

Workgroup 5 Workgroup Focus Area:

Individuals Receive Quality, Life-Long, Person-Centered Services from Systems with Adequate Resources

Workgroup 5 Priority:

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

Priority #1, simplified language: Bring more money to California by making it easy for individuals and families to sign up for Medicaid, if they are eligible.

Universal Goal:

People eligible under Lanterman Act are entitled to and receive services regardless of their Medi-Cal or Waiver eligibility.

Lanterman eligibility is consistently and timely determined for all individuals regardless of their demographics or other background.

Everyone eligible is enrolled in DDS Waiver and with Medi-Cal through a simple process with supports.

The burden of navigating the eligibility and enrollment process should be on the system and not on the individuals and families.

Problem Statement

Not everyone who is eligible for DDS Waivers and Medi-Cal is enrolled. State cannot receive federal funding for services to those individuals.

Root Causes of the Problem

Who is left behind:

- People who speak languages other than English.
- People who need information in plain language or in ways other than writing.
- Self-advocates with little to no natural supports.
- Immigrant communities who speak English but are unfamiliar with the system's processes.
- People from different cultural backgrounds where other factors pose as barriers such as guilt, shame, fear of stigma, fear of government, fear of green card issues, fear of "public charge" implications, etc.
- Families who are afraid that the waiver is actually institutionalizing the person, or resist signing up for the waiver because of fear of government intervention/reprisal for reasons not related to immigration (people in rural areas, people who have experienced institutionalized oppression).

Root Causes:

- Individuals, families, and service coordinators do not have information on why enrolling in Waiver or Medi-Cal is important. Individuals and families may not have the information about Waiver, Medi-Cal, or need to enroll.
- Inadequate training regarding funding sources to RC managers and service coordinators.
- The enrollment process is difficult and there is lack of accessible information about it.
- Waiver and Medi-Cal rules and requirements are complex.
- Process is cumbersome and hard to understand and navigate. Burden of navigating the process is currently on individuals and families.
- Regional Centers do not have any expectations or requirements around educating individuals and families about Waivers and Medi-Cal and helping individuals to enroll. DDS has not made it

a priority to Regional Centers, there are no requirements, metrics, or incentives.

- Language used around Waivers eligibility, such as “institutional deeming”, is intimidating to individuals and families.
- Concerns about privacy and confidentiality of personal information.

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/Medi-Cal and DDS Waivers eligibility and enrollment.
- Individuals, families, Regional Centers, 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.
- Increased outreach and education about Medicaid waivers and other available services, particularly to immigrant and non-English speaking communities. This can help ensure that all eligible individuals are aware of and can access the services they need.
- Department of Health Care Services (DHCS) (California's Medicaid Agency), Counties, and 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 Medi-Cal and DD Waivers with supports they need.
- 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.

Recommended Supports:

Accessible, culturally responsive information provided in a variety of languages and modalities. Supports from people with lived experience (peer supports). Information hubs, informational toolkits, workshops, process visuals, short plain language documents, and instructional videos.

Short-term Milestones:

- 1) Department will do a study to see how much funding can be received if the State and Regional Centers prioritize enrolling eligible individuals into Medi-Cal and DDS Waivers.

Recommendation #2

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

- Regional Centers 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.
- 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 Regional Centers.
- Regional Centers should do eligibility and enrollment consistently.
- There must be metrics and accountability for RCs supporting individuals and families with eligibility and enrollment.
- Service Coordinators and RC staff should receive quality training on Medicaid, Medi-Cal, 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.

- Reginal Centers 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.

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”.

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.