California Master Plan for Aging
Long-Term Services and Supports Subcommittee Meeting
June 25, 2020

Captioners Transcript

>>KIM MCCOY WADE: WHICH HAS ORGANIZE IT HAD THEMSELVES TO PRESENT 6 DIFFERENT ISSUES AND TOPICS FOR DISCUSSION, WE WILL GET TO THAT MOMENTARILY, BEFORE WE DO THAT, I AM THRILLED TO INTRODUCE DIRECTOR WILL, MY FORMER DIRECTOR IN SOCIAL SERVICES AND NOW AT HEALTH CARE SERVICES TO EXTEND HIS WORDS.

>> I REALLY APPRECIATE THE CHANCE TO BE PART OF THIS CONVERSATION, BUT ALSO THE IMPORTANCE OF THIS ISSUE. AS WE ARE ALL TOO PAINFULLY AWARE.
WITH THE COVID-19 PANDEMIC, WE HAVE SITUATIONS IN WHICH SEVERE CLUSTERS OF SPREAD OF INFECTION ARE OCCURRING IN SKILLED NURSING FACILITIES.
PARTICULARLY IN THOSE THAT SERVE THE LOWEST INCOME RESIDENCE, AND, S OF COLOR IN THE FACILITIES.
SO, THE IMPORTANCE OF THE LONG TERM CARE AT HOME STRATEGY, AS A MEANS OF TRYING TO REDUCE POPULATIONS IN FACILITIES, IS SOMETHING OF OBVIOUS CRITICAL TIME SENSITIVITY.
SO, WITHOUT ANY FURTHER DELAY, TURN IT BACK TO. TO GET US GOING. THANKS.

>>KIM MCCOY WADE: THANK YOU WILL. LET'S WELCOME THE MEMBERS OF THE SUB COMMITTEE, ROLL CALL PLEASE?

>> , SURE I WILL CALL ERE, PLEASE SAY HERE IF YOU ARE PRESENT, (CALLING NAMES) (ROLL CALL)

THANK YOU

>>KIM MCCOY WADE: THANK YOU, SPECIAL WELCOME TO MARTY, THIS IS HIS FIRST MEETING AS A MEMBER OF THE SUB COMMITTEE, WE HAD A VACANCY TO FILL, LONG TIME MEMBER OF THE FULL STAKEHOLDER ADVISORY COMMITTEE, THANK YOU FOR YOUR ADDITIONAL SERVICE.

IN THIS MEETING WE ARE GOING TO BEGIN WITH OVER VIEW BY THE DHCS COLLEAGUES, UNABLE TO JOIN US, BUT THEY WILL LEAD US THROUGH. AND WE WILL HAVE THE 6 AND I AM SURE MORE QUESTIONS. I WILL GO OVER THE PROCESS AND SCHEDULE, DISCUSSION ORGANIZED BY THE SUB COMMITTEE, PUBLIC COMMENT AND CLOSING AND NEXT STEPS, URTHER ADIEU, I WILL HAND OFF TO YOU.

>> OKAY GOOD AFTERNOON EVERYONE, SO GLAD TO BE JOINING TODAY ON THIS IMPORTANT TOPIC, I AM FROM THE DEPARTMENT OF HEALTH CARE SERVICES I AM GOING TO BRIEFLY WALK THROUGH THE SLIDE. MY COLLEAGUES, MAY HAVE FURTHER POINTS TO ADD, BUT OF COURSE WE WANT TO HAVE PLENTY OF TIME FOR DISCUSSION.

WE HAVE MATERIALS POSTED ON THE WEBSITE, INCLUDING DETAILED POLICY PAPER, THESE TOUCH ON SOME OF THE HIGHLIGHTS, BUT WE WOULD OF COURSE REFER YOU ALL TO THE DETAILED POLICY PAPER FOR MORE SPECIFIC INFORMATION. IN GENERAL, IF PURPOSE AND DRIVE FOR THE LONG TERM CARE AT HOME POLICY, AT BOTH DIRECTORS HAVE MENTIONED. WE ARE IN A VERY SCARY TIME RIGHT NOW WITH THE COVID-19 PANDEMIC, AND SEE WITH GREAT CONCERN WHAT IS HAPPENING IN SKILLED NURSING FACILITIES. AND LOOKING FOR WAYS THAT WE CAN DECOMPRESS

AT THE SAME TIME WE HAVE HAD A LONG TRADITION HERE IN CALIFORNIA OF SUPPORTING HOME AND COMMUNITY BASED SERVICES. SUPPORTING CHOICE FOR PEOPLE.

SO IF THEY WANT TO AND ARE ABLE TO RETURN OHM OR TO THE COMMUNITY THAT WE PROVIDE A FULL ARRAY OF SERVICES ACROSS A WHOLE CONTINUUM OF SERVICES OR HOME AND COMMUNITY BASED SERVICES.

SO WE ARE BUILDING ON THE FOUNDATION WE HAVE IN CALIFORNIA AND GIVING, OR LOOKING FOR MORE WAYS TO PROVIDE CHOICES TO MEDI-CAL BENEFICIARIES AND THEIR FAMILIES FOR LIVING SITUATIONS AND LONG TERM CARE SETTINGSMENT

WE ARE ENVISIONS AS THIS NEW BENEFIT AS BEING PROVIDED THROUGH STATE LICENSED AGENCIES, THAT WOULD ARRANGE FOR OR DIRECTLY PROVIDE SKILLED NURSING CARE AND RELATED SERVICES.

VISION THAT WE HAVE OF STATE LICENSED AGENCIES, AGAIN BUILT OF AFTER EXISTING PROGRAMS. BUT FOR ALL OF THESE COMPONENTS WE ARE EAGER TO GET YOUR FEEDBACK.

WE ANOTHER IMPORTANT PURPOSE, AS I HAVE SAID, DECOMPRESS NURSING FACILITIES, INDIVIDUALS CURRENTLY RESIDING. ALLOW TO SAFELY MOVE FROM FACILITY TO HOME. AS WELL AS THOSE THAT MAY REQUIRE IN THE FUTURE TO AVOID INSTITUTIONALIZATION.

>> I HAVE TO MAKE SURE I AM LOOKING AT THE RIGHT PAGE. SO SEE THE NEXT SLIDE HERE. AS WE LOOK AT ALSO THINKING ABOUT THOSE WHO ARE DISCHARGED FROM A HOSPITAL TO HOME PLACEMENT TO BE SUCCESSFULLY TRANSITIONS HOME IN LIEU OF NURSING FACILITY STAY.

WE WANT TO SUPPORT EFFORTS TO DECOMPRESS RESIDENTS AT SKILLED NURSING

FACILITIES AND THINK OF IT ACROSS ALL OF OUR DELIVERY SYSTEMS IN MEDI-CAL. WE HAVE BOTH SERVICE AND MANAGED CAREDLY PARTICULARLY FOR INDIVIDUALS AT A SKILLED NURSING FACILITY, AND MEDI-CAL ELIGIBLE.

MANY MAY BE IN THE DELIVERY SYSTEM. ENVISIONS A BENEFIT THAT WORKS ACROSS BOTH SYSTEMS. 4 MAIN COMPONENTS TO THIS MODEL OF CARE, AND AGAIN LOTS OF DETAILS IN THE PAPER, ENVISION A INDIVIDUAL PERSON-CENTERED ASSESSMENT.

THAT BORROWS FROM EXPERIENCE WE HAVE SEEN SUCCESSFUL ACROSS MANY OF OUR OTHER MODELS, WHETHER IT'S OUR HOME AND COMMUNITY BASED WAIVER PROGRAMS, OR CCI AND OTHERS, EFFORTS THAT WE HAVE SEEN THAT PROCESS IS VERY SUCCESSFUL.

TRANSITION SERVICES. SO, , WE CAN TALK MORE ABOUT THAT, WE HAVE SEEN, PUT MORE DETAILS IN THE PAPER, BUILDING ON WHAT WORKS WELL WITH OUR MONEY LOWS THE PERSON.

THE TRANSITION PROGRAM, AND PAIRING UP THIS MODEL WITH THOSE TRANSITION SERVICES. CARE COORDINATION, AND, WE KNOW THAT IS AN ESSENTIAL PART, WE WANT TO MAKE SURE THAT THE RIGHT SERVICE IS BEING DELIVERED AT THE RIGHT TIME BY THE RIGHT PROVIDER, AND HAVING APREPPUATE CARE COORDINATION IS IMPORTANT FOR THAT.

AND COMBINING BOTH MEDICAL AND AND COMMUNITY BASED SERVICES, LONG STANDING ISSUE, THERE IS DIALOGUE WITH THIS GROUP ABOUT, AS WELL AS IN OTHER STAKEHOLDER SETTINGS, ABOUT HOW TO PROVIDE BOTH, IT IS NOT EITHER OR, BUT BOTH.

OKAY, AS FAR AS FINANCE, AND COST, WE ARE THINKING OF THIS AS A BUNDLES PER DIEM RATE, THAT ENCOMPASSES ALL OF THE SERVICES, THIS IS IMPORTANT BECAUSE WE WANT TO MAKE SURE THERE IS RIGHT INCENTIVE AND NO CONFUSION ABOUT WHOSE RESPONSIBILITY THE SERVICES ARE, AND THAT THE FUNDING WOULD BE AVAILABLE TO

THAT ONE ENTITY FOR ALL OF THOSE SERVICES.

SHE CAN TALK MORE ABOUT THAT. BUT WE ARE LOOKING AT WAYS THERE COULD BE RATES BASED ON ACUITY RATES BUT WE WANT CLINICALLY APPROPRIATE USE CONTROLS. SO THIS IS A COST TIVE OPTION IN LIEU OF INSTITUTIONAL PLACEMENT. AS FAR AS FEDERAL AUTHORITY WE ARE LOOKING AT A 1915 I STATE. THIS IS DIFFERENT THAN WHAT MANY OF YOU MAY HAVE HEARD US TALK ABOUT BEFORE. AS FAR AS 1115, OR 1915B, THIS I HAS CERTAIN FLEXIBILITIES THAT ARE NOT AVAILABLE THROUGH 1915C WAIVER PROGRAMS. AND AGAIN, YOU MAY BE FAMILIAR.

THOSE WITH THE HCBA, ASSISTED LIVING WAIVER, WAIVER FOR CALIFORNIANS WITH DEVELOPMENTAL DISABILITIES, THOSE PROGRAMS ARE VERY HELPFUL AND VERY EFFECTIVE IN CALIFORNIA, BUT THERE ARE LIMITATIONS, AND THE 1915 I STATE PLAN GIVES US FLEXIBILITIES, WHAT WE ARE INTENDING TO DO IS DEVELOP THIS THROUGH AND SUBMIT AS A FORMAL REQUEST TO THE FEDERAL GOVERNMENT, IN THE FALL OF 2020.

SO RIGHT NOW WHAT WE ARE DOING ON THIS WEBINAR IS KICKING OFF THE STAKEHOLDER EFFORTS THAT WILL INFORM THE CONTENT TO GO INTO THE 1915 I.

IN THIS STAKEHOLDER PROCESS, WE ARE HOPING TO ENGAGE THE PUBLIC THROUGH ITERATIVE PROCESS, EXCHANGING FEEDBACK AND RECOMMENDATIONS, 3 LTSS SUB COMMITTEE MEETINGS, OTHER STRUCTURES, AND TARGETED SURVEYS, DHCS STAKEHOLDER ADVISORY COMMITTEE, NUMBER OF AD HOC DISCUSSIONS AND BREAK OUT SESSIONS, WE HAVE DEDICATED E-MAIL INBOX, LTC AT HOME, AT DHCS. WE ARE APPRECIATIVE OF ALL OF THE FEEDBACK IN THAT INBOX.

WE ALSO HAVE MAKE A LIST OF PEOPLE, AS NEW IT RATIONS ARE AVAILABLE, AND WE POST ON THE WEBSITE, WE CAN MAKE ANNOUNCEMENTS, SO, PEOPLE WITH SEND E-MAIL INTO THE INBOX AND BE ABLE TO ADD YOU TO TO DISTRIBUTION LIST. SO I KNOW I WENT THROUGH THAT VERY QUICKLY. I WANT TO CHECK AND SEE IF THERE IS ANYMORE

THAT SHE WANTS TO ADD ON THE FISCAL ASPECTS?

>> I THINK YOU COVERED IT.

>> OKAY ALL RIGHT I THINK WITH THAT, WE WILL HAND IT BACK

>>KIM MCCOY WADE: THANK YOU VERY MUCH, LET ME REMIND PEOPLE THERE IS A Q AND A BOX, IF YOU ARE ABLE TO AX THROUGH THE WEBINAR, SOME QUESTIONS HAVE BEEN ASKED. SOME OF THE QUESTIONS POINTED TO THE LINKS WHERE ALL OF THE 345 TIER S ARE POSTED, IF YOU NEED TO DOCUMENTS THAT IS POSTED, WE ARE TRACKING THE QUESTIONS ASK DO OUR BEST TO ANSWER THEM IN THE SESSION, IF NOT WE WILL DO IT IN FOLLOW UP. THANK YOU TO THE SUB COMMITTEE FOR ORGANIZING.

WE HAVE 6 TOPICS, TEED UP, I WILL LIST THEM NOW. ONE PERSON FROM THE COMMITTEE IS GOING TO OPEN UP THAT SECTION. AND WE WILL TRY TO SPEND ABOUT 5-10 ON EACH. WE HAVE ABOUT AN HOUR FOR THE CONVERSATION AND TIME FOR PUBLIC COMMENT AND WRAP UP.

HERE ARE THE 6 TOPICS I UNDERSTAND FROM THE COMMITTEE. FIRST EQUITY. SECOND IS THE TARGET POPULATIONS AND ELIGIBILITY. THIRD, SERVICE MIX. FOURTH, ALIGNING THE SYSTEM WITH INTEGRATION EFFECTS. FIFTH, LICENSING AND PROVIDER REQUIREMENTS, THAT HAS COME UP IN CHAT AS A QUESTION, Q AND A, EXCUSE ME.

SIX IS OTHER, SHALL WE SAY, (CHUCKLE) ALL OTHER THINGS NOT YET COME UP AND OPEN DISCUSSION TIME AS WELL. THANK YOU FOR ORGANIZING CONVERSATION AND IDENTIFYING KICK OFF SPEAKERS AND QUESTIONERS FOR. START WITH EQUITY WITH DOCTOR DONNA TON.

>> THANK YOU, FIRST OF ALL, START BY SAYING WE REALLY AUATE YOU MAKING EFFORT TO INVOLVE STAKEHOLDERS AS YOU DESIGN THE LONG TERM CARE AT HOME BENEFIT. AS OFTEN SAID NOTHING ABOUT US WITHOUT US. IT'S CRITICAL TO MAKING ANY PROGRAM SUCCESSFUL.

I WANT TO PARAPHRASE AN ADVOCATE I GOT AN E-MAIL FROM, MR. PARK. HE NOTED THAT POLICYMAKERS OFTEN IN THEIR RUSH TO IMPLEMENT COMMUNITY BASED SERVICES AND PROGRAMS CAN SOMETIMES SPEND A LITTLE TOO MUCH TIME CONSIDERING WHAT WE ARE GETTING OUT OF. SUCH AS SKILLED NURSING FACILITIES.

BUT NOT GIVE SUFFICIENT CONSIDERATION AND FUNDING TO WHAT WE ARE GETTING INTO AND GOING INTO. SUCH AS UNRESOURCED COMMUNITIES. THAT ARE REALLY THE ANTICIPATED FOUNDATION FOR THIS STATE BENEFIT. THE LACK OF INFRASTRUCTURE AND RESOURCES IN ETHNIC AND RACIAL COMMUNITIES. HAS REALLY BEEN UNDERSCORED AND BROUGHT TO LIGHT.

BY THE DISPROPORTIONATE IMPACT THAT COVID-19 HAS HAD ON POPULATIONS SUCH AS AFRICAN AMERICANS AND ELDER ADULTS.

THE PANDEMIC HAS REMOVED THE VERY THIN VAIL, THAT COVERED OVER MASSIVE HEALTH DISPARITIES AND DISPARITIES IN SOCIAL DETERMINING OF HEALTH AND SOCIAL AND HEALTH CARE SYSTEM.

THEREFORE IT REALLY IS IMPERATIVE THAT AS YOU MOVE FORWARD WITH DESIGN STRATEGY FOR THE LONG TERM CARE AT HOME BENEFIT YOU MUST EXPLICITLY DISCUSS AND INCORPORATE POLICIES TO ADDRESS ISSUES OF EQUITY. UNFORTUNATELY YOUR CURRENT DRAFT IS SURPRISINGLY SILENT ABOUT THE IMPORTANCE OF EQUITY.

AND ADDRESSING THE SPECIFIC NEEDS OF ALL POPULATIONS. ACROSS RACE, ETHNICITY, REGION, AGE, DISABILITY, ECONOMIC STATUS, JUST TO NAME A FEW FACTORS. SO, FOR NOW, WE HAVE TWO QUESTIONS THAT WE WOULD LIKE ADDRESSED. ONE, WE WOULD

LIKE TO KNOW, WHEN, WHERE, HOW EQUITY WILL BE ADDRESSED IN YOUR DEVELOPMENT OF THE BENEFIT?

AND TWO, ALSO, WHAT EQUITY TOOL ARE YOU USING TO ENSURE THAT YOU ADDRESS THE EQUITY NEEDS OF THE POPULATIONS YOU PLAN TO SERVE. AND, FINALLY, I WOULD LIKE TO OFFER THAT YOU CONSULT WITH THE EQUITY AND DIVERSITY SUB COMMITTEE OF OUR STAKEHOLDER GROUP.

WHO WE DO HAVE EQUITY TOOLS WE COULD SHARE WITH YOU. THANK YOU AND I WILL TURN IT OVER FOR QUESTIONS OR TO THE NEXT SPEAKER.

>>KIM MCCOY WADE: THANK YOU. WOULD YOU LIKE TO RESPOND?

>> SURE, WE ARE VERY LAP TO GET ANY AND ALL SUGGESTIONS AND CERTAINLY VERY MUCH APPRECIATE THE EXPERTISE THAT THE EQUITY GROUP AND OTHERS CAN PROVIDE TO US. WE THINK THAT BY HAVING CONVERSATIONS LIKE THIS, AND WITH OTHER PROVIDERS WHO ARE IN THE COMMUNITY. THAT ARE MOST MANY NEED FOR THIS PROGRAM. THAT, THAT IS ONE WAY THAT WE CAN ADDRESS EQUITY. BECAUSE WE REALIZED BEING HERE IN SACRAMENTO, AT THE STATE LEVEL THAT IS NOT ALWAYS THE BEST WAY TO GET VIEW POINT OF WHAT IS NEEDED IN LOCAL COMMUNITIES.

SO, WE VERY MUCH HONOR THAT THE LOCAL VOICE IS NEEDED HERE AND VOICE OF PEOPLE WHO HAVE EXPERIENCE AND EXPERTISE IN THIS AREA, IS INVALUABLE. SO, WE WOULD GREATLY APPRECIATE YOUR FEEDBACK AND LOOK FORWARD TO WORKING WITH YOU.

>> THANK YOU FOR THAT, AND YOU KNOW, I KNOW WE ARE IMPORTANT FOR YOU KNOW GIVING SOME OF THAT FEEDBACK, I WAS JUST CURIOUS, AS I SAID, WE DO HAVE THE EQUITY GROUP THAT YOU CAN CONSULT WITH, DO YOU HAVE ANY IDEAS HOW YOU

MIGHT PUT THIS ALL IN WRITING OR YOU HAVE SOME OTHER THINGS MAYBE YOU DID NOT OR DON'T HAVE IN YOUR CURRENT WEBSITE AROUND EQUITY THAT YOU DID NOT INCORPORATE?

>> WE HAVE A SERIES OF BRIEFS AND INFORMATION AND DATA ANALYSIS WE DO ON REGULAR BASIS TO ADDRESS HEALTH DISPARITIES, AND SOME OF THAT DATA IS MORE HEALTH ORIENTED RATHER THAN HOME AND TEAM BASED SERVICE ORIENTED BUT IT IS ONE THING THAT WE RECOGNIZE WE NEED TO LOOK AT AND DO A BETTER JOB AT. SO, IN THE COMING MONTHS WE WANT TO TAKE A BETTER, IN THE MEANTIME WE HAVE EXPERTS AROUND HEALTH DISPARITIES AS MUCH AS THEY CAN PROVIDE SOME ADVICE OR YOU KNOW PARTICIPATION. WE WOULD BE GLAD TO HAVE THEM. ALSO, BACK TO THAT MEDICAL VERSUS HOME AND COMMUNITY BASED SERVICES MODEL.
WE--IF THERE ARE LOCAL EXPERS ON THIS, WE WANT TO INCLUDE THEM AS WELL.
WE KNOW THAT SOME OF THESE ARE NOT MEDI-CAL TYPE SERVICES, THEY ARE REALLY COMMUNITY BASED. MAYBE OTHER COLLEAGUES WANT TO CHIME IN, CERTAINLY WELCOME FEEDBACK

>> ONLY THING I WILL ADD IS THANK YOU, THIS IS A VERY IMPORTANT TIME FOR US, ONE THAT HAS BEEN COMING UP MORE AND MORE. NOT THAT IT IS A NEW TOPIC, DON'T GET ME WRONG THERE. BUT A VERY IMPORTANT TOPIC, CERTAINLY WE ARE LOOKING FORWARD TO WORKING WITH FOLKS IN THIS SPACE, IN TERMS OF HOW TO ADD ADDITIONAL REFINEMENT, THANK YOU FOR YOUR COMMENTS.

>> IF I MIGHT JUST BUILD FOR ONE SECOND ON WHAT DOCTOR BENTON SAID. I THINK ONE OF THE THINGS THAT IS IMPORTANT IS WHEN YOU ARE THINKING ABOUT

TARGET POPULATIONS. IS UNDERSTANDING THE DATA ABOUT WHO IS IN SKILLED NURSING FACILITIES. AND HOW LONG PEOPLE HAVE BEEN THERE.
IN MY EXPERIENCE I FIND THERE ARE BLACK AND BROWN PEOPLE THAT REMAIN IN NURSING FACILITIES LONGER THAN PEOPLE FROM OTHER RACIAL GROUPS. AND, PART OF THAT IS THE DIFFICULTY IN YOU KNOW FINDING SERVICES IN THEIR COMMUNITY, OR BARRIERS OFTEN FINDING HOME TO RETURN TO, MIGHT WELL HAVE LOST HOUSING.
I THINK THAT IS SOMETHING PARTICULARLY IMPORTANT TO BE ADDRESSED AND BRIEF MENTION ABOUT NOT PROVIDING RENT, I THINK WILL BE FURTHER BARRIER. BUT WITHOUT GETTING ALL THE WAY INTO IT I THINK ONE OF THE WAYS WE START IS BY LOOKING AT WHO IS IN THE NURSING FACILITIES NOW FOR EXAMPLE, WHAT IS THE RELATIVE PROPORTION, AND HOW MIGHT WE TARGET SPECIFIC SERVICES AND APPROACHES TO PEOPLE FROM COMMUNITIES
THAT HAD A HARDER TIME MOVING OUT THAN OTHERS.

>> THANK YOU. GREAT POINT.

>>KIM MCCOY WADE: ANY OTHER COMMENTS BEFORE WE MOVE TO THE SECOND TOPIC? I WANT TO ACKNOWLEDGE BRIEFLY WE ARE GETTING MESSAGES FROM PEOPLE THEY ARE NOT ABLE TO GET IN, WE ARE AT OVER 5 HUNDRED PARTICIPANTS IN THE MEETING, WE ARE TRYING TO ADDRESS THAT AS QUICKLY AS POSSIBLE. BUT THANK YOU FOR YOUR INTEREST AND PATIENCE AS WE MANAGE THE WELL ATTENDED MEETING.
TALK ABOUT TARGET POPULATION AND ELIGIBILITY, IS CLAIRE, SENIOR STAFF ATTORNEY AT JUSTICE AND AGING, CLAIRE?

>> CLAIRE: HI, THANK YOU FOR AN OVER VIEW YOU GAVE US, AND FOR THE DESIGN PAPER. I REALLY WANT TO DRILL DOWN ON SORT OF HOW YOU ARE THINKING ABOUT

(INAUDIBLE), I UNDERSTAND THERE IS 3 MAJOR CATEGORIES YOU ARE LOOKING AT, SHORT TERM SKILLED NURSING, LONG TERM SKILLED NURSING. WHICH I UNDERSTAND TO BE SORT OF. THOSE AT RISK OF INSTITUTIONALIZATION, OR THOSE LOW ACUITY OR GOOD CANDIDATES FOR MOVING OUT.
THEN MY UNDERSTANDING IS THERE IS ADDITIONAL CRITERIA, AT THIS POINT YOU THINK OF IN TERMS OF FULL SCOPE MEDI-CAL, BEING 21 OR OVER. NOT BEING IN ANOTHER 1915C, OR I PROGRAM. NOT TRANSITIONING INTO ANOTHER SETTING LIKE RCFE. SO ONE THING I WAS HOPING TO DO IS SORT OF DRILL DOWN AND FOR EACH OF THE 3 MAJOR SUBGROUPS, UNDERSTAND WHO IS THIS PERSON WHO IS GOING TO BENEFIT FROM THE LONG TERM CARE AT HOME BENEFIT?
WHO SORT OF COULD NOT USE CURRENT EXISTING PROGRAMS. TO ACHIEVE THE SAME RESULTS, I AM TRYING TO UNDERSTAND LIKE, IF WE START WITH THE SHORT TERM PERSON, LIKE I AM--PLEASE, CORRECT ME IF ANYTHING. SO, LIKE SAY YOU HAVE SOMEBODY, THEY ARE 60, ON FULL SCOPE MEDI-CAL, BROKEN A HIP. THEY ARE IN THE HOSPITAL FOR THE NEW HIP.
THE TYPICAL PATH WOULD BE REHAB, IS THAT HOW I FRAME THE MOST MINIMAL LEVEL, THE PERSON YOU ARE IMAGINING, LIKE A INDIVIDUAL SORT OF PARTICULAR NEED OR HEALTH NEED AROUND HOSPITAL SNIF HOME DIVERSION, VERSUS CHRONIC CONDITIONS OR OTHER LONG TERM ISSUES, SORT OF SEEING SORT OF AS A CHRONIC CONDITION OR POINT IN TIME ISSUE?
IS THAT ARE WE CORRECTLY IDENTIFYING THAT PERSON?

>> PART OF WHAT WE HAVE ON OUR TO DO LIST, BUT AGAIN, CAN PARTNER WITH ALL OF YOU ON, IS DOING FURTHER DATA ANALYSIS TO PROVIDE SPECIFICITY, BUT WHAT WE ARE LOOKING AT IS IN THAT CATEGORY, COULD BE SOME PEOPLE WHO MIGHT NEED JUST

HOME HEALTH WITHOUT A FULL ARRAY OF HOME AND COMMUNITY BASED SERVICES.
WE ARE NOT INTENDING TO TAKE THE PLACE OF SOMEONE WHO MIGHT NOT NECESSARILY NEED THAT SORT OF MORE ROBUST ARRAY BUT THERE COULD BE PEOPLE WHO WOULD NEED A WIDER RANGE OF BENEFITS, AND WOULD BE APPROPRIATE FOR THIS BENEFIT.
WHAT HE WILL NEED TO DO, ALSO THINKING ABOUT THE ASSESSMENT TOOL AND THINKING ABOUT AS THERE IS SOMEONE WHO IS EITHER IN THE HOSPITAL OR NURSING FACILITY. HAVING THAT HELP DETERMINE THE BEST BENEFIT FOR THEM.
MAYBE THAT SITUATION WORKING THROUGH THE MANAGED CARE PLAN. AND HEALTH PLAN CAN ALSO BE HELPFUL. IN FIGURING OUT OKAY, LET'S GET AN ASSESSMENT, THERE IS MORE NEEDS HERE THAN THE SIMPLE HIP. GREATER NEED HERE, AND THAT IS WHERE ASSESSMENTS WOULD HELP.

>> YOU ARE SEEING AS SHORT TERM PERSON WOULD BE SORT OF BEYOND THE SCOPE OF WHAT IS TYPICAL MANAGED CARE PLAN MIGHT BE ABLE TO OFFER ALREADY FOR SHORT TERM TRANSITIONS, YOU KNOW, WHETHER IT IS HOME NURSING. OR YOU KNOW PT IN THE HOME OR SOMETHING, SEEING IT SOMETHING ADDITIONAL WRAPPING AROUND THE PERSON IN THIS CASE?

>> RIGHT, YES, WHEN THE NEED A GREATER. YEA. CERTAINLY FEEL FREE TO CHIME IN ON THIS.

>> ONE OF THE THINGS WE WANT TO MAKE SURE IT IS CLEAR, WE ARE LOOKING--WE ARE NOT LOOKING TO SAY WE ARE NOT GOING TO PROVIDE XYZ. WE ARE LOOKING AT YET ANOTHER COMPLIMENT OF SERVICES OR BENEFIT THAT WOULD BE AVAILABLE UNDER THE MEDI-CAL PROGRAM.

BENEFIT WOULD BE AVAILABLE TO BOTH FEE FOR SERVICE AND MANAGED CARE BENEFICIARIES ENROLLED IN THE PROGRAM. AND THINKING ABOUT, BECAUSE YOU KNOW, AS WE HAVE BEEN LOOKING AT ISSUES WITH COVID-19 AND THINKING ABOUT IN NURSING HOMES. SOME OF THE PROGRAMS ARE LIMITED BY ENROLLMENT. THIS IS BENEFIT UNDER 1915I, GREATER ABILITY TO PROVIDE THE BENEFIT TO MORE INDIVIDUALS.

LOOKING AT THAT ASSESSMENT AND THINKING ABOUT THINGS THAT MIGHT BE NEEDED TO HELP SUPPORT THAT INDIVIDUAL, AND MAYBE THOSE SERVICES AND SUPPORTS THEY HAVE A NEED FOR. BASED UPON THE DIFFERENT LEVELS THAT WE ARE LOOKING AT IN TERMS OF SHORT TERM AND LONG TERM, OR LOW ACUITY, THEY NEED THOSE SERVICES AND SUPPORTS FOR MAYBE A LIMITED TIME OR MUCH LONGER TIME PERIOD.

BUT ONCE THAT ARRAY OF--AGAIN, WE IDENTIFY THINGS WE THINK WOULD BE BENEFICIAL, BUT CERTAINLY WELCOME IN IF THERE IS SOMETHING WE HAVE MISSED.

BUT PUTTING THIS IN THE TOOLBOX, IN TERMS OF ARRAY OF SERVICES THAT CALIFORNIA HAS TO OFFER TO THE POPULATION. WE HAVE NOT TRYING TO REPLACE OR TAKE AWAY, BUT THEN ADDING TO THAT. AND MAKING THE BENEFIT AVAILABLE. SO OUR POPULATION. THAT MAY HAVE A NEED FOR SERVICES.

>>

>> SO YOU ARE REALLY IMAGINING RIGHT NOW IN CALIFORNIA, HAVE THIS SET OF SERVICES AND BENEFITS AND WE HAVE SOME TARGETS PROGRAMS THAT HAVE YOU KNOW LIMITS AND CAPS ON THEM. SO YOU ARE SEEING AS BEING CAPACITY FOR INDIVIDUALS WHO MIGHT BENEFIT FROM EXISTING PROGRAMS BUT BECAUSE OF LIMITS AND CAPS

CANNOT USE THE PROGRAMS.

I GUESS I AM TRYING TO GET A SENSE IN TERMS OF DON'T WANT TO JUMP AHEAD TOO MUCH, I KNOW WE ARE GOING TO TALK ABOUT IT I AM TRYING TO DRILL DOWN ON POPULATION BEING SERVED IT'S LIKE ARE THEY A GROUP WHO WOULD BE TYPICALLY ELIGIBLE UNDER A 1915C TYPE WAIVER OR ELIGIBLE FOR UMM SOMETHING LIKE THAT. AND JUST BECAUSE OF THE CAPS ON THOSE PROGRAMS THEY ARE NOT IN THOSE PROGRAMS OR WE SEEING THIS NOT HAVING LIKE A NOT BEING ANALOGOUS TO THOSE THINGS?

>> SO ONE OF THE THINGS ABOUT THOSE PROGRAMS, IS THOSE PROGRAMS DO REQUIRE THAT YOU MEET THAT OTHER WISE IDENTIFIED INSTITUTIONAL NUMBER OF CARE. THIS ONE IS LIKE, FOR THE 1915I, YOU HAVE A NEED FOR CERTAIN SERVICES AND SUPPORTS BUT YOU DON'T NECESSARILY HAVE TO BE AT A INSTITUTIONAL LEVEL OF CARE, WE LOOK AT IT BASED UPON WHAT THE ASSESSED NEEDS ARE AND DEVELOP A BENEFIT OF SERVICES THAT WOULD THEN BE MADE AVAILABLE TO THAT INDIVIDUAL. SO THOSE SERVICES THAT ARE IDENTIFIED. NOT EVERYONE IS GOING TO BE ELIGIBLE FOR EVERY BENEFIT. BUT BASED UPON WHAT THEIR NEED IS AND THE ASSESSMENT, THAT IS DONE BY THE AGENCY IS THAT RENDERING THE SERVICES, BUT THEN BRING THOSE INTO THE HOME. OTHER THING I WAS GOING TO ADD IS WE MAY SEE. SEE THIS REFERENCE IN THE PAPER, WE TALK ABOUT IT IN THE CONTEXT OF HOSPICE CARE BUT WITHOUT THE END OF LIFE CARE. BECAUSE AS A CONCEPT, NOT SAYING IT'S RELEGATED TO HOSPICE AGENCIES BUT THOSE HELP TO BRING TO THE TABLE AN ARRAY OF SERVICES. BASED UPON THE NEED FOR SOMEONE WHO HAS BEEN IDENTIFIED AS ELIGIBLE FOR HOSPICE. WE ARE LOOKING AT IT IN THE SAME CONTEXT, BECAUSE THEN THEY MAKE AVAILABLE THOSE SERVICES THROUGH THAT AGENCY, OR MAKE ARRANGEMENTS FOR

OTHER SERVICES FOR THAT PERSON.   THEY ARE PROVIDING THEM WITH SAFE QUALITY TYPE SERVICES, WE TRY TO SPEAK IN THAT WAY, HOPEFULLY BRING GREATER CLARITY IN TERMS OF BENEFIT.
BUT RECOGNIZING WHAT THE NEEDS ARE, ARE GOING TO BE BASED UPON ASSESSMENT OF THE INDIVIDUAL.   BASED UPON THE TOOL THAT WILL ULTIMATELY USED BY THE AGENCIES.   AND THEN HAVE THOSE SERVICES.

>>   TWO QUICK QUESTIONS, I SEE YOU MEET THE THRESHOLD FOR SKILLED NURSING LEVEL OF CARE, SEEING THAT NOT THE SAME AS INSTITUTIONAL LEVEL OF CARE, THOSE MEAN DIFFERENT THINGS.

>>   THEY MAY HAVE A NEED FOR SERVICES AND ALSO SKILLED SERVICES, TO YOUR COMMENT ABOUT MAYBE SOMEONE WITH A BROKEN HIP, MAYBE THEY HAVE A LIMITED NEED FOR NURSING BUT REALLY THEY NEED HELP WITH THERAPIES TO GET THEM BACK. YOU KNOW, TO THEIR NORMAL STATE OF BEING.   SO WE ARE LOOKING AT IT, BECAUSE FROM THE HCBS SERVICES AND WAIVERS WE HAVE UNDER 1915C AUTHORITY YOU OTHER WISE HAVE TO NEED A INSTITUTIONAL LEVEL OF CARE.
THEY COULD BE ELIGIBLE TO GO INTO A NURSING HOME BUT THAT WOULD NOT BE SOLE CRITERIA TO MAKE THEM ELIGIBLE FOR THE BENEFIT.

>>   OKAY, THAT IS HELPFUL, AND THEN THE OTHER THING, I HAVE QUESTIONS IN THIS AREA, BUT IT WAS A LITTLE UNCLEAR, WHETHER DUAL ELIGIBLE BENEFICIARIES WOULD BE ELIGIBLE FOR THIS BENEFIT.   I THINK YOU MENTION PEOPLE ON MEDICARE,

BUT ON PAGE 6 THAT SOUNDS LIKE IT HAS NOT BEEN DECIDED YET I WANT CLARITY AROUND THAT.

>> WE WOULD LIKE TO MAKE THEM ELIGIBLE CERTAINLY. A VERY SIGNIFICANT POPULATION WOULD BENEFIT FROM THIS, BUT THERE ARE CERTAINLY INTERACTIONS HERE WITH MEDICARE BENEFITS AND THE PAYMENT STRUCTURE WOULD NEED ADDITIONAL WORK, HOPEFUL, AND YOU KNOW, LESSONS LEARNED FROM CAL MEDI CONNECT OR INTEREST FROM FEDERAL GOVERNMENT, HOPEFUL BUT WE HAVE A WAY TO GO ON THAT.

>> SOUNDS LIKE YOU ARE THINKING, INDIVIDUALS WILL NEED SKILLED NURSING, AND NOT ALL OF THEM NECESSARILY NEED HCBS PART OF THAT BUNDLE BECAUSE THAT IS NOT WHERE THE NEED LIES, SOUNDS LIKE, ALL BE IN THE SKILLED MEDICAL CAD?

>> WE ALSO HAVE TO MAKE THEY ARE NOT DUE TIVE. WITH THE WAIVERS THERE ARE CERTAIN SERVICES AND SUPPORTS WE HAVE TO MAKE SURE. THIS IS PART OF DISCUSSIONS WITH CMS, MAKING SURE THAT WE ARE NOT DUPLICATING EFFORT WITH THESE SERVICES AND SUPPORTS.

>> THANK YOU SO MUCH, TURN TIME OVER TO ANYONE ELSE THAT HAS QUESTIONS

>> I THINK THAT IS A GOOD WAY INTO THE NEXT SET OF QUESTIONS, OVER LAP ON THE SERVICE MIX, THE FORMER DIRECTOR OF DISABILITY RIGHTS OF CALIFORNIA.

>> CATHERINE: THANK YOU SO MUCH AND THANK YOU TO YOU THAT TAKE THE

TRYING TO BETTER UNDERSTAND ARRAY OF SERVICES, SPELLED OUT IN TWO PLACES, EXAMPLES OF SERVICES UNDER EACH OF THE CATEGORIES THAT CLAIRE REFERENCES OF WHO MIGHT BE ELIGIBLE, AND ON PAGE 6 THERE IS A LIST OF IS CALLED MEDICAL AND HCBS SERVICES AND I THINK SOME REFERENCES TO SOME FUNCTIONS THAT MIGHT GET A PERSON IHSS.

BUT WHEN I READ THE LIST OF SERVICES I SEE A PRETTY EXPANSIVE LIST OF THE KINDS OF MEDICAL SERVICES THAT IS PERSON WOULD BE ELIGIBLE FOR.   AND I DON'T ACTUALLY SEE A VERY DETAILED EXPLANATION OF WHAT YOU WOULD SEPARATELY CALL HCBS SERVICES.

SO, IT WOULD BE HELPFUL I THINK, IF YOU COULD GIVE EXAMPLES FOR US OF THE OTHER KINDS OF HCBS SERVICES YOU SEE THIS GROUP OF ELIGIBLE PEOPLE BEING ABLE TO RECEIVE AND WHICH OF THOSE MIGHT BE PROVIDED THROUGH THE AGENCIES THAT ARE GOING TO BE PROVIDING THIS, AND WHICH MIGHT BE COORDINATED BY THOSE AGENCIES?

>>   THANK YOU THAT IS A GREAT QUESTION, THAT IS ONE WE ARE WORKING ON NOW. IMPORTANT TO GET A DRAFT OUT FOR THE COMMENTS AND NOT TRY TO MAKE IT PERFECT FOR THE START.

WE DID NOT LINE OUT EACH OF THE HOME AND COMMUNITY BASED SERVICE ANDS HOW IT WOULD FIT IN, WE HAVE A REFERENCE FOR IHSS AND HAPPY TO TALK MORE ABOUT THAT.   BUT IT'S A GOOD QUESTION, ABOUT C BASS OR MSSP.   AND, THERE ARE OTHER SERVICES PROVIDED THROUGH OLDER AMERICANS ACT.   WHAT WE HOPE IS THAT THROUGH THE CARE PLAN, THAT THOSE SERVICES, IF--PARTICULARLY IF THE INDIVIDUAL IS ALREADY USING OTHER HOME AND COMMUNITY BASED SERVICES THOSE WILL BE IDENTIFIED IN THE CARE PLAN, AND THAT THE SERVICES PROVIDED THROUGH THE LONG

TERM CARE AT HOME BENEFIT WOULD RECOGNIZE THOSE OTHER SERVICES ALREADY PUTTING IN THE CARE PLAN AND SORT OUT ON THE FINANCE SIDE, WHETHER THEY ARE FUNDING WITHIN THE BUNDLE OR SEPARATELY FROM THE BUNDLE IF THEY ALREADY EXIST.

>> I THINK IT WOULD BE USEFUL FOR THE PEOPLE ON THE CALL TO TALK ABOUT THE INTERFACE WITH IHSS, AND HELP US UNDERSTAND THE TIMING BY WHICH YOU ARE GOING TO FLUSH OUT THE OTHER HOME AND COMMUNITY BASED SERVICES, SO WE CAN THEN HAVE A MORE ROBUST DISCUSSION. ABOUT THAT.

>> WE ARE AIMING TO HAVE A DOCUMENT THAT S PROPOSED LAY OUT AMONGST ALL OF THE HOME AND COMMUNITY BASED SERVICES, HOW IT INTERFACES WITH THE BENEFIT FOR THE NEXT STAKEHOLDER MEETING. CERTAINLY FEEDBACK FOLKS HAVE IN THE MEANTIME, MAYBE SOME QUESTIONS IN THE DOCUMENT YOU ALL HAVE BEEN WORKING ON. WE THINK FOR IHSS IN PARTICULAR THAT THE MODEL THAT THE INTERFACE BETWEEN REGIONAL CENTER SERVICES AND SOCIAL WORKER DETERMINED THE HOURS AND ELIGIBILITY

THAT WILL CONTINUE, BUT THERE IS WITH THIS BENEFIT THINK ABOUT AND RECOGNIZE WHAT IHSS HOURS PERHAPS ALREADY AUTHORIZED OR WOULD BE, AND WHAT OTHER SERVICES ARE NEEDED IN ADDITION NO IHSS. SO RECOGNIZING THAT AGAIN, DIFFERENT GROUPS OF PEOPLE, SOME PEOPLE ARE ALREADY ON IHSS, SOME PEOPLE MIGHT BE APPLYING FOR IHSS.

AND WE WANT TO MAKE THE BEST POSSIBLE FOR THEM

>> ONE QUESTION ABOUT THAT, SO IF YOU ARE NOT CURRENTLY GETTING IHSS, THERE IS GOING TO BE SOME TIME LAG RIGHT BEFORE YOU GET THEM. AND SO WOULD YOU--IS THE VISION THAT YOU WOULD MOVE IN TO YOUR HOME AND THE LONG TERM CARE AT HOME WOULD PROVIDE THAT WHILE YOU GO THROUGH THAT PROCESS? OR WOULD IT BE YOU NEED TO GET THAT IN PLACE BEFORE YOU CAN MOVE HOME.

>> WE WOULD WANT TO MAKE SURE THAT THE SERVICES THAT SOMEONE NEEDS TO SUCCESSFULLY TRANSITION HOME, ARE AVAILABLE WHEN THEY NEED IT.
SO, YES, THERE WOULD BE THAT FLEXIBILITY, IF PRIOR TO IHSS ELIGIBILITY, AND PERHAPS O GETTING PROVIDER LINED UP. THAT SERVICES THEY NEED ARE AVAILABLE. THROUGH ALTERNATE MEANS.

>> I GUESS TWO OTHER COMMENTS I HAVE, AS YOU KNOW, IN ADDITION TO THE 1915DD WAIVER, THERE IS ALSO A 1915I STATE PLAN, RIGHT? AND THERE IS A LIST OF SERVICES THAT ARE AVAILABLE AS I RECOLLECT I DID NOT GO BACK AND LOOK AT IT TODAY. BUT, THAT CAN BE PROVIDED UNDER THE DD 1915I, SO, DO YOU HAVE A THOUGHT OR MAYBE YOU HAVE NOT GOTTEN THAT FAR.
IS THAT GOING TO BE THE SAME AS WHAT IS PROVIDED UNDER THE DD, OR LOOKING AT TO HELP INFORM YOU?

>> WE ARE LOOKING AT THAT LIST, BUT I THINK THAT WE WILL DEFINITELY NEED TO MAKE SURE THAT THE LIST FOR THIS PARTICULAR BENEFIT IS THE MOST APPROPRIATE LIST. AND REKNEE MAY HAVE SOME FURTHER THOUGHTS ON THAT?

>> I WAS GOING TO ECHO WHAT YOU SAID. WE HAVE TO (INAUDIBLE) ALL OF YOU,

YOU KNOW, AND INTERESTED PARTIES, BUT OWE KNOW, CLEARLY DEFINING SETS AND SERVICES FOR THIS PARTICULAR POPULATION, VERSUS BEING CROSS OVER.
BECAUSE YOU WOULD NOT BE IN BOTH, YOU WOULD HAVE THE SET OF SERVICES THAT ARE MOST APPROPRIATE FOR YOU BASED UPON YOUR NEEDS.

>> FOR ME PROVIDED A WAY TO THINK ABOUT KIND OF WHAT OTHER SERVICES AS YOU NOTED THERE IS PEOPLE JUST OVER 21, AND GOING TO BE PEOPLE UP TO A HUNDRED, THAT MIGHT BE ELIGIBLE FOR THIS BENEFIT AND THEREFORE A BROADER RAY OF WHAT PEOPLE MIGHT BE ABLE TO ACCESS, DEPENDS ON THEIR INDIVIDUAL NEEDS, IT'S GOING TO BE IMPORTANT.
MY LAST QUESTION AND I KNOW OTHER PEOPLE PROBABLY HAVE SPECIFIC SERVICE QUESTIONS, IS YOU KNOW, THERE IS--THERE WAS THIS MENTION OF MOVING HOME AND NOT ABLE TO PROVIDE RENT ASSISTANCE, SO SOMEONE COULD DO THAT.
AND ONE OF THE BIGGEST BARRIERS I ALLUDED TO BEFORE, PEOPLE WENT INTO A NURSING HOME, BECAUSE THEY WERE THERE FOR A PERIOD TO HAVE TIME THEY LOST THEIR HOUSE AND DON'T REALLY HAVE THE MONEY TO PAY FIRST AND LAST MONTH RENT TO GET AN APARTMENT AND WHATEVER ELSE MIGHT B.
I DON'T KNOW WHAT THE SOLUTIONS ARE, BUT FOR THIS TO HAVE SORT OF MEANING I THINK WE HAVE TO WRESTLE WITH, HOW WE THINK ABOUT WHERE PEOPLE ARE RETURNING TO IF THEY DON'T HAVE A FAMILY MEMBER THEY ARE RETURNING TO, I DON'T KNOW, I REALLY DON'T HAVE AN ANSWER TO THAT AND APPRECIATE LIMITATIONS IN MEDICAID ABOUT IT BUT REALLY WANT TO PUT A PIN THERE TO SAY I THINK THAT IS A BARRIER FOR LOTS OF PEOPLE.
I WILL YIELD MY TIME BACK TO OTHER MEMBERS OF THE COMMITTEE WHO I THINK MIGHT HAVE SPECIFIC QUESTIONS ABOUT THE SERVICES PART.

>> I HAVE A QUESTION, THANK YOU SO MUCH FOR THIS HELPFUL DISCUSSION. MY QUESTION IS AROUND, SERVICE MIX RECORD TO FUNCTIONAL SUPPORT SERVICES AND HOME COMMUNITY BASED SERVICES AND MEDICAL SERVICES. I THINK IT IS IMPORTANT TO POINT OUT WE KNOW THAT FUNCTIONAL NEEDS ARE OFTEN WHAT DRIVE HEALTH CARE COSTS, DOES LOOK LIKE THERE IS THE EMPHASIS ON THE SKILLED CARE SERVICES AND RECEIPT OF THOSE IN THE HOME.
AND THE COORDINATION.
I WOULD SAY WE ALSO KNOW THERE IS A CHALLENGE WITH THE CURRENT SYSTEM. SAME TIME PEOPLE WOULD BE CARVED OUT. (INAUDIBLE), COULD LEAD TO LONGER TERM PROBLEMS WITH THE HEALTH CARE ISSUES, SO, JUST A POINT AND KIND OF CONSIDER.

>> THANK YOU YES CERTAINLY WE WANT IN THINKING ABOUT ASSESSMENT, WE WANT TO BE AWARE OF THAT AND WE WILL BE VERY CLEAR IN UPCOMING DOCUMENTS ABOUT WHAT HOME AND COMMUNITY BASED SERVICES WOULD BE POTENTIALLY INCLUDED AND WHICH ARE EXCLUDED TO GET YOUR FEEDBACK.

>> THE OTHER THING, TOO, I CANNOT SAY THANK YOU ENOUGH. (INAUDIBLE) APOLOGIZE I WILL TRY MY BEST, I WANT TO SAY, WE REALLY APPRECIATE THE THOUGHTFUL COMMENTS THAT PEOPLE ARE PROVIDING TO US. THIS WAS THE VERY REASON. BUT WE RECOGNIZE WE DON'T HAVE ALL OF THE ANSWERS, BUT WE CERTAINLY CAN APPRECIATE YOUR THOUGHTFULNESS AND COMMENTS.
WE ARE NOT GOING TO YOU KNOW, WE WON'T SOLVE ALL OF THE PROBLEMS OUT THERE, OUR GOAL IS YOU KNOW TAKE A STEP FORWARD IN TERMS OF ADDRESSING THE ISSUES FOR THE VULNERABLE POPULATIONS, WE REALLY APPRECIATE YOU IDENTIFYING AREAS.

(INAUDIBLE) WHAT WILL BECOME THE APPLICATION THAT WE SUBMIT, SO I WANT TO LET YOU ALL, YOU KNOW, SAY THANK YOU RIGHT NOW, SAY AGAIN AT THE END, BUT I REALLY APPRECIATE THE COMMENTS THAT ARE COMING INTO US, AGAIN, WE MAY NOT HAVE ALL OF THE ANSWERS RIGHT NOW, BUT, ALSO HELPS US IN OUR THINKING AS WE MOVE ALONG IN THIS PROCESS COLLECTIVELY WITH ALL OF YOU AND OTHER INTERESTED STAKEHOLDERS, THANK YOU.

>> I HAVE A QUESTION, YOU KNOW, FOLLOWING UP ON WHAT THEY WERE TALKING ABOUT THE SERVICE MIX, ESPECIALLY FROM OTHER WAIVERS, I AM TRYING TO GET MY HANDS AROUND THIS, SO, PERSON LET'S SAY WITH DEVELOPMENTAL DISABILITIES LIKE MY SISTER WHO IS ACCESSING IHSS, AND SAY SHE IS ACCESSING SUPPORTED LIVING AND FAMILY IS ACCESSING RESPITE, HOW WOULD ALL THAT, THEY EACH HAVE THEIR OWN ASSESSMENT PROCESSES,
I KNOW YOU DON'T HAVE DETAILS TO FILL IN THE BLANKS, BUT GOOD TO SEE YOU BY THE WAY HAVEN'T SEEN YOU FOR A LONG TIME. HOW DOES THAT WORK, YOU KNOW, BECAUSE A PERSON WHO HAS SUPPORTED LIVING UNDER STATE LAW HAS TO APPLY OR IHSS FIRST.
SO THEY HAVE THIS MIX, THAT MIX HAS TO STAY IN PLACE FOR THEM TO BE ELIGIBLE FOR REMAINING HOURS, SO IT GETS A LITTLE COMPLICATED AND HOW WOULD THOSE BENEFITS BE UNDER THIS NEW AND--REESTABLISH THE RELATIONSHIPS AGAIN, BEEN A PROBLEM WITH DOORS PEOPLE HAVE TO GO THROUGH.

>> SO, FAIR POINT ON THE MULTIPLE ASSESSMENTS, WE HAVE SEEN THAT IN THE COMMENTS BEFORE. AND THIS IS REALLY LOOKING AT THE ASSESSMENTS BASED UPON THE NEEDS FOR THESE PARTICULAR SERVICES BUT TAKING INTO CONSIDERATION WHAT

ARE OTHER SERVICES AND SUPPORTS THAT PEOPLE ARE--THE OTHER SERVICES AND SUPPORTS THEY HAVE A NEED FOR.

PART OF LOOKING AT THE 1915I AUTHORITY TO YOUR POINT, IT WILL BE SOMETHING THAT BECOMES STATE PLAN BENEFIT, NOT SOMETHING WE HAVE TO ASK FOR ONGOING APPROVAL AND AUTHORITY, BECOMES A STATE PLAN BENEFIT UNDER OUR MEDICAID PROGRAM. AND THEN THE OTHER THING, TOO, IS AS WE ARE LOOKING AT THIS, WE STILL HAVE TO DEVELOP REIMBURSEMENTS.

YOU KNOW REIMBURSEMENT METHODOLOGY. GOAL IS LOOK AT SOMETHING THAT IS COST MUTUAL. EXTENT TO WHICH WE TRY TO MAKE THIS EVERYTHING FOR EVERYONE. IT WILL BE COST PROHIBITED FOR US. SO, WE HAVE TO THINK ABOUT IT IN THAT LENS AS WELL. IN TERMS OF THE SERVICE MIX. AND RECOGNIZING THERE MAY BE OTHER SERVICES AND SUPPORTS OUT THERE, THAT PERSON IS RECEIVING. SO WE ARE NOT LOOKING TO NECESSARILY DISRUPT THAT, BECAUSE THAT WOULD NOT BE HELPFUL, BUT HOW CAN THESE SERVICES THEN BE BROUGHT INTO ALSO HELP TO FURTHER SUPPORT THAT INDIVIDUAL.

>> I AM GOING TO LEAN IN AND SEE IF I HAVE THE COMMITTEE PERMISSION TO MOVE ONTO THE NEXT ISSUE, SO WE COVER THEM ALL AND HAVE TIME PUBLIC COMMENT. I WANT TO REMIND YOU THE Q AND A BOX IS OPEN, WE HAVE A COUPLE DOZEN QUESTIONS, THOSE WILL BE ANSWERED IN WRITING, AND PUBLIC COMMENT AT THE END, AND AT THE NEXT TWO MEETINGS AS WELL.

AND E-MAIL YOU CAN ALWAYS SEND WRITTEN COMMENTS ON THE DESIGN PAPER OR ANY OF THIS, MULTIPLE CHANNELS TO HEAR FROM YOU, I AM GOING TO GIVE YOU A VISIBLE HIGH FIVE WHEN IT IS 5 MINUTES AND HOPE YOU CAN BRING IT UNDER TEN.

WELCOME TO YOU.

>> THANK YOU AM GOING TO KICK IT OFF. YOU KNOW I REALLY UNDERSTAND THE URGENCY BEHIND THIS PROPOSED BENEFIT. I APPLAUD YOU, BOLD PROPOSAL, 2 3 OF THE DEATH IN THE COUNTY HAVE BEEN IN SNIF OR CONGREGATE SETTINGS, I UNDERSTAND WE NEED TO MOVE FAST.

SAME TIME I THINK WE ARE CONCERNED ABOUT ANY NEW PROGRAM THAT ALIGNED FOR LONG TERM VISION OF INTEGRATION OF HEALTH. KIND OF VISION THAT DHCS STARTED TO DELAY OUT SO WELL IN CAL AIM. THAT IS NEW PARAMETER DOESN'T ADD TO THE FRAGMENTATION WE ARE DEALING WITH IN THIS MULTIPLE ARRAY OF PROGRAMS.

I ALSO WANT TO COMMENT ON THE DUALS AND CLAIRE CERTAINLY EMPHASIZED THIS, BUT YOU KNOW, ABOUT 2 1 MILLION DUALS IN CALIFORNIA, ABOUT 1.4 OR 2/3 ARE DUALS, THIS POPULATION WE ARE TALKING ABOUT SO MANY ARE DUALS, WE HAVE TO FIGURE THAT PIECE OUT. OR LEAVE OUT A LOT OF PEOPLE WHO NEED THIS KIND OF SERVICE.

THE OTHER ISSUE I WANTED TO RAISE, IS, THE ROLL OF MANAGED CARE. CAL AIM REALLY ENVISIONED THAT MORE SERVICES WOULD BE CONSOLIDATED UNDER MANAGED CARE, I THINK AS ACCOUNTABLE ENTITYINGS

I WANT TO MAKE SURE WE ARE CAPITALIZING ON EXPERIENCES AND RESOURCES, WHAT WE ARE LEARNED FROM THE HIGHER PERFORMING CCI HEALTH PLANS, FOR EXAMPLE MY PLAN BEEN DOING TRANSITIONS AND DIVERSIONS AND NURSING FACILITIES FOR FIVE YEARS NOW.

YOU HAVE SEEN TOOLS AVAILABLE, AND LEARNED A LOT ABOUT WHAT WORKS AND DOESN'T

AT FIRST BLUSH THE FRAMEWORK I READ IN YOUR PAPER I THINK IT IS TOO RIGID. FOR EXAMPLE WE USE COMMUNITY BASED ORGANIZATION INSTITUTE ON AGING AS THE

SUPERCOORDINATING AGENCY, THEY ARE SOCIAL WORKER DRIVEN. NOT MEDICAL.

THEY FOCUS ON SOCIAL AND NONMEDICAL SERVICES

THEY COORDINATE WITH IHSS, CCT, AND WE THE HEALTH PLAN WRAP THE MEDICAL SERVICES AROUND THE SOCIAL COORDINATING ROLE, WHETHER IT IS HOME HEALTH CARE OR WHATEVER SERVICES ARE NEEDED. OUR EXPERIENCE, I CANNOT SAY IT IS TRUE.

OUR EXPERIENCE, WHAT DRIVES THE COMPLEXITIES OF TRANSITIONS, AND, DIVERSIONS, ARE SOCIAL NEEDS.

IT'S LESS THAN MEDICAL NEEDS. AND WHETHER IT'S A NEED FOR HOUSING OR YOU KNOW, A WHOLE ARRAY OF SOCIAL NEEDS. I REALLY RECOMMEND YOU START WITH SOCIAL, AND ADD MEDICAL SERVICES ON THAT. THIS SEEMS TO GO IN DIFFERENT DIRECTION

I UNDERSTAND PEOPLE NEED SIMPLE MEDICAL SERVICES BUT I THINK THAT IS MORE AVAILABLE NOW. ONE OF THE REAL TRICKS IN THIS, IS YOU KNOW, HOSPITALS, IT'S SO MUCH EASIER FOR THEM TO PLACE SOMEBODY IN A SNIF, UNDER TIME PRESSURE TO GET THAT DISCHARGE DONE, DIVERTING TO HOME HEALTH CARE IS GETTING INTO THE HOSPITAL AT THE POINT THE PERSON IS ADMITTED AND WORKING ON A DISCHARGE THEN.

THAT IS NOT DISCHARGE TO A SNIF, ALL THOSE THINGS HAVE TO BE TALKED ABOUT. I URGE YOU, I KNOW IT IS EASIER TO DO STANDARDIZATION, BUT I DON'T WANT TO STANDARDIZE OR SEE YOU STANDARDIZE ANOTHER NEW PROGRAM THAT MAY BE ANOTHER SOLID PROGRAM.

THE QUESTION I HAVE, MAYBE LEADING INTO THE NEXT, BUT, WHY DID THE ENTITIES HAVE TO BE LICENSED? AGAIN I POINT TO CPO THAT DOES EXCELLENT SERVICE AND IS NOT LICENSED FOR THIS YOU KNOW, MAYBE COULD BE, BUT WHAT'S ING THE LICENSING? FEDERAL REQUIREMENT? OR JUST SOMETHING YOU SEE THAT REALLY NEEDS TO BE IN

PLACE?

>> YOU ARE RIGHT, STARTING WITH A MEDICAL MODEL, WHAT IS THE BEST WAY TO ENSURE CONSISTENCY AND OVER SIGHT, SO MAKE SURE THAT ENTITY IS GIVEN BROAD FLEXIBILITY AND AUTHORITY TO MAKE SURE THAT THE RIGHT SERVICES ARE BEING DELIVERED INCLUDING MEDICAL SERVICES, SHOULD BE APPROPRIATE OVER SIGHT. LENS WE ARE LOOKING OUT IN THINKING ABOUT CDPH TYPE OF LICENSE FOR THIS TYPE OF AGENCY.

YOU TO YOUR POINT, WE CAN CERTAINLY LOOK AT OTHER AGENCIES THAT ARE PROVIDERS UNDER OUR HOME AND COMMUNITY BASED ALTERNATIVE WAIVER, OR CPT, AND THINK ABOUT HOW WOULD THOSE TYPE OF PROVIDERS ASSEMBLE THIS ARRAY OF SERVICES, BUT WE WANT TO MAKE SURE THEY HAVE THE RIGHT RELATIONSHIPS WITH THE MEDICARE PROVIDERS IN ORDER TO MEET THE FULL ARRAY OF NEEDS, FAIR POINT AND WILL KEEP LOOKING AT IT.

>> THANKS. LET ME SAY A COUPLE OF WORDS, NUMBER 1, I WANT TO JUST EMPHASIZE THE IMPORTANCE OF COMING UP WITH THAT INTEGRATED SERVICE PACKAGE AT THE CONSUMER LEVEL. SO THAT THE LTSS BENEFITS AND PRIMARY HEALTH CARE ACTUALLY LOOK AND FEEL LIKE THEY ARE COORDINATED AND FOLKS ARE TALKING TO EACH OTHER AND WORKING TO MEET THE NEEDS OF A CONSUMER, WHICH ARE TYPICALLY IN MY EXPERIENCE FUNCTIONAL NEEDS.

YES ACUTE MEDICAL AS WELL, BUT ARE FUNCTIONAL NEEDS SO I WOULD START WITH THAT AND GO BACK TO DUALS QUESTION. SO, CMS I AM SURE MY FRIENDS SAW THIS, CMS PUT OUT DATA ON COVID-19 IN THE MEDICARE POPULATION. AND WE SAW OF COURSE THAT DUALS HAVE PROBABLY 4 TIMES THE CASE RATES AND, CLOSE TO THAT ON

THE HOSPITALIZATION RATES. FROM COVID-19 AS WELL. SEEMS TO ME, KNOWING THAT THE NURSING HOME POPULATION AND FOLKS HARDEST HIT BY COVID-19 ARE IN FACT THE OLDER POPULATION. MANY, MANY, OF WHOM ARE DUALS,

WE NEED TO BE THINKING ABOUT HOW WE CAN WORK THIS OUT WITH THE FEDS TO MAKE THIS A BENEFIT THAT'S APPROPRIATE TO DUAL ELIGIBLES.

AND THEN, MAYBE THE QUESTION WOULD BE ASSUMING YOU CAN WORK THAT OUT, TALK A LITTLE BIT ABOUT HOW HOW THAT MIGHT LOOK, POTENTIAL COORDINATION, BETWEEN THE SERVICES CLEARLY ON THE MEDI-CAL SIDE. AND THEN MEDICAL SERVICES ON THE YOU MIGHT ADD IN IF YOU CAN.

A LITTLE ABOUT HOW YOU IMAGINE THE NEW BENEFIT FITTING WITH THE PACE STRUCTURE AS WELL.

SO DUALS IMAGINE THAT WORKING AND INTEGRATION ACROSS THE TWO DIFFERENT PROGRAMS AND THEN A LITTLE BIT ABOUT HOW YOU SEE IT INTERACTING. THANK YOU.

>> YES, WELL THE ADMINISTRATION WE WANT ALL OF THAT AS WELL. SO I CAN SAY WE REALLY SHARE THE DESIRE THAT YOU ALL HAVE, FOR INTEGRATING ACROSS THE MODELS.

AS FAR AS THE DUAL ISSUE. WE WANT TO HAVE CONVERSATIONS WITH CMS ABOUT THIS.

WE WANT TO LOOK AT WHAT HAPPENS IN HOSPICE CARES AND THINKING ABOUT WHAT BENEFITS EXIST ON THE MEDICARE SIDE.

SO, IT IS NOT TOO MUCH OF A LEAP OR LIFT IF WE CAN DOCUMENT THESE ARE EXISTING BENEFITS

PACKAGING THEM TOGETHER, AGAIN IT IS COST NEUTRAL, MUCH MORE BENEFICIAL FOR THE OUT COMES AND CMS WE THINK WOULD BE IN ALIGNMENT WITH THAT. SO, THAT'S WHERE YOU KNOW MY COLLEAGUE MAY HAVE OTHER IDEAS AS WELL.

>> I AM ONE OF THE PEOPLE THAT BELIEVES ONE THING YOU ARE TRYING TO MANAGE IS PERSON'S OVER ALL HEALTH CARE AND USE IN THE HOSPITAL AND SUCH, SO, CERTAINLY THAT BECOMES A MORE COMPLEX ONE WITH THE DUALS I DON'T KNOW IF SHE WAS GOING TO SAY ANYTHING, IF NOT,

>> I WAS GOING TO SAY, COMPLEXITY OF THE INTERACTION BETWEEN THOSE, AND HOW YOU DO THE COST EFFECTIVENESS,

>> WEIGH IN ON THAT COMPONENT. SO OUR DESIRE IS HAVE IT BE ELIGIBLE BUT IT IS GOING TO TAKE MORE CONVERSATION AND THEN DEFER TO YOU.

>> WE CERTAINLY DON'T HAVE ANSWER OR SPECIFIC PROPOSAL RIGHT NOW, EXCELLENT QUESTION, WE KNOW THAT THEY ARE ALREADY PROVIDING THAT FULL ARRAY OF SERVICES, BUT, IF THERE ARE SCENARIOS THAT WE OUGHT TO BE LOOKING AT. WE ARE HAPPY TO TAKE A LOOK AT THAT.

>> SEEMS LIKE THEY SHOULD BE PROVIDING MANY OF THESE SERVICES, THAT IS--HAPPY TO LOOK AT EXAMPLES OR SCENARIOS.

>> I WOULD ENCOURAGE YOU ALSO TO CONSIDER PACE AS PROVIDER SIMILAR TO HOME HEALTH AND HOSPICE, BECAUSE THEY HAVE MODEL PERFECTED TO PROVIDE INTEGRATED SYSTEM OF CARE, JUST AS HOSPICE DOES, PACE HAS THAT LONG HISTORY OF INTEGRATION.

>> I AM BEGINNING TO MOVE US ALONG, MY APOLOGIES, MOVE TO LYDIA FOR FIVE MINUTES AND THEN SUM UP TO MOVE TO PUBLIC COMMENT,

>> THANK YOU, THANK YOU EVERYONE, WELL, THANK YOU TO MY COLLEAGUES AND ALL OF YOU FROM THE DEPARTMENTS FOR BEING HERE WITH US TODAY. REALLY GREAT CONVERSATION, I HAVE MANY QUESTIONS BUT MY JOB IS ASK YOU SOME QUESTIONS ABOUT THE LICENSE.

WHILE I AM STILL NOT CLEAR PERSONALLY ABOUT THE TARGET POPULATION, AND HOW THIS IS GOING TO RELATE TO DECOMPRESSION OF BOTH HOSPITALS AND NURSING HOMES, I DO UNDERSTAND THE URGENCY WE HAVE DISCUSSED TODAY AND ALL OF US ARE KEENLY AWARE OF FOR AVOIDING OF NURSING HOME PLACEMENT IF AT ALL POSSIBLE, WHETHER SHORT TERM OR LONG TERM AS WELL AS TRYING TO MOVE PEOPLE OUT OF NURSING HOMES.

GIVEN URGENCY OF THIS TIME, WE ARE CURIOUS WHY A NEW LICENSING CATEGORY NEEDS TO BE CREATED WHEN YOU HAVE HEARD FROM A NUMBER OF COLLEAGUES ABOUT SERVICES ALREADY OUT THERE.

WHETHER THEY ARE COMMUNITY BASED HOME SERVICES OR LICENSED PROVIDER. OR CCT AND OTHERS, SEEMS TO ME FOR EXPEDIENCY, AND KNOWLEDGE SET THAT EXISTS AMONG THESE PROVIDERS GIVEN THE SOCIAL DETERMINING OF HEALTH FOCUS S A LOT OF THESE PLACEMENTS IN PARTICULAR AS WELL AS GETTING VERY COMPLEX PEOPLE OUT OF HOSPITAL AFTER A LONG STAY OR COMPLICATED UMM SURGERY OF SOME SORT.

UMM, WHY IT MIGHT NOT BE MORE EFFICIENT AND WHY IT MIGHT BE MORE EX I CAN'T TO IDENTIFY AND USE THESE EXISTING LICENSED OR OTHER PROVIDER TYPES LIKECCT IF WE WANT TO CALL THEM THAT. MAKE CHANGES TO GIVE THEM GREATER FLEXIBILITY OR STANDARDIZATION AS IDENTIFIED WHICH I TOTALLY UNDERSTAND, BALANCED WITH

FLEXIBILITY. AND THEN, BE ABLE TO HINGS FORWARD A LITTLE BIT MORE. UNDERSTANDING LICENSING AND GETTING A NEW CATEGORY IS TIME CONSUMING, A LOT OF HURDLES, WE AN ADDRESSED CERTIFICATION TO BE PAID. AND BEING FAMILIAR WITH THOSE PROCESSES. BECAUSE OF MY 30 YEARS WORKING WITH ADULT DAY HEALTH PROGRAMS, THAT WAS THE NATURE OF THE CONVERSATION TO PREPARE FOR TODAY. WHAT WAS THE NEED FOR BRAND NEW LICENSE CATEGORY OPPOSED TO REPURPOSE OUR EXISTING SYSTEM, AND EXPERTISE OUT THERE. THAT WOULD BE MINE, GIVEN THE FISCAL RESOURCES, VERY LIMITED AT THIS TIME TOO. I WANT TO GET YOUR COMMENTARY ON THAT, WHAT ARE WE MISSING IN TERMS OF THE NEED, AND WHY IT IS NEEDED.

>> ONE THOUGHT WE HAD, CERTAINLY TO LEVERAGE EXISTING CATEGORY. SO, AND, THIS HAS BEEN A DIALOGUE WITHIN THE ADMINISTRATION, AND UMM I BELIEVE THERE IS SOME COLLEAGUES ON THE WEBINAR AS WELL. BUT UMM THINKING ABOUT WHAT UMM, WHAT'S FEASIBLE AS FAR AS UMM, AN EQUIVALENT OR SEVERAL--EQUIVALENT OR CLOSE TO TYPES OF LICENSE CATEGORIES, AND HOW COULD WE PERHAPS DO SOME TYPE OF CROSSWALK BUT WE HAD NOT QUITE, YOU KNOW GOT TO THAT POINT IN THE CONVERSATION WHEN WE LAUNCHED IT.
BUT EXACTLY AS YOU SAID, WE WANT TO BALANCE SAFETY AND OVER SIGHT, WITH PRACTICAL TERMS ABOUT HOW TO GET THIS LAUNCHED AND BEING REALISTIC, ABOUT MAYBE PROVIDERS THAT ARE VERY INTERESTED BUT MAYBE NOT HAVE THE FULL SUIT OF SERVICES OR SKILLS AND YOU KNOW, ALL THOUGH WANT TO LAUNCH THIS IN VERY EARLY 202 IS. TRY TO WHAT WE CAN. BUT THEN MAKE SURE WE HAVE A SAFE MINIMUM AS FAR AS THE LICENSING.

>> OKAY, AND IN TERMS OF TRYING TO IMAGINE, THANK YOU FOR THAT THAT HELPS A LOT. WE WILL CHAT WITH YOU MORE ABOUT THAT I AM SURE. THE SUB COMMITTEE. BUT IN TERMS OF PEOPLE YOU ARE IMAGINING, THAT, NEED TO BE DIVERTED, JUST THINK ABOUT THAT GROUP FIRST, DIVERTED FROM NURSING HOME PLACEMENT AS SAID. THE TYPICAL ROUTE IS HOSPITAL TO NURSING HOME IF SOMEBODY NEEDS REHAB OR RECOOPERATION OF SOME SORT, WHO WHAT DO THOSE FOLKS LOOK LIKE. AND TEEMS LIKE IF TODAY IF THEY COULD GO HOME THEY WOULD BECAUSE THE HOSPITALS WANT TO GET THEM UMM HOME. UMM AS FAST AS POSSIBLE.
SO CAN YOU MAYBE GIVE AN EXAMPLE OF WHO YOU HAVE IN MIND, WHERE THERE IS BARRIERS RIGHT NOW?

>> GREAT POINT, YES, SO, WE ARE WORKING ON SOME CASE STUDIES, BUT IN THE MEANTIME AGAIN, WE ARE BACK TO THAT EXAMPLE OF SOMEONE WHO HAD A BROKEN HIP. LET'S SAY IF THEY ARE NORMALLY LIVING ALONE. IF THEY HAVE NOT REALLY BEEN INTERFACING WITH HOME AND COMMUNITY BASED SERVICES PRIOR TO WHATEVER HOSPITAL STAY, IF THEY DON'T HAVE SORT OF COMMUNITY SUPPORT ALREADY IN SPACE. IF THERE ARE YOU KNOW, ISSUES IN THEIR HOME WHERE THEY MAY NOT HAVE SORT OF ACCESSIBILITY.
LAY OUT THEY MAY NEED HELP WITH. SOME OF THOSE AS FAR AS TRANSITION. AND, CERTAINLY IF THERE ARE COGNITIVE CONCERNS, COGNITIVE ISSUES THAT MAKE THEIR REHAB MORE CHALLENGING. THOSE ARE TYPES OF MORE COMPLEX SITUATIONS THAT WE WOULD HOPE THIS BENEFIT WOULD ADDRESS.

>> I THINK THAT IS MY TIME

>> THANK YOU VERY MUCH, WANT TO SUM UP?

>> THANK YOU SO MUCH, THANK YOU SO DHCS STAFF FOR REALLY GOOD CONVERSATION THAT CLEARLY THERE IS SO MUCH MORE WE CAN CONTINUE TO DISCUSS I WANT TO NOTE THAT THE LONG TERM SERVICES AND SUPPORT SUB COMMITTEE DID DEVELOP A WORKING DRAFT AND THE POSITION PAPER.
THAT WILL BE UPDATED BASED ON TODAY'S CONVERSATION AND WE HOPE TO USE THAT AS KIND OF THE FRAME FOR OUR CONVERSATIONS MOVING FORWARD. I THINK THE MAIN MESSAGE, WE APPRECIATE THE OPPORTUNITY TO ENHANCE ACCESS TO SERVICES IN THE COMMUNITY. IMPROVING POPULATION AND HEALTH AND ADDRESSING DISPARITIES AND CHALLENGES WE HAVE SEEN AS RESULT OF THE COVID-19 CRISIS.
IT'S REALLY ROOTED IN EQUALIZING ACCESS TO HOME AND COMMUNITY BASED SERVICES AS PARKING LOT OF INTEGRATED DELIVERY SYSTEM.
BEHAVIOR HEALTH CARE SERVICES, AS MORE OF A WHOLE PERSON APPROACH TO CARE, WHICH OF COURSE IS SOMETHING YOU ALL HAVE BEEN WORKING ON FOR SOME TIME.
WE ARE HOPING THIS MODEL CAN WE LOOK FORWARD TO CONTINUE TO DISCUSSION AND APPRECIATE THE OPPORTUNITY TO ENGAGE.

>>

>> I WANT TO ACKNOWLEDGE THE 60 OPEN QUESTIONS THAT HAVE COME IN, RANGING ON TOPICS LIKE QUALITY OF CARE, ACCESS TO CARE, IMPORTANCE OF HOUSING AND INTEGRATION WITH CURRENT SERVICES AND WAIVERS AND THEM THROUGH OUT,

THE TEAM WILL BE WORKING TO ANSWER THOSE, PROVIDE ANSWERS THANK YOU FOR CONTINUING TO PROVIDE THOSE,

FACILITATE IN THE HAND RAISING FROM THE PUBLIC?

>> YES, WE HAVE FOLKS RAISING THEIR HANDS.

>> THANK YOU, THIS IS PETER, I GUESS I WAS NOT IN THE ROOM, I HAVE BEEN HERE SINCE THE BEGINNING, COUPLE OF QUICK QUESTIONS, I AM MEMBER OF THE LTSS ADVISORY COMMITTEE, THIS IS PETER,

I WANT TO KNOW IF WE CAN TALK ABOUT SERVICE COORDINATION, AND WHAT MIGHT LOOK LIKE IN DEPTH. AND MORE CLARIFICATION ON THE TYPES OF SERVICES THROUGH THE WAIVER.

I AM CONCERNED THAT WE--SOUNDS LIKE LOOKING TOWARDSES LICENSE ENTITIES TO BE ABLE TO PROVIDE SERVICES I THINK THE ROLE FOR COMMUNITY BASED INDEPENDENT LIVING CENTERS,

ALSO WONDER (INAUDIBLE) BACK UP SERVICES WHEN PCA MAY NOT BE ABLE TO SHOW UP OR DIRECT CARE STAFF, OTHER THING I AM CONCERNED ABOUT IS NOT BEING ABLE TO ASSIST WITH HOUSING OR RENT OR DEPOSIT IS A BARRIER. HOW MUCH OF AN ASSESSMENT IS GOING TO BE DONE TO ENSURE THAT THE PERSON BEING SUPPORTED MOVES INTO THE COMMUNITY OF THEIR CHOICE. AND ENJOY THE ACTIVITY THEY WANT TO, SO THEY HAVE CHOICES. AS THEY TRANSITION INTO THE COMMUNITY. THANK YOU.

>>

>> I THINK IN THE INTEREST OF HEARING, I WILL KEEP THEM HOPE, IF YOU WANT TO

REAPPLY, PLEASE SPEAK UP.

>> THANK YOU SO MUCH, I APPRECIATE THE START OF THIS CONVERSATION, AND THE AMOUNT OF TIME THAT'S BEEN PUT INTO IT, I PARTICULARLY APPRECIATE THE MEMBERS OF THE STAKEHOLDER WORK GROUP WHO HAVE ASKED SO MANY GOOD QUESTIONS, I THINK THAT MY OVER ARCHING QUESTION BEYOND THE SPECIFICS IS LOOKING AT THIS TIME LINE.

AND I UNDERSTAND THAT YOU ARE TRYING TO GET SOMETHING OUT QUICKLY.

BUT THAT SEEMS THAT THERE ARE MANY, MANY, QUESTIONS THAT ARE YET TO BE DETERMINED AND LISTENING TO OUR COLLEAGUES FROM DHCS, WHERE THERE IS TALK ABOUT THE DATA ANALYSIS THAT MENTIONED HAS NOT BEEN DONE YET. AND WORK THAT IS GOING TO COME.

TRYING TO DO THIS IN 3 MEETINGS ACROSS 5 WEEKS ON HOUR AND A HALF EACH. LIKE TODAY, WHERE THERE ARE 500 PEOPLE ON HERE WHO WANT TO MAKE COMMENTS AND CUTTING OFF MEMBERS OF THE COMMITTEE AND THEIR DISCUSSION AND NOT ABLE TO GET TO US CLEARLY.

PLEASE, TAKE THE TIME TO DO THIS THOUGHTFULLY, SO WE HAVE TIME TO REALLY ENGAGE AND MAKE THIS THE BEST POSSIBLE APPROACH.

AGAIN I KNOW YOU WANT TO GET THIS DONE QUICKLY, BUT ISN'T GETTING IT RIGHT BETTER FOR ALL OF THE PEOPLE IN THE STATE WHO CAN BENEFIT, AND TO PLEASE, PLEASE, BUILD IN MORE TIME. THANK YOU VERY MUCH.

>> THANK YOU,

>> CAL PACE SUPPORTS THE CONCEPT OF ENABLING MORE CALIFORNIANS TO GET LONG TERM SUPPORT AND SERVICES AT HOME AND IN THE COMMUNITY AND INTERESTED AND ANXIOUS TO PLAY A ROLE IN BRINGING THAT TO FRUITION.

I WANT TO POINT OUT AS SEVERAL OF THE PRESENTERS MADE THE POINT, THAT WE DO THINK THAT THE PROPOSED LONG TERM BENEFIT TO BE SUCCESSFUL WILL HAVE TO INTEGRATE MEDICAL AND SOCIAL SERVICES TO IS VERY HIGH DEGREE. AND LOOK FORWARD TO THE DEPARTMENT FLUSHING THAT OUT MORE FULLY. AND THAT IT SHOULD ADDRESS THE RISK FACTORS.

SUCH AS HOUSING, TRANSPORTATION AND FOOD AND THINGS THAT MAKE CHALLENGES FOR THIS POPULATION.

PACE ALREADY, AS POINTED OUT, IS DOING THIS FOR A FRAIL ELDERLY POPULATION. WE THINK WE DO IT EXTREMELY WELL. AND AS A RESULT, WE DO MAKE THE REQUEST THAT PACE ORGANIZATIONS AGENCIES HOSPICE, BE (INAUDIBLE) TRANSFER OF LICENSING. MANY PACE PROGRAMS ALREADY PROVIDE SERVICES TO OTHER POPULATIONS, WHETHER CBAS, OR WAIVER POPULATIONS. SO, WE STRONGLY BELIEVE WE HAVE THE KNOWLEDGE AND SKILL SETS TO EXPAND THAT, THANK YOU VERY MUCH.

>> THANK YOU, NEXT.

>> (INAUDIBLE) SO WITH THE COUNTY BEHAVIOR HEALTH DIRECTORS AND OF COURSE WE HAVE QUESTIONS ABOUT HOW THIS BENEFIT WOULD INTERSECT WITH INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, AND SUBSTANCE USE DISORDER NEEDS, WE SAW THE BENEFIT APPEAR ALIGN WITH THE MILD TO MODERATE MEDI-CAL BENEFIT WITHIN MANAGED CARE BUT DOES MENTION CARE COORDINATION, THAT WOULD BE RESPONSIBILITY OF AGENCY WITH OTHERS, BENEFITS AND DESIRE TO AVOID

DUPLICATION, AND, SO, I WANT TO RAISE CONSIDERATION FOR THOSE ISSUES. AS WELL AS JUST ONE SORT OF OVER ARCHING COMMENT

WHICH I THINK OTHERS, ON THE ADVISORY GROUP, WHICH IS FOR THOSE INDIVIDUALS WHO DO NOT HAVE A SAFE AND SECURE HOME TO GO BACK TO. I THINK THIS PROPOSAL RAISES QUESTIONS ABOUT FUNDAMENTALLY HOW THE NEW BENEFIT WOULD NOT EXACERBATE ORE DEEPEN EXISTING DISPARITIES, PARTICULARLY RACIAL AND ETHNIC DISPARITIES.

YOU KNOW, SO WE WERE JUST WANTING TO FLAG THAT AS ONE OF THE THINGS WE THINK NEEDS TO BE EXPLICITLY LOOKED AT IN TRYING TO MANAGE SERVICES FOR SPECIALTY MENTAL HEALTH AND COUNTY BEHAVIOR HEALTH OFTEN IS LEFT TO SUPPLEMENT MEDI-CAL BENEFITS AND PAY FOR HOUSING SERVICES SUPPORTS AS WELL AS HOUSING ITSELF. AND WE KNOW FROM OUR ATTEMPTS TO SECURE HOMES FOR OUR CLIENTS THAT THE MARKET IS REALLY TOUGH.

THERE ARE NOT THAT MANY OPTIONS FOR LOW INCOME CALIFORNIANS, WE HOPE THAT ISSUE WOULD GET ADDRESSED MORE IN ORDER TO AVOID WIDENING DISPARITIES THAT EXIST. THANK YOU.

>> NEXT.

>> THANK YOU FOR LETTING ME SPEAK, THIS HAS BEEN A VERY GOOD HOUR AND HALF THAT WE ARE SPENDING, VERY IMPRESSED TO WATCH. I REPRESENT THE MEDI-CAL CARE IN NORTH AMERICA, A DIALYSIS PROVIDER, WE LOOK AT CARE WITH END STAGE RENAL DISEASE, HIGH RISK FOR COVID-19 AND AS YOU KNOW THEY ARE FREQUENTLY ELDERLY AND OF COLOR, AND AT RISK. THESE PATIENTS WITH COVID-19 HAVE A HIGHER RISK OF FIRST GETTING IT, AND SECONDLY IF THEY GET THE DISEASE PROCESS, THE RISK

OF DEATH IS 16%. AND 9% OF PATIENTS LIVE IN A SNIF. RISK IS EVEN HIGHER. WE AGREE THAT THE PATIENTS NEED TO GET HOME. WE WANT TO ASSIST IN ALL WAYS TO GET THEM HOME, KEEP THEM THERE, AND HOME DIALYSIS IS ESSENTIAL. GROUP OF PATIENTS THAT ARE FREQUENTLY OVER LOOKED AS WE LOOK AT BENEFITS THAT ARE AVAILABLE. WE LIKE AS YOU LOOK AT WHAT IS AVAILABLE. CONSIDER THINGS LIKE STAFF ASSISTED HOME DIALYSIS, PART OF THE TERM HOME CARE MODELMENT THAT ALLOWS PATIENTS AT HOME NOW, AND HAVE A ELDERLY PARTNER HELPING THEM. MAYBE THEY WILL STAY AT HOME AND NOT GO TO THE SNIF AND ABLE TO GET THE DIALYSIS. ALLOWS PATIENTS IN A SNIF TO GO HOME IF THEY GET THE ASSISTANCE TO HELP THEM CARE FOR THEMSELVES. LOOKING AT OPTIONS AND ABILITY TO GO HOME AND NOT A SNIF, WE KNOW THEY WANT TO STAY HOME.
WE WORK HARD TO GET THEM THERE. BUT LITTLE ASSISTANCE AND STAFF ASSISTANCE FOR A PERIOD OF TIME TO ALLOW THEM TO DO HOME DIALYSIS, MIGHT GET THEM OUT OF SNIF'S AND KEEP THEM FROM THEM.

>> I WANTED TO RECOGNIZE WHAT AN IMPORTANT POINT THAT IS CERTAINLY THE CMS DATA INDICATES THAT FOLKS WITH ESRD ARE AT A HIGH RISK AND VULNERABLE, THANK YOU.

>> THANK YOU.

>> I REPRESENT NORTHEAST MEDICAL SERVICES WE ARE ALSO IN A PROCESS OF APPLYING FOR A PACE PROGRAM, I WANT TO ECHO THE COMMENTS MADE ABOUT PACE, AS A CONSIDERATION. SO THANK YOU VERY MUCH.

>> THANK YOU.

>> THANK YOU, AS SOMEONE WHO WORKED WITH FAMILY CAREGIVERS IN THE COMMUNITY FOR THE LAST 48 OR SO YEARS I AM ACUTELY SENSITIVE TO THEIR INVISIBILITY IN THE LARGER HEALTH CARE SYSTEM. THERE TENDS TO BE ASSUMPTION THAT ONCE A FAMILY CAREGIVER IDENTIFIED THAT BOX CAN BE CHECKED OFF, AND ASSUMPTIONS ARE FORMED ABOUT WHAT THAT PERSON CAN AND WILL DO. WHAT THEY CAN HANDLE, AND THEY CAN HANDLE WHAT FALLS TO THEM TO DO.

NO ASSESSMENT OF THE INDIVIDUAL FAMILY CAREGIVERS CAPACITY TO DO OR BE WHAT IS NEEDED IN THE PARTICULAR SITUATION,

THERE IS A PASSING REFERENCE IN THE DETAILED PAPER THAT PARAPHERNALIA ICALLY INCLUDES CAREGIVER ASSESSMENT IN THE PATIENT ASSESSMENT.

MY EXPERIENCE TELLS ME CURSORY IS NOT SUFFICIENT AND NEEDS TO BE AS ROBUST AS PATIENT ASSESSMENT AND INCLUDE EVALUATION OF UNPAID CAREGIVER HEALTH SOCIAL EMOTIONAL AND PHYSICAL CAPACITY TO PROVIDE CARE SAFELY AS IT ASSESSES THESE SAME THINGS IN ORDER FOR THE PATIENT TO BE SAFELY AT HOME.

IT NEEDS TO ASSESS WHAT KINDS OF SUPPORT FAMILY CAREGIVERS NEED TO DO THIS JOB THEY PROBABLY DID NOT APPLY OR TRAIN FOR.

ANOTHER POINT, DESIGN OF THE PROGRAM IS SAID SIMILAR TO HOSPICE. I COULD NOT FIND BREAK OUT WHAT KIND OF TRAINING FAMILY CAREGIVERS PROVIDING CARE AT HOME SHOULD RECEIVE UNDER THE HOSPICE.

SO, AGAIN, I THINK THIS SHOULD ASSESS WHAT KIND OF TRAINING INDIVIDUAL CAREGIVERS NEED, SHOULD GO BEYOND MEDI-CAL OR TECHNICAL ASPECTS THAT A CAREGIVER NEEDS TO ADDRESS. AND PROVIDE TRAINING THAT HELPS TAKE CARE OF OWN NEEDS AND PATIENTS, MANY THEMSELVES ARE ELDERLY FRAIL OR ELDERLY OR

WORKING FULL-TIME. STRAIN CAN PUT THEM AT INCREASED RISK FOR DEPRESSION AND ANXIETY AND FATIGUE AND OFTEN EXACERBATES THEIR OWN HEALTH CONDITIONS. FINALLY AGAIN COMPARING TO HOSPICE BENEFIT, LIMITED TO 5 DAYS IN A CERTIFIED INPATIENT FACILITY, IT IS OF COURSE A TIME LIMITED BENEFIT, EXPECTED THAT THE PATIENT'S LIFE IS LIMITED

LONG TERM CARE HOME BENEFIT, AS WORDING SAYS IS LONG TERM, AND LEARN RECONSIDER HOW MUCH RESPITE AND WHAT FORMAT FOR EXAMPLE, SHOULD BE IN HOME RESPITE UMM OPTIONS, UMM, TO BE CONSIDERED. THANK YOU VERY MUCH.

>> THANK YOU. NEXT WE WILL MOVE ON.

>> WE ARE GOING TO END THERE, THE HANDS UP, I WANT TO ACKNOWLEDGE THE FACILITATORS. (CALLING NAMES). THANK YOU, I AM SORRY WE ARE OUT OF TIME. YOU CAN ALWAYS E-MAIL US. BUT THERE IS A SPECIAL E-MAIL FOR THIS PROJECT. LTC AT HOME, WE INVITE PUBLIC COMMENTS FOR THAT.

I HEARD SUB COMMITTEE WILL BE FINALIZING A POSITION PAPER THAT WILL BE SHARED AND DHCS AND SISTER DEPARTMENTS WORKING ON UPDATING DESIGN PAPER INFORMED BY THIS DISCUSSION AND ANSWERING Q AND A THAT CAME IN THROUGH THAT FEATURE OF THIS WEBINAR, SUMMARIZING OUT THIS MEETING, AND OF COURSE PREPARING FOR MEETING 2, AND 3, WE WILL BE INCLUDING IN AGENDA.

THANK YOU TO THOSE OF YOU WHO HAVE VOLUNTEERED THAT WILL BE COMING OUT SHORTLY, AND THEN MEETING 3 AT THE END OF JULY, ALWAYS THE DOORS ARE OPEN, THANK YOU FOR BEING HERE AS WELL TO CONTINUE THIS VERY, VERY URGENT BUT ALSO COMPLICATED AND IMPORTANCE DISCUSSION TO GET IT RIGHT ON ALL FRONTS, EQUITY, ACCESS, AFFORDABILITY, EQUALITY, THANK YOU VERY MUCH, WE WILL CONTINUE TO

DIALOGUE AND SEE AND TALK TO YOU AGAIN VERY SOON, BE WELL.