Master Plan for Developmental Services Workgroup 5 Meeting #3
Summary
Monday, September 30, 2024
11:30 a.m. – 2:30 p.m.
Virtual Zoom Meeting

<u>Attendance</u>
Workgroup Members in Attendance
- Barry Jardini
- Claudia Center
- Hyun S. Park
- Isabel Torres
- Jay Kolvoord
- Jonathan Padilla
- Joyce Cabrera
- Kendra Wagner
- Shella Comin-DuMong
- Susan Stroebel
- Viri Salgado

Facilitators and Workgroup Chairs/Leads in Attendance
- Kavita Sreedhar (Co-Chair)
- Elizabeth Hassler (Co-Chair)
- Mark Klaus (Equity Lead)
- Anna Lansky (Facilitator)

Public in Attendance
Over 30 public attendees attended the meeting via Zoom video conference.

Welcome and Self Introductions
Workgroup 5 Facilitator Anna Lansky, and Workgroup 5 Co-Chairs Kavita Sreedhar and Elizabeth Hassler welcomed the workgroup members and members of the public to the meeting. They thanked everyone for their willingness to participate and engage in this work.

Timeline and Process for Creating Ideas and Recommendations (Slides 5-6)

<u>Workgroup 5 Timeline (Slide 5)</u>
The workgroup will meet once per month over the next 4 months to discuss and establish recommendations for each workgroup priority. The September and October meetings focused on priority 1. The November, December, and January meetings will focus on priorities 2 & 3. Recommendations will be finalized and sent to the Master Plan Stakeholder Committee in February.

<u>Developing Our Recommendations (Slide 6)</u>
The first step is to discuss ideas for the workgroup priorities one at a time. Then, the workgroup will draft and revise a list of recommendations for each priority for the Master Plan Stakeholder Committee to review and approve. Workgroup member feedback and input can also be sent to the facilitators and co-chairs between meetings via email.

Workgroup 5 Revised Priorities (slides 7-9)
Workgroup 5 Co-Chairs Kavita Sreedhar and Elizabeth Hassler gave an overview of the workgroup's revised priorities based on September's meeting.

Workgroup members discussed making sure the simplified version of Priority 1 does not mislead people into thinking federal reimbursement dictates service availability Individuals are entitled to services under the Lanterman Act. Kavita emphasized that the intent of the priority is maximizing available federal reimbursement and not tying service availability to federal funding.

For Priority 2, the workgroup agreed that the goal is to ensure all service systems work well together to support people with disabilities and avoid the confusion and frustration that individuals and families face when trying to receive and maintain services across multiple systems and under different Medicaid waiver programs.

Priority 3 was updated to include additional services people with I/DD utilize, such as housing, transportation, education, and more. The importance of person-centered and culturally informed services for various family structures, including multigenerational households, was also highlighted.

Priority 1 Recommendations (Slides 10-17)
The workgroup reviewed the recommendations for Priority 1 that were created with the equity tool in the last meeting.

<u>Recommendation #1 (Slides 10-12)</u>

The workgroup discussed the Home and Community-Based Alternatives (HCBA) and Home and Community-Based Services for Developmental Disabilities (HCBS) waivers, highlighting the confusion it causes for individuals and families and the

potential financial inefficiencies. Suggestions to solve for this included examining if having two waivers is necessary, or whether waivers could have all needed service options, and making sure people do not have to choose between services. The need for better data tracking and transparency on spending was discussed. Additionally, a [resource explaining the difference between the waivers](#) from the Department of Health Care Services was highlighted. A [study](#) by Legislative Analyst's Office (LAO) was shared to show how much funding could be received if the State and regional centers prioritize enrolling eligible individuals into Medi-Cal and DDS waivers. Because this topic is complex, the workgroup emphasized the importance to be clear and use plain language.

Recommendation #2 (Slides 13-15)

The workgroup discussed how families not aware of available resources can access services and why people are denied services. Suggestions to resolve these problems included improving regional center websites to provide clear information on Medicaid waivers and eligibility processes. The workgroup discussed strengthening referral pathways into I/DD systems overall and specifically by medical and behavioral health professionals and having community-based organizations share information on services instead, due to some communities not preferring to receive this information from the regional centers.

The workgroup discussed updating the regional center intake process to identify immediately available services for clients awaiting waiver eligibility decisions. Support was expressed for having designated employees at regional centers to guide people through the eligibility and enrollment process. Support was also expressed for transparency surrounding the appeals and hearings process for eligibility denials. Concerns were noted about the length of the intake process, especially for people transferring from other regional centers or other states.

Break (5 minutes)

Recommendation #3 (Slide 16)

There were no comments made about recommendation #3 from workgroup members before proceeding with the discussion. However, during the discussion of recommendations 1 and 2 workgroup members commented on relevant concerns about how the use of language such as "institutional deeming" may be intimidating to some people. There was also discussion on how the term

"waiver" used to refer certain Medicaid programs may be confusing to some people because it seems like you are agreeing to give something up.

Recommendation #4 (Slide 17)

There was agreement among the group that physicians should be aware of and be able to diagnose and treat individuals with I/DD. Accessibility of services through the medical and behavioral health systems has a direct impact on how quickly people with I/DD can go through eligibility process for DDS services.

Break (5 minutes)

California Medicaid Background Information (Slides 18-27)
Joseph Billingsley, Assistant Deputy Director of Health Care Delivery Systems at the Department of Health Care Services (DHCS)presented information about Medi-Cal covered services, Behavioral Health services, and coordination across delivery systems. He took questions and comments from workgroup members.

There was a discussion about the complexities faced by end users when navigating Medicaid waiver eligibility. Questions were raised about Enhanced Care Management eligibility. The importance of having plain language information and ensuring no one needs to choose between essential services was emphasized.

Next Steps: Priority 2 Recommendation Development (Slides 28-29)
Anna reviewed the next steps for developing recommendations for Priority 2, including a homework assignment that will be sent out to workgroup members after the meeting to submit their ideas related to priority 2.

Upcoming Workgroup Meetings (Slide 30)
Before moving to public comment, Anna reviewed the dates of the upcoming Workgroup 5 meetings.

Public Comment (Slide 31)
At the end of the meeting, the workgroup co-chairs and facilitator supported a 30-minute public comment period. A summary of public comments are included in the Public Comment summary document which is available with other meeting documents.

Meeting Materials:
- Discussion PowerPoint and other meeting documents