



Master Plan for Aging
Stakeholder Advisory Committee Meeting #3.5
February 26, 2020
Captioners Transcript

WE ARE DELIGHTED TO BE AT THIS MOMENT IN THE PROCESS WHERE WE GET TO HEAR FROM OUR LTSS SUBCOMMITTEE.

>> THE WEBINAR INFORMATION IS BEING DONE THROUGH ZOOM. WE DO ZOOM THROUGH THE CHAT AND Q&A FEATURE HERE. CAN YOU DO NEXT SLIDE? NEXT SLIDE.

>> LET'S DO THE OVERVIEW ABOUT WHY WE ARE HERE ADD WHAT WE ARE DOING TODAY. THE MAJORITY IS IN-DEPTH BRIEFING. IMPORTANTLY, THIS IS THE PREMEETING, THE PREGAME, IF YOU WILL, FOR THE NORMAL MEETING MONDAY. NEXT SLIDE. THIS IS THE TYPICAL MARCH 2ND MEETING. WE'LL DO A BRIEF RECAP OF THE REPORT. WE WANT TO DEDICATE OUR TIME TO THE FULL DISCUSSION, FULL PUBLIC COMMENT AND REPORTEDLY, SAC ACTION, THIS IS THE ONLY SAC MEETING IN MARCH. THIS WOULD BE THE DATE FOR SAC ACTION MARCH 2ND. TODAY, THEY'LL DO THE IN-DEPTH POLICY BRIEFING SO YOU CAN HAVE IT AND THINK ABOUT IT AND COME TOGETHER FOR THE RECAP FULL DISCUSSION AND ACTION. ONE OF THE QUESTIONS -- NEXT SLIDE THAT THE SAC ASKED IN JANUARY, WHAT ARE WE GOING TO DO WITH THE REPORT? A SMALL GROUP OF YOU VOLUNTEERED TO BE ON THE WORK GROUP. THANK YOU VERY MUCH. WITH THE PROPOSAL FOR SAC ACCEPT THE REPORT, CLOSE TO FINAL LTSS AND ALLOW FOR THE PROCESS FOR EDITS TO BE SUBMITTED. ALLOWING A CHANNEL FOR SAC TO SEND EDITS, BEING MINDFUL NOT TO OPEN THINGS FOR THREE MONTHS TO CAPTURE EDITS. THEY HAVE WANTED TO DELIVER TO THE ADMINISTRATION IN MARCH, TOP OPPORTUNITIES FOR POLICYMAKERS TO LIFT UP THE 28 PAGE REPORT, 140 RELATION ITEMS WAS THE SUGGESTION. AIMING TO DO THAT BY LATE MARCH PER EXECUTIVE ITEM DEADLINE, MID MARCH. NO FIRM TIMELINE YET. CONTINUING TO WORK WITH THE LTSS SUBCOMMITTEE. WHILE IT'S AN IMPORTANT MILESTONE, IT'S NOT A TEN YEAR MASTER PLAN WITH STATE BLUEPRINT, DATA INDICATORS AND BEST PRACTICES TO TURN FROM. THAT IS THE CURRENT SAC PROPOSAL. THE NEXT TWO HOMEWORK REQUESTS, AS YOU HEAR THE PRESENTATION, READ THE REPORT, IF YOU HAVE IDEAS ABOUT WHAT YOU THINK THE TOP OPPORTUNITIES FOR POLICIES TO ACT ON NOW, SEND THEM FOR COMPILATION. THIS IS A STRAW POLL, A TEMPERATURE TAKER.

IT'S A CHANCE TO SEE. WE KNOW IT WON'T BE ALL OF YOU, BUT IT WILL HELP SEE WHERE EVERYBODY IS. IF YOU DON'T HAVE THE E-MAIL, ENGAGE WITH ANY OF US. WE DIDN'T WANT TO PUT IT ON BLAST GIVEN SPAM THESE DAYS, BUT JEANNIE IS ASKING TO HEAR FROM YOU TODAY. THERE IS A PROCESS FOR LINE EDITS TO THE REPORT. SEND THEM TO THE ENGAGE E-MAIL BOX. THOSE ARE WELCOME. THE SAC DIRECTION IS TO FOCUS ON THE TOP OPPORTUNITIES. I THINK I HAVE DONE A FAIR JOB OF SUMMARIZING THAT.

LET ME SHARE WHAT THE LTSS SUBCOMMITTEE IS ASKING TO DO. THEY'LL BRING THE REPORT ON MONDAY FOR MORE DISCUSSION AND ACTION. THEY HAVE ASKED FOR A CHANCE TO FINALIZE IT WITH MORE GRAPHICS, MORE PERSONAL STORES, LINE EDITS COMING IN. WE HAVE A MEETING MARCH 10TH, SCHEDULED. MY UNDERSTANDING IS THAT THERE WAS A REQUEST TO DO AN EXECUTIVE SUMMARY OR PIECE BY MID MARCH. THEY HAVE SURFACED INTO LTSS. THERE ARE CROSS CUTTING ISSUES, HOUSING, TRANSPORTATION, HEALTHCARE SYSTEMS AND MORE. WANTING TO MAKE SURE THE RELATIONS GET TRANSFERRED TO THE NEW SAC WORK GROUPS COMING WITH LTSS MEMBERS TO WORK IN CROSS CUTTING WAYS. CONTINUE TO ADVISE THE SAC AND RESEARCH THE DASHBOARD TO BE SURE WE HAVE DATA INDICATORS, MEASURES, GAPS AND EVALUATION INCLUDED. WHILE THIS IS A MILESTONE, THEY ARE NOT DONE. THERE IS MORE THEY WANT TO DO AND WILL DO AND WE ARE GRATEFUL. LET ME SEE IF THERE ARE QUESTIONS OR CHATS FROM ANYONE.

NELSON, ANYONE WITH QUESTIONS AT THIS POINT ABOUT WHERE WE ARE OR WHY WE ARE HERE?

>> WONDERFUL. I'LL STOP TALKING AND GET OUT OF THE WAY AND LET OUR EXPERTS LEAD US THROUGH THE TRULY WONDERFUL PIECE OF WORK. THERE HAS BEEN SO MUCH EXPERTISE, COLLABORATION, SWEAT EQUITY, CREATIVITY. WE ARE GRATEFUL AT THIS POINT AND LOOK FORWARD TO GOING NEXT. LYDIA?

>> THANK YOU FOR THE KIND WORDS, INSPIRATIONAL WORDS. I APPRECIATE THE CHANCE FOR AN OVERVIEW OF THE SUBCOMMITTEE REPORT IN ADVANCE OF THE MEETING NEXT WEEK. WE'LL DIVE THE MASTER PLAN, WE ARE CLEAR ABOUT THAT. WE WANT TO CONTINUE TO COLLABORATE THE REPORT OVER THE NEXT FEW MONTHS. THE INTENSE TIMEFRAME TO FORM A STRONG BOND AND GREAT WORK IN PROCESS. THE DIVERSE SECTOR OF LONG-TERM SERVICES AND SUPPORT, WE HAVE PROVIDERS ADVOCATES, UNION, CONSUMER GROUPS, HEALTHCARE SECTORS ARE PROVIDED. NINE OF OUR MEMBERS ARE CURRENTLY MEMBERS OF THE SAC.

WE HAVE A GREAT POLLINATION BETWEEN THE TWO GROUPS. NEXT SLIDE, IT'S DENSE. THAT'S 36 HOURS OF IN-PERSON MEETINGS, BUT THAT DOESN'T CONVEY THE BEHIND THE WORK GONE ON. WE HAVE PUT OUR SHOULDER TO THE WHEEL TO MAKE THIS HAPPEN. WE ARE PLEASED TO PRESENT THIS REPORT.

>> IT'S EASY TO SEE A REFLECTION OF THE INTEREST OF WHAT IS GOING OF ONE DOCUMENT. WE HAVE A LOT OF WRITTEN COMMENTS FROM WRITTEN ASSOCIATIONS THAT INFORM THE RELATIONS, GOVERNMENT PARTNERS, SAC, RESEARCH COMMITTEE. WE HEARD THE COMMENTS AND TOOK THEM INTO CONSIDERATION. I HAVE TO SAY THIS INTENSE TIMEFRAME HAS SHARPENED OUR COLLECTIVE FOCUS. WE TRULY APPRECIATE THE FAST INPUT, FAST TURN AROUND TIME AND PUBLIC THAT TOOK TIME TO ENGAGE. THE GOAL IN THE REPORT, AS YOU WILL SEE AS THE COLLEAGUES PRESENT THE FIVE BIG IDEAS IS TO REFLECT PERSONS WITH DISABILITIES, BREAK DOWN THINKING AND SERVICES AND COMPARE RELATIONS THAT BENEFIT ALL CALIFORNIANS NOT JUST THOSE RECEIVING GOVERNMENT SERVICES.

THANK YOU FOR ALL THAT CONTRIBUTED TO THIS, THANK YOU FOR THE REPORT YOU SEE BEFORE US TODAY. THE NEXT THING TALKS ABOUT THE PROCESS. THAT WILL ORIENT YOU TO THE WAY THE REPORT IS ORGANIZED. AS I MENTIONED EARLIER, WE -- BECAUSE OF THE TIMEFRAME AND THE VOLUME OF RECOMMENDATIONS THAT WE WERE CHARGED WITH TAKING A LOOK AT, WE BROKE UP INTO SUBGROUPS LED BY CAPTAINS, REVIEWED PUBLIC COMMENT EVERY STEP OF THE WAY AND ASSEMBLED TO PROPOSED RECOMMENDATIONS. FROM THIS EXERCISE, WE DETERMINED THAT THE RECOMMENDATIONS LENT THEMSELVES TO FIVE THEMES. IN THE REPORT, YOU CALL

THEM OBJECTIVES. WE HAVE GOAL STATEMENTS. WE REGROUPED NOT BY SUBJECT MATTER BUT UNDER BIG IDEAS AS THE ORGANIZING PRINCIPLE. THE LTSS WRITING TEAM FLOWED WITH ONE VOICE AND APPLIED THE LINES. BE CLEAR. CONCISE, ACTIVE VOICE, PLAIN VOICE --

>> ACTION VERBS, PLAIN LANGUAGE FOCUSED ON THE WHAT AND HOW. THERE ARE A LOT OF WAYS TO GET TO THE WHAT. WE ARRIVED AT A CONSENSUS OF ALL OF THE RECOMMENDATIONS YOU SEE. THIS DOES NOT MEAN AGREEMENT ON EVERY SOLUTION. YOU WILL SEE A HANDFUL OF RECOMMENDATIONS ARE CAREFULLY WRITTEN AS A CONSENSUS STATEMENT AS AN ISSUE BUT NOT NECESSARILY THE SOLUTION.

THIS IS OUT OF REACH FOR SOME TIME. WE WERE UNABLE TO SOLVE THEM IN FOUR MONTHS OF MEETING TOGETHER. THERE IS AN EXPRESS DESIRE TO MEET AND TRY AND TACKLE THE ISSUES. AS KIM SAID, THE NEXT TASK IS TO RECOMMEND IDENTIFICATION FOR ACTIONS NEXT YEAR AND OTHERS FOR THE 2021 ACTION. AS WE KNOW, THERE IS URGENCY TO GET GOING. WE AGREE. ALL OF THE RECOMMENDATIONS ARE IMPORTANT. SOME TAKE LONGER THAN OTHERS TO IMPLEMENT. I HAVE TO SAY, SPEAKING FOR MYSELF, FOR THE FEELING OF OUR GROUP, WE HAVE CONFIDENCE IN OUR ABILITY TO RECOMMEND STEPS TO BE TAKEN THIS YEAR TO MAKE A DIFFERENCE IN PEOPLE'S LIVES IN THE SHORT-TERM AND NOT WAIT FOR TEN YEARS FOR SOMETHING TO HAVE AN IMPACT. WITH THAT, I'LL TURN TO MY FRIEND AND COLLEAGUE CLAIRE FROM JUSTICE AND AGING. SHE WILL WALK US THROUGH THE FIRST TWO THEMES.

>> THANKS, LYDIA. I'M EXCITED TO TALK TO YOU FIRST ABOUT VISION AND VALUES FOR MOVING FORWARD ON THE LTSS SUBCOMMITTEE REPORT. CAN WE GO TO THE SLIDE THAT SAYS "VISION," PLEASE? WE WANTED A STRONG, SHARED VISION. THAT GUIDES THE SERVICES AND SUPPORT SYSTEM. WE ARE TRYING TO CREATE -- USE A VISION TO CREATE A SYSTEM AND SERVICES THAT REALLY HONORS THE NEEDS, VALUES AND PREFERENCES OF THE INDIVIDUALS AND CAREGIVERS. THERE IS A LOT OF DISCUSSION AND A LOT OF REAL SIGNIFICANT PASSION FOR MAKING SURE THAT THE PERSON IS ALWAYS AT THE CENTER OF THE WORK WE ARE DOING, AND THAT AT THIS TIME'S GUIDING OUR THINKING AND CHOICES AND DECISIONS.

WE WANT TO HAVE A SYSTEM AND SERVICES THAT ARE CULTURALLY RESPONSIVE AS WAS -- LYDIA MENTIONED, WE HAVE HEARD INITIALLY FROM THE EQUITY COMMITTEE. ALSO, WE WERE WORKING HARD AS A SUBCOMMITTEE TO REFLECT THE VALUES THROUGHOUT THE REPORT AND MAKE SURE THEY WERE EMBEDDED INTO THE WORK. WE WANT THAT TO EXTEND TO THE WORKFORCE. THE LTSS WORKFORCE IS REFLECTIVE OF THE DIVERSE COMMUNITIES. WE WANT SOLUTIONS AND CHANGES TO CONTINUE TO REFLECT THAT DIVERSITY. THEN, WE THINK IT'S VITAL TO BUILD ON A FOUNDATION OF FINANCING AND PUBLIC POLICY THAT IS GOAL ORIENTED ON TWO THINGS. ONE, TO REDUCE INSTITUTIONAL PLACEMENTS, ONE OF THE GUIDING PRINCIPLES IS PEOPLE LIVE WHERE THEY WANT, AND MAKE THOSE CHOICES FOR THEMSELVES. OVERWHELMINGLY PEOPLE WANT TO CHOOSE NONINSTITUTIONAL PLACEMENTS. WE WANT TO ALLOW THAT CHOICE TO HAPPEN AND WE WANT TO PUT IN SERVICES AND SUPPORTS THAT UNDERPIN QUALITIES IN ALL OF OUR COMMUNITIES. IF WE CAN GO TO THE NEXT SLIDE, WITH THAT VISION IN MIND, WE DECIDED TO RUN THROUGH THE SAC, CHOICE, EQUITY, DIGNITY, INCLUSION AND PARTNERSHIP.

THOSE BIG VALUES HELPED US THINK ABOUT THE FIVE BIG OBJECTIVES WE ARE GOING TO THINK ABOUT TODAY. THEY ALSO MADE US REALIZE HOW MUCH WE WANTED TO HAVE BOLD SOLUTIONS, AND PART OF THOSE BOLD SOLUTIONS WERE A REAL RECOGNITION OF THE IMPORTANCE OF GUBERNATORIAL LEADERSHIP. ONE OF THE JOBS OF THE LTSS SUBCOMMITTEE WAS TO STAY FIRMLY WITHIN OUR GOAL ONE. AS PART OF

THAT, WE SAW HOW THINGS INTERCONNECTED AND HOW MUCH OVERLAP THERE WAS BETWEEN WORK. AS PART OF THAT, WE REALLY WANTED TO RAISE UP THE IDEA TO THE SAC OF POTENTIALLY PROPOSING THAT THE GOVERNOR CREATE A CABINET LEVEL POSITION AROUND AGING SO THEY COULD LIFT UP THE IMPORTANCE OF THE MASTER PLAN AND ENSURE SUCCESSFUL IMPLEMENTATION. WE THINK THAT PARTICULAR VALUE IS BIGGER THAN LTSS BUT IS VITAL TO THE LTSS WORK GETTING DONE. WITH THAT, I'LL TURN IT OVER TO SUSAN.

>> SUSAN: GOOD AFTERNOON, EVERYONE. WE ARE PLEASED TO BE HERE SHARING WITH YOU. WE WELCOME YOUR FEEDBACK STARTING THIS AFTERNOON AND MONDAY AT THE NEXT STAKEHOLDER ADVISORY COMMITTEE MEETING. I AM GOING TO SHARE WITH YOU THE GRAPHIC WE THANK AARP FOR DEVELOPING THE GRAPHIC. ON THE NEXT SLIDE -- A VISUAL ILLUSTRATION FOR EVERY ONE OF WHAT THIS LTSS REPORT REPRESENTS. THERE WAS A LOT OF THINKING BEHIND THIS VISION THAT WE WANTED TO SHARE WITH YOU. FIRST, WE WANT TO DEMONSTRATE THE INTERDEPENDENCE OF THE ISSUES AND CONNECTIVITY BETWEEN LOCAL, REGIONAL AND STATE, THE CONNECTIVITY BETWEEN THE PRIVATE SECTOR AND PUBLIC SECTOR AND IMPORTANTLY, WE WANTED, MOST OF ALL TO PLACE THE PERSON, THE INDIVIDUAL WHO NEEDS LTSS AT THE CENTER OF THE CIRCLE. THE INDIVIDUAL IS SURROUNDED BY A CIRCLE OF SUPPORT, AND THAT CIRCLE INCLUDES FAMILY MEMBERS, FRIENDS, LOCAL COMMUNITY ORGANIZATIONS, NONPROFITS, THE PRIVATE SECTOR AND GOVERNMENT PARTNERS. AT THE TOP WE SHOW LEADERSHIP. IN THE CIRCLE, YOU WILL SEE FIVE BIG IDEAS OUTLINING SHORTLY AS WELL AS THE VALUES AND PRINCIPLES THAT CLAIRE SHARED WITH YOU.

THIS IS A VISUAL REPRESENTATION OF WHAT THE REPORT INCLUDES. ON THE NEXT SLIDE, QUICKLY, WE'LL TALK ABOUT -- YOU HEARD FROM LYDIA ABOUT THE INCREDIBLE VOLUME OF INPUT OVER A SHORT PERIOD OF TIME. THE FIRST THING IS THE BIG IDEAS. THE BIG IDEAS REFLECT WHAT MATTERS MOST TO CALIFORNIANS. WE SOUGHT TO DESCRIBE THE BIG IDEAS IN A WAY THAT MULTIPLE AUDIENCES WOULD UNDERSTAND. THIS REPORT HAS MULTIPLE AUDIENCES. CERTAINLY, THE PUBLIC, THE GOVERNOR AND THE NEWSOME ADMINISTRATION, PRIVATE AND GOVERNMENT SECTORS. IN BRIEF, WE'LL TOUCH ON THE FIVE AREAS AND GO INTO DETAIL. A SYSTEM THAT ALL CALIFORNIANS CAN NAVIGATE. WHERE DO PEOPLE GET STARTED INITIALLY WHEN THEY NEED HELP? WHO CAN THEY TRUST? WHO DO THEY TURN TO, TO FIND OUT. THE SECOND OBJECTIVE, ACCESS TO LTSS IN EVERY COMMUNITY. WE ENDEAVOURED TO MATCH THE NEED WITH A PROGRAM OR SERVICE. IT WAS GLARING TO US AS A WORK GROUP THAT THERE IS IMBALANCE THROUGHOUT THE STATE IN EQUITY STATEWIDE, DEPENDING ON THE PAIR SOURCE, THE SERVICES AVAILABLE, THERE IS WIDE VARIATION AMONG THE SERVICES AVAILABLE.

A PRIMARY OBJECTIVE HERE IS TO ENSURE ACCESS STATEWIDE FOR ALL CALIFORNIANS. WITH THE THIRD OBJECTIVE, AFFORDABLE LTSS CHOICES, MEDICAL IS A PART OF THIS, OF AFFORDABILITY FOR SURE, ESPECIALLY FOR CALIFORNIANS FOR LIMITED RESOURCES. CALIFORNIANS ON RESTRICTED INCOMES AND NO RETIREMENT SAVINGS, BUT AFFORDABILITY IS BIGGER THAN MEDICAL. YOU WILL SEE IN THE OBJECTIVE AREA THAT WE ATTEMPTED TO ADDRESS THE NEEDS OF THE MISSING MIDDLE. INDIVIDUALS IN CALIFORNIA WHO ARE EXPECTED TO PAY FOR THEIR OWN CARE WITH CASH OUT OF POCKET. IT ALSO INCLUDES HOW OUR STATE BUDGETS AND FINANCES, LONG-TERM SERVICES AND SUPPORT PROGRAMS. IT'S FOR THE INDIVIDUAL AS WELL AS STATE FINANCING. WITH THE FOURTH OBJECTIVE, WE TALK ABOUT A HIGHLY VALUED, HIGH QUALITY WORKFORCE. YOU WILL SEE IN THIS OBJECTIVE, A STRONG EMPHASIS ON THE

DIRECT CARE WORKFORCE. THOSE WHO ARE DELIVERING DAILY HOME AND COMMUNITY BASED SERVICES TO INDIVIDUALS, CONSUMERS, CLIENTS AND BENEFICIARIES. IT INCLUDES THE UNPAID WORKFORCE, 4,000,000 CALIFORNIANS PAYING FOR FAMILY MEMBERS OR FRIENDS ON AN INTERMITTENT AND ONGOING BASIS.

THIS DOESN'T INCLUDE THE PROFESSIONAL WORKFORCE. THAT IS ADDRESSED IN ANOTHER GOAL AREA AROUND HEALTHY AGING AND HEALTHY LIVING. THE FIFTH OBJECTIVE, STATE AND LOCAL ADMINISTRATIVE STRUCTURE. WE CHOSE TO PLACE THIS LAST. IT'S FOREMOST IN OUR THINKING. YOU WILL SEE WHEN YOU GO BACK TO THE GRAPHIC THAT LEADERSHIP IS AT THE TOP OF THE CIRCLE. WE WANT THE STRUCTURE TO SUPPORT THE OBJECTIVES ABOVE IT TO ORGANIZE STATE AND LOCAL GOVERNMENT IN A WAY THAT CAN DELIVER ON THE FOUR OBJECTIVES ABOVE, IN COLLABORATION, IN PARTNERSHIP WITH THE PRIVATE SECTOR NONPROFIT ORGANIZATIONS, AND ALL LEVELS OF GOVERNMENT INCLUDING THE FEDERAL GOVERNMENT AS A PARTNER.

>> THANKS, SUSAN. THIS IS CLAIRE AGAIN. I GET TO WALK YOU THROUGH THE FIRST TWO OBJECTIVES. I'M EXCITED TO DO THIS. WHAT WE HAVE TRIED TO ACCOMPLISH HERE IS TO TAKE ON REAL RESPONSIBILITY FOR SAC'S DIRECTION AROUND WHAT ARE THE BIG IDEAS HERE? ONE OF THE THINGS FOR US THAT, THAT MEANT IS THAT BIG IDEAS NEEDED TO BE CONCRETE IN A WAY WE COULD SEE IF WE WERE CREATING THE CHANGE WE WANTED.

WE TRIED TO WRITE THIS IN A WAY THAT FELT MEASURABLE, AND ALL OF THE RECOMMENDATIONS ARE PUT INTO PLACE AND POSSIBLY NEW ONES AS THINGS EVOLVE, WE CAN SEE IF WE ARE GETTING TOWARD THE OBJECTIVES. THE FIRST ONE, A SYSTEM ALL CALIFORNIANS CAN NAVIGATE, CALIFORNIA WILL HAVE AN UNDERSTANDABLE, EASY TO NAVIGATE LTSS SYSTEM TO CONNECT PEOPLE TO SERVICES THEY NEED REGARDLESS OF WHERE THEY LIVE OR ECONOMIC STATUS. WE PUT THE OBJECTIVE FIRST. TO US, THIS WAS THE ENTRY POINT TO THE SYSTEM AND WHERE THINGS NEEDED TO START. WHY WAS THIS OBJECTIVE IMPORTANT TO US? IT'S BECAUSE CURRENTLY CALIFORNIA'S PRIVATE AND PUBLIC SYSTEM IS COMPLICATED AND NOT WELL COORDINATED, MAKING IT HARD FOR PEOPLE WHO NEED THE SERVICES AND CAREGIVERS THAT HELP THEM NAVIGATE THE SYSTEM. WHAT WE SAW WERE REAL LIFE CONSEQUENCES TO.

YOU CAN'T GET WHAT YOU NEED OR YOU ARE NOT ABLE TO FIND A SERVICE IN THE AREA TO HELP YOU. IF WE COULD GO TO THE NEXT SLIDE -- THANK YOU. WE HAVE HIGHLIGHTS, BUT I WANT TO MENTION HOW THE REPORT IS LAID OUT. FOR THOSE HAVING THE FIRST INTERACTION WITH IT, STARTING ON PAGE EIGHT, WE BASICALLY REPHRASED THE MAIN OBJECTIVE AND HAVE A SERIES OF MORE SPECIFIC RELATIONS THAT ARE GROUPED BY TYPE OF RELATION. WITHIN OBJECTIVE ONE, WE ARE LOOKING AT NAVIGATION OF THE LTSS SYSTEM, WE SAW SEVERAL THINGS WE NEEDED TO THINK ABOUT AND PUT OUT RECOMMENDATIONS ABOUT. THE FRONT LINE SYSTEM, PEOPLE THINK ABOUT NAVIGATING. THESE ARE INFORMATION SYSTEMS, DISABILITY RESOURCE CONNECTIONS, PROGRAMS, MULTIPLE FORMS LIKE WEB PORTALS AND WAYS TO CONNECT THROUGH THE SYSTEMS. THERE ARE A NUMBER OF RECOMMENDATIONS TO THINK ABOUT WHAT EXISTS IN THE STATE ALREADY. FOR EXAMPLE, INFORMATION AND ASSISTANCE IS SOMETHING THAT EXISTS, BUT THIS IS A BROADER SET OF RECOMMENDATIONS THAN EXPANDING THE ONE PARTICULAR PROGRAM. WE ARE TRYING TO CREATE A SYSTEM WHERE CALIFORNIANS HAVE MULTIPLE POINTS OF ENTRY, NO WRONG DOOR IDEA AND LINK TO THE SERVICES THEY NEED. WE HAVE A NUMBER OF RECOMMENDATIONS ON FRONT LINE SYSTEMS.

NEXT, WE HAVE STREAMLINING AND STANDARDIZING ASSESSMENTS AND DATA SHARING. THIS IS ONE WE HAD TO THINK AND TALK THROUGH. THIS IS NOT REVIVING THE IDEA OF A UNIVERSAL ASSESSMENT. INSTEAD, THIS IS THE IDEA OF HOW WE HAVE SYSTEMS WORK BETTER TOGETHER. HOW CAN YOU SHARE INFORMATION WHERE APPROPRIATE? HOW CAN WE MAKE IT SO THE INDIVIDUAL IS NOT ANSWERING THE SAME QUESTIONS REPEATEDLY? THE NEXT THING WE LOOKED AT AS PART OF NAVIGATION IS HOW DOES INFRASTRUCTURE WORK BEHIND THE SCENES? WE HAVE INFORMATION AS I UNDERSTAND SINCE YESTERDAY IS CALLED CAL AIM. WE HAVE RECOMMENDATIONS ABOUT HOW TO IMPROVE THE CAL AIM IMPLEMENTATION FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES AND HOW TO POTENTIALLY IMPROVE COORDINATION FOR THOSE ON MEDICAL AND MEDICARE WHICH IS MORE THAN A MILLION PEOPLE IN CALIFORNIA CURRENTLY.

LASTLY IN THE OBJECTIVE, WE HAVE IMPROVEMENTS TO ISS AROUND ADMINISTRATION. HOW TO SIMPLIFY, HOW TO IMPROVE PUBLIC AUTHORITIES ABILITY TO PROVIDE SERVICES INCLUDING REGISTRY AND TRAINING SERVICES AND IMPROVE COORDINATION BETWEEN THE IHSS PROGRAM AND LONG-TERM SERVICES AND SUPPORTS, WITHOUT MOVING IHSS IN MANAGED CARE. WE WOULD LIKE TO SEE COORDINATION IN THE PIECES. I HOPE THAT'S A GOOD BROAD OVERVIEW OF OBJECTIVE ONE FOR YOU ALL. WE ARE EXCITED TO HAVE YOU ENGAGE WITH THE DETAIL. NEXT, I WOULD LIKE TO GO TO RELATION -- EXCUSE ME, OBJECTIVE TWO, LTSS IN EVERY COMMUNITY. I'LL START BY READING THE OBJECTIVE. CALIFORNIA WILL HAVE THE COUNTRY'S MOST COMPREHENSIVE LTSS SYSTEM WHERE PEOPLE FIND THE SERVICES TO CHOOSE WHEN AND WHERE THEY NEED THEM. COUPLE OF THINGS. THIS IS THE BIGGEST RECOMMENDATION -- EXCUSE ME, BIGGEST OBJECTIVE IN TERMS OF RECOMMENDATIONS. THERE ARE A LOT OF COMPONENTS IN HOW TO CONNECT ACCESS.

WE WANT THERE TO BE NAVIGATION FOR PEOPLE. YOU HAVE TO HAVE SOMETHING TO NAVIGATE THEM INTO. ONE THING WE DON'T WANT TO ASSUME, BY MAKING IT MORE SIMPLE FOR PEOPLE TO ACCESS THE SYSTEM THAT THEIR SERVICES BEHIND THE NAVIGATION WILL BE THERE FOR THEM. OBJECTIVE TWO IS A ROBUST SET OF SERVICES FOR PEOPLE TO BE REFERRED TO. THE LTSS RECOMMENDATIONS SPAN A BROAD AMOUNT OF RECOMMENDATIONS. THEY DEAL WITH IHSS, IN HOME SUPPORTIVE SERVICES AND OTHER COMMUNITY BASED SERVICES. THEY DEAL WITH RESIDENTIAL CARE OPTIONS. WE WERE LOOKING AT THE BREADTH OF LTSS TRYING TO MAKE RECOMMENDATIONS WITHIN THIS. THE REASON WE THOUGHT THIS WAS IMPORTANT, THIS IS THE BACKBONE OF WHETHER OR NOT PEOPLE CAN GET THINGS THEY NEED. A LOT OF THE RECOMMENDATIONS ARE ABOUT IMPROVING AND EXPANDING WHAT EXISTS AND THE NEW THINGS HAS HELP THE SYSTEM BE AFFORDABLE. IN RECOMMENDATION TWO, WE HAVE A LOT ABOUT INVESTING IN PUBLIC AND PRIVATE INFRASTRUCTURE EXPANSION FOR LOCAL COMMUNITIES.

THAT RECOMMENDATION IS TRYING TO GET US TO A PLACE WHERE THERE IS ACQUITABLE ACCESS ACROSS THE STATE. CURRENTLY, THERE ARE POCKETS RESOURCE RICH AND POCKETS OF THE STATE WHERE THAT IS NOT TRUE. WE WANT TO RAISE UP THE ABILITY OF ALL COMMUNITIES TO PROVIDE THE LTSS SERVICES NEEDED. NEXT, WE ALSO DECIDED TO INCLUDE RECOMMENDATIONS TO CREATE AND EXPAND ACCESS TO EQUITABLE AND AFFORDABLE MEDICAL. ONE OF THE QUESTIONS WAS WHETHER OR NOT THIS BELONGED IN ANOTHER GOAL. WE FELT IT WAS NECESSARY TO ADDRESS IT HERE. FOR SO MANY, THE WAY THEY ADDRESS LTSS SERVICES IS THROUGH THE MEDICAL PROGRAM. THIS ACTS AS A GATEWAY. THIS IS VITAL TO THE STATE. ANOTHER CHARGE IS TO LOOK AT IHSS. IT IS AN ENORMOUS PROGRAM IN THE STATE. IT

SERVES 600,000 CURRENTLY. IT'S PROVIDING OVERWHELMINGLY HUGE AMOUNT OF PAID CARE IN THE STATE. WE REALLY TOOK THAT CHARGE SERIOUSLY. WE HAD SIGNIFICANT DISCUSSIONS ABOUT MAKING SURE IT'S STABLE AND SUSTAINABLE INTO THE FUTURE. WE AS A COLLECTIVE GROUP VALUE THE PROGRAM AND WANT IT TO CONTINUE FOR YEARS TO COME AND TO BE ABLE TO ABSORB THE NUMBER OF PEOPLE INTO THE PROGRAM THAT IT NEEDS TO ABSORB WHILE REMAINING FISCALLY SECURE.

WE WANT TO SEE ACCESS IN IHSS FOR A WIDE VARIETY OF GROUPS. WE HAVE MADE RECOMMENDATIONS THERE. WE HAVE LOOKED AT WAYS TO ENSURE THAT PEOPLE AGAIN, THIS IS ABOUT CHOICE. FOR SOME PEOPLE, AT SOME POINTS, RESIDENTIAL CARE MAY BE WHAT'S PREFERRED, WHAT'S REQUIRED. WE WANT TO MAKE SURE WE HAVE A STRONG SYSTEM IN PLACE WHILE MAKING SURE WE HAVE A VERY ROBUST OFFERING OF HOME AND COMMUNITY BASED SERVICES. WITH THAT, I'LL TURN THIS OVER TO SARAH FOR THE NEXT OBJECTIVE.

>> SARAH: THANK YOU SO MUCH, CLAIRE AND MY COLLEAGUES FOR THE OVERVIEW OF THE REPORT. AT THIS POINT, WE HAVE HAD AN EXCELLENT SUMMARY OF THE FIRST TWO OBJECTIVES. FIRST, OVER ARCHING LEADERSHIP. SECOND TO THAT, PATHWAYS TO ENSURE OUR SYSTEM IS EASY TO NAVIGATE. SECOND, AS CLAIRE WALKED THROUGH, THE IMPORTANCE OF ENSURING ACCESS TO THE SERVICES AND SUPPORTS THEY NEED TO LIVE WITH DIGNITY AND INDEPENDENCE AND ENSURING ACCESS TO MEET THE NEEDS. EVEN IF YOU FULFILL THE OBJECTIVES, WE HAVE A SIGNIFICANT CHALLENGE.

IF WE HAVE A WONDERFUL SYSTEM THAT'S EASY TO NAVIGATE, HOW DO PEOPLE PAY FOR IT? WE ARE FAMILIAR WITH THE FACT THAT INDIVIDUALS CAN'T AFFORD THE COST. MEDICARE DOESN'T PAY FOR IT. IT'S BANKRUPTING FAMILIES AND CONSUMERS. ONE ASPECT FOCUSES ON A STATEWIDE UNIVERSAL BENEFIT PROGRAM TO ADDRESS THE INDIVIDUAL'S NEEDS AND AVOID TO SPEND DOWN TO GO INTO POVERTY, WHICH WE'LL TALK ABOUT IN A MINUTE. THE SECOND PART OF THE OBJECTIVE IS FOR OUR SYSTEM FINANCING. WE RECOGNIZE THAT CALIFORNIA'S FINANCING OF LTSS IS A MIXTURE OF STATE GENERAL FUND, FEDERAL FUND AND OTHER SOURCES AS WELL. THERE IS REALLY NO STABLE FUNDING STREAM. PRIMARILY, A LOT OF THIS IS ROOTED IN THE FACT THAT HOME AND COMMUNITY BASED SERVICES ARE SEEN AS OPTIONAL SERVICE ALSO IN THE COMMUNITY. WE WANT TO EQUAL ISAAC SSS TO SERVICES AND ENSURE PEOPLE ACCESS COMMUNITY BASED SERVICES OF THEIR CHOICE AND RESIDENTIAL SERVICES IN 24 HOUR SETTINGS AS THEY MAY NEED. TO THE NEXT SLIDE, WE TALK ABOUT WHAT THE RECOMMENDATIONS ADDRESS IN THIS OBJECTIVE. THE FIRST RELATION IS TO CREATE AN LTSS FINANCING PROGRAM FOR THE MIDDLE CLASS.

THIS IS A PUBLIC BENEFIT OPTION THAT WE HAVE SEEN OTHER STATES DO SUCH AS WASHINGTON, FINANCING DIFFERENT MECHANISMS SUCH AS A PAYROLL TAX THAT WOULD PROVIDE A DAILY BENEFIT FOR A SPECIFIED POPULATION OF PEOPLE THAT MEET ELIGIBILITY CRITERIA AND UP TO A CERTAIN CAPPED AMOUNT. THIS IS SOMETHING THAT'S IN THE CONCEPT BEING DEVELOPED. THERE IS AN ACTUARY ANALYSIS UNDER WAY RIGHT NOW. IT'S SOMETHING THAT THE STATE HAS SUPPORTED EXPLORING THROUGH INVESTMENT INTO THE ACTUARY ANALYSIS. BASED ON THE FINDINGS, WE HAVE A BETTER IDEA WHAT THE PROGRAM COULD LOOK LIKE, HOW IT MIGHT BE STRUCTURED AND HOW IT WOULD BE FINANCED. THIS WOULD ADDRESS THOSE AT RISK OF SPENDING DOWN THEIR RESOURCES, BECOMING IMPOVERISHED AND GOING TO MEDICAL. THIS ENSURES A CUSHION TO ENSURE THE STATE DOESN'T HAVE AS MANY PEOPLE NEEDING MEDICAL AND INDIVIDUALS HAVE A RATE OF SLOWING DOWN TO

MEDICAL ELIGIBILITY SO THEY CAN AFFORD THE LTSS THAT THEY NEED. THE SECOND RECOMMENDATION THAT WE ARE REALLY THINK IS EXTREMELY CRITICAL IS GETTING TO THE ISSUE OF THE DEDICATED FUNDING STREAM AT THE STATE LEVEL.

WE WANT TO SEE THE STATE ESTABLISH A DEDICATED FUNDING STREAM AND WITH THAT, ESTABLISH A RIGHT TO HOME AND COMMUNITY BASED SERVICES. FOR EXAMPLE, SINCE THE FEDERAL GOVERNMENT PROVIDES A RIGHT TO INSTITUTIONAL SERVICES UNDER MEDICAL, WE WANT TO SEE THE RIGHT EXTENDED TO HOME AND COMMUNITY BASED SERVICES, BUT NOT JUST PEOPLE ON MEDICAL. WE BELIEVE THAT PEOPLE WHO ARE IN THE MIDDLE CLASS -- UP TO 600% OF FEDERAL POVERTY LEVEL SHOULD BE ENSURED ACCESS THROUGH A DEDICATED FUNDING STREAM TO HOME AND COMMUNITY BASED SERVICES. CLEARLY, THIS WOULD TAKE A LOT OF DEVELOPMENT AND THINKING, BUT WE KNOW IT CAN BE DONE. WE HAVE SEEN IT THROUGH THE LANDERMAN ACT, THAT THOSE WITH DEVELOPMENTAL DISABILITIES HAVE THE RIGHT TO HOME AND COMMUNITY BASED SERVICES ACCORDING TO NEEDS AND PREFERENCES. WE RECOGNIZE THAT OTHER SERVICES -- THAT IT'S NOT THE STATE PAYING FOR EVERYTHING, BUT THAT IT WOULD BE GENERIC SERVICES FOLLOWING FIRST, AND THE STATE WOULD FILL IN WHERE OTHER FUNDING SOURCES DON'T MEET THE NEED.

THAT IS SEEN AS A BOLD OBJECTIVE RECOMMENDATION THAT WE SEE AS A REALLY CRITICAL COMPONENT OF THE MASTER PLAN. THE THIRD RECOMMENDATION IS A NEW -- A LOT OF NEW INNOVATION IN THE MEDICARE PROGRAM LOOKING AT WAYS TO SUPPORT LTSS SERVICES AND PROGRAMS FOR PEOPLE ON MEDICARE, ESTABLISHES NEW WAYS TO PAY FOR LTSS AND BETTER STREAMLINING THE SERVICE DELIVERY ACROSS THE MADE CARE PROGRAM FOR NOT JUST MEDICARE PROGRAM SERVICES IN MEDICARE IN NATURE BUT LTSS FOR THOSE ON MEDICARE. THAT SUMMARIZES THE AFFORDABILITY CATEGORY. NOW I TURN TO SUSAN WHO WILL FOCUS ON THE OBJECTIVE OF HIGH QUALITY VALUED WORKFORCE.

>> HELLO AGAIN, EVERYBODY. DESPITE ADVANCES IN TECHNOLOGY, LTSS REMAINS TODAY AND LIKELY FOR THE NEXT DECADE TO BE A LABOR INTENSIVE ENDEAVOR RELIANT ON HUMAN CAPITAL. AS OUR POPULATION AGES, OUR WORKFORCE IS SHRINKING. SUPPLY AND DEMAND EVEN TODAY, WE HAVE HUGE SHORTFALLS IN THE HEALTH WORKFORCE TODAY. THOSE PROJECTIONS WILL ONLY GROW OVER THE NEXT DECADE.

IN OBJECTIVE FOUR, YOU SEE A NUMBER OF RECOMMENDATIONS RELATED TO THE WORKFORCE. FIRST WITH THE PAID WORKFORCE, WE NEED TO GROW THE DIRECT WORK CARE FORCE, INDIVIDUALS THAT PROVIDE INHOME CARE, HOME HEALTHCARE, CARE AND CONGREGANT SETTINGS SUCH AS ADULT DAYCARE, STAFF WORKING IN RESIDENTIAL CARE FACILITIES AND SKILLED NURSING FACILITIES. WE NEED TO GROW THE WORKFORCE UP TO 1,000,000 JOBS. THAT WILL ENTAIL WAGES AND OPPORTUNITIES TO PROVIDE CAREER LADDERS. THE BACKBONE OF THE LONG-TERM CARE WORKFORCE CONTINUES TO BE UNPAID CAREGIVERS THAT OUT NUMBER THE WORKFORCE. TO SUPPORT THOSE IN THE ROLE, FAMILY OR FRIEND, WE NEED TO EXPAND JOB PROTECTION, PAID FAMILY LEAVE AS WELL AS TRAINING AND SUPPORT THROUGH RESPITE AND OTHER MEANS SO CAREGIVERS CAN PERFORM THAT -- PROVIDE CARE TO THEIR LOVED ONES IN THE HOME AND ALSO CAREGIVERS PROVIDE A DEAL OF SUPPORT TO FAMILY MEMBERS AND FRIENDS EVEN IN RESIDENTIAL SETTINGS. WE MOVE TO THE NEXT SLIDE WITH RECOMMENDATIONS THIS WAS A DENSE RECOMMENDATION WORKFORCE. FIRST IS TO ATTRACT PEOPLE TO AGING SERVICES AND TO START ON THAT NOW AND TO IMPROVE WORKING CONDITIONS.

THESE ARE TYPICALLY LOW-WAGE JOBS. WE SEE A LOT OF TURNOVER IN THE WORKFORCE BECAUSE OF THE LOW WAGES. THERE IS A LOT OF MOBILITY. THE INDIVIDUALS SERVED DON'T BENEFIT FROM THE CONTINUITY OF CARE THAT THEY DESERVE. SECONDLY, WE NEED TO STRENGTHEN OUR STATEWIDE IHSS WORKFORCE AND A STRONG RECOMMENDATION IS TO TAKE COLLECTIVE BARGAINING STATEWIDE FOR THE PROGRAM TO BUILD A DEMENTIA CAPABLE WORKFORCE AS THE POPULATION AGES, WE SEE A FAR GREATER WORKFORCE IN THE NUMBER OF THOSE LIVING WITH ALZHEIMER'S AND DEMENTIA BECAUSE AGE IS THE GREATEST RISK FOR ALZHEIMER'S AND DEMENTIA. THIS REQUIRES SPECIALIZED TRAINING AMONG THE WORKFORCE AND FAMILY CAREGIVERS. WE NEED TO INVEST IN WORKFORCE TRAINING. INDIVIDUALS IN THE IHSS PROGRAM PROVIDING DIRECT CARE OR INDIVIDUALS WORKING IN CONGREGATE SETTINGS SUCH AS ADULT DAYCARE, LICENSED 24-7 RESIDENTIAL SETTINGS, IMPROVING TRAINING AND CARE AND RETAINING EMPLOYEES PROVIDED WITH EDUCATION AND TRAINING. LAST BUT NOT LEAST, WE NEED TO SUPPORT FAMILY CAREGIVERS WHO INCREASINGLY ARE YOUNGER, MANY ARE IN THE WORKFORCE THEMSELVES. MILLENNIAL CAREGIVERS ARE ON THE RISE. WE NEED TO BE SURE OUR POLICIES KEEP STEP WITH OUR UNPAID FAMILY CAREGIVER WORKFORCE.

>> SARAH: THANK YOU SO MUCH, SUSAN. THIS IS SARAH SPEAKING AGAIN. WHAT WE HAVE RECOGNIZED THROUGH THE FOUR OBJECTIVES IS THAT THEY HAVE DIRECT IMPACT AT THE SYSTEM LEVEL AND PERSON LEVEL, ACCESS TO THE WORKFORCE OR FINANCING OR SERVICES IN THE INFRASTRUCTURE OR HOW WE NAVIGATE THE SYSTEM. SOMETHING NOT OFTEN EXPERIENCED BY THE CONSUMER IS HOW THE STATE AND LOCAL GOVERNMENT AND PRIVATE SECTOR IS STRUCTURED TO COORDINATE AND LEAD IN SERVICE DELIVERY FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES. WHAT THE DIRECTIVE TRIES TO ADDRESS IS HOW WE MAY BEST ALIGN THE ASSOCIATION OF LTSS ACROSS DEPARTMENTS, HOW TO COORDINATE ACROSS THE STATE LEVEL AND LOCAL LEVEL AS WELL AS HOW CAN WE PROMOTE SEAMLESS ACCESS TO SERVICES AND INTEGRATION WHILE DRIVING INNOVATION BY HOW THE STRUCTURES ARE ESTABLISHED AT THE STATE AND LOCAL LEVEL. THE NEXT SLIDE, IF YOU COULD MOVE TO IT, WE'LL TALK ABOUT RECOMMENDATIONS IN THIS. THERE IS A LOT OF DISCUSSION ABOUT, FOR YEARS THIS IS NOT A NEW ISSUE RAISED ABOUT HOW WE ALL RECOGNIZE THE SYSTEM IS HIGHLY FRAGMENTED. SOME SAY THE FRAGMENTATION IS DUE IN PART TO HOW THE STATE LEVEL IS STRUCTURED AND HOW YOU HAVE A NUMBER OF SERVICES FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES ACROSS SEVERAL DEPARTMENTS AT THE STATE LEVEL.

ONE THING THAT THE COMMITTEE WHOLEHEARTEDLY AGREED TO IS ANY EFFORT TO ALIGN SERVICES AT THE STATE LEVEL NEEDS TO ENSURE THAT IT WILL ONLY RESULT IN IMPROVEMENTS AND SERVICES FOR THE PERSON. WE THINK IT'S IMPORTANT THAT STARTING AT THE STATE LEVEL, AGENCY, HEALTH AND HUMAN SERVICES AGENCY CREATE A NEW UNIT FOCUSED ON LONG-TERM SERVICES AND SUPPORT. WE RECOGNIZE THE SERVICES ARE SPREAD ACROSS THE DEPARTMENT OF HEALTHCARE SERVICES, AGING, REHABILITATION, PUBLIC HEALTH, DEVELOPMENTAL DISABILITIES AND OTHERS AND THAT THE HEALTH AND HUMAN SERVICES AGENCY HAS AN IMPORTANT ROLE TO PLAY CONVENING THE POLICIES AND DEVELOPING POLICIES TO ALIGN SERVICES EFFECTIVELY WITHIN THE DEPARTMENTS. SECOND TO THAT, AT THE DEPARTMENTAL LEVEL, THERE WAS A SIGNIFICANT DISCUSSION ON EXPLORING REORGANIZING DEPARTMENTS AND THE STRUCTURE OF THE DEPARTMENT OF AGING TO LOOK AT THE ALIGNMENT OF SERVICES FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES WITH THE GOAL OF INCREASING ACCESS TO HOME AND COMMUNITY BASED SERVICES. WHAT THE

COMMITTEE CAME DOWN TO WAS THAT WE DIDN'T WANT TO HAVE A RECOMMENDATION THAT WHOLEHEARTEDLY SAID, THIS IS HOW YOU SHOULD DO IT AND WHAT YOU SHOULD DO. THEY FELT STRONGLY THAT THE STATE SHOULD HAVE A FOCUSED DISCUSSION ON HOW THIS MIGHT LOOK AND PLAY OUT AT THE LOCAL LEVEL WITH THE FOCUS BEING TO BETTER COORDINATE AND STREAMLINE THE DELIVERY OF SERVICES FOR THE OLDER ADULT AND PEOPLE WITH DISABILITIES AND THEIR FAMILIES.

THIRD, FLOWING FROM THE STATE LEVEL TO THE LOCAL LEVEL, THERE IS A LOT OF DISCUSSION ACROSS AREA AGENCIES ON AGING AND THE COUNTY STRUCTURE AND AGING AND DISABILITY RESOURCE CONNECTIONS, HOW WE MIGHT BETTER INTEGRATE SERVICES ACROSS THE ENTITIES AGAIN, WITH THE GOAL OF BETTER STREAMLINING SERVICE DELIVERY AND EASING ACCESS TO THE PROGRAMS AT THE LOCAL LEVEL. THIS WAS A REALLY, REALLY BOLD PROPOSAL THAT THE COMMITTEE DIDN'T HAVE THE OPPORTUNITY TO DELVE INTO. WE THINK IT'S IMPORTANT FOR THE STATE TO DISCUSSION WITH THE COUNTY AND STAKEHOLDERS TO DISCUSS THE FEASIBILITY OF THE AGING ADULT SERVICES AT THE COUNTY LEVEL. A LOT OF THE FRAGMENTATION AT THE STATE AND LOCAL LEVEL STEMS FROM THE FACT THAT WE HAVE A FRAGMENTED BUDGETING SYSTEM. FOR A NUMBER OF YEARS, WE HAVE HEARD OF STATES AND MODELS WITH BUDGETS FOCUSED ON LONG-TERM SERVICES AND SUPPORTS THAT ALLOW FOR FLEXIBLE FUNDING TO BETTER PLAN FOR AND MEET SERVICES BASED ON INDIVIDUAL NEED RATHER THAN THE SILOS OF DEVELOPMENTAL BUDGETS THAT DON'T HAVE THE CAPACITY TO MEET NEED BECAUSE THEY ARE STRUCTURED WITH SPECIFIC LIMITATIONS. THAT'S A LONGER TERM. NAVIGATE TO THE BOTTOM OF THE PANEL, YOU WILL QUICK RAISED HAND TO ENTER THE DISCUSSION. THANKS.

>> I SEE STAKEHOLDER QUESTIONS. THEN WE'LL OPEN TO PUBLIC COMMENT. THOSE OF PUBLIC COMMENT ARE IN ZOOM AS ATTENDEES, CHATTING AND ASKING QUESTIONS. WE ARE SEEING THOSE COME IN. GET READY TO ADDRESS THEM IN PUBLIC COMMENT. NELSON, WHO HAS THEIR HAND RAISED?

>> JUDY IS FIRST IN THE QUEUE.

>> JUDY THOMAS, WE ARE OPENING IT UP TO ASK YOUR QUESTION. DO YOU NEED TO UN-MUTE, JUDY? THERE WE GO. GIVE US ONE SECOND WHILE WE USE THE FANCY TECHNOLOGY TOOLS TO UN-MUTE JUDY. WE ARE DOING OUR BEST TO UN-MUTE YOU TO ASK YOUR QUESTIONS.

>> I THINK WE'LL MOVE ON TO JEANNIE.

>> JEANNIE: THIS IS JEANNIE. I HAVE A NUMBER OF DIFFERENT QUESTIONS, SO FIRST, I WANT TO SAY THIS IS AN EXCELLENT PRESENTATION. EACH OF YOU ARE CLEAR, AND LIKE THE IDEA OF THE FIVE OBJECTIVES -- THE FIVE RECOMMENDATIONS IN EACH OF THE OBJECTIVE AREAS THAT WERE CLEAR AND HELPFUL. IF YOU HAD TO IDENTIFY THE TOP FIVE PRIORITY RECOMMENDATIONS THAT YOU THOUGHT POLICYMAKERS SHOULD ACT ON NOW, I BELIEVE THAT THE SAC HAD REQUESTED PRIORITIZATION WHICH THIS FEELS LIKE PRIORITIZATIONS ON THE LIST.

>> THIS IS SUSAN. THAT'S AN EXCELLENT QUESTION TOP OF MIND FOR MANY OF US. THERE IS THOUGHT TO LIFTING THE WHOLE SYSTEM UP AT THE SAME TIME. WHAT MADE IT TO THE SLIDES WOULD BE THE HIGHEST PRIORITIES. DOESN'T GIVE YOU FIVE, BUT EACH SLIDE THEY CALLED OUT THE TOP LEVEL RECOMMENDATIONS. IT'S AMONG THOSE THAT WE WOULD BE NARROWING TO FIVE TO ANSWER YOUR QUESTION. IF IT'S THE TOP FIVE IDEAS FOR THE BUDGET DETERMINED IN JUNE OF THIS YEAR OR THE TOP FIVE IDEAS FOR THE TEN YEAR PLAN? THE GUARDRAILS WOULD DICTATE WHAT GETS MOVED FORWARD. THE SLIDES REPRESENT THE HIGHEST LEVEL THINKING AND THE ISSUES SURFACED OVER AND OVER AGAIN IN PUBLIC COMMENT, STAKEHOLDER INPUT AND AT THE COMMITTEE LEVEL.

>> THAT'S VERY, VERY HELPFUL, THANK YOU, SUSAN. I HAVE TWO OTHER QUESTIONS IF I CAN ASK THEM. I HAVE THE LINES, IS THAT ALREADY TO ASK THE QUESTIONS?

>> SURE.

>> MY SECOND QUESTION IS A COMMENT BEGINNING IN THE OPENING STATEMENTS RELATING TO A CABINET LEVEL POSITION FOR AGING, AND LATER IN OBJECTIVES UNDER - - I THINK OBJECTIVE NUMBER FIVE, THERE WAS MENTION OF AN LTSS UNIT AT THE SECRETARY LEVEL. ARE THOSE RELATED RECOMMENDATIONS, OR ARE THEY DIFFERENT RECOMMENDATIONS? I WANT TO UNDERSTAND WHAT WAS BEING -- THE FIRST ONE WAS AN OPENING COMMENT NOT RELATED TO THE LTSS RECOMMENDATIONS AS FAR AS I CAN TELL.

>> THIS IS CLAIRE. I CAN ANSWER THAT. I THINK THEY ARE RELATED BUT THEY ARE DEFINITELY DIFFERENT. THE AGING CABINET LEVEL SECRETARY INITIAL COMMENT REALLY IS FOCUSED ON A BROADER AGING LENS, AND PERSON WITH DISABILITY LENS, TALKING ABOUT SOMEONE HAVING THE WHOLE PICTURE IN THEIR PER VIEW. THE CROSS DEPARTMENT UNIT WITHIN HEALTH AND HUMAN SERVICES IS A LITTLE MORE -- NOT A LITTLE MORE -- IT IS MORE TARGETED TO SAY THERE ARE DIFFERENT DEPARTMENTS CURRENTLY WORKING ON LTSS ISSUES DOING THAT WITHIN THEIR OWN SILO. WHAT WE WOULD LOVE TO SEE IS MORE COORDINATION AND SORT OF THE WHOLE SYSTEM WORKING WELL TOGETHER. WE THINK THAT NEED, THE SORT OF FUNCTIONAL PLACE OF PEOPLE WITHIN DEPARTMENTS BEING ABLE TO COME TOGETHER TO LOOK AT THE POLICY, SEE HOW THINGS WORK TOGETHER, SEE HOW CARE IS BEING OFFERED IN A WAY THAT MAKES SENSE FOR THE PEOPLE USING IT.

WE THINK POTENTIALLY THE CABINET LEVEL AGING SECRETARY MIGHT END UP BEING A SAC RECOMMENDATION LEVEL RATHER THAN LTSS LEVEL.

>> MY FINAL QUESTION RELATES TO THE STATEWIDE UNIVERSAL BENEFIT DISCUSSED SIGNIFICANTLY AND FOR A WHILE. DID YOU TALK AT ALL ABOUT HOW THAT EITHER COMPARES, COMPLEMENTS, CONFLICTS WITH CAL AIM?

>> HI, JEANNIE. THIS IS SARAH. THANK YOU. THAT'S A GREAT QUESTION. I WOULD SAY THIS, WITH THE CAL AIM INITIATIVE AND PROPOSAL THAT FOLLOWS, IT'S GEARED AT RESTRUCTURING THE PROGRAM TO PROMOTE A PERSONAL SERVICE DELIVERY SYSTEM LOOKING AT THE NEEDS OF THE WHOLE PERSON. THERE ARE A LOT OF OPPORTUNITIES IN THAT. WE DID TALK ABOUT THAT AT LENGTH IN OUR DISCUSSION AROUND SYSTEM INTEGRATION AND ISSUES IMPACTING DUAL ELIGIBLES. WITH THE LTSS BENEFIT, IT'S FOR THOSE NOT YET ELIGIBLE FOR MEDICAL. IT'S THE POPULATION OF PEOPLE NOT ELIGIBLE FOR THE CAL AIM PROPOSALS AND INITIATIVES. IT'S ESSENTIALLY THAT PART OF THE POPULATION THAT'S NEAR -- POTENTIALLY NEAR MEDICAL OR MIDDLE CLASS WITH THE GOAL OF HELPING THEM AVOID IMPOVERISHMENT ACCORDING TO NEEDS AND PREFERENCES. DOES THAT ANSWER YOUR QUESTION?

>> ABSOLUTELY, SARAH.

>> WE HAVE FIVE SAC MEMBERS AND TEN MINUTES. EACH OF YOU GETS TWO MINUTES. LOOKS LIKE WE HAVE JUDY UN-MUTED.

>> YOU CAN HEAR ME?

>> YES.

>> THE REPORT LOOKS GREAT. IT'S STRONGER EVERY TIME THE VERSION COMES OUT. I HAVE A QUESTION THAT SOUNDS WEIRD. I HAVE BEEN ASSUMING BECAUSE THIS IS THE MASTER PLAN ON AGING, TALKING ABOUT PEOPLE WITH DISABILITIES, WE MEAN ADULTS. WHEN YOU LOOK AT THE ISS PROGRAMS AND THINGS WE ARE TALKING ABOUT, IT MIGHT APPLY TO CHILDREN WITH DISABILITIES. IS THERE THOUGHT AROUND THAT?

>> CLAIRE: WE HAVE TRIED TO BE AWARE OF THE PROGRAMS INCLUDING ISS CUT INTO A CHILD POPULATION AND THERE ARE TARGETED RECOMMENDATIONS TO IMPROVES ASPECTS, IMPROVING PARENT PROVIDER ROLES. OUR CONVERSATION HAS TARGETED

WITH ADULTS WITH DISABILITIES AND OLDER ADULTS. TO BE CLEAR, THERE WAS A COMMENT ABOUT THIS. THE REPORT IS MEANT TO BE INCLUSIVE OF BOTH OF THOSE COMMUNITIES AND ROBUSTLY FOCUSED ON BOTH AND NOT TO THE DETRIMENT OF EITHER. I THINK THERE ARE A FEW THINGS THAT INVOLVE KIDS. THAT HASN'T BEEN OUR HEAVY FOCUS AND IS NOT THE GENERAL EXPERTISE. KATHRYN HAS A TON OF EXPERTISE AS WELL. WE ARE THOUGHTFUL BUT NOT OVERLY FOCUSED.

>> THAT'S -- WE WANT TO BE SURE WE ARE NOT INTENTIONALLY MAKING CHANGES. I NOTICED THE GRAPHIC IS CHANGED FROM THE LAST ONE PRESENTED. IT HAD A CIRCLE AND OTHER PIECES TO IT. IS THIS THE COMPLETE GRAPHIC HERE?

>> AS OF NOW, IT IS. WE ARE ITERATIVE, BUT WE COULD MAKE TWEAKS TO THE GRAPHICS. WE LOVE HEARING THE FEEDBACK, PLEASE. A BIG THANK YOU TO AARP FOR DEDICATING THE RESOURCES TO THE DEVELOPMENT OF THAT.

>> THANK YOU. KEEPING US MOVING, PETER HANSEL. TINA, YOU ARE NEXT. IF YOU CAN UN-MUTE, OR MARTY LYNCH.

>> THERE'S NINA.

>> YOU WIN.

>> I HAVE A COUPLE OF COMMENTS. GREAT GROUP TO WORK WITH. I WANT TO BRING UP A COUPLE OF THINGS. WITHIN GOVERNMENT ORGANIZATION, I KNOW AT ONE POINT THE LANGUAGE SAID SOMETHING ABOUT AN ENTER AGENCY PROCESS FACILITATING THAT. WILL THAT BE MOVED OVER TO THE MAJOR SAC PROGRESS?

>> NINA, THIS. EVERYTHING IS UNDER THE HEALTH AND HUMAN SERVICES AGENCY. I IMAGINE THAT THE STAKEHOLDER ADVISORY COMMITTEE MIGHT HAVE RECOMMENDATIONS ALONG WITH THE CABINET ABOUT ENTER AGENCY COLLABORATION AND COOPERATION. WE STAYED FOCUSED ON THE HEALTH AND HUMAN SERVICES AGENCY.

>> I KNOW WE DON'T HAVE A LOT OF TIME. THERE ARE PIECES FROM OTHER DEPARTMENTS LIKE TRANSPORTATION AND HOUSING.

>> ABSOLUTELY.

>> THE OTHER THING I WANTED TO RAISE IS CLARIFICATION. MANY OF US SUBMITTED DETAILED RECOMMENDATIONS THOSE GO IN AN APPENDIX? WHERE WILL THEY SHOW UP? THE SUMMARY IS IN THE REPORT BUT THE BACK END DIDN'T SHOW UP ONLINE. THAT WILL SHOW UP IN A RECOMMENDATION SOMEWHERE, RIGHT? WE NEED TO FIGURE OUT HOW TO FACILITATE THAT. WE HAVE AN APPENDIX TO EVERYTHING REVIEWED IN THE CATEGORIES. GREAT POINT. THAT'S SOMETHING WE'LL FIGURE OUT IN THE NEXT FEW WEEKS.

>> PETER, YOU LOOK UN-MUTED.

>> PETER, YOU'RE UP.

>> ANY LUCK?

>> YES, YOU ARE UN-MUTED.

>> OH, THANK YOU. I WANT TO EXTEND MY COMMENDATIONS TO THE AMAZING WORK, THOUGHTFULNESS, CONTINUITY, LINKS THAT ARE RIGHT ON. I'M STRUGGLING WITH HOW TO APPROACH THAT. I HEAR THE INTEREST IN PICKING THE 140 RECOMMENDATIONS OUT. THAT TROUBLES ME BECAUSE OF THE FRAGMENTATION THAT CAN CREATE. THAT'S A POINT SUSAN MADE. ANOTHER APPROACH, HIT THEM WITH THE TOP LINE OBJECTIVE LEVEL. THAT'S GREAT BECAUSE IT'S INCLUSIVE, BUT IT'S NOT AS ACTION ORIENTED IN TERMS OF SPECIFIC DIRECTIONS. HAVE YOU GIVEN THOUGHT TO ANOTHER APPROACH TO HOW TO PRIORITIZE THAT COULD POSSIBLY BE DEVELOPING OTHER CRITERIA THINGS LIKE, WHAT COULD WE DO IN THE NEAR TERM VERSUS WHAT TAKES LONGER AND WHAT IS RELATIVELY AFFORDABLE FISCALLY, WHAT MIGHT FIT INTO THE PICTURE SOONER OPPOSED TO LATER, LOW HANGING FRUIT, WHERE DO YOU GET THE BIGGEST BANG FOR THE BUCK? THAT'S WHERE MY MIND GOES, WHICH COULD BE PULLING TOUGH IS OUT OF THE AREAS. WHAT WOULD NEED TO HAPPEN FIRST TO GET THE BALL ROLLING.

>> I APPRECIATE THE COMMENTS. SEND THEM INTO US. WE HAVE TURNED THE REPORT TO ACTIONABLE ITEMS. WHAT'S ACTIONABLE IN THE NEXT BUDGET YEAR. WE HAVE LOOKED AT THINGS, WHAT COULD BE DONE ADMINISTRATIVELY WITH A WAVE OF THE WITNESS STAND? WHAT'S GOING TO REQUIRE LEGISLATION, ARE THERE REGULATORY BARRIERS? ALL OF THOSE THOUGHTS ARE ON THE TABLE. WE HAVE STARTED A WORKSHEET WHERE WE LAY THESE THINGS OUT AND ORGANIZE THEM IN A FASHION THAT MAKES SENSE RELATIVE TO YOUR COMMENTS AND THINKING. YOU ARE UNDER SCORING OUR THOUGHT PROCESS, SO THAT'S APPRECIATED.

>> WHAT JEANNIE IS ASKING FOR THE EXERCISE OF SEND US YOUR IDEAS, THAT'S ON THE SLIDE AND CHAT BOX TO REINFORCE THAT FOR SACK TO TRY AS WELL TO HAVE A GREAT DISCUSSION ON MONDAY. WE ARE AT TIME. I WANT TO RECOGNIZE THE THREE OTHER SAC MEMBERS. IF WE CAN BE BRIEF. IF WE GET LONG, WE'LL PUT IT IN CHAT. GET READY. MARTY, YOU ARE UP.

>> THANK YOU. GREAT WORK, EVERYBODY. I WANTED TO ASK A COUPLE OF QUESTIONS. NUMBER ONE, I NOTICED THE MEDICAL INTEGRATION STRATEGY IS SEPARATED FROM THE MEDICARE -- USE OF MEDICARE LTSS. YOU MAY NOT HAVE TIME TO COMMENT ON THAT NOW, BUT I WOULD LOVE TO SEE THEM AS PART OF THE OVERALL APPROACH. SECOND ISSUE, I WANTED TO NOTE, I LOST TRACK -- THERE ARE DIFFERENT PLACES IN THE REPORT ABOUT STATE LEVEL INTEGRATION OF DEPARTMENTS AND RECOMMENDATIONS ABOUT COUNTY LEVEL. I NOTED THAT ESPECIALLY AT THE COUNTY LEVEL, BUT I HOPE IT'S AN ISSUE AT THE STATE LEVEL TOO. HEALTH IS INCLUDED WITH AGING AND ADULT SERVICES IN TERMS OF TRYING TO GET A SEAMLESS SERVICE FOR OUR CONSUMERS. I WANTED TO SAY, PLANNING THE STATE LEVEL TOGETHER INCLUDING HEALTH, ALL OF THE DOLLARS AND SERVICES ARE THERE. ALSO AT THE LOCAL LEVEL, SAME THING, DOLLARS AND SERVICES ARE THERE. I DON'T KNOW IF THERE IS A QUICK RESPONSE ON THAT ONE. I'LL PUT MY TWO CENTS IN ON THAT.

>> I THINK THE TWO CENTS ARE RECEIVED. THERE IS A LOT OF NODDING IN THE ROOM. THANK YOU. MERCEDES, CLAIRE, ARE YOU ABLE TO UN-MUTE YOURSELVES TO ASK YOUR QUESTION?

>> THE HARDEST PART.

>> MERCEDES, YOU WERE IN THE QUEUE FIRST. YOUR TURN.

>> NOT HEARING YOU YET.

>> MERCEDES? CLAY? GIVE IT A TRY.

>> I HOPE I'M HERE. DO YOU GOT ME?

>> GO FOR IT.

>> I WAS GOING TO SAY THE SAME THING MARTY SAID ABOUT THE LOCAL COORDINATION THAT HEALTHCARE IS PART OF THAT DISCUSSION. I WOULD ADD TRANSPORTATION AS ANOTHER PART. IF WE WANT TO INTEGRATE AND COORDINATE, BRING EVERYBODY TO THE TABLE, NOT JUST WHO IS COUNTY BASED OR AAA BASED.

>> GOOD POINT.

>> THAT'S MY FIRST ONE. THE SECOND ONE IS LOOKING AT 184 -- AM I IN THE RIGHT PLACE? ABOUT DEVELOPING STATEWIDE QUALITY STANDARDS FOR IMA. IT NEEDS TO BE TWEAKED TO PROVIDE ADEQUATE RESOURCES TO SUPPORT QUALITY STANDARDS FOR INA. UNTIL WE DO THAT, ADDING ADDITIONAL STANDARDS WILL KILL INA IN RURAL COMMUNITIES. THERE IS NO MONEY TO DO THE WORK. I TWEAKED THE LANGUAGE THERE. IF WE DON'T TWEAK IT, I'M OPPOSED TO THE RECOMMENDATION. YOU WON'T DO IT ON A LOCAL LEVEL IF YOU ARE TALKING ABOUT A SMALL COMMUNITY.

>> MERCEDES, ANY SUCCESS IN UN-MUTING?

>> I THINK WE LOST HER.

>> I'M GOING TO THROW ONE MORE OUT THERE, THEN.

>> IF YOU DON'T MIND, PUT IT IN THE CHAT. WE ARE AT PUBLIC COMMENT. CHERYL BROWN, A STAFF MEMBER SAYS CLARIFICATION ON THE MIDDLE CLASS WOULD BE

HELPFUL. AS WE TRANSITION TO PUBLIC COMMENT, NELSON, YOU HAVE SIMILAR ADVICE ABOUT RAISING YOUR HAND. WE HAVE 67 ATTENDEES, FIVE HANDS UP. WHILE THAT'S HAPPENING, LET ME SHARE THE FEEDBACK DURING THE CONVERSATION. A PARTICIPANT NAMED "W" ASKED ABOUT AGING AND DISABILITY. THE FIRST SENTENCE IS WOVEN THROUGHOUT. LA RINDA IS ABOUT HOUSING. HOME AND COMMUNITY BASED SERVICES, ASSISTANCE WITH DAILY NEEDS ALLOWING US TO LIVE IN OUR HOME OF CHOICE. THE GO TO WORK ON HEALTHY AGE, GOAL FOUR WORK ON SECURITY AND SAFETY ARE MOVING FORWARD. NEXT, POWERED BY YOUR COMMENTS, WEBINAR WEDNESDAYS, YOU WILL HEAR MORE FROM THEM ON THE MAY SAC. WE ARE SPEAKING TO CAREGIVERS, LATINO AND OTHERS IMPACTED BY ALZHEIMER'S. THIS IS A TOP PRIORITY OF THE MASTER PLAN ON PREVENTION WOVEN THROUGH LTSS. I'M SPEAKING BECAUSE IT'S THROUGHOUT THE MASTER PLAN FOR AGING. EVERY RECOMMENDATION AND GOAL WILL SPEAK TO THE POPULATION. LOTS OF REQUESTS FOR MAKING SURE THE FAMILY CAREGIVER GETS MORE. THE SLIDES ARE THE HIGHLIGHTS. THERE IS MUCH MORE IN THE REPORT SPEAKING TO MY FAMILY OF CHOICE, FAMILY AND FRIENDS, CIRCLES, THE IMPORTANCE OF UNPAID CARE GIVING, THE BACKBONE. A FLAVOR OF COMMENTS BY CHAT AND Q&A. LET'S SEE FOR THE HANDS RAISED, WHO DO WE HAVE?

>> I THINK YOU ARE CALLING ON ME?

>> I'M LINDSEY. I APOLOGIZE, I CAN PUT MY FULL NAME INTO THE CHAT BOX SO YOU HAVE THE SPELLING CORRECTLY. I WANT TO COMMEND THE WORK DONE AND EMPHASIS ON IMPROVED WORKING CONDITIONS TO ATTRACTION AND RETAIN THE NEEDED WORKFORCE AND UNPAID FAMILY CAREGIVERS. I WANT TO MAKE MY FULL COMMENT ON THE EXCITEMENT AROUND THE LTSS BENEFIT. WE SEE IN OUR WORK FAMILIES WHO ARE STRUGGLING, INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS STRUGGLING TO AFFORD THE LONG-TERM SUPPORTS, THEY NEED TO LIVE AND AGE IN THEIR HOMES AND COMMUNITIES. I WANTED TO ENCOURAGE BOTH BODIES, SUBCOMMITTEE AND PUT IN STRONGER LANGUAGE THAT COMMITS TO THE UNIVERSAL BENEFIT BEYOND THE WASHINGTON MODEL SO THAT THIS BENEFIT SUPPORTS PEOPLE WHO CAN'T PAY INTO A PAYROLL TAX, OLDER ADULTS THAT ARE RETIRED, THOSE CUT OUT OF THE WASHINGTON MODEL. I WANTED TO STRESS, REALLY MAKING IT A UNIVERSAL BENEFIT. THANK YOU SO MUCH.

>> THANK YOU VERY MUCH. APPRECIATE YOUR COMMENT AND FOR YOUR FOLLOW UP GETTING YOUR NAME AND TITLE RIGHT. THE SCREEN NAME HERE, ARIVAS.

>> THAT'S ME.

>> GREAT.

>> HOW ARE YOU DOING? ONE OF THE QUESTIONS I HAVE, MAINLY MY CONCERN IS THAT SOME OF THE SPANISH SPEAKING COMMUNITY THAT HAVE PARKINSON'S DISEASE, NOT ABLE TO HAVE ENOUGH WORKERS THAT SPEAK THE LANGUAGE, AT THE SAME TIME, I SEE SOME OF THE INSURANCES IN MEDICARE NOT BEING ABLE TO PAY FOR IT, WHATEVER THEY NEED TO DO, SOMETIMES THE SPANISH SPEAKING COMMUNITY NEEDS TO GO TO GOLD'S GYM TO THE WALK IN OR EXERCISES WITHIN THE SPA FITNESS. SOME OF THE INSURANCE THEY HAVE TAKEN AWAY, TO BE ABLE TO PAY FOR THAT SERVICE.

MEDICARE, I DON'T THINK THEY PAY FOR THAT EITHER. I WANTED TO KNOW, HOW CAN YOU, YOU TALK TO AARP AND OTHER INSURANCES, BE ABLE TO PROVIDE THAT SERVICE SO THEY DON'T HAVE TO PAY FOR IT? THEY USED TO HAVE THE SNEAKERS. THEY TOOK IT AWAY, AND THEN I DON'T KNOW, THEY PUT IT BACK AGAIN. A LOT OF INSURANCES FOR AARP, THEY WERE VERY UPSET IN REGARD TO THE MATTER. THEY COULD NOT NO LONGER BE ABLE TO GO TO HAVE TO PAY FOR IT NOW. MY QUESTION IS, ALL INSURANCE LIKE AARP PROVIDE FOR IT, SHOULD PROVIDE THE FEES FOR GOING TO THE SPA, GOING TO THE GYM TO BE ABLE TO RECEIVE THE EXERCISES AT THE SAME TIME SERVICES THAT THE SPA FITNESS OR GOLD'S GYM PROVIDE.

THEY PAY FOR IT AND THOSE THAT CANNOT, MAYBE MEDICARE CAN BE ABLE TO -- IF THE DOCTOR HAS A PRESCRIPTION THAT THEY NEED TO GO TO THOSE SERVICES, THEY SHOULD AT LEAST PAY FOR IT. WHAT IS YOUR ANSWER TO THAT MATTER?

>> THANK YOU FOR THAT. THE GROUP IS BRAINSTORMING POLICY AND INDIVIDUAL SOLUTIONS. THE FIRST TIP IS THAT YOUR LOCAL HIGH CAP PROVIDER CAN PROVIDE MEDICAL AND WHAT IS POSSIBLE WITH MEDICARE. THERE WAS A LOT IN THAT COMMENT. THANK YOU FOR THAT. WE'LL UN-MUTE KEVIN. COMMENTS ON UNPAID WORKFORCE CONTINUE TO COME IN, THE SUGGESTION OF FAMILY TAXPAYER CREDIT AND MERCEDES WITH AUDIO DIFFICULTIES SAYS DON'T FORGET THE EMPLOYER FUNDED PROGRAMS AND HOW THEY CAN BE COMPLIMENTARY AS WELL. THANK YOU FOR USING THE Q&A BOX WHEN THE MICROPHONE DIDN'T WORK.

>> I'M ON THE SAC. I'LL DEFER TO PUBLIC COMMENT. THANKS AND GREAT JOB TO THE GROUP WORKING ON THIS. YOU HAVE DONE A GREAT SERVICE WITH THE PRIORITIZATION YOU HAVE DONE.

>> THANK YOU.

>> OTHER PUBLIC COMMENTS BY RAISING YOUR HAND OR WEBINAR CHAT OR Q&A? WE HAVE ANOTHER SAC MEMBER WITH HER HAND UP. I WANT TO WAIT ONE SECOND FOR PUBLIC OF THE 62 FOLKS WITH US, ANY OTHER COMMENTS TO SHARE? HEARING NONE, CHERYL BROWNE, YOU ARE UN-MUTED.

>> THANK YOU SO MUCH. ALL I WANTED TO DO, I WROTE MY COMMENTS IN THE COMMENT SECTION, BUT I WANTED TO SAY THANK YOU. YOU DID A GREAT JOB. AS A SAC MEMBER, I'M PROUD TO COME BACK AND LOOK AT THIS WITH THE SAC GROUP. THANK YOU VERY MUCH. IT WAS GREAT.

>> THANK YOU.

>> THAT'S A GREAT SEGUE, DEBBIE, NELSON, IF YOU CAN SCROLL UP, HER COMMENT -- IF YOU CAN SCROLL UP, PLEASE? MY GOODNESS, THERE ARE SO MANY COMMENTS. THERE IT IS. DEBBIE SAYS, I WANT TO SHARE MY DEEP GRATITUDE FOR THE WORK AND PARTNERSHIP THAT WENT INTO THIS PIECE OF WORK. I UNDERSTAND THERE ARE DIFFERING VIEWPOINTS. YOU ARE ABLE TO FIND THE INTERSECTIONS IN SHORT ORDER. HEART EMOJI, THUMB'S UP EMOJI. FIRST EMOJI PUBLIC COMMENT. CONGRATULATIONS. IF THERE ARE OTHER PUBLIC COMMENTS TO COME IN FOR A MINUTE, I'LL GO AHEAD AND SAY THAT THE MOST IMPORTANT NEXT STEP IS TO JOIN US MONDAY, MARCH 2ND, ALL DAY SAC MEETING WHERE THIS IS THE BULK OF THE AGENDA. AS ALWAYS IN PERSON AND ZOOM ARE THERE. THOSE OF YOU FROM SAC HAVE ADDITIONAL HOMEWORK FROM YOUR PEER. WE ARE ALMOST THERE. THE HOMEWORK SLIDE. COUPLE MORE. KEEP GOING. ONE MORE. THERE IT IS. JEANNIE WANTS TO KNOW, HAVING HEARD THIS GREAT PRESENTATION, SEEN THIS REPORT AND FLAVOR OF DISCUSSION, IF YOU CAN SEND HER TONIGHT WHAT YOU THINK ARE THE TOP OPPORTUNITIES FOR POLICYMAKERS TO ACT ON NOW. THAT'S A KICK STARTER FOR MONDAY. HIGHLIGHTED IN BLUE BY OUR AMAZING TECHNICAL TEAM NELSON AND ELLEN. THANK YOU SO MUCH. WITH THAT, HAVING NO FURTHER COMMENT, THANK YOU AGAIN TO ALL OF THE TEAM WORK AND HARD WORK AND LOOK FORWARD TO THE WORK TO COME. THANK YOU.