

**Alzheimer's Disease and Related Disorders Advisory Committee  
June 21, 2017 Meeting Summary  
California Department of Aging  
1300 National Drive, Suite 200, Sacramento, California**

**Members Present:**

Howard Rosen, Chair  
Wanda Chin  
Lene Levy-Storms  
Molly Nocon  
Josie Porrás-Corporon (Phone)  
Debbie Toth  
Sharon Trocki-Miller  
Richard Smith

**Staff Present:**

Marko Mijic  
Frances Parker

**Presenters and Visitors:**

Susan DeMarois  
Dean Fujimoto  
Julie Hohn  
Terence Kelley  
Debbi Thomson

**Item 1. Welcome, Introductions and Committee Member Updates**

Chair Howard Rosen called the meeting to order and welcomed all attendees. Each attendee introduced themselves. Committee members provided updates on various topics.

**Item 2. Approval of March 22, 2017 Meeting Minutes**

The Committee adopted, without edits, the meeting minutes from the March 22, 2017 meeting.

**Item 3. Discussion: Conversation with Committee on Alzheimer's Disease and Long-Term Services and Supports in California**

Secretary Dooley was not able to attend the meeting so Marko Mijic provide the Committee with an update. He also provided an overview of the Fiscal Year 2017-2018 Budget, which includes:

- Proposition 56 — The Budget includes \$711.2 million to support new growth in Medi-Cal for expenditures as compared to the 2016 Budget Act and \$546 million for supplemental provider payments for physician services, dental services, women's health, Intermediate Care Facilities for the Developmentally Disabled, and HIV/AIDS waiver providers. The \$546 million in supplemental provider

payments are subject to federal approval, and contingent on continued stability in federal Medicaid funding.

- **Skilled Nursing Facility Staffing Ratios** — The Budget includes an increase in the minimum number of direct care services hours in skilled nursing facilities from 3.2 to 3.5 hours per patient day, effective July 1, 2018. It also specifies that a minimum of 2.4 hours per patient day must be provided by certified nurse assistants. This change allows for waivers of the direct care service hour requirements when there is a shortage of available and appropriate health care professionals. This results in estimated costs of approximately \$10.4 million General Fund in the Medi-Cal program starting in 2018-19.
- **In-Home Supportive Services County Mitigation** — The Budget includes \$400 million General Fund in 2017-18 to mitigate the increase in counties' costs for the In-Home Supportive Services (IHSS) program associated with the end of the Coordinated Care Initiative. The amount of General Fund relief provided to counties will be phased down over time, decreasing to \$330 million in 2018-19, \$200 million in 2019-20, and \$150 million annually thereafter. The Budget also includes a one-time increase of \$37 million General Fund for county IHSS administrative costs in 2017-18. The Administration will work with representatives of counties and the County Welfare Directors Association of California to examine the workload and budget assumptions related to IHSS administration.

A complete summary of the budget related to the departments overseen by the California Health and Human Services Agency can be found online, [here](#).

#### **Item 4. Discussion: Review Draft California State Plan on Aging**

Dean Fujimoto from the California Department of Aging (CDA) provided the Committee with an overview of the draft 2017-2021 State Plan on Aging. As the State Unit on Aging, CDA must submit a State Plan to the federal Administration on Aging (AoA) every four years to receive federal Older American Act (OAA) funds. These federal funds are matched with State and local funds and allocated to the 33 Area Agencies on Aging (AAA) to provide OAA programs and services. The Department developed the current State Plan with a focus on promoting the independence and well-being of older adults, persons with disabilities, and their families.

The State Plan outlines specific goals, objectives, and strategies that CDA believes it can achieve with existing resources. While the Federal requirements for this State Plan only require CDA to address programs and services specified in and funded under the OAA, for many years the Department has also included goals and objectives for the Multipurpose Senior Services Program and the Community-Based Adult Services Program, even though they are funded through Medi-Cal. This State Plan continues to incorporate all of the programs the Department oversees. The State Plan also includes information on the required funding formulas for distributing the OAA funding; demographic projections for the population 60+ and 85+ population by county; the 2015 California Elder Economic Security Index; and other useful information for planning purposes. The Plan can be found on the CDA website, [here](#).

## **Item 5. Discussion: Overview of In-Home Supportive Services Program**

Debbi Thomson from the California Department of Social Services (CDSS) provided the Committee with an overview of the In-Home Supportive Services (IHSS) program. The IHSS program provides domestic, related and personal care services to eligible aged, blind, and disabled individuals who are unable to perform the services themselves and who cannot remain safely in their own home unless the services are provided. IHSS is considered an alternative to out-of-home care. Most recipients receive IHSS as a benefit of Medi-Cal. In order to be eligible, an individual must: (1) be a California resident; (2) meet financial eligibility requirements; (3) live in own home; (3) have a health care certification form; and (4) have assessed need for services.

IHSS is currently comprised of four programs:

- The original IHSS program, now named IHSS-Residual (IHSS-R), began in 1974 and is a state-and-county funded program with 65% State and 35% county dollars of the non-federal share. IHSS-R recipients make up less than 2% of the overall IHSS population.
- The Personal Care Services Program (PCSP) began in April 1993, and was the first IHSS program to obtain federal funding for recipients. PCSP recipients are eligible for full-scope Federal Financial Participation (FFP), and these Medi-Cal services are funded with 50% Federal, 32.5 % State, and 17.5% County dollars. PCSP recipients make up about 55% of the overall IHSS population.
- The IHSS Plus Option (IPO) began in September 2009 and replaced the IHSS Plus Waiver (IPW) demonstration program (more information below on the IPW). Recipients are also eligible for full-scope FFP Medi-Cal. IPO provides assistance to recipients who have parent-of-minor or spouse providers, or who receive Advance Pay (AP) and/or Restaurant Meal Allowance (RMA). Since the inception of the Community First Choice Option (CFCO) in 2011 (more below), the IPO recipients make up a little over 2% of the overall IHSS population.
- The Community First Choice Option (CFCO) was established through the Affordable Care Act of 2010 (enacted March 23, 2010) as a new State Plan option. CFCO provides home and community-based attendant services and supports for individuals who are eligible for medical assistance under the State Plan who meet specific income criteria and meet the Nursing Facility Level of Care (NF LOC). CFCO provides States with 6% additional federal funding for services and supports. CFCO was approved with an implementation date of December 1, 2011. CFCO recipients make up about 41% of the overall IHSS population.

Ms. Thomson also provided the Committee with a high-level overview of the budget item negotiated by the Legislature and the Governor to mitigate the increase in counties' costs for the IHSS program associated with the end of the Coordinated Care Initiative.

For more information on the IHSS program, please visit the Department of Social Services website, [here](#).

#### **Item 6. Discussion: Legislative Update from Alzheimer's Association**

Susan DeMarois of the Alzheimer's Association provided a brief update of the status of the Alzheimer's Association priority legislation, and Committee members discussed the legislation.

She highlighted Senate Bill 449 (Monning), which would require that at least 2 of the 60 classroom training address the special needs of person with Alzheimer's disease and related dementias. By way of background, existing law requires a skilled nursing or intermediate care facility to adopt an approved training program, which is required to include a precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and resident abuse prevention, recognition, and reporting and at least 100 hours of supervised and on-the-job training clinical practice.

She also highlighted Senate Bill 503 (Newman), which would provide a fix to the voluntary personal income tax contribution funds. This is particularly important for the Alzheimer's Disease and Related Disorders Fund, which provides grants to California scientists who study Alzheimer's disease and related disorders. This research includes basic science, diagnosis, treatment, prevention, behavioral problems, and care giving.

#### **Item 7. Action: Items to include in Chair's Memo to the Secretary**

Chair Howard Rosen identified items to include in his memo to the Secretary by recapping the meeting.

**Meeting adjourned at 2:00 p.m.**