California Elder and Disability Justice Coordinating Council

October 16, 2025 |10:00 a.m. – 1:00 p.m.

Welcome & Meeting Logistics

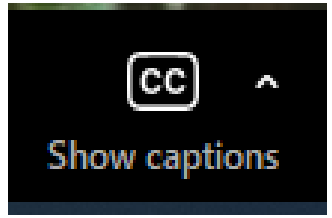
Carroll De Andreis

Manager, Master Plan for Aging Stakeholder Engagement

California Department of Aging

Meeting Accessibility

- **American Sign Language (ASL)** interpreting is provided.
- **Closed captioning** is available during this meeting.
- To initiate closed captioning (cc):



  1. Click the CC icon on the Zoom toolbar.
  2. Click "Show captions" to display spoken meeting content as text.
  3. Click "View full transcript" to review previous caption text.

- If the CC icon does not appear on your toolbar, select “More,” then select “Captions” and begin at Step 1 above.

Meeting Logistics

- Meeting slides, materials and recording will be posted to the CalHHS EDJCC webpage.
- Council Members: Update your name display in Zoom by right clicking the upper right corner of your video and selecting “rename”.

Virtual Meeting Operations

- The chat function is only enabled for Council Members, California Department of Aging (CDA) and state staff and invited guests to share meeting-related resources and information. The public will be able to view content shared in the chat during the meeting.
- The chat and the Question/Answer functions are not enabled for comments and questions from public attendees.
- We invite the public to provide comments. Please hold comments until the end of the meeting during the designated Public Comment period.
- Additional public comments and questions can be directed to Engage@aging.ca.gov.

Public Comment

Attendees joining by **phone,** *press *9* on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.

Attendees joining by **webinar (Zoom)**, *click* the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.

Note: Public commentors will have 2 minutes.

For additional public comment, email Engage@aging.ca.gov.

Council Purpose, Equity Guiding Principles, and Agenda

Ranjana Maharaj

Elder Justice Specialist, Division of Policy, Equity, and Engagement (DPRE)

California Department of Aging

Council Purpose

The goal of the Elder and Disability Justice Coordinating Council is to increase coordination and develop recommendations to prevent and address the abuse, neglect, exploitation, and fraud perpetrated against older adults and adults with disabilities.

Equity Guiding Principles

We recognize that past, current interventions, and services to prevent mistreatment have had negative consequences for some victims, families, and communities as the result of systemic discrimination and biases. To counter these negative impacts and to ensure equity and inclusion moving forward, we are committed to letting the following principles guide all aspects of our work in planning, coordination, and program development.

CalHHS Guiding Principles and Strategic Priorities

Equity Guiding Principles *cont.*

1. We recognize that all adults deserve to live free from abuse, neglect, and exploitation.

2. We acknowledge the existence of systemic racism, discrimination and negative impacts. In order to combat its impacts, we must center equity at all stages of our council's work.

3. Centering around equity does not just mean creating equitable solutions for all older adults and adults living with disabilities but also recognizing that implicit bias exists within all of us. We are committed as a group to acknowledge and explore biases while doing the work of this council.

Equity Guiding Principles *cont.*

4. We acknowledge that while older adults and adults living with disabilities have many overlapping interests, they are distinct communities, and any policies that are observed or recommended by this council should examine impacts to each community.

5. We recognize the importance of hearing directly from older adults and adults living with disabilities, their lived experiences should always be centered as we move forward with the work of this council.

EDJCC Council Members (2025)

EDJCC Co-Chairs

Susan DeMarois, *Director, CA Department of Aging*

Bertha S. Hayden, *Associate Vice President Justice for Seniors & Dependent Adults, Bet Tzedek*

Council Members

Tony Anderson, *Association of Regional Care Agencies*

Akiles Ceron, *San Francisco Human Services Agency*

Sherry Johnson-Alvarez, *Advocate*

Daniel Kroos, *San Francisco Police Department*

Jaime Levine, *Elder Law and Advocacy*

Liz Logsdon, *Disability Rights California*

EDJCC Council Members (2025) *cont.*

Sandra Longnecker, *Riverside County District Attorney's Office*

Vivianne Mbaku, *Justice in Aging*

Jennifer Moore-Ballentine, *Coalition for Compassionate Care of California*

Alicia Morales, *Adult and Long-Term Care Division of Santa Cruz*

Lisa Nerenberg, *California Elder Justice Coalition (Retired)*

Carla Perissinotto M.D., *University of California San Francisco*

Jamie Jenson PhD, *California Commission on Aging*

EDJCC Council Members (2025) *cont.*

Scott Pirrello, *San Diego District Attorney's Office*

Renita Polk, *County Welfare Directors Association of California*

Fay Gordon, *State Long-Term Care Ombudsman*

Tom Scott, *CA State Association of Public Administrators, Public Guardians, and Public Conservators*

Jason Sullivan-Halpern, J.D., *CA Long-Term Care Ombudsman Association*

Janie Whiteford, *California In Home Support Services Consumer Alliance*

EDJCC Stakeholder Committee Member Biographies

Meeting Agenda

10:00 a.m. | Welcome and Meeting Logistics
10:05 a.m. | Agenda and Guiding Principles
10:10 a.m. | Opening Remarks
10:25 a.m. | Agency Spotlights
11:25 a.m. | Break
11:40 a.m. | Aging and Disability Lived Experience Advisory Board (AD-LEAB)
11:50 a.m. | Subcommittee Reflections
12:10 p.m. | Lived Experience Segment
12:20 p.m. | EDJCC Discussion and Recommendations to California Health & Human Services Agency (CalHHS)
12:40 p.m. | Public Comments
12:55 p.m. | Closing Comments
1:00 p.m. | Adjourn

Welcome

Susan DeMarois

Director, California Department of Aging

EDJCC State Co-Chair

Bertha Hayden

Associate Vice President Justice for Seniors & Dependent Adults, Bet Tzedek

EDJCC Stakeholder Co-Chair

Culminating Three Years of Stakeholder Engagement

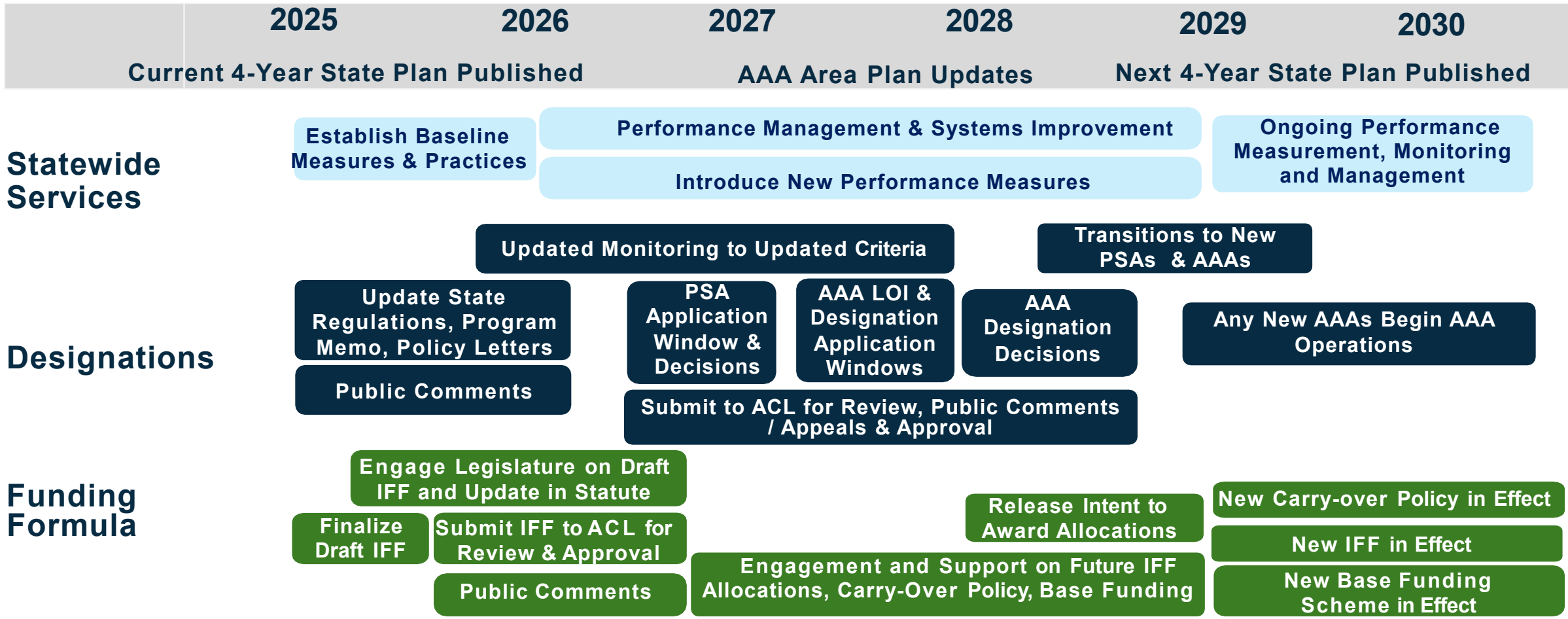
- CA2030 Steering Committee met 10 times (C4A, CCOA, CSAC, CWDA, CFILC)
- 80 stakeholder interviews
- In person/virtual interviews with all 33 AAAs
- First statewide survey of 17,700 older Californians
- Four public webinars with 736 participants
- Public legislative process to enact SB 1249 (Roth)
- Half-day workshop with CDA and C4A membership
- Nine webinars for AAAs-only
- Four surveys of all 33 AAAs

***All materials are public and available on CDA's website (CA2030)**

Recommendations

1. **Adopt consistent data reporting standards and timelines for existing statewide programs** – Congregate and Home-Delivered Meals, Caregiver Supports, and Information & Assistance with a public facing data dashboard.
2. **Update Intrastate Funding Formula (IFF)** – for first time since 1995 to account equally for age, disability, income, geographic isolation, and equity.
3. **Designations/De-Designations** – Establish a transparent process that allows for public and community input to comply with federal final rule regarding "right of first refusal" for local government jurisdictions.

CA2030 Outlook



Agency Spotlight
Department of Public Health

Paul DeHerrera

Branch Chief, Investigations
California Department of Public Health

CDPH
California Department of Public Health

Elder Disability & Justice Coordinating Council (EDJCC)

A presentation by the CA Department of Public Health, Center for Health Care Quality

October 16th, 2025

Agenda

1. Introductions
2. Requirements Protecting Elders from Abuse in LTC
3. CDPH Survey Priorities
4. Criminal Background Reviews
5. Investigations
6. Administrative Actions
7. Q&A

Introductions – CDPH Speaker

Paul DeHerrera

Branch Chief, Investigations Branch

Paul.DeHerrera@cdph.ca.gov

Paul is the Chief of the Investigations Branch within the Center for Health Care Quality. He joined CHCQ in July of 1999 as a Student Assistant and has spent his entire state career in CHCQ, filling various roles pertaining to the licensing and certification of healthcare workers.

Requirements Protecting Elders from Abuse in Long-Term Care (LTC)

Title 42 CFR Section 483.12

- The resident has the right to be protected from abuse, neglect, exploitation, and misuse of their property.
- The facility must develop and implement policies and procedures that prohibit and prevent abuse, investigate any such allegations and include training.
- Each covered individual must report any reasonable suspicion of a crime against an individual who is a resident or receiving care from the facility.
- In response to the allegations, the facility must ensure they are reported immediately, but no later than two hours and within 24 hours if the allegations involve abuse or result in serious bodily injury.

Health & Safety Code Section 1418.91

- A long-term health care facility must report all incidents of alleged abuse or suspected abuse of a resident of the facility to the department immediately, or within 24 hours.
- A failure to comply with the requirements of this section must be a class "B" violation.

Welfare & Institutions Code Section 15630

- A mandated reporter who has observed or has knowledge of an incident that appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect must report the alleged abuse immediately or as soon as practically possible.
- If reported by telephone, a written report must be sent within two working days.
- If the incident of abuse occurred in a Long-Term Care (LTC) with no serious bodily injury by a dementia resident, the reporter must verbally report within 24 hours to both the LTC Ombudsman and local law enforcement.
- All other instances, the reporter must submit to the specified agencies a verbal report immediately or as soon as practically possible, but no longer than two hours, and a written report within 24 hours.

CDPH Survey Priorities

CMS FFY24-25 Priorities

- Tier 1 Workload (SNF, ICF, HHA, Hospice)
- Patient Care Impacted Surveys
  - Immediate Jeopardy (IJ)
  - Special Focus Facilities (SFF)
- GACH EMTALA, Complaint Validation Surveys
- POW (Previous and Overdue Workload)

CHCQ Current Workload Priorities

- Tier 1 Recertification Workload
- Acute Psychiatric Hospitals
- New Complaints/FRIs
  - IJ, EMTALA, and Complaint Validations
- Complaint Backlog
  - LTC & NLTC

Facility Complaint Investigations

- Beginning in April 2021, CDPH's Center for Health Care Quality (CHCQ) applied continuous process improvement strategies to eliminate backlogged Long-Term Care (LTC) complaint intakes, while continuing to receive and maintain timely initiation and closure of intakes.
- We began with 21,760 backlogged complaints (over 60 days) and eliminated the entire backlog as of July 2024.

Criminal Background Reviews

Live Scan Fingerprinting

- All Certified Nurse Assistants (CNA) initial applicants must submit live scan fingerprints to the Department of Justice (DOJ).
- Criminal Offender Record Information is sent to CDPH for review prior to certification.
- Applicants with no criminal history are eligible for certification pending the completion of all certification requirements (application, training and passing the exam).

Live Scan Fingerprinting (cont.)

- If CDPH is informed of criminal history information that is substantially related to the duties and functions of a CNA, additional information is requested from the applicant for CDPH to consider prior to making a final determination. Any information received is reviewed, leading to the possible final determination, including eligibility or denial of the initial application.
- Applicants that receive certification are subject to maintaining an eligible status. If new information is received, CDPH may decide to maintain eligibility or may take administrative action such as placing the individual on diversion (similar to probation), suspension (up to 2 years), or revocation.

Live Scan Fingerprinting (cont.)

- The additional information requested of the individuals above may include, job history, character references, court orders, probationary reports, police reports, statements or any other information the applicant feels relevant to our review.

Investigations

Complaints

- CDPH investigates all allegations against CNAs. If the allegation is substantiated, CDPH may take the same actions mentioned in the criminal record review process - denial, diversion (similar to probation), suspension (up to 2 years), or revocation of certification.

Administrative Actions

Administrative Actions

- Any time an administrative action is taken against a CNA, the individual is provided the opportunity for an appeal hearing in front of an administrative law judge.

Questions and Answers

Visit the California Department of Public Health Website

Agency Spotlight
Department of Developmental Services

Alison Giannini

Aging Services Branch Manager

Department of Developmental Services (DDS)

Nathaniel Taleon

Branch Chief

Office of Risk Management (DDS)

Department of Developmental Services

Alison Giannini
Aging Services Branch Manager, Office of Statewide Clinical Services
Nathaniel Taleon
Branch Chief, Office of Risk Management

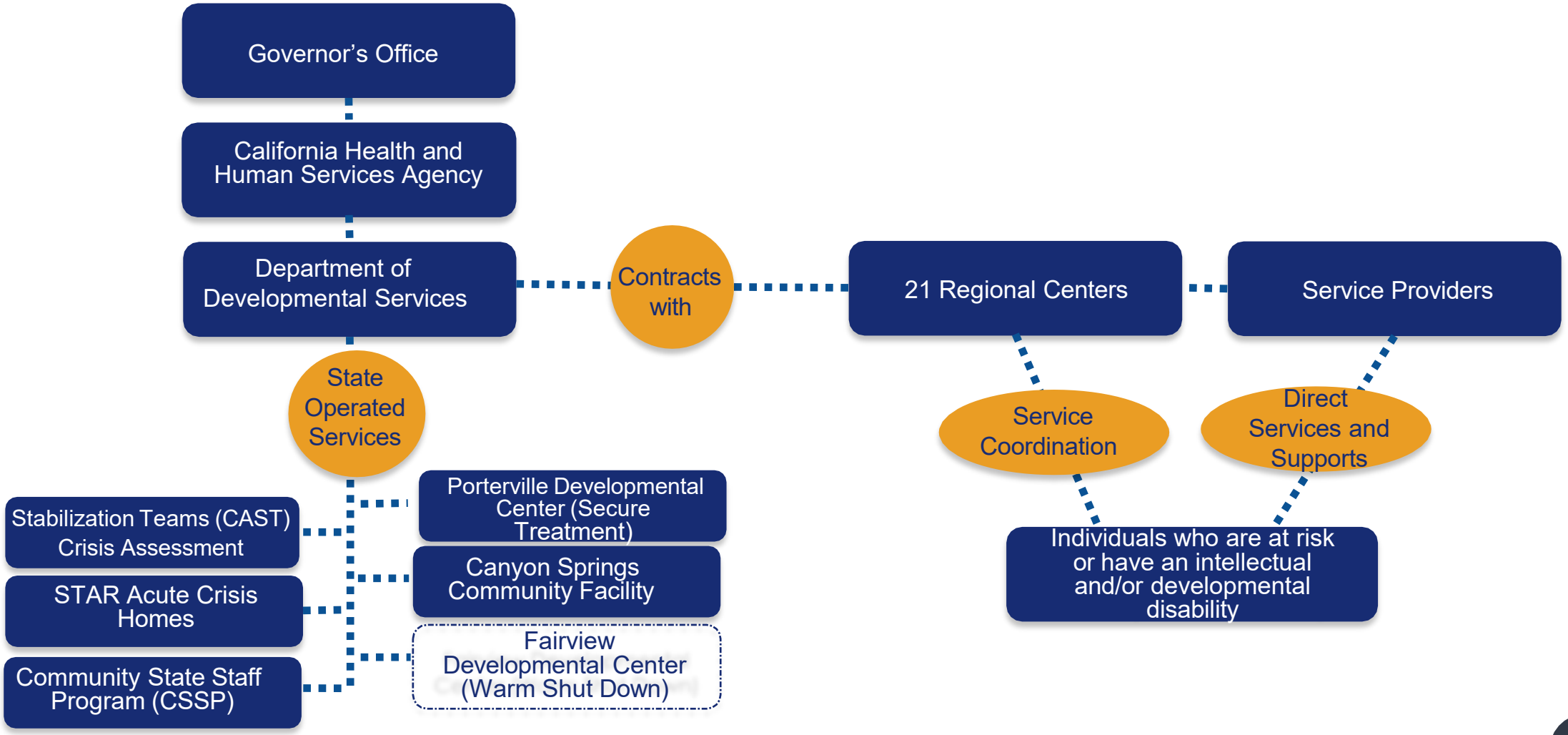
October 16, 2025

DDS Department of Developmental Services






SYSTEM ORGANIZATION



DEPARTMENT OF DEVELOPMENTAL SERVICES - Role

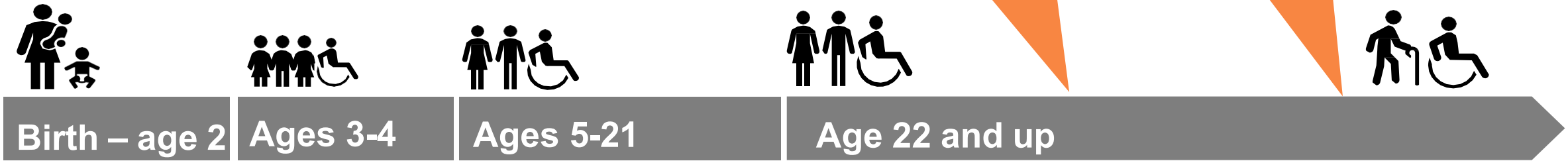
THE ROLE OF DDS

- Leadership & policy direction
- Oversee coordination & accountability for delivery of services
- Operate State-Operated Services
- Contract with 21 California regional centers

ACROSS THE LIFESPAN

>43,000
individuals between the ages of 40 -59

>20,000
Individuals 60 years and older



Early Start

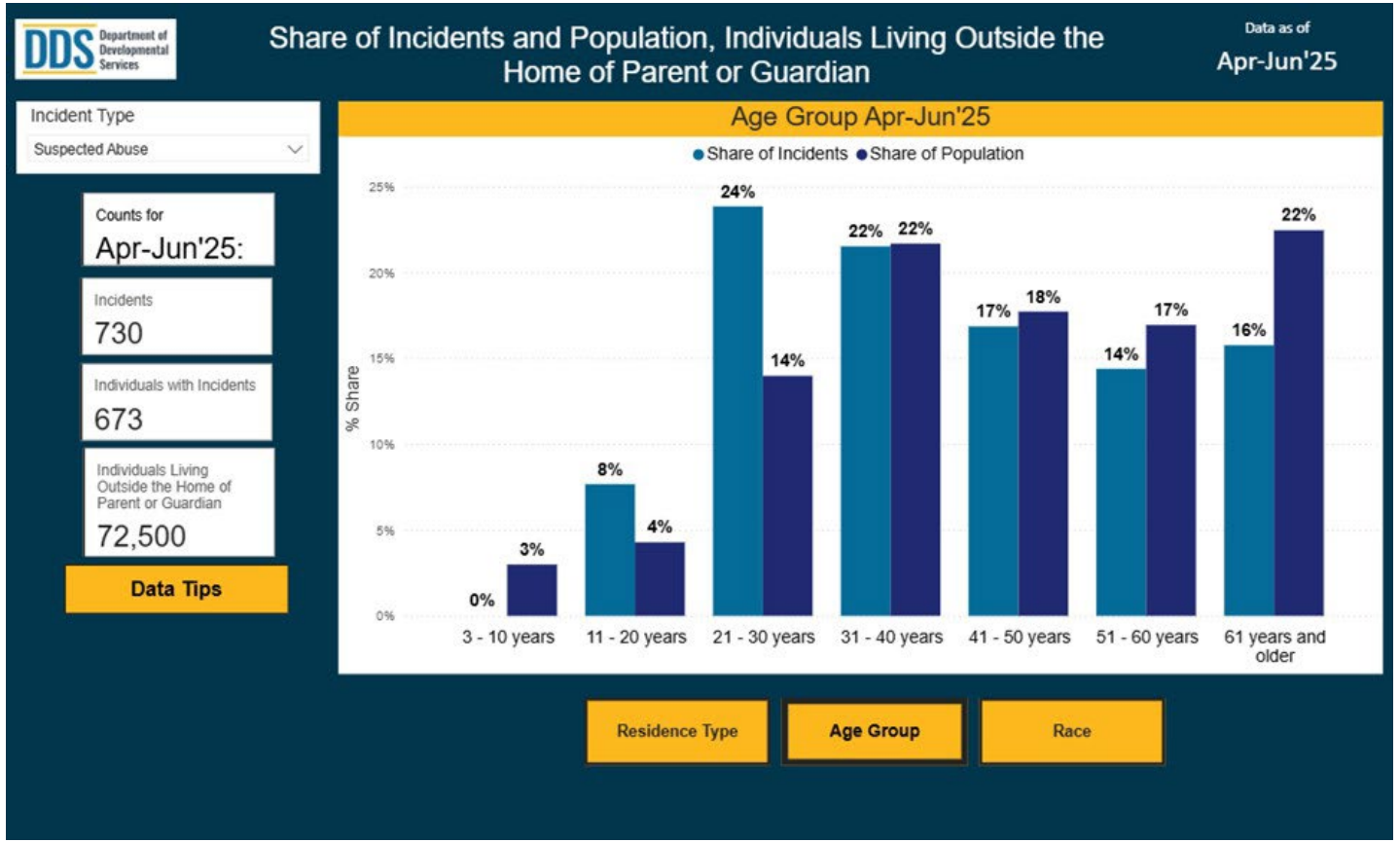
Provisional Lanterman

Lanterman

>480,000 total people (not including individuals in intake)

RISK MANAGEMENT AND MITIGATION

Interactive Dashboard • Risk Management Monitoring Reports • System Improvement and Resources



[Link to DDS's Risk Management and Mitigation Page]

FINAL DDS REGULATIONS: STRENGTHENING OVERSIGHT AND SAFETY

Some terminology and acronyms we will use today

- Special Incident Report **(SIR)**
- Home and Community-Based Services **(HCBS)**
- Office of Inspector General **(OIG)**

BACKGROUND

- Cost neutral updates to Title 17 SIR reporting regulations
  - Approved: June 11, 2025
  - Effective: May 1, 2026
- Improved risk management oversight of population
- Alignment with HCBS Final Rule and Medicaid waiver assurances
- Response to OIG audit findings

KEY CHANGES (SLIDE 1 OF 3)

Definition of terms

- Consistent incident reporting across providers and regional centers
- Alignment with Office of Inspector General (OIG) and Home and Community-Bases Services (HCBS) Access Rule

Universal SIR reporting requirements

- Death
- Victim of crime
- Incidents of reasonable abuse and neglect reported under mandated abuse/neglect reporting acts

Clarifies “Under Vendored Care”

- Supported Living Services (SLS)
- Family Home Agency (FHA)
- Long-term health care facilities

KEY CHANGES (SLIDE 2 OF 3)

Reasonably Suspected Abuse and Neglect

- Definitions with examples
- Clarifies SIR reporting requirement for those reported under mandated abuse reporting and occurring not under vendored care
- Seclusion as a reportable SIR type
- Guidance for abusive restraint use

Serious Injury/Accident

- Reviews new reporting categories
  - certain bruises
  - injury from aggressive contact with peer
  - pressure injury
  - head injury
- Distinguishes internal bleeding from bruises
- Distinguishes medical treatment beyond first aid from medical attention

KEY CHANGES (SLIDE 3 OF 3)

Unplanned Hospitalization

- Reporting begins upon learning the hospital admission is related to a reportable condition
- Addition of bowel obstruction as a new reportable condition

Extended Emergency Room Stays

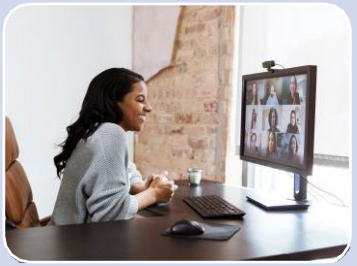
- New reporting category
- Reportable for a stay in a hospital emergency room lasting five days or more

TRAININGS AND RESOURCES

Regional Center SIR Reporting Guidelines

Vendor SIR Reporting Guidelines

Training Videos



Live Training Sessions

Townhall for all community partners

CONSIDERATIONS

- ***Building better awareness to decrease further abuse and prevent future abuse***
- ***Cross-system collaboration is key***

THANK YOU!

Nathaniel Taleon, Office of Risk Management Nathaniel.Taleon@dds.ca.gov

Alison Giannini, Aging Services
Alison.Giannini@dds.ca.gov

DDS Department of Developmental Services

Info: 833-421-0061 • **Email:** info@dds.ca.gov • **TTY:** 711

Break: 15 minutes

Aging and Disability Lived Experience Advisory Board (AD-LEAB): MPA Initiative #49

Sarah Steenhausen

Deputy Director, Division of Policy, Research, and Engagement
California Department of Aging

AD-LEAB

- Background and Purpose
- Intersection with Equity Advisory Committee on Aging & Disability
- Process
- Membership Criteria
- Recruitment and Scoring Process
- Timeline
- Aging and Disability Lived Experience Advisory Board

Geography of Board Members

Alameda County
San Francisco County
Sonoma County

Fresno County
San Luis Obispo County

Los Angeles County
Orange County

Shasta County

Sacramento County

Riverside County
San Bernardino County

Meet the Board Members

Cynde S.

Mina N.

Teresa L.

Sery T.

Meet the Board Members

Dr. William D.

Beejinmaa T.

Lilith D.

Kevin B.

Meet the Board Members

Debbie F.

Carolyn K.

Carlos B.

Jennifer C.

Subcommittee Reflections

Bertha Sanchez Hayden
Conservatorship Subcommittee Chair

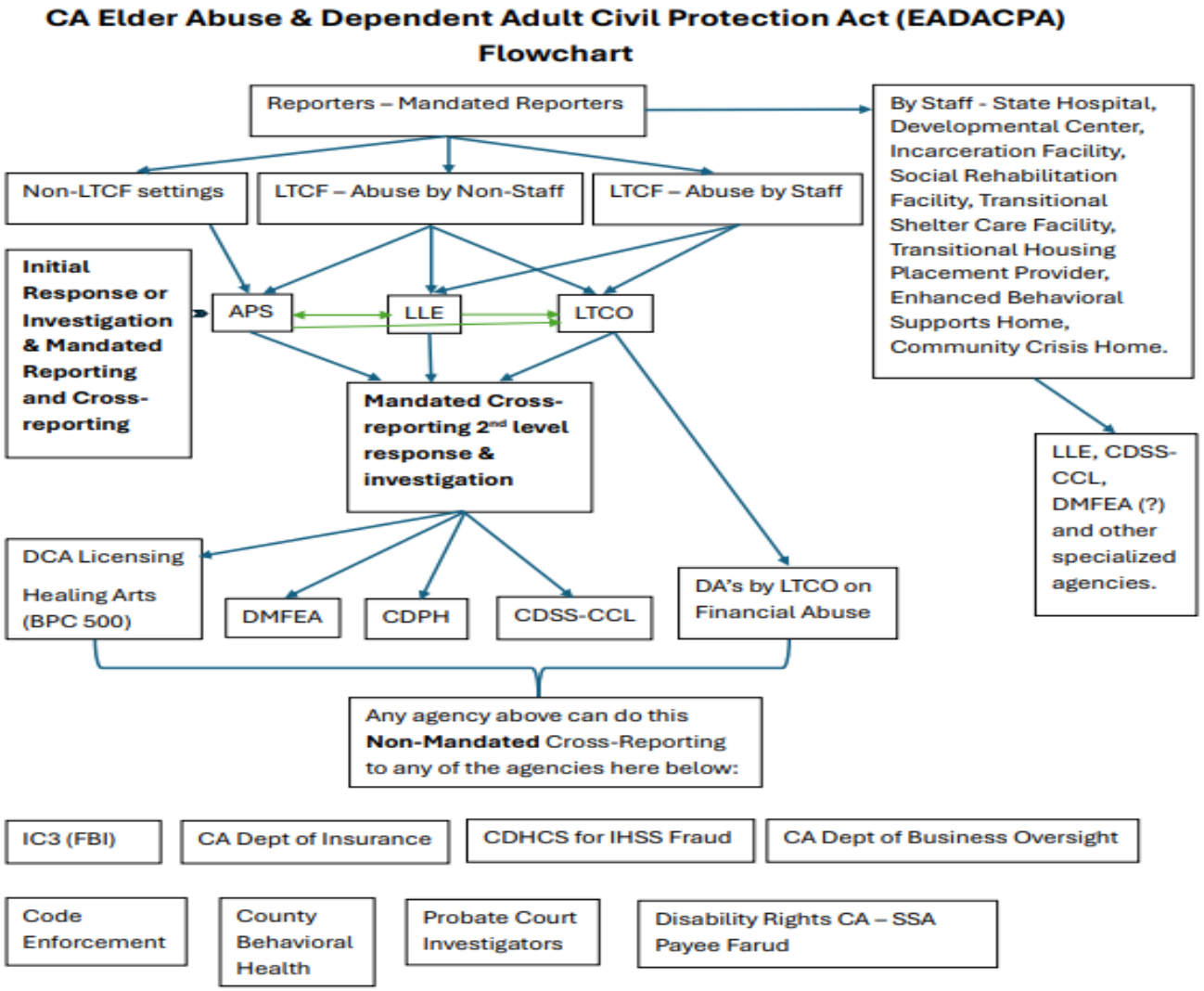
Vivianne Mbaku
Legal Services Subcommittee Chair

Akiles Ceron
Adult Abuse Response Subcommittee Chair

Combined Subcommittee Updates

1. **Reviewed Flowchart of Reporting & Response Systems**
   - **Reporting Pathways**
   - **Cross-Reporting:** APS, local law enforcement, and Ombudsman must cross-report, often with licensing bodies, district attorneys, and regulatory agencies.
   - **Tribal Jurisdiction:** Tribal APS/law enforcement oversees abuse on tribal lands; rules for off-tribal property cases are less clear.

Flowchart


CA Elder Abuse & Dependent Adult Civil Protection Act (EADACPA)
Flowchart
Reporters – Mandated Reporters
By Staff - State Hospital, Developmental Center, Incarceration Facility, Social Rehabilitation Facility, Transitional Shelter Care Facility, Transitional Housing Placement Provider, Enhanced Behavioral Supports Home, Community Crisis Home.
Non-LTCF settings
LTCF – Abuse by Non-Staff
LTCF – Abuse by Staff
Initial Response or Investigation & Mandated Reporting and Cross-reporting
APS
LLE
LTCO
Mandated Cross-reporting 2nd level response & investigation
LLE, CDSS-CCL, DMFEA (?) and other specialized agencies.
DCA Licensing
Healing Arts (BPC 500)
DMFEA
CDPH
CDSS-CCL
DA's by LTCO on Financial Abuse
Any agency above can do this Non-Mandated Cross-Reporting to any of the agencies here below:
IC3 (FBI)
CA Dept of Insurance
CDHCS for IHSS Fraud
CA Dept of Business Oversight
Code Enforcement
County Behavioral Health
Probate Court Investigators
Disability Rights CA – SSA Payee Farud

Combined Subcommittee Updates

2. Clarifying Roles and Jurisdictions

- **Statutory vs. Practice:** Conflicts between legal requirements and real-world application remain unresolved.
- **Ambiguity:** Cases like resident-on-resident or family-perpetrated abuse lack clear jurisdictional leadership.
- **MOUs:** Local agreements often dictate lead roles, creating inconsistency.
- **Confidentiality:** Ombudsman action is often constrained by the need for resident consent.
- **Next steps:** Develop an Ombudsman – Subject Matter Expert (SME) led info sheet with legal input, summarizing mandates and scenarios in long-term care.

Combined Subcommittee Updates

3. Multidisciplinary Teams (MDTs) and Interventions

- **Role:** MDTs enable coordinated investigations and interventions, reducing confidentiality barriers.
- **Membership**
- **Gaps identified:**
  - Loss of gero-psychiatric units and inpatient options.
  - Inconsistent hospital admission practices.
  - Insufficient engagement of legal aid, financial crimes units, Medicaid fraud (DMFEA), and Tribal agencies.

Combined Subcommittee Updates

4. Process, Next Steps, and Structural Reform

Next Steps:

- **Step 1**: Map existing statutory mandates.
- **Step 2**: Identify practice gaps and ambiguities.
- **Step 3**: Create a training/policy “cheat sheet” to accompany the flowchart.
- **Long-term goal**: Review other states’ systems to inform structural reforms and simplify reporting and investigation pathways.

Lived Experience

Carlos Olivas

Caregiver

Council Discussion and Pressing Issues

Vivianne Mbaku

Equity Director, Justice in Aging

EDJCC Legal Services Subcommittee Chair

Council Questions and Discussion

Public Comment

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Meeting Resources

- Master Plan for Aging webpage
- EDJCC Stakeholder Committee Member Biographies
- CA2030
- Free or Low-Cost Immigration Legal Help is Available
- State Long-Term Care Ombudsman
- California Department of Public Health
- California Department of Developmental Services
- DDS Risk Management and Mitigation
- Aging and Disability Lived Experience Advisory Board

Meeting Materials

Meeting materials and recording are posted on the CalHHS EDJCC webpage.

Stay Connected

Learn more about the MPA at MPA.aging.ca.gov

Contact: Engage@aging.ca.gov

Learn more about CDA at aging.ca.gov

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