application Window Closes</i>	<i>Round 1 Application review and development of agreements with awardees</i>		<i>Launch: Round 1 Funds Disbursed</i>		
TA Marketplace launch					<i>Select TA domains and/or customized assistance may launch earlier if ready</i>			<i>Launch: Marketplace Live</i>	
Justice-Involved Initiative launch	<i>Round 1 Application Window Opens</i>		<i>Round 2 Application Window Opens</i>	<i>Funds Disbursed on a Rolling Basis</i>					

= milestone
 = interim milestone
 = work ongoing

PATH TPA: Public Consulting Group (PCG)

- » DHCS has selected PCG to serve as the PATH TPA, who brings years of Medicaid transformation experience and has supported several ambitious reform efforts through waiver policy development and program operations support.
- » PCG has also assisted numerous states in the administration of hundreds of millions of dollars in grant funds for Medicaid and other social services programs.
- » As the TPA, PCG will administer four of the PATH initiatives (Collaborative Planning and Implementation, CITED, TA Marketplace, and JI Capacity Building)
- » PCG's PATH website at www.ca-path.com went live on August 1st, where the online application for Round One of the CITED Initiative was launched. Applications for Round One must be submitted through the website no later than September 30, 2022.



Initiative Overview: Collaborative Planning

Background

- » Contracted PATH Third Party Administrator (TPA) is working with stakeholders in the region to convene and facilitate a single county or regional collaborative planning efforts
- » Collaborative planning efforts will seek to build off existing efforts
- » Funding supports a designated PATH collaborative planning facilitator in each county or region (i.e., individual collaborative planning participants will not receive funding)
- » Entities will not be required to participate in collaborative planning groups to apply for PATH CITED funding

Status Update

DHCS is in the process of reviewing applications for collaborative planning group facilitators

- DHCS is currently “matching” approved facilitators to counties based on local needs and stakeholder input
- Later this summer, collaborative planning group participants will have the opportunity to register for collaborative planning groups launching in their county or region

Initiative Overview: CITED

CITED Grants

CITED Round 1 grant application period is open!
Applications must be completed online via the CITED portal at: <https://ca-path.com/cited>

Background

- » **Applicants include organizations that are contracted to provide, or that intend to provide ECM/Community Supports:** County, city, and local government agencies, public hospitals, providers, CBOs, Medi-Cal Tribal and Designees of Indian Health Programs, and others, as approved by DHCS
- » Applicants must meet **minimum eligibility criteria for CITED** (e.g., completed application, demonstration that funding request is reasonable, and attestation that funding will only be spent on permitted uses)
- » **Applications request information on** intended use of CITED funds, justification for why funds are needed, sustainability plan for future funding, and how duplication of funding will be avoided
- » **CITED funds may only be used on outlined permissible uses** (e.g., increasing provider workforce, developing or modifying referral, billing, and IT processes, and capacity and infrastructure to deliver ECM and Community Supports)
 - CITED may provide retroactive funding to support investments in infrastructure and capacity made by eligible organizations from January 1, 2022 until the release of applications for the first round of funding
 - Retroactive funding requests will be subject to strict guardrails and requirements

Current CITED Application Windows 2022 – Q1 2024

- CITED includes multiple open application windows in each year with target funding allocations associated with each round to promote an equitable distribution of CITED funding
- Allocation targets exist for each county / region within each funding window
- Allocations are not hard caps, and DHCS has discretion to adjust or exceed target allocations as needed

Round #	2022					2023											2024				
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Round 1	Application review and contract development	Application review and contract development	Application review and contract development	Application review and contract development	Funding disbursed																
Round 2					Application review and contract development	Application review and contract development	Application review and contract development	Application review and contract development	Funding disbursed												
Round 3								Application review and contract development	Application review and contract development	Application review and contract development	Application review and contract development	Funding disbursed									
Round 4													Application review and contract development	Application review and contract development	Application review and contract development	Application review and contract development	Funding disbursed				
Round 5																	Application review and contract development	Application review and contract development	Application review and contract development	Application review and contract development	Funding disbursed

	Application review and contract development
	Funding disbursed

*Note: Months represented above are approximations

Initiative Overview: TA Marketplace

Background

- » Entities may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains
- » TA resources will be provided through a virtual TA “Marketplace,” which will be designed, launched and managed by the PATH TPA
 - The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace
- » **Technical assistance resources may include, for example:**
 - Hands-on trainings for ECM / Community Supports providers on billing and reporting requirements or contracting with health plans
 - Guidance for data sharing processes between ECM / Community Supports providers and health plans
 - Accelerated learning sessions or computer-based learning modules for CBOs
 - Strategic planning consultations for entities implementing ECM / Community Supports
 - Customized project-specific support provided by vendors registered with the TA Marketplace

TA Marketplace Domains

Preliminary priority TA domains are determined by DHCS with input from stakeholders and the TPA, and may include:

- » Contracting between MCPs and providers;
- » Collecting, documenting and exchanging data between MCPs and providers;
- » Billing for ECM/Community Supports services;
- » Building provider capacity and developing care plans to support ECM/Community Supports service delivery;
- » Designing new workflows/service delivery models to support ECM/Community Supports service delivery;
- » Supporting applicants in applying for regional CalAIM collaborative planning and implementation efforts;
- » Organizational strategic planning to support CalAIM;
- » Promoting health equity through the delivery of ECM/Community Supports;
- » Engaging with communities to support the implementation of ECM/Community Supports;
- » Aiding entities in understanding and navigating CalAIM program requirements; and,
- » Supporting applicant compliance with monitoring, oversight and program integrity requirements.



Question:

Are there any other TA domains that DHCS should consider?

Opportunities for PATH Funding to Support Counties, Providers, and MCPs

PATH can provide critical funding to select entities implementing or preparing to implement ECM and Community Supports.

PATH Initiative	Sample Funding Uses
Collaborative Planning and Implementation Initiative	<p>Launching a collaborative planning group with key entities in a county/region to support:</p> <ul style="list-style-type: none"> • Hiring a facilitator that convenes collaborative groups on a monthly basis • Conducting focus groups ECM / Community Support needs and gaps within the community • Identifying and resolving topical implementation issues that require additional technical assistance • Supporting alignment between PATH funding and IPP funding
CITED Initiative	<p>Grant funding to providers, counties, community-based organizations and others to:</p> <ul style="list-style-type: none"> • Recruit, hire and train staff to support ECM / Community Supports delivery • Modifying, purchasing, or developing necessary infrastructure / systems • Establishing an evaluation/monitoring plan for ECM / Community Supports
Technical Assistance Marketplace Initiative	<p>A web-based marketplace that will provide the following types of resources, for example:</p> <ul style="list-style-type: none"> • Hands-on trainings for ECM / Community Supports providers (or those that wish to become an ECM or Community Supports Provider) • Guidance for data sharing processes between providers and health plans • Strategic planning consultations for entities implementing, or that plan to implement ECM / Community Supports • Customized project-specific support provided by vendors registered with the TA Marketplace

PATH and IPP are Aligned But Distinct



PATH

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Support technical assistance needs and other gaps not addressed by IPP

Eligible entities include:

- Counties, former WPC Lead Entities, providers (including ECM and Community Supports providers), CBOs, Medi-Cal Tribal and the Designees of Indian Health Programs and others
- MCPs are not permitted to receive PATH funding for infrastructure, capacity or services

Flow of funds

- Entities will apply for funding which will flow directly from DHCS or the TPA to awarded applicants

Note: PATH funding is subject to key guardrails (e.g., cannot duplicate or supplant, regular progress reporting, alignment with MCPs)



Incentive Payment Program (IPP)

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Grow and strengthen provider networks

Eligible entities include:

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers**

Flow of funds

- Funding will flow directly from DHCS to MCPs upon achieving set milestones
- MCPs are encouraged to share funding with providers to strengthen networks

Resources

The image features the word "Resources" in a bold, dark blue font, centered in the upper half of the page. Below the text, there are several overlapping, wavy lines in various shades of purple, creating a decorative, layered effect that spans the width of the page.

CalAIM Resources

CalAIM: <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

ECM and Community Supports: <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

PATH: <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>

PATH TPA-Led Initiatives: <https://ca-path.com/>

PATH CITED Round 1 Application: <https://ca-path.com/cited>

Justice-Involved Initiative: <https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx>

Q&A

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, ranging from a deep, dark purple to a lighter, lavender hue. These bands create a sense of movement and depth, framing the bottom of the white space.

CalAIM Workgroup
Updates
&
Discussion

Lydia Missaelides

Alliance for Leadership and Education

DACLAC Meeting 8-10-2022

Joint DACLAC / CCLTSS Meeting on
Enhanced Care Management (ECM) and Community
Services (CS)

Joint DACLAC and CCLTSS ECM Meeting

The California Collaborative for Long Term Services and Supports Integrated Services Committee met on May 24, 2022 in a joint session with DACLAC members and DHCS to review and discuss the updated [Enhanced Care Management \(ECM\) Policy Guide](#) dated May 2022.

Data Exchange + Population Health Goals

- Are PATH funds a way to begin achieve population health goals while getting community providers a means to share and access data needed to coordinate care?
- How to improve data sharing among Plan and community partners today? Today it is a 1-way street, simple file sharing uploads and faxing to Plans.
- Are Plans investing in better systems to prepare for ECM and CS, which require broader and deeper coordination?
- System changes take a long time to make and can be sprung without advance notice

Who is Eligible for ECM & CS?

Population of Focus #5 (Updated May 2022):

Adults Living in the Community who Are at Risk for LTC Institutionalization

(1) Adults living in the community who meet the Skilled Nursing Facility (SNF) Level of Care criteria;⁸ **OR** who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury;⁹

AND

(2) are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring),¹⁰

AND

(3) are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).

- DHCS listened to stakeholder input and revised definition
- Focuses on individuals with bio-psycho-social risks.
- Functional not medical criteria – we've come a long way!

Developing Network of ECM & CS Partners

- How will plans seek/contract community resources that are needed to provide ECM and CS?
- What does network adequacy look like?
- Are there sufficient providers with language/cultural skills to meet needs?
- Why are some plans limiting who can apply to be ECM or CS provider?
- How does delegation to Medical Groups of ECM & CS work? Will Plan get data about resources used by members?
- Are non-ECM or CS resources being made available to members?

How Will People Be Identified?

Risk Stratification:

- Claims data will be provided by DHCS to the plans
- Functional data, as used in the definition, is not captured in claims data
- What are other methods for identifying high-risk members? Will this be captured in data reporting, ie, source of referral to ECM/CS?

Referrals from community:

- How will community and medical providers learn about eligibility and process to make referrals?
- What is the feedback loop once referral is made?
- How do people self-refer? Will there be public education for community?

Standard Tools

- Once a referral made, will plans use a standard eligibility tool for ECM/CS? CCLTSS urges common tools
- Will today's Health Risk Assessment (Plan designed, with common questions for LTSS) be used in any way for ECM/CS?
- If each Plan creates their own different assessment/screening tool how will access to ECM/CS be evaluated?
- Accountability for the overall care plan – how measured?

Referrals to Resources & Coordination

- Between Plan and Providers (medical and community)
 - How will plans seek/contract community resources that are needed to provide ECM and CS? What does network adequacy look like?
- Between Plan and Member
 - Do plans have a complete list of community resources?
 - Are documents accessible, plain, and in person's preferred language?
 - Who will develop the overall care plan? Will it be person-driven/centered?
 - Will there be a way to document unmet needs?
 - How will care manager become known to the member's circle of support for coordination? What does coordination look like? Who is the point person?
- There will be reporting requirements to DHCS for # of referrals made and completed. What level of detail and analysis? Frequency?

Ongoing Feedback and Improvement

Set up process at DHCS for feedback about how ECM & CS are working from consumer, provider and system levels.

- Who are problems reported to if not solved at the Plan level?
- What is envisioned for fast response at each level of needed intervention once a problem is identified? Is the issue a feature or a bug? CCLTSS can help spot systems problems.
- Different interventions needed at each level
- Ombudsman recommended

How to make mid-course corrections

- What are the key data points to assess not only how processes working, (e.g., % referrals made vs accepted/completed).
- What difference did ECM/ES make in people's lives? What does success look like?

Things to Keep an Eye on as ECM Rolls Out

- Member notices – clarity and understanding
- Technical assistance and feedback during roll-out for rapid response
- Physician awareness/education (esp. for duals in Medicare FFS); confusion, resistance
- Assessment of community capacity to meet identified needs (should be happening now while PATH funds are available)
- Contracting and payment problems for those new to MCPs
- Access & sufficiency of rates to attract ECM/CS providers
- Appeals

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.

Break

*The session will resume
shortly*

Housing
Subcommittee
Presentation &
Discussion

Marty Omoto

*CA Disability Communication Action
Network; Subcommittee Chair*

Disability and Aging Community Living
Advisory Committee
Housing Subcommittee

August 10, 2022



Lois Curtis and
Elaine Wilson





A blue sky with a sun flare over a blue ocean.

*"We are here to speak
for justice"*









**THE LANTERMAN ACT
SAVED MY SON FROM
A LIVING HELL.
IT GAVE HIM BACK HIS FUTURE.
HE IS A SUCCESS STORY!**

**WITHOUT TIMELY EARLY
DEVELOPMENT INTERVENTION
HE WOULD HAVE BECOME A
WARD OF THE STATE.**

**ARE YOU WILLING TO THROW
AWAY A CHILD'S FUTURE?
PROTECT THE LANTERMAN ACT!**

**WE WILL REMEMBER YOUR
SUPPORT!**

HOUSING SUBCOMMITTEE MEMBERS

MARTY OMOTO (Chair) - California Disability Community Action Network (CDCAN) and family member

SHERI BURNS - Silicon Valley Independent Living Center

SHELLA COMIN-DUMONG – Family member, CHANCE Housing (The Coalition for Housing Accessibility, Needs, Choices & Equality)

PAUL DUNAWAY - Sonoma County Adult Services Director GINA GUZMAN - Consumer Advocate

MARIANNE IVERSON - Down Syndrome Connection of the Bay Area

SHIREEN MCSPADDEN - San Francisco Human Services Agency

PETER MENDOZA - Consumer Advocate

KIM MILLS - "A Better Life Together, Inc. (San Diego Regional Center provider)

PATTI PRUNHUBER - Justice in Aging

JESSICA RENTERIA - Transitions Coordinator for ILC of Kern County (Independent Living Center)

GABRIEL ROGIN - North Bay Regional Center

MEGHAN ROSE - LeadingAge CA

MICHELLE ROUSEY - Consumer Advocate

ROBERT MILAND TAYLOR - Lake County IHSS Public Authority Advisory Committee

NINA WEILER-HARWELL - AARPCalifornia

Supportive Housing - Building more supportive housing that is targeted to the needs of older adults and people with disabilities (including developmental)

CalAIM (California Advancing and Innovating Medi-Cal) - Supporting ongoing rental assistance that can be linked with the CalAIM Community Supports housing options to transition people out of nursing homes and other institutional care to help prevent people from eviction or loss of their home

SSI Reimbursement Rate - increase the reimbursement rate (SSI Non-Medical out of home care rate) so that residential care facilities will accept more SSI beneficiaries into care

Apply the AB1482 "2019 Tenant Protection Act" cap on annual rent increases to LIHTC (Low-Income Housing Tax Credit) properties and mobile home park land rent. Note: the 2019 Tenant Protection Act requires a landlord to have a “just cause” in order to terminate a tenancy. Limits annual rent increases to no more than 5% + local CPI (CPI = inflation rate), or 10% whichever is lower.

Housing Need – Whole Person Planning and Outcomes:
recommend that Department of Developmental Services (DDS) and other key state departments serving people with disabilities and older people identify housing needs of the individuals they serve (ie identify if person is in a housing crisis or imminent risk of a housing crisis including loss of home; longer term housing needs)

Lower Middle Income Housing Solutions – discussion on the need to help develop solutions to help older Californians (and people with disabilities) who may not qualify for low-income housing assistance programs due to their income (low to middle incomes)



Targeted rental assistance for older and adults with disabilities (including developmental), low-income renters at imminent risk of homelessness and (also those who are homeless)

State & Federal
Funds to Prevent &
End Homelessness

Giselle Sanchez

*California Inter-Agency Council on
Homelessness*

Transportation
Subcommittee
Presentation &
Discussion

Debbie Toth

*Choice in Aging;
Subcommittee Chair*

Accessible Transportation

A Comparison of State Approaches



Accessible Transportation: A
Comparison of State Approaches

Accessible Transportation Definition

Continuum of Services

- Door *to* Door Transportation Service
- Door *through* Door Transportation Service
- Travel Training
- Food Delivery
- Volunteer Driver Programs
- Wayfinding
- Accessible Transportation Advocacy

The continuum of services is in stark contrast to ADA Paratransit which is typically what public transit operators provide:

- Restricted Eligibility
- Limited service based on day/time/location

ADA Paratransit

“When a measure becomes a target, it ceases to be a good measure”

Accessible Transportation: A
Comparison of State Approaches

Why a comparison between states?

- **The California Model is Limited**
 - Existing statutes were passed in 1979 and aren't very impactful.
 - Progress is nonexistent: **4** studies in **18** years with **zero** implementation.
- **No Standards:** Unlike other areas of the transportation system such as local roads, highways, conventional transit, bicycle/pedestrian infrastructure, etc. there is no standard approach to providing accessible transportation service.

**We need to look elsewhere for
solutions**

Accessible Transportation: A
Comparison of State Approaches

Primary Differences

- **Stronger Policies**
 - Compulsory Oversight and Structure
- **Funding**
 - Dedicated

NOT Discussing:

- **Local Funding:** Varies by jurisdiction
- **Federal 5310 Funding: *Enhanced Mobility of Seniors & Individuals with Disabilities:***
Available Uniformly Nationwide: \$18M
Statewide (CA) Annually

Accessible Transportation: A
Comparison of State
Approaches

California

Program Name: Social Services
Transportation Improvement Act

- **Annual Funding:** *Pending*: Varies by County
- **Funding Sources:**
 - Transportation Development Act: Article 4.5 Funding: Community Transit Services
 - **Distribution:** discretionary, non-dedicated
- **Policy**
 - Establishes an *option* for a Consolidated Transportation Services Agency (CTSA) mechanism.

Accessible Transportation: A
Comparison of State
Approaches

Oregon

Program Name: Special Transportation Fund (STF)

- **Annual Funding:** *Pending*
- **Funding Sources:**
 - \$.02 per pack cigarette tax
 - “Excess revenue” from photo ID Cards
 - “Other” Department of Transportation Funds
 - **Distribution:** Formula based on % of total population (with minimum distribution) *and* discretionary
- **Policy**
 - Establishes “STF Agencies”
 - STF Agencies have advisory committees
 - Incorporates federal requirement of a “Coordinated Plan”.

Florida

Program Name: Transportation Disadvantaged Program (1979)

- **Annual Funding Amount:** \$59,255,688
- **Funding Source:** Transportation Disadvantaged Trust Fund
 - Registration Fees
 - State Transportation Budget
 - DOT Capital Budget
 - DOT Block Grant Program
- **Policy Support**
 - Administered by the Commission for Transportation Disadvantaged
 - Each County has a Community Transportation Coordinator, Designated Official Planning Agency, Local Coordinating Board

International

?

Pending

- Potentially limited transferability due to relatively feeble baseline transit infrastructure in the U.S.
 - European countries typically have robust rail and bus systems
 - Developing nations often also have robust transit and transit that resembles our paratransit system.

September 20th
CA for ALL Ages
& Abilities
Update

Amanda Lawrence
CA Department of Aging



<https://www.caforall.org/contact-support/>

CA

FOR ALL

AGES & ABILITIES

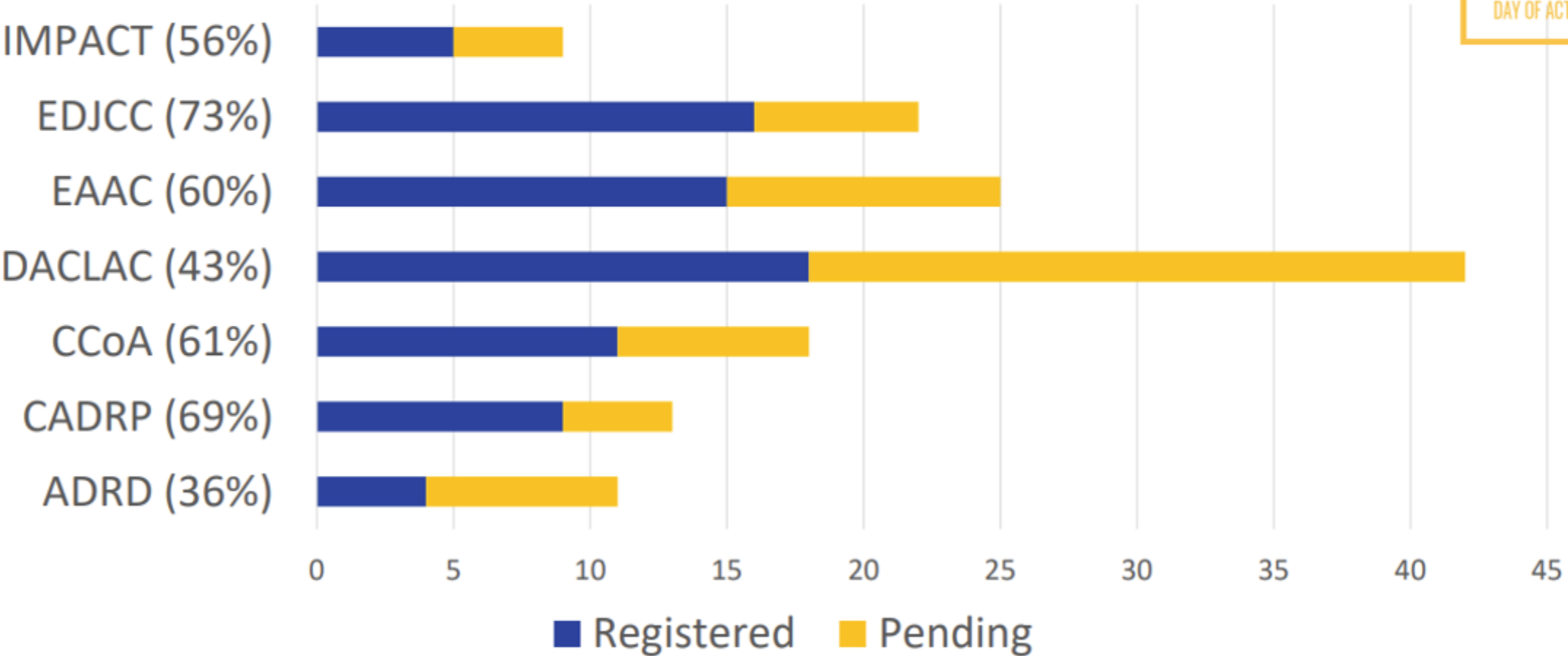
DAY OF ACTION

TUESDAY • SEPTEMBER 20
8:30AM - 4:00PM

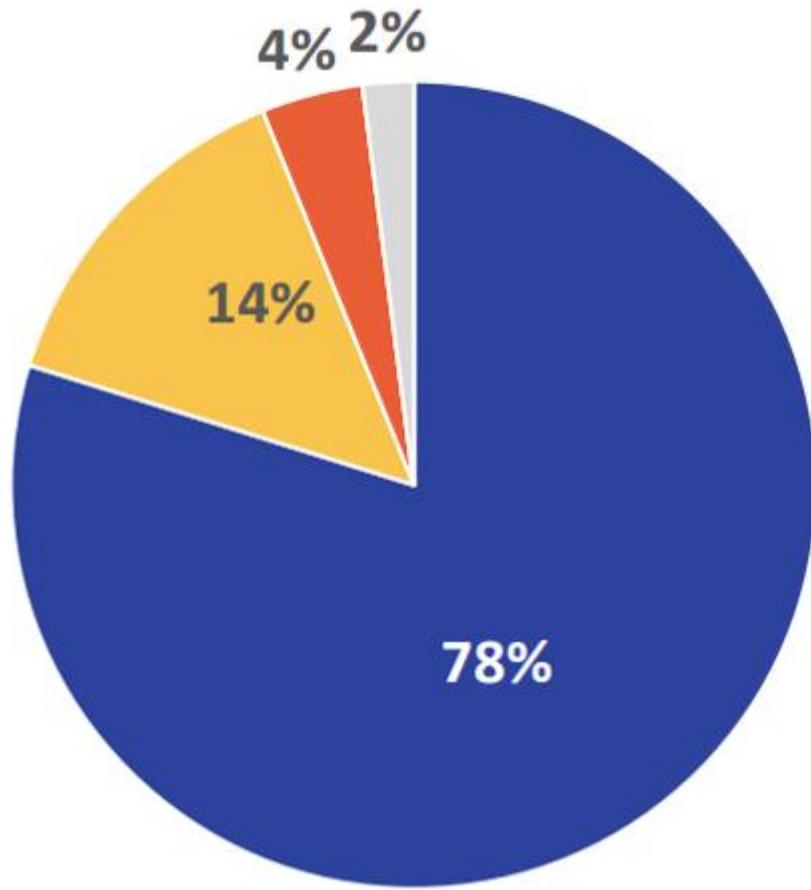
Join us for a full-day,
in-person event in Sacramento.



Stakeholder Committee Member Registration



78% Registered as a General Attendee



- General Admission (391)
- Stakeholder Member (69)
- Philanthropic Partner (20)
- Speaker (0)
- Event Staff (10)



Out of State Registrants

- Washington, D.C.
- Philadelphia, Pennsylvania
- Clinton, Maryland
- Alexandria, Virginia
- Huntersville, North Carolina
- Columbia, South Carolina
- Nashville, Tennessee
- Indianapolis, Indiana
- Mound, Minnesota
- Bismark, North Dakota
- Chicago, Illinois
- Kansas City, Missouri
- Aurora, Colorado
- Boise, Idaho

9/20 Agenda Items

Breakfast Meet & Greet for Stakeholder Committees

Welcome & Opening Remarks - Director DeMarois

Keynote: “It’s a Public Health Issue: Fighting Ageism, Ableism & Racism” - Ashton Applewhite

“Setting Stakeholders Priorities for the Next Two Years” – Presentation of Committee Platforms

“Advancing the Master Plan for Aging: A Cross-Agency Partnership” – Conversation with Administration Leadership facilitated by CalHHS Undersecretary Marko Mijic

“California Leading the Way: Partnerships across Aging and Disability”
Joe Xavier, Director, California Department of Rehabilitation

9/20 Agenda Items

“Personal Perspectives on Aging, Disability and Caregiving”

- Video: [Inclusion Films](#) will spotlight the lives of four individuals, including an older adult, person with disability, and a family caregiver to understand life from their perspective
- Panel Discussion with Inclusion Film makers and the people featured in the film

“A Conversation with California State Leaders: Addressing Access and Affordability as We Age” - Facilitated by Kim McCoy Wade, Senior Advisor on Aging, Disability, and Alzheimer’s, Office of Governor Gavin

“What is Missing? What Didn’t We Hear?” –A Tabletop Discussion Activity & Report Outs

“Forging Ahead: A Call to Action” – Remarks by Maria Shriver, Chair, Governor’s Task Force on Alzheimer’s Prevention and Preparedness; Former First Lady, State of California

Resources from Chat

- Marko Mijic's email address: Marko.mijic@chhs.ca.gov
- Giselle Sanchez's email address: calich@bcsh.ca.gov
- Ashton Applewhite TED Talk: https://www.youtube.com/watch?v=WfjzkO6_DEI
- Registration Link for the September 20th CA for ALL Ages & Abilities Day of Action: <https://www.caforall.org/> and use "Stakeholder Committee Member" as your registration type
- All meeting materials will be posted to the CalHHS DACLAC page: <https://www.chhs.ca.gov/home/committees/disability-and-aging-community-living-advisory-committee/>

Resources from Chat

- CA Health and Human Services (CalHHS) website - the Data Exchange webpage: <https://www.chhs.ca.gov/data-exchange-framework/>
- Strategic Spending Guide Resources: https://www.bcsd.ca.gov/calich/strategic_spending_guide.html
- PATH Initiative: <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>
- Community Supports: Association of Regional Centers Contact: gabrielr@nbrc.net
- Community Services: Partnership HealthPlan of California: <http://partnershiphp.org/Pages/PHC.aspx>

Resources from Chat

- CalAIM Notifications of Meetings, Presentations, etc.:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DhcsStakeHolders>
- Managed Long Term Services and Supports Duals Integration Workgroup:
<https://www.dhcs.ca.gov/provgovpart/Pages/MLTSS-Workgroup.aspx>
- GUIDANCE DOCUMENT - "Putting the Funding Pieces Together: Guide to Strategic Uses of New and Recent State and Federal Funds to Prevent and End Homelessness" - September 13 2021 (updated November 2021) - Provided by California Business, Consumer Services and Housing (BCSH agency) and the Homeless Coordinating and Financing Council (HCFC) - PDF Document (39 pages) - posted on the California Business, Consumer Services and Housing website:
https://bcsh.ca.gov/calich/documents/covid19_strategic_guide_new_funds.pdf

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.

**Closing
Comments &
Next Steps**

Susan DeMarois

California Department of Aging

Patti Prunhuber

Justice in 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