MASTER PLAN *for*
Developmental Services

Public Information
& Input Session
October 9, 2024

Master Plan for Developmental Services

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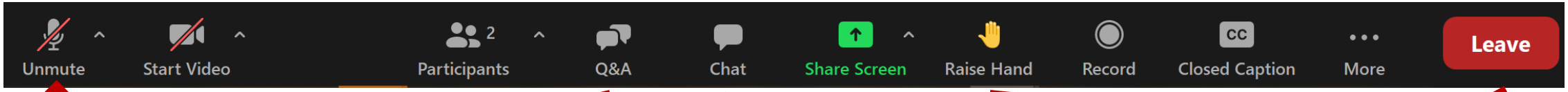

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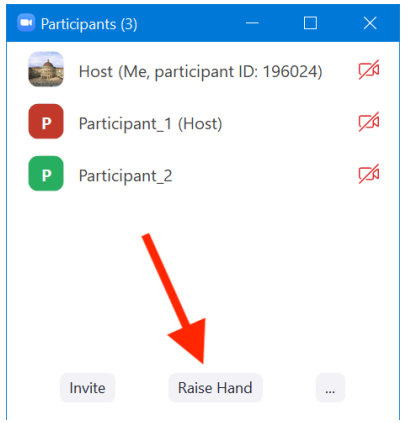

Purpose of this Public Comment Session

- Provide an overview of what the plan is and what we are trying to achieve.
- Provide a summary of what work has been done so far and what comes next.
- Offer the public more opportunities to ask questions and give feedback.

Our Vision for the Plan

- A Plan for the future of Developmental Services to provide equitable, consistent, and accessible services to all Californians with developmental disabilities.

- A Plan created with and by our diverse communities across the state, including family members, advocates, service providers, policy experts, and individuals with lived experience.

- The committee, state leadership, and community leaders across the state will work together to develop a bold plan for the future by Spring 2025.

Our Commitment to Equity

- We are committed to centering the Master Plan in Equity and the Lived Experiences of Individuals and Their Families.

- We are developing tools and strategies to support equity across all priorities and recommendations in the Master Plan.

- We have brought on subject matter experts, and internal equity team, and community equity leads to support this effort.

- We are actively seeking out conversations and input from underrepresented and historically marginalized communities.

Our Work So Far

The committee has met six times and discussed:

- Our shared values for caring out this work and our vision statements for the future of Californians with developmental disabilities.
- What equity means to us and brainstormed about how we will work to address equity in this plan.
- Creating workgroups that will develop recommendations for the Master Plan under 5 focus areas.
    - These workgroups have all met three times and have started brainstorming recommendations

Summary documents for these discussions are posted at:
www.chhs.ca.gov/home/master-plan-for-developmental-services/
Documents can be made available in other languages upon request.

Formation of Workgroups

We established **Five Workgroups** based on our Vision for Success and other input from Committee members and the community:

- **Group 1**: Individuals and families experience person-centered service systems they trust
- **Group 2**: Individuals receive timely, inclusive, and seamless services across all service systems
- **Group 3**: Individuals and their families receive services from a high-quality, stable and person-centered workforce.
- **Group 4**: Individuals and their families experience consistent, transparent, accountable and data-driven systems that focus on outcomes
- **Group 5**: Individuals are entitled to life-long services with adequate resources

We Want to Hear from You!

1. What questions do you have about this plan and our process?

2. What input do you have for the workgroups as they think about recommendations for the Master Plan?

Thank You!

We welcome other suggestions on the Master Plan and how we can engage with you! Please email us at: DSMasterPlan@chhs.ca.gov.

For more information and upcoming meeting dates, visit us at: www.chhs.ca.gov/home/master-plan-for-developmental-services

MASTER PLAN *for*

Developmental Services

Stakeholder Committee Meeting
October 9, 2024

MASTER PLAN for Developmental Services

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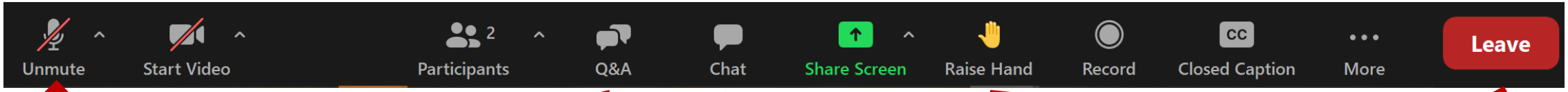

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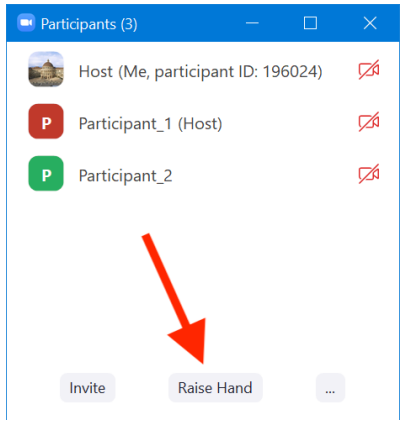

Agenda

- Welcome (10:00 am)
- Review of Public Engagements and Input (10:20 am)
- Overview of Process for Finalizing Recommendations (10:40 am)
- Workgroup Roundtable & Public Input Session Part 1 (11:00 am)
- Lunch Break (12:10 pm)
- Workgroup Roundtable & Public Input Session Part 2 (1:00 pm)
- Break (2:10 pm)
- Workgroup Roundtable & Public Input Session Part 3 (2:25 pm)
- Public Comment (3:00 pm)
- Adjournment (3:30 pm)

Review of Public Engagements and Input

HOST	COMMUNITY	DATE
Golden Gate Regional Center Advocates	Service providers and advocates serving the San Francisco Bay Area	9/10/2024
PRAGNYA Coffee, Chai, and I	Families and self-advocates from the South Asian communities and greater San Jose area	9/21/2024
"Voices for Change" Event	Families and individuals from the Chinese, Japanese, and Vietnamese communities	9/21/2024
SCDD	Membership of the State Council on Developmental Disabilities	9/24/2024

Community Engagement Process

1. **Continue to Share Major Themes:** Keep public input summaries as a standing agenda item and post on DDS Master Plan website.
2. **Record Meeting Takeaways:** Write down feedback and ideas from community engagement meetings. These ideas will be considered by the workgroups.
3. **Track Ideas for Workgroups:** Keep updated lists of ideas that are relevant for each workgroup. The Master Plan Team, Committee and Workgroup Members will use these lists to share and discuss ideas.
4. **Update Status Tracker:** Workgroup members will have access to the updated tracker. The tracker will show which ideas have been shared and discussed with which workgroups.

Updates on Master Plan Process

- **Implement a Prioritization Process:** We are creating a framework for prioritizing recommendations that come out of the workgroups.
- **Recommendations will be Prioritized:** Factors such as impact, equity, cost, and level of effort will be used to prioritize recommendations.
- **Identify Early Wins:** We will be flagging recommendations that can be put into motion in the short-term for immediate action.
- **Timing and Metrics for Success:** The Committee and Workgroups will discuss success metrics and timing for each recommendation.

Ensuring Workgroup Coordination

- Starting this month, we will be holding Co-Chair monthly meetings to discuss workgroup topic overlap and coordination.
- We have created a website that all workgroup members will use to share documents.
  - Workgroup members can access and edit their own workgroup documents.
  - Workgroup members can also view documents from other workgroups.
- This website will be updated on a regular basis.

Workgroup Roundtable & Public Input Session

- We learned some lessons from trying this at the last Stakeholder Committee Meeting; thank you for your patience and feedback.
- We have made changes to simplify the format that will still allow people to discuss topics in small groups.
- The goal is to give all Committee members a chance to share their views on the workgroup ideas as they are being developed.
- Each workgroup facilitator will give a 5-minute update on their topics.

For Committee members participating in person:

- There will be five rounds of 30-minute discussions at three different tables.
- There will be hosts at each table taking notes and facilitating discussions.
- No one needs to change tables.

Workgroup Roundtable & Public Input Session

For Committee members on Zoom

- After the workgroup facilitator presents, committee members who are participating on Zoom will join a breakout room.
- Each breakout room will have a host who will facilitate small group discussions.
- There will be five rounds of discussion, each focusing on a different workgroup topic.

For Members of the public

- Members in person and on Zoom will join together in a hybrid environment
- Hosts will facilitate five workgroup topic discussions and request input from participants.

Workgroup Topics

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Group 1
Individuals and families experience person-centered service systems they trust

Group 2
Individuals receive timely, inclusive, and seamless services across all service systems

Group 3
Individuals and their families receive services from a high-quality, stable and person-centered workforce

Group 4
Individuals and their families experience consistent, transparent, accountable and data-driven systems that focus on outcomes

Group 5
Individuals are entitled to life-long services with adequate resources

Workgroup Roundtable & Public Input Session Part 1

- Facilitators from workgroups 1 & 2 will present on their workgroup's progress.
- Committee members will have 30 minutes to discuss in their small groups.
- Members of the public will also have 30 minutes to provide input.

Workgroup 1

WG1: Individuals and families experience person-centered service systems they trust

Priority 1: Build trust in Regional Center systems and other systems, particularly for people of color.

Priority 2: Make sure that anyone who is eligible for services learns about, understands, and gets individualized and timely services – regardless of their age, language access, race, ethnicity, location, or other characteristics.

Priority 3: Ensure individuals have choice and control over their lives by making self-determination the core of the developmental disabilities system.

Priority 4: Ensure equity of access and options in Regional Center services while still assuring a person-centered system to support consistency in the experience of families and individuals.

So far, Workgroup 1 has brainstormed Big Ideas for Priorities 1, 2, and 3.

Priority 1 Input: Big Idea

Restructure service coordination to focus solely on supporting an individual and their family to get their needs met.

Suggested ways to accomplish this:

- Remove "gatekeeping" functions from the service coordination role that conflict with supporting the individual's needs being met, such as fiscal management.
- Take service coordination out of regional centers altogether and move the role to community-based organizations.
- Conduct a pilot project at a regional center where the service coordinator focuses solely on supporting the individual and family and the goal of the regional center team is "how do we get to yes?"

Priority 1 Input: Big Idea (continued)

More suggested ways to accomplish restructuring service coordination:

- Reduce caseloads to enable service coordinators to spend more time building relationships and supporting clients' needs.
- Structure caseloads so that service coordinators can maintain relationships with the same individuals over the course of their lives.
- Create a new support position (e.g., a "case aide") that supports service coordinators with administrative tasks. This new role would aim to free up service coordinators' time for person-centered tasks.
- Create specialist positions within regional centers with expertise in particular types of needs and ages across the lifespan of clients.

Priority 1 Input: Big Idea (Questions)

For this idea, think about:

- What specific things do you wish service coordinators could focus on doing to support the individual and their family?
- What specific things do you wish service coordinators could stop doing because these things do not support the individual and their family?
- Are there other ways to restructure service coordination beyond those listed above?

Priority 2 Input: Big Idea

Transform communication to be complete, consistent, and accessible to individuals and their families so they have all of the information they need and want to drive their decision-making.

Suggested ways to accomplish this:

- Establish across regional centers the consistent use of plain terms, definitions, and language in verbal and written communication—including forms and other materials—that is accessible and understood by all who interact with the system.
- Establish a consistent practice across regional centers of clearly explaining all available services and how those services support an individual and their family, as well as what the services do not include.

Priority 2 Input: Big Idea (continued)

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More suggested ways to accomplish transforming communication:

- Establish a consistent practice across regional centers of clearly explaining what makes an individual eligible for a particular service and why someone is not eligible for a service when that is the case.
- Establish a consistent practice across regional centers of clearly explaining the rules and steps that regional centers must follow.
- Establish and transparently share timelines for regional center communication, decisions, and actions that individuals and families can count on.
- Make sure every regional center has enough staff who speak the preferred languages of those they serve.

Priority 2 Input: Big Idea (Questions)

For this idea, think about:

- Do the suggested strategies seem like effective ways to achieve the Big Idea?
- Is there anything you would add or change?

Priority 3 Input: Big Idea

Reimagine the developmental services system model – one that is not organized by 21 geographic areas.

Suggested ways to accomplish this:

- Establish a service system that is organized by specialty area, such as the Self-Determination Program (SDP), not by geographic area.
- Create smaller catchment areas and increase the number of regional centers to serve in each.
- Divide up the state into many more catchment areas and increase the number of regional centers to serve each smaller geographic area.

Priority 3 Input: Big Idea (continued)

More suggested ways to accomplish reimagining the development services system model:

- Keep the current 21 regional centers and their catchment areas and add one more center that is "without borders," which would serve remote locations and/or other specific communities.
- Pursue a pilot program where people are given agency over their own services, living the principles of the self-determination program, but without the current oversight or red tape or restrictions. Remove the RC, the financial management service (FMS), etc. – as much as possible and see what happens. Use the data to help figure out whether the default should be more autonomy or less, more authority and oversight from the RC or less.

Priority 3 Input: Big Idea (Questions)

For this idea, think about:

- Which of the models above seem most effective to you, and why?
- Is there a model above that you think we should not recommend? If so, why?
- Is there a service system model not listed above that you want to suggest?

Workgroup 2

WG2: Individuals receive timely, inclusive and seamless services across all service systems

Universal Goal 1: Make it easier for people to get the generic services they need, when they need them. Generic services are services funded by the government and provided by a public agency or health plan.

Universal Goal 2: Make life transitions easier, better, and on time. Life transitions are moving to school services from early start. They also include leaving high school and getting older.

Universal Goal 3: Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.

Universal Goal 1 Work

We developed three recommendations to make it easier for people to get the generic services they need when they need them:

1. Create accessible, user-friendly plain language information, about generic services. This includes how to access these services and how to get help.

2. Clarify DDS' definition of generic services.

3. Develop uniform, easy to use screening tools that refer people to the right generic services.

Universal Goal 1 Work

We are working on three additional "big" ideas to make it easier for people to get the generic services they need when they need them:

- **Help people get generic services**
  This help is called navigation supports. It must include peer support services provided by peers with disabilities. This means a peer can help another person get the services they need.

- **Expand Gap Funding**
  This means regional centers pay for some services while a generic service is not available. This happens when a generic agency agrees a service is needed but cannot provide it in a timely manner.

- **New ways for regional centers to provide a service and bill the generic services agency**. This can be a pilot program.

Universal Goal 1 Work

We want your input in three areas:

- **Clarify DDS' definition of generic services.**

- **Help people get generic services**
  This help is called navigation supports. It must include peer support services provided by peers with disabilities. This means a peer can help another person get the services they need.

- **Expand Gap Funding**
  This means regional centers pay for some services while a generic service is not available. This happens when a generic agency agrees a service is needed but cannot provide it in a timely manner.

- **New ways for regional centers to provide a service and bill the generic services agency**. This can be a pilot program.

Universal Goal 1 Input

Clarify DDS' definition of generic services.

DDS' new definition about generic services must:

- Say what is and is not a generic service;
- Say when generic services are available; and
- Make sure the service meets the same need as the regional center service.

The regional center provides services that fall outside of this definition.

The person does not have to file an appeal if a service is denied.

There should be a different way for regional centers to resolve their dispute with generic agencies.

Universal Goal 1 Input

Clarify DDS' definition of generic services.

What is and is not a generic service. For example, Adoption Assistance Program (AAP) benefits are not a generic service. AAP provides cash benefits to families that adopt children with disabilities.

Be available. This means:

- It is provided on-time.
- It is the type, amount and duration authorized by the generic services agency. When making decisions about services, the agency must use its eligibility, assessment, or planning process.

Universal Goal 1 Input

Clarify DDS' definition of generic services.

Meet the same need as the regional center service. For example, IHSS protective supervision makes sure a person is safe. Regional center respite gives a break from caregiving. If a parent provides IHSS protective supervision, they do not get a break. They should still receive respite.

Individuals and families have choice in how they will use the generic service. It must be used in a way allowed by the generic agency.

Universal Goal 1 Input

Clarify DDS' definition of generic services.

When thinking about this definition, consider:

- Are there other things that should be part of the generic services definition?
- Are there parts of the definition that you don't understand?

Universal Goal 1 Input: Big Idea 4

Help people get generic services

This help is called navigation supports. It must include peer support services provided by peers with disabilities. This means a peer can help another person get the services they need.

For this idea, think about:

- What services should navigators provide to help people?
- What ways can peers help self-advocates access generic services?
- What skills or knowledge should navigators have?
- Is there additional information or data we need about navigation supports?
- Are there questions or concerns about this idea?

Universal Goal 1 Input: Big Idea 5

Expand Gap Funding

This means regional centers pay for some services while a generic service is not available. This happens when a generic agency agrees a service is needed but cannot provide it in a timely manner. For example, a managed care provider agrees applied behavioral analysis (ABA) is needed but doesn't have a provider.

For this idea, think about:

- What generic services should be prioritized for gap funding?
- When should a regional center provide gap funding?
- Is there information or data we need?
- Are there questions or concerns about this idea?

Universal Goal 1 Big Idea 6

"Big" Idea #6: New ways for regional centers to provide a service and bill the generic services agency. This can be a test or a pilot program.

For this idea, think about:

- What is most important things to be part of this new pilot program? For example, the type of service? The kind of provider?
- Is there information or data we need?
- Are there questions or concerns about this idea?

LUNCH BREAK

Lunch: 12:10 – 1:00 pm

Workgroup Roundtable & Public Input Session Part 2

- Facilitators from workgroups 3 & 4 will present on their workgroup's progress.
- Committee members will have 30 minutes to discuss in their small groups.
- Members of the public will also have 30 minutes to provide input.

Workgroup 3

Workgroup 3 Priorities

Priority #1: Expand career pathways to develop a diverse workforce that reflects the community.

Priority #2: Provide competitive pay and employment supports to recruit and retain a high-quality workforce that includes people with developmental disabilities.

Priority #3: Create clear roles and responsibilities for service coordinators to deliver culturally-responsive, effective, and consistent services.

Draft Problem Statement for Priority #1

Universal Goal Setting: Expand career pathways to develop a diverse workforce that reflects the community.

Problem Statement(s): Many people, especially from immigrant and minority communities, do not know about careers connected to disability. There is not enough information for how to get a career in disability services. Traditionally, the disability field has not been treated as a profession; it is often viewed as a temporary job with low pay and challenging work situations.

Discussion: Is anything missing from our problem statement(s)?

Draft Recommendations: Priority #1

Below are possible recommendations based on our brainstorm on "Big Ideas":

Recommendation 1: Create partnerships between state and local entities, education, and private industry to launch more opportunities for people seeking careers in disability-related fields, including:

- Certificate and degree programs
- Paid internships and apprenticeships
- Mentorship and professional development trainings

Recommendation 2: Conduct statewide and targeted marketing campaigns to increase awareness and interest in disability-related careers, particularly for minority and underserved communities.

Recommendation 3: Update the Standard Federal Occupation Code to reflect and better support careers in disability related fields.

Draft Recommendations: Priority #1

Below are possible recommendations based on our brainstorm on "Big Ideas":

Recommendation 4: Create a disability career supporting organization that matches people looking for jobs in disability services with organizations and individuals that are looking to hire people in disability services.

Recommendation 5: Fund grants for entrepreneurs and service providers to support competitive integrated employment opportunities and for starting microenterprise in disability services.

Recommendation 6: Other?

Use the Equity Tool to Develop our Problem Statement

Priority #2 Our goal: Provide competitive pay and employment supports to recruit and retain a high-quality workforce that includes people with developmental disabilities.

Let's discuss:

1. **Problem Statement:** Where are we now?

2. **Causes of Problem:** Why are we here?

3. **Information:** What data or information will help answer these questions?

Brainstorming Priority #2 Big Ideas

Big Idea #1: Provide employment services, including micro-enterprise training, specifically for people who want careers in disability services.

For this idea, think about:

- What kind of employment services do people need that they aren't getting today?
- What are the main barriers people need help with to start their own business or micro-enterprise?
- Who should be providing these services and how do we make these services easier to get?

Brainstorming Priority #2 Big Ideas

Big Idea #2: Provide other creative incentives in addition to higher pay.

For this idea, think about:

- What other kinds of benefits and incentives are there for people to do different type of work?
- In addition to higher pay, what would make you or someone you know want a career in disability services?
- What are other systems, like the military, education, and volunteer corps, doing so people will want to work for them?

Workgroup 4

Workgroup 4: Individuals and their families experience consistent, transparent, accountable, and data-driven systems that focus on outcomes.

Priority #1:

"Make sure all regional centers follow the same rules. They should offer the same services and say what they pay for the services they give. We want everything to be clear and fair, and to use language everyone can understand."

Our universal goal for Priority #1 is:

"People get the services and supports they need, when they need them, so they can lead the lives they want."

Workgroup 4 Draft Recommendations

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We have developed two recommendations.

- **Recommendation #1: Develop service definitions for a wide range of services. Service definitions should be written in a way that is equitable and accessible to everyone.**

- **Recommendation #2: Create and keep an updated list of clear, fair, and consistent rules for all regional center services and how they are approved.**

Workgroup 4 – Other Big Ideas

We are working on three other big ideas. Today we want your input on these:

1. Develop consistent, transparent, equitable and person-centered Individual Program Plan (IPP) processes.
2. Establish clear and consistent procedures and timelines for vendorization.
3. Develop consistent, transparent, and equitable standards for the regional center intake and assessment process.

Idea: Develop consistent, transparent, equitable and person-centered Individual Program Plan (IPP) processes

IPP Processes must:

- Describe what services are needed and when they are needed.
- Get individual and parent input to document needs and goals
- Be provided to individuals and families in languages they understand before IPP meetings
- Use DocuSign to obtain an individual's and (if needed) parent's consents

For this idea, think about:

- What is wrong with the current process that should be fixed?
- What information do we need to know if the process is working or not?
- How do we make sure the process works the way it is supposed to?

Idea: Establish clear and consistent procedures and timelines for vendorization.

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More service providers are needed, particularly with language and cultural competency. This is essential to ensure that everyone gets the services and supports they need.

Vendorization processes should:

- Be efficient, with clear timelines to become vendorized;
- Be accepted by all regional centers if an organization is vendored by one regional center;
- Speed up processes of assigning vendor numbers after a vendor's application has been approved.

For this idea, think about:

- What is wrong with the current process that should be fixed?
- What information do we need to know if the process is working or not?
- How do we make sure the process works the way it is supposed to?

Idea: Develop consistent, transparent, and equitable standards for the regional center intake and assessment process.

Here is one example of a problem statement:

- When people go to regional centers for the first time, they are asked for "proof" or "records" that show they have an intellectual or developmental disability. If they don't have this proof, they are sometimes turned away.
- Not everyone has access to the same resources or testing where they are able to receive an early diagnosis of an intellectual or developmental disability. Example: studies show that Black youth with autism or intellectual disability are more likely to be misdiagnosed with conduct disorders.
- How do we make sure people aren't being left behind at the intake stage? What role should regional centers have to assess people who don't already have assessments?

For this idea, think about:

- How can more people get access to the intake process?
- How can we reduce the burden on individuals and families to prove they need services?
- What role should the Master Plan play in supporting SB 138?

Discuss Priority 1 – Recommendation 1: Service Definitions

Operational Definitions of Service Types

What is an Operational Definition of Service Type?

An Operational Definition of Service Type (also called a "**service definition**") explains what a service is. It tells us what the service includes and how it works. This helps everyone understand the service in the same way.

Service definitions help make sure that:

- individuals and families make informed choices about what services they need, and how they can access them.
- There is more consistency about how services are offered across regional centers.
- We can get more reliable information about each service. This will help us better understand what good access and service delivery is.

Priority 1, Recommendation 1: Service Definitions (slide 1 of 2)

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Recommendation #1: Develop service definitions for a wide range of services, written in a way that is equitable and accessible to everyone.

1. **Definitions should include things that must be included in each type of service**, as well things that might be different across regional centers. Definitions must also allow for enough flexibility so that services can meet the needs and goals of individuals.
2. **Definitions should be used by all regional centers and providers.** Definitions must have enough detail and clarity so that there is no misunderstanding about each service. This will promote consistency across regional centers and providers.
3. **Definitions should also be easy to understand** for everyone, and available in different languages. They should use words that address equity and are sensitive to people from different background and cultures.

Priority 1, Recommendation 1: Service Definitions (slide 2 of 2)

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Recommendation #1: Develop service definitions for a wide range of services, written in a way that is equitable and accessible to everyone.

4. **Data for each definition should be collected** to know if the service is being provided in the way it is supposed to be. It should also be collected to see if definitions had an impact on the equity, quality and outcomes of each service
5. **There should be a process for creating service definitions.** That process should include self advocates and family members, DDS, regional centers, providers and other experts. The process should look at rules, regulations and examples of other places where good definitions that have been developed.
6. **The process of developing the operational definitions should be facilitated by an independent organization**.

Discuss Priority 1 – Recommendation 2: Service Authorization Standards

Service Authorization Standards

What is a service authorization standard?

A service authorization standard is what regional centers use to review a request to get a specific service. It helps them figure out whether to say "yes" or "no" to a service.

Service authorization standards make sure that:

- The service is needed
- Regional centers follow the rules for what the regional center can and cannot pay for.

Priority 1, Recommendation 2: Service Authorization Standards (slide 1 of 3)

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Recommendation #2: Create and keep an updated list of clear, fair, and consistent rules for all regional center services and how they are approved.

1. **All regional centers use consistent service authorization standards** that are person-centered, equitable, clear, transparent, and easily understood by everyone.
2. **Service authorization standards should be established by a decision-making committee.** It should be diverse and include people served, families, regional centers, and other members of the community. The committee should use tools to make sure that equity is always considered. And it should keep going as long as updates to standards are needed.
3. **Each regional center should have a multi-cultural advisory council** that includes people from diverse ethnic backgrounds and languages.

Priority 1, Recommendation 2: Service Authorization Standards (slide 2 of 3)

MASTER PLAN for Developmental Services

Recommendation #2: Create and keep an updated list of clear, fair, and consistent rules for all regional center services and how they are approved.

4. **No one should lose a service they are receiving because of this process**.
5. **Training should be required on service authorizations standards** for regional center leadership, service coordinators, providers, and direct support professionals. It should also be available to people served, their families, and other stakeholders so there is a common understanding of what service authorization standards are and how they should be used
6. **There should also be immediate fixes to current service authorizations standards** while these recommendations are being adopted. This includes a review by DDS of purchase of service policies.

Priority 1, Recommendation 2: Service Authorization Standards (slide 3 of 3)

MASTER PLAN for Developmental Services

Recommendation #2: Create and keep an updated list of clear, fair, and consistent rules for all regional center services and how they are approved.

7. **Create clear and consistent processes for Notices of Actions ("service denials") and appeals to ensure transparency in the decision-making process**
    - Service denial policies must be provided timely. They must be in the preferred language of the individual that is easy to understand. They must also include a clear description of an individual's rights to appeal. They must be provided even when there is an end date in the IPP and the person does want the service to end.
    - Regional Center must provide information, in the preferred language of the individual, on alternative resources or assistance that could help families.
    - DDS should collect and publicly report data on the number and type of service denials by regional center. This should include service denials not appealed, denial reasons and steps taken to provide generic supports for each Regional Center.
    - All service denials, notices action and appeals must be documented in the Individualized Program Plan (IPP).

BREAK

15 Minutes

Workgroup Roundtable & Public Input Session Part 3

- Facilitators from workgroup 5 will present on their workgroup's progress.
- Committee members will have 30 minutes to discuss in their small groups.
- Members of the public will also have 30 minutes to provide input.

Workgroup 5

Workgroup 5 Priorities

Priority 1: Maximizing federal reimbursement by increasing Medicaid enrollment for individuals and making eligibility processes easy on individuals and families.

Priority 1 Simplified version: Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Priority #1 Recommendations

Recommendation #1

Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process with supports.

- Individuals should have informed choice about Medicaid/MediCal and DDS Waivers eligibility and enrollment.
- Individuals, families, RCs (RCs), and other community partners need to have information to understand why Medicaid is important for long-term sustainability of the I/DD system and services.
- Department of Health Care Services (DHCS) (California's Medicaid Agency), Counties, Department of Developmental Services (DDS), and Regional Centers need to work together to create a single process that is easy for individuals and families to use to enroll in MediCal and DD Waivers with supports they need.

Priority #1 Recommendations

Recommendation #1

Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process with supports.

- Person's experience and outcome of eligibility and enrollment process should not be defined by their race, ethnicity, language, gender, age, health condition, or any other identity or background. State should evaluate data to identify and remedy any disparities.

- State and Regional Centers will provide language supports to ensure everyone has the needed information.

Priority #1 Recommendations

Recommendation #2

Make supporting individuals and families with eligibility and enrollment process an expectation and a priority for Regional Centers.

- RCs need enough resources and staff to support individuals and families in navigating the eligibility and enrollment process. This will help make the process as quick and easy as possible. Some up-front funding may be needed to start the process, before more federal funding is brought to the state.
- RCs should do eligibility and enrollment consistently.

Priority #1 Recommendations

Recommendation #2

Make supporting individuals and families with eligibility and enrollment process an expectation and a priority for Regional Centers.

- Find RCs that do a good job in having a fast and well supported eligibility process and share best practices. Establish and support community of practice to continuously improve processes across RCs.
- There must be metrics and accountability for RCs supporting individuals and families with eligibility and enrollment.

Priority #1 Recommendations

Recommendation #2

- Service Coordinators and RC staff should receive quality training on Medicaid, MediCal, and Waiver eligibility and enrollment and on how to provide person-centered and culturally informed supports to individuals and families, including completing necessary forms and paperwork for eligibility.

- RCs staff should receive training to support individuals and families with cultural humility and awareness, and in a trauma informed way to foster a more inclusive and person-centered approach.

Priority #1 Recommendations

Recommendation #3

Change language about eligibility to be simple and not intimidating.

- Replace terminology that has negative meaning or can trigger trauma with plain, person-centered language. For example: “institutional deeming”, “Waiver”.

Priority #1 Recommendations

MASTER PLAN for Developmental Services

Recommendation #4

Individual's ability to receive services quickly and without interruption should not depend on Waiver and Medi-Cal eligibility.

- Ensure that Waiver and Medi-Cal eligibility process or the type of Medicaid authority individual enrolls in does not delay or restrict access to services. People should be able to start receiving services while waiting on Medicaid eligibility process to be completed.
- Reginal Centers will do pre-screening for services so that people can start receiving some basic supports quickly, even as they are going through eligibility process.
- Eligibility and enrollment process should not impact continuity of services at eligibility redeterminations.

Upcoming Meetings

NOVEMBER 2024
WED November 6, 2024 – Virtual Only
Virtual Meeting Only – Zoom
DECEMBER 2024
WED December 11, 2024 – Sacramento
In-Person Location – CA Lottery 700 North 10th Street, Sacramento, CA 95811

Upcoming Meetings

JANUARY 2025
WED January 8, 2025 – Southern California
In-Person Location – SNNLA 1968 Adams Blvd. Los Angeles, CA 90018
FEBRUARY 2025
WED February 12, 2025 – Northern California Bay Area
In-Person Location Forthcoming
MARCH 2025
WED March 12, 2025 – Sacramento
In-Person Location – CA Lottery 700 North 10th Street, Sacramento, CA 95811

Public Comment Session

If you want to make public comment regarding the topics of this meeting, please raise your hand and we will call on you in the order shown in Zoom.

At 2 minutes you will be asked to complete your thought to ensure everyone who wants to has a chance to speak.

Please let us know if you need additional time as a disability related accommodation to make your comment.

If you prefer to send comments in writing, email them to: DSMasterPlan@chhs.ca.gov

Thank you!

Look forward to seeing you at our next meeting.

Wednesday, November 6, 2024
9:00 a.m. – 3:30 p.m.
Location: Virtual Only

For more information visit the Master Plan web page.

Send us your input at: DSMasterPlan@chhs.ca.gov