

**California Master Plan for Aging
Long-Term Services and Supports Subcommittee Meeting
July 17, 2020**

Captioners Transcript

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VERBATIM TRANSCRIPT, BUT RATHER REPRESENTS ONLY
THE CONTEXT OF THE CLASS OR MEETING, SUBJECT TO
THE INHERENT LIMITATIONS OF REALTIME CAPTIONING.
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GENERAL COMMUNICATION ACCESS AND AS SUCH THIS
DOCUMENT IS NOT SUITABLE, ACCEPTABLE, NOR IS IT
INTENDED FOR USE IN ANY TYPE OF LEGAL PROCEEDING.

>> WELCOME EVERYONE WE ARE NOW LIVE FOR
SECOND OUT OF THREE GOVERNMENT MASTER PLAN FOR

PAGING SUB COMMITTEE MEETINGS ABOUT THE LONG
TERM CARE AT HOME BENEFIT. I WOULD LIKE TO MAKE A
FRIENDLY REMINDER TO ALL OUR PANELISTS SO PLEASE
KEEP YOURSELF MUTED AS NOT SPEAKING. GO AHEAD
AND ADVANCE THE SLIDE PLEASE. TODAY'S WEBINAR IS
AVAILABLE BY PHONE AND INTERNET. CC ALL TODAY'S
MEETING POSTED TO MOST POST MASTER PLAN FOR

AGING AND DSA WEB PAGES INCLUDING THE
RECORDINGS. NEXT SLIDE, PLEASE.

WE'LL GO AHEAD AND SHARE THESE
INSTRUCTIONS WITH YOU AT THAT TIME. AND I DO WANT
TO LET YOU KNOW THAT WE HAVE TWO E-MAIL
ADDRESSES WHERE YOU CAN SUBMIT COMMENTS OR

FEEDBACK ON THE MEETING ONE IS L. T. C. AT HOME DOT

CD AND ENGAGE AT AGING CA.GOV E-MAIL INBOX. AND

WITH THAT I'M GOING TO AHEAD IT OFF TO CALIFORNIA

DEPARTMENT OF AGING KIM.

>> THANK YOU SO MUCH. I WILL WELCOME FEW

BRIEF AND TURN OVER TO COLLEAGUES AT DHCS. WE

WANT TO WELCOME YOU BACK HERE TO ADDRESS THE

ISSUE. WE EXTENDED THE MEETING TO TWO HOURS AND

EXTENDED STAKEHOLDERS TO ALMOST 40 BECAUSE WE

SO MUCH HAVE HEARD THAT THERE'S MORE LISTENING

AND DISCUSSION AND CONVERSATION TO BE HAD. WE

WANT TO, TO MAKE SURE WE HAVE TIME CONFIRM AND

DISCUSS VALUES AND OUR VISION AROUND ACCESS,

AROUND EQUITY, AROUND CHOICES FOR ALL

CALIFORNIAEANS. WE WANT TO BE SURE WE HAVE THE
TIME TO HAVE THE DISCUSSION TO LISTEN TO LEARN TO
LOOK FORWARD TO A BUILD FUTURE AND WE ALSO WANT
TO GIVE SPECIFICS. WE KNOW PEOPLE WANT MORE AND
THANK YOU FOR YOUR INPUT AND PATIENCE FOR US WITH

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ALL US JUGGLING SO MUCH RIGHT NOW.

LET US KNOW IF YOU'RE NOT SEEING THOSE
DOCUMENTS BUT THAT WILL BE HELPFUL AS WE HEAR
VERY BRIEFLY WITH ALL THEIR TREMENDOUS WORK WITH

SISTER DEPARTMENTS AND I UNDERSTAND VERY BRIEFLY
WITH UPDATE FROM TWO LEADERS AND THEN OPEN IT UP
TO STAKEHOLDERS AS WELL ADDS THE ENTIRE GROUP.

AND, OF COURSE, HAVE TIME FOR PUBLIC COMMENT.

I'M GETTING FROM A FEW PEOPLE WHO HOPING
TO HEAR FROM THAT ARE NOT IN. LET ME SEE IF WILL
HAS MADE IT IN. WILL, ARE YOU WITH US? NOT YET. J. R.

I THINK I'M GOING TO TURN TO YOU AND HOPE TO HEAR
FROM DISTRICT LIGHT BORN AS SOON AS HE IS WITH US.

>> THANK YOU SEW MUCH, KIM. AND HAPPY
FRIDAY TO EVERYBODY. NOTHING LIKE A TWO-HOUR
MEETING AT THE END OF FRIDAY TO ROLL INTO THE
WEEKEND SO APPRECIATE EVERYBODY'S TIME AND
ATTENTION ON SUCH IMPORTANT MATTER TODAY. FIRST

AND FOREMOST I APOLOGIZE I WASN'T ABLE TO BE AT
THE LAST MEETING I'M HAPPY TO BE HERE TODAY AND
HEAR FEEDBACK FROM SO MANY OF YOU ON THIS
IMPORTANT TOPIC. AS KIM MENTIONED WE HAVE ISSUED
A REVISED BENEFIT DESIGN DOCUMENT. IT WENT OUT
THIS MORNING UNDERSTANDABLE IF MANY OF YOU HAVE

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HAD A CHANCES TO REVIEW. I WILL HIGHLIGHT A COUPLE
THINGS THAT WERE ADDED ADDS SE I DO
WE ALSO ISSUED A CONTINUUM HIGHLIGHTING
THE MEDI-CAL HOME AND COMMUNITY BASE SERVICES

VARIOUS CONTINUUM SERVICES ACROSS THAT SO THAT
HASSLES BEEN POSTED ON MULTIPLE WEBSITE BOTH
DHSS AND MASTER PLAN AGING WEBSITE. SO
HOPEFULLY, PEOPLE HAVE HAD A CHANCE TO AT LEAST
GLANCE AT THOSE. AND I ALSO WANT TO EXTEND
DEPARTMENT'S APPRECIATION ON AD HOC'S. WE HAVE
HAD OVER A DOZEN. I THINK MAYBE TWO-DOZEN AT THIS
POINT MEETING CONVERSATION ON THIS TOPIC. IT
SHOWS THE IMPORTANCE OF THE TOPIC WE ARE HAVING
AS WELL AS ALL OF YOU WHO ARE PROVIDING SUCH
GREAT INPUT INTO THE DESIGN OF THIS POLICY WORK
MOVING FORWARD AND THE DEPARTMENT IS ENGAGING
WITH OTHER STATES WHO HAVE SIMILAR MODEL IN
PLACE SO WE CAN LEARN

FROM THEM AND SEE WHAT THAT MODEL WILL
LOOK LIKE SO IT CAN INFORM FUTURE DISCUSSION WITH
THIS GROUP AND INFORM OUR POLICY AS WE MOVE
FORWARD. I'M GOING TO DIG INTO SOME UP DATES
ALONG THE WAY AND THEN WE'LL BE ABLE TO TURN IT
OVER TO SUB COMMITTEE FOR THEIR UPDATE AS WELL.
THE INTENT BEHIND CARE AT HOME IS ABOUT PROVIDING

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ADDITIONAL ALONG WITH CONTINUUM FOR INDIVIDUALS
NEEDING MEDICAL AND DAILY LIVING AT HOME. WE SEE
THIS AS ADDITIONAL OPTION FOR BENEFICIARIES. WE

THINK ONE OF THE LARGEST ADVANTAGES OF LONG TERM CARE AT HOME IS REDUCING SOME BARRIERS THAT CAN EXIST WITH SOME PROGRAMS WHERE THERE ARE SEPARATE ENROLLMENT PROCESS OR SOMETIMES WAIT LISTS OR LACK OF AND IN SOME INSTANCES BUT NOT ALL SOME COMPLICATED FEDERAL REQUIREMENTS THAT CAN BE BOTH FOR BENEFICIARIES AS WELL AS FOR THE PROVIDER AND FEEL LIKE SOME OF THOSE BASED ON FEDERAL REGULATION, I KNOW MANY OF YOU ARE VERY FAMILIAR WITH. ONE OF THE QUESTIONS WE HAVE BEEN GIVING OVER ALL WHY 1959 WAIVER AND IT SPEAKS TO THE LAST POINT I MENTIONED WHERE WANTING CARE AT HOME WOULD BE MEDICARE STATE BENEFIT WHICH MEANS NO SEPARATE ENROLLMENT AND WAIT LISTS AND

IT WOULD BE AVAILABLE STATEWIDE. I THINK THOSE ARE
REALLY IMPORTANT THINGS TO KEEP IN PERSPECTIVE AS
WE'RE TALKING THROUGH THE BENEFITS OF LONG TERM
CARE AT HOME AND THE OPTION WE'RE EXPLORING.
GIVEN THAT, I WANTED TO START BEFORE WE GET INTO
THE SLIDES TO GIVE BACKGROUND. WE WILL TOUCH ON
THOSE LIGHTLY. WE'RE HOPING THE SUB COMMITTEE
HAS DUG INTO THIS.

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WE HAVE NEW STATE HOLDERS TODAY AND WE
KNOW MANY ENGAGING IN THIS AND I DON'T WANT TO

SPEND TOO MUCH TIME ON THAT. BUT I WANTED TO GIVE
EXAMPLE OF SOMEONE WHO COULD BE RECEIVING LONG
TERM CARE AT HOME TO FRAME IT FOR PEOPLE. WE
HAVE JANE DOE FOR EXAMPLE WHO'S RECEIVING IHSS
SERVICES IN HER HOME AND HAS FREQUENT SERVICES
AND EVENTUALLY JANE STARTS GOING TO C
SERVICE GETTING GREAT CARE AND enjoying
HER TIME. BUT OVER TIME JANE'S HEALTH CONTINUES TO
DECLINE AND THERE'S A DECISION THAT NEEDS TO BE
MADE BY THE FAMILY. AND THE DECISION IS SHOULD
JANE BE PUT INTO SKILLED NURSING COMMITTEE OR
SHOULD SHE GET ADDITIONAL SERVICES IN HER HOME
AND THE DECISION WOULD BE JANE WOULD
MOVE INTO DAUGHTER'S HOME WHERE SHE CONTINUES

TO GET IHSS SERVICES AND ALSO GETTING LONG TERM
CARE AT HOME SERVICES AND JANE REMAINS IN THOSE
SERVICES FOR TWO HOURS AND AFTER HER HEALTH
CONTINUES TO DECLINE THE TREATING PHYSICIAN
RECOMMENDS JANE GOES TO HOSPICE. THIS IS HOW WE
WANT TO START TALKING ABOUT LONG TERM CARE AT
HOME WITH COMMUNITY AND HOME BASED SERVICES.
ONE OF THE BIGGEST THINGS WE TRIED TO REVISE IN
THIS DOCUMENT IS THE INNER PLAY BETWEEN THIS

BENEFIT AND OTHER EXISTING HOME AND COMMUNITY

BASED SERVICES OR LTSS SERVICES AND
MEDI-CAL SERVICES. IN LONG TERM CARE AT
HOME MAY NOT BE THE BEST OPTION FOR A BENEFICIARY
OR FOR A PATIENT THAT IS WHAT WE WOULD BE RELYING
ON PARTNERS TO ACCESS AND MAKE SOME OF THOSE
DETERMINATIONS BUT WE REALLY WANTED TO START
TALKING ABOUT IT AND YOU'LL SEE MORE RESOURCE
DOCUMENT FROM US TO HELP PUT THAT INTO
PERSPECTIVE. THE OTHER THING THAT HIGHLIGHTS, YOU
KNOW, GIVEN THE EXAMPLE I JUST GAVE YOU AND THIS IS
BASED OFF THE FEEDBACK FROM THE LAST COMMITTEE
MEETING AND AS WELL AS ALL THE LETTERS AND AD HOC
WE HAD RECEIVED WE REALLY WANTED TO STEP BACK
AND TAKE YOUR FEEDBACK REGARDING THE LICENSING

WE HAD.

WE ARE WORKING CLOSELY WITH PARTNERS AT
PUBLIC HEALTH TO LOOK AT VARIOUS EXISTING
LICENSING OPPORTUNITIES TO SEE WHAT TYPES OF
PROVIDERS WOULD BE GOOD LONG TERM PROVIDERS
WITHIN EXISTING FRAMEWORKS WHERE DEPARTMENT
COULD SATISFY EXISTING TO MEET REQUIREMENTS OF
LONG TERM TO PROVIDE THAT BENEFIT. I THINK WE
THINK GOOD EXAMPLES WITH HOME HEALTH AGENCIES,
AND CTT PROVIDERS, AND HOSPICE AND HOSPITAL AND

AGENCIES THEMSELVES ARE ALL GOOD EXAMPLES OF

AND NOT THE EXHAUSTIVE LIST I JUST RATTLED OFF.

REALLY JUST WANTED TO FRAME THAT IN A

LARGER PICTURE FOR PEOPLE BASED ON FEEDBACK

WE'VE GOTTEN TO MAKE SURE PEOPLE ARE KIND OF

TRACKING THOSE INTERACTIONS AND THE EVOLVING

POLICY WE'VE BEEN WORKING ON. SO I THINK NOW WE

CAN KIND OF GOING ANY KNOW SOMEONE IS DICTATING

THE SLIDES

>> YEAH. LET'S PAUSE FOR A MINUTE BECAUSE

I THINK WE WERE ABLE TO GET WILL

>> YES. I WAS TECHNOLOGY CHALLENGED.

BUT THANK YOU. AND I'M HERE

>> WOULD YOU LIKE TO MAKE ANY OPENING

REMARKS

>> NO. I MEAN I THINK J. C. HAS BASICALLY
COVERED IT. I THINK THE KEY TO US IS SEEING THIS AS
PART OF THE CONTINUUM OF CARE LEVERAGING THE
EXISTING PARTS OF OPPOSITE CONTINUUM OF CARE AND
REALLY BRINGING TOGETHER AND COORDINATING IN A
WAY THE PUBLIC HAS SEEN US IN THE PAST SO WITH
THAT I'M LEAVING IN J. C.'S HANDS

>> GREAT. . IF WE CAN GO TO THE NEXT SLIDE
BECAUSE I THINK KIM ALREADY WALKED THROUGH THAT
PIECE. WE WANTED TO FRAME IT UP IN THAT CONTEXT. IT

WILL REFLECT SOME OF THE EDITS WE HAVE. I WILL
NOTE WITH REVISED BENEFIT PROPOSAL WE COULD NOT
GET TO ALL OF THE EDITS YET. A LOT OF FEEDBACK AND
THINGS WE'RE STILL CONSIDERING SO THIS IS THE NEXT
VERSION BUT IT WILL CONTINUE TO EVOLVED AND A LOT
OF PIECES I TRIED TO OPEN UP WITH WE'RE TRYING TO
THINK HOW WE DESCRIBE THE BENEFIT A LITTLE
DIFFERENTLY TO PEOPLE AROUND LEVERAGING ALL THE
GREAT EXPERTISE THAT ALREADY EXISTS OUT THERE
AND BUILDING ON THAT.

SO AS A QUICK RECAP, YOU KNOW, I THINK I'VE
GONE THROUGH MOST OF THESE ALREADY ON THIS
SLIDE. WE CAN PROBABLY GO TO THE NEXT ONE. IT'S

REALLY ABOUT IDENTIFYING ADDITIONAL CHOICES FOR
BENEFICIARY TO RECEIVE MEDICAL AND DAILY AND
SOCIAL SERVICES, SERVICES IN THEIR HOME AND THAT
INCLUDE INDIVIDUALS AND THE ONE PIECE WE WILL HAVE
IN NEXT IS ELIGIBILITY. WE ARE HEARING YOUR
FEEDBACK BUT THE HIGHER CONTEXT IS SOMEBODY IN A
SKILLED NURSING FACILITY WHO WOULD BE ABLE TO
TRANSITION WOULD BE ELIGIBLE FOR THIS, SOMEBODY IN
HOSPITAL BEING FOR SHORT TERM STAY. AND
THE BENEFIT IS A LITTLE BIT BROADER.
SOMETIMES THAT CAN MAKE IT LITTLE BIT HARD IN THE
CONTEXT WE HAVE TALKED ABOUT BECAUSE THAT

SHORT TERM NURSING FACILITY IS SLIGHTLY DIFFERENT

SO WE'RE WORKING THROUGH SOME OF THAT WITH

STAKEHOLDERS JUST SO THEY UNDERSTAND AND ONE

OF THE THINGS WE'LL HAVE TO HAVE FOR THIS IS A WELL

DEFINED ELIGIBILITY CATEGORY 1 OF THE THINGS THAT

THAT WED IN THE INTERIM TO GIVE SOME CONTEXT

ELIGIBILITY CATEGORY YOU COULD GET A FLAVOR FOR

WHO WE'RE TALKING ABOUT BUT THERE'S STILL LOTS OF

WORK TO BE DONE IN REGARDS TO THE ACTUAL

ELIGIBILITY PARAMETERS. NEXT SLIDE. SO I THINK THE

OTHER THING THAT WE HAVE HEARD SOME FEEDBACK ON

AND JUST WANTED TO KIND OF REEMPHASIZE HERE AND

I'M SURE MY TEAM EMPHASIZED THIS AT THE PREVIOUS
MEETING, YOU KNOW, LONG TERM CARE, EARLY COVID- 19
DISCUSSIONS. WE WERE
IN THE PROCESS OF LOOKING AT DID HE COME
PRESSING HOSPITALS, DID HE COME PRESSING
FACILITIES AND ONE OF THE IDEAS THAT WAS BEING
DISCUSSED WITH SKILLED NURSING FACILITY OR LONG
TERM CARE AT HOME AND IT IS SOMETHING THAT WE
CONTINUE TO TALK ABOUT TODAY AND I KNOW BOTH
TIMELINES HAVE BEEN DISCUSSED AS WELL AS KIND OF
THE DID HE COME PRESENTATION FROM LTSS SUB
COMMITTEE. BUT IT REALLY SPEAKS TO ONE OF THE
ITEMS HERE IN REGARDS TO HOW THIS ALL CAME ABOUT.

IT REALLY CAME ABOUT IN THE EARLY MONTHS, MONTH
MARCH AND APRIL AND MAY, DISCUSSING OPTION FOR
HOW TO DID HE COME PRESS. YOU'LL SEE THIS
REFLECTED IN OUR DOCUMENT. WE KNOW WE NEED TO
ENGAGE IN STAKEHOLDERS FEEDBACK. WE'RE
COMMITTED TO THAT. WE'RE COMMITTED WITH THE
LEGISLATURE AND WE WANT IT TO BE BUILT RIGHT.
HOPEFULLY, THE FUTURE IN LINE REALLY MOVING
FORWARD WITH THE STATE PLAN AMENDMENT BECAUSE
WE DO THINK FOR ALL THE TRANSITIONS THAT WE
TALKED ABOUT AND THE ONES LISTED IN OUR DOCUMENT

AS WELL.

SO I THINK WE TALKED ABOUT THESE. SORRY.

THESE SLIDES ARE A LITTLE -- FOR RECAP. NEXT SLIDE.

THIS WAS REALLY THE MAIN UP DATES THAT WE WANTED

TO GIVE EVERYONE TODAY. ONE OF THE BIGGEST

VISIONS IS AROUND THE LICENSE SURE REQUIREMENTS.

THE ORIGINAL PROPOSAL YOU WOULD SEE IN THE

TRAILER BILL. THE ORIGINAL THINKING WOULD BE TO

SEPARATE AND NEW LICENSING REQUIREMENT FOR LONG

TERM CARE AT HOME. BASED ON FEEDBACK TO REALLY

LEVERAGE AS I MENTIONED THE BEGINNING EXISTING

LICENSE SURE CATEGORIES AND PROVIDERS THAT WE

WOULD THEN CERTIFICATE TO MEET LONG TERM CARE

ENROLLMENT. ONCE ENROLLED IN THE MANAGED CARE

PLAN THEY WOULD HAVE TO BE A CONTRACT REDIRECT
PROVIDER.

YOU HAVE THAT REFLECTED IN THE UPDATED
DOCUMENT. WE TRY TO INCLUDE SOME EXAMPLES. WE
TRIED TO USE SOME EXAMPLES IN THAT DOCUMENT I
MENTIONED SOME AT THE BEGINNING OF THIS MEETING
REALLY TO MOVE THE CONVERSATION REGARDS TO THE
TYPES OF PROVIDER THAT WOULD BE MOST ABLE TO
CONVERT THEIR EXISTING OR EXPAND THEIR MODEL.
THEY ARE PROVIDING CASE SERVICES AND AS YOU SEE IN

THE DOCUMENT YOU CAN'T NECESSARILY OFFER CARE AT
HOME AND BE IN A PACE PLAN BUT A PACE
ORGANIZATION MAYBE PRIME PROVIDER THAT'S JUST
ONE EXAMPLE, YOU KNOW, FOR PEOPLE TO THINK ABOUT
THIS A LITTLE BIT DIFFERENTLY AS WE TRY TO UTILIZE
SUBJECT MATTER EXPERTISE AND PROVIDERS THAT HAVE
THAT EXPERTISE OUT THERE TO THINK ABOUT THIS
MODEL.

THE OTHER PIECE THAT YOU WILL SEE UPDATED
IN OUR DOCUMENT IS WE TRIED TO OUTLINE SOME OF THE
INTERACTIONS WITH PROGRAMS. WE HIGHLIGHTED IN
THE REVISED PROPOSAL WHEN YOU WOULD USE HOME
HEALTH SERVICE FOR EXAMPLE VERSUS A HOSPICE
SERVICE VERSUS LONG TERM CARE AT HOME WHERE YOU

CAN'T BE ENROLLED IN MULTIPLE PROJECTS OR

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PROGRAMS. YOU CAN'T BE IN A WAIVER AND ALSO LONG

TERM CARE AT HOME. WE HIGHLIGHTED THAT IN THE

DOCUMENT. HOPEFULLY THAT'S CLEAR AND OPEN TO

FEEDBACK FROM PEOPLE. MANY WERE FEDERAL

REQUIREMENTS AND RULES WE WON'T BE ABLE TO GET

AROUND.

WE ALSO UPDATED MEDICARE INTERACTIONS

BASED ON THE FIRST DOCUMENT THERE SEEMED TO BE

SOME CONFUSION WHETHER WE WERE COMMITTED TO

DUALS IN THIS PROCESS AND WE DO WANT LONG TERM
CARE AT HOME TO BE AVAILABLE. HOWEVER WE KNOW
THAT THAT'S ALSO A COMPLICATED POLICY AREA THAT
WE ARE STILL DIGGING INTO SO WE ARE LOOKING AT ALL
THE DIFFERENT TYPES OF INTERACTIONS THAT WOULD
TRIGGER HOW THIS WOULD WORK. WE ARE PARTNERING
WITH CNS ON THAT. AND THINK THEY WILL BE GOOD
PARTNER AS WE EXPLORE INTERACTIONS FOR
BENEFICIARY CONTRACTORS IN THIS PROGRAM.
WE HEARD FEEDBACK FROM PEOPLE IN HEALTH.
HOW TO ENSURE THAT THIS PROGRAM IS EQUABLE
ACROSS POPULATION ASK INDIVIDUALS WHICH IS SO WE
ARE EXPLORING AND GOT SOME FEEDBACK ACROSS
OPPORTUNITIES FOR ASSISTED LIVING AREAS FOR

ADDITIONAL SERVICES AND WE GOT A LOT OF COMMENTS

IN THAT PLACE.

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IT'S NOT REFLECTED IN OUR CURRENT
DOCUMENT BUT WE ARE DOING SOME SERIOUS IN THAT
AREA HOW DOES THAT WORK? WE WANT TO MAKE SURE
THAT INDIVIDUALS WHO DON'T HAVE HOUSING OPTIONS
TODAY STILL HAVE THE POTENTIAL TO UTILIZE
TRANSITIONS HOME THAT HAVE THE ABILITY TO HAVE A
HOME IN OUR REVISED DOCUMENT. AND LAST BUT NOT
LEAST I TOUCHED ON THE TIMELINE EARLIER. YOU SEE

HERE, CONTINUING ENGAGEMENT WITH ALL OF YOU THROUGH THIS PROCESS. WHAT THAT TIMELINE IS, I KIND OF TRIED TO EMPHASIZE WITH THE MOMENTUM THAT WE HAVE HEALTH EMERGENCY WE STILL WOULD LIKE TO MOVE A LITTLE FASTER THAN WE NORMALLY DO WHILE STAYING COMMITTED TO ENGAGING ALL OF YOU AND STAKEHOLDER PROCESS TO BUILD IT RIGHT.

NEXT SLIDE. SO THOSE WERE THE MAIN UPDATES I WANTED TO HIT. LET ME JUST PAUSE. . KIM, OR WILL, TO RECAP. I DIDN'T TOO MUCH OF THE BECAUSE SO MANY PEOPLE HAVE SEEN. I DON'T WANT THAT TO BE THE FOCUS. MORE FOCUS ON CLARIFYING PIECES THAT HAVE BEEN RAISED TO AS QUESTIONS AND THEN ONE MORE BEFORE YOU ANSWER THAT QUESTION. THE

OTHER UPDATE THAT WED OR QUESTIONS WE HAD
GOTTEN AROUND TRANSITION SERVICES. WE TRIED TO
MAKE IT REALLY CLEAR IN THE UPDATED DOCUMENT

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THEY ARE SEPARATE AND WOULD PROBABLY BE
PROVIDED BY A DIFFERENT PROVIDER THAN LTC
PROVIDERS. THERE MAY BE SOME THAT COULD DO BOTH
BUT WOULD BE BILLED SEPARATELY. BUT THE
TRANSITION SERVICE SOCIAL SECURITY REALLY ABOUT
THE PLACEMENT MODIFICATION. THERE'S NOT VERY
MANY PEOPLE THAT CAN DO THAT OR DO THAT WELL. WE

REALLY WANT SUBJECT MATTER EXPERTISE TO DO THAT.

NOT JUST SOMEONE COMING INTO THIS BLINDLY. THOSE

WOULD BE SEPARATE ELIGIBILITY. WE HAVE GOTTEN A

LOT OF QUESTIONS ABOUT THAT.

KIM OR WILL, ANYTHING ELSE YOU WOULD LIKE

TO ADD?

>> NO I THINK YOU COVERED IT WELL

>> WILL SAID WHAT I WAS GOING TO SAY. I

THINK WE WILL, WILL, I JUST WANT TO ACKNOWLEDGE

HOW MUCH WORK HAS GONE IN AND THANK COLLEAGUES

PARTICULARLY J. C. AND HER TEAM. THERE WAS A

CONCEPT PAPER A FEW WEEKS AGO AND GREAT

ADDITION TO SEE ANOTHER PROGRESSION FORWARD IN

DIALOGUE AND DETAIL SO THAT WILL CONTINUE, THAT

CYCLE WILL CONTINUE SO THANK YOU FOR ALL THE
HARD WORK FOR EVERYBODY HERE BUT PARTICULARLY
FOR J. C. AND THE TEAM THE LAST COUPLE WEEKS. I'M
GOING TO ASK FOR YOUR INDULGENCE HERE. WE HAVE

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INCREDIBLE LINE UP OF ABOUT 40 ESTEEMED PEOPLE.

SO TAKE A BREATHE AND LISTEN

>> START WITH LONG TERM SUB COMMITTEE

MEMBERS AND THEN MOVE ON TO STAKEHOLDERS. GO

AHEAD AND JUST SAY HERE IF YOU'RE HERE: AND IF YOU

ARE ON THE PHONE AND WE CAN MOVE YOU ONTO

PANELIST LIST. I

(ROLL TAKEN)

>> THAT IT IS EVERYBODY. THANK YOU.

>> THANK YOU ALL. SO WITH THAT WE WOULD

LIKE TO TURN THE DISCUSSION I UNDERSTAND FROM THE

COMMITTEE THAT THEY HAVE AN UPDATE AS WELL THAT

WILL BEGIN WITH ANA AC TON. SHE IS EXECUTIVE

DIRECTOR OF FREED THE INDEPENDENT LIVING CENTER

IN NEVADA COUNTY AND SO I WILL HAND IT OFF TO YOU.

>> THANK YOU SO MUCH, PAM AND THANK YOU

J. C. AND DEPARTMENT OF HEALTHCARE SERVICES. I'M

GOING TO START US OFF HERE AND REMIND US IT'S ALL

ABOUT THE PEOPLE AND COMMUNITY AND SYSTEMS
MUST BE DESIGNED AROUND PEOPLE. SO THE LEFT TURN
SS SUB COMMITTEE MEANS THAT MEANINGFUL CHANGE
CAN ONLY BE BROUGHT ABOUT BY DEGREES
ADDRESSING THE NEEDS. ACCESS TO MEDI-CAL CARE

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AND RELATED BUT IN THIS TIME OF COVID- WE'RE LIVING
AT INTERESTING TIME WE FEEL IT'S IMPORTANT TO
HIGHLIGHT THREE STORIES OF PEOPLE IMPACTED BY
COVID- AND RELIED ON HOME AND COMMUNITY BASED
SERVICES TO TRANSITION IN THE COMMUNITY OR REMAIN

IN THEIR HOMES. IN MEANINGFUL SYSTEM CHANGE
CANNOT DO AWAY WITH HOME AND COMMUNITY BASED
INFRASTRUCTURE BUT MUST INSTEAD BUILD UPON AND
INNOVATE IT TO MEET OUR NEEDS NOW. SO THREE
STORIES I'M GOING TO SHARE TODAY, REALLY HIGHLIGHT
SOME CORE PRINCIPLE. WE CANNOT ADDRESS THIS
CRISIS WITH A MEDICAL MODEL WE HAVE TO RELY ON
STRONG FOUNDATION OF HOME AND COMMUNITY BASED
SERVICES AND ESPECIALLY HOUSING. WE KEEP ON
HEARING THIS TIME AND TIME AGAIN ABOUT HOUSING BE
A CRITICAL FEES. WE MUST RELY ON PROVIDERS WHO
ARE EXPERIENCED AND KNOWLEDGEABLE OF THESE
SERVICES AND SUPPORT PERCENT WHAT THE
POPULATION NEEDS. CARE WITH FLEXIBILITY TO DESIGN

PLANS THAT MEET CONSUMERS INDIVIDUAL NEEDS. WE
ALSO KNOW IT TAKES TIME AND RESOURCES TO DO IT
RIGHT. WE CANNOT GET THROUGH THE PROCESS THAT
WE HAVE TO FOCUS ON PROVIDING HIGH QUALITY
WORKFORCE WHICH MEANS PAYING BETTER WAGES FOR
CARE PROVIDERS.

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I WANT TO MENTION THAT COVID- IS REALLY
EXACERBATING A LOT OF ISSUES EXISTED BEFORE AND
REALLY THE TRANSITION PIECE IS REALLY CRITICAL
DURING THIS TIME FOR PEOPLE. THE FIRST STORY I WANT

TO SHARE IS REALLY HIGHLIGHTING NURSING HOME
TRANSITION TO HOME TO REALLY SUPPORT QUALITY OF
LIFE AT THE END OF LIFE. DURING COVID- SALLY WENT
TO skilled NURSING FACILITY SHE RECEIVED HE HAS BEEN
AND HOSPICE CARE. THE CONSUMER WAS ALONE
WITHOUT SUPPORT FOR DECISIONS AND CARE AND
CHANGES IN TREATMENT PLAN, WITHOUT TRUSTED EYES
OF QUALITY OF CARE. THE JOY AND INCENTIVE THAT THE
WORLD OUTSIDE OFFERS WAS MISSING FOR HER.
HER SPOUSE WAS IN A STATE OF NOT KNOWING
WAITING BY A WINDOW IF THEY WOULD EVEN BRING HER
THAT DAY. HE COULD NOT SUPPORT DECISION PROCESS
AND DID NOT INTERACT WITH DAY-TO-DAY CAREGIVERS
THE CONSUMER BECAME DEPRESSED AND HER

PROGRESS STALLED. SHE WAS LONELY AND
DISCONNECTED FROM HER LIFE. THERE WAS NO DOUBT
THIS CONSUMER KNEW SHE WOULD NOT LIVE TO
RECOVER BUT IT WAS CLEAR SHE WANTED TO SPEND THE
TIME IN HER HOME SURROUNDED BY PEOPLE WHO
SHARED LOVE WITH HER.
ALONG WITH HOME HEALTH AND HOSPICE. WE

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WERE ABLE TO WORK WITH THE CONSUMER AND THE
FACILITY TO IDENTIFY HER NEEDS AND ACCESS EXISTING
FUNDING AND COMMUNITY SERVICES AND SUPPORT

INCLUDING HOSPITAL BEDS SHOWERS HOME
MODIFICATION HAD TO BE DONE QUICKLY WE TAPPED
INTO THE CALIFORNIA TRANSITION GRANT THAT
PROVIDED FUNDING HOME SET UP A WHEELCHAIR AND
TRANSITIONAL IN HOME CARE TO SUPPORT HER.
SHE WAS ABLE TO TRANSITION HOME. AND
WITHIN A COUPLE WEEKS SHE PASSED AWAY IN HER
HOME WITH PROMOTE CARE AND SUPPORT SURROUNDED
BY THOSE WHO LOVED HER AND SHE LOVED. AND THAT
IS THE STORY OF SOMEONE WE WORKED WITH AND
ACTUALLY A NEIGHBOR OF MINE AS WELL.
THE SECOND STORY I WANTED TO SHARE IS
SOMEONE WHO'S AT RISK OF LONG TERM INSTITUTION.
SHE IS SOMEONE WE HAVE TRANSITIONED IN THE

CALIFORNIA COMMUNITY PROGRAM. VERY WONDERFUL
ADVOCATE IN OUR COMMUNITY SINCE SHE'S
TRANSITIONED THERE. BUT DURING THE MONTH OF MAY
AND COVID- THINGS CHANGED. HER CARE PROVIDERS
STARTED TO DWINDLE WITH VERY MINIMAL SUPPORT SHE
STARTED STRUGGLING WITH DAILY ACTIVITIES OF LIVING.
THEY TOLD HER BECAUSE OF COVID- THEY WERE NOT
BRINGING NO NEW PROVIDERS TO REFER TO HER AT THAT

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TIME. FINALLY IN JUNE HER MAIN SUPPORT STAFF HAD

TO QUIT

DUE TO A FAMILY EMERGENCY AND IN RELATED
TO COVID-. WHEN THAT HAPPENED EXISTING PROVIDERS
WERE UNABLE TO MEET HER HOURS AND ENDED UP
GOING TO A HOSPITAL OUT OF DESPERATION TO TRY TO
GET SUPPORT. THERE WAS A SYSTEMIC SHORTAGE OF
CARE PROVIDERS AVAILABLE AND EVEN THROUGH
PRIVATE PAY AND SHE ENDED UP BACK IN NURSING HOME
JUST TO GET PERSONAL NEEDS MET DURING THIS TIME.
SHE WAS STRUGGLING BECAUSE OF COVID- AND ONCE
SHE GOT IN HOME.

AT THE BEGINNING OF JULY, WE WERE ABLE TO
ASSIST HER IN INTERVIEWING FOUR CARE PROVIDERS
WHILE SHE WAS IN THE NURSING HOME WHICH SHE HIRED
AND ABLE TO RETURN HER BACK TO THE COMMUNITY AN

AND INTO HER APARTMENT. THE THIRD STORY IS A STORY
AROUND LONG TERM NURSING HOME TRANSITION AND
TRYING TO GET PEOPLE IN THERE FOR AWHILE BACK INTO
THE COMMUNITY. AN'S BEEN IN THIS NURSING HOME AND
READY TO LIVE INDEPENDENTLY FOR SOME TIME BUT NO
RELATIVES OR FRIENDS. FREED ASSISTED HER IN
GETTING VOUCHER AND ARRANGING TO GET
CERTIFICATED BIRTH NEEDED. DUE TO COVID- SHE CAN
LEAVE THE NURSING HOME WITHOUT SPENDING 14 DAYS

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IN QUARANTINE.

THE PROCESS HAS SLOWED DOWN HER FOR
HER TO GET BIRTH CERTIFICATE AND SECURING HOUSING
IS EFFECTED BY COVID- 19 DUE TO THE QUARANTINE.
AVAILABLE APARTMENTS CAN BE VIEWED BY A STAFF
MEMBER, A VOLUNTEER AND IF LANDLORD HAS NOT
ACCEPTED THE VOUCHER IN THE PAST WORKING WITH
THAT LANDLORD TO ACCEPT THAT VOUCHER FOR HER.
SO THAT STORY IS STILL OUTSTANDING. WE'RE NOT SURE
HOW IT'S GOING TO END FOR HER AND WE'RE
CONTINUING TO SUPPORT HER. I KNOW THAT WAS A LOT
OF TIME

I THINK THESE ARE IMPORTANT STORIES TO
TELL AND MAKE SURE WE'RE ROOTING OUR
CONVERSATION AND SYSTEMS CHANGE AND THE PEOPLE

EFFECTED BY THIS. THANK YOU FOR THE OPPORTUNITY
TO BEGIN THE DISCUSSION FOCUSSED ON WHAT
MATTERS MOST, THE PEOPLE, AND NOT FORGETTING THE
ROLES. I LOOK FORWARD TO ENGAGE DISCUSSION AND I
KNOW I WILL ASK COLLEAGUE, CATHERINE PROVIDE LEFT
TURN SS SUB COMMITTEE STATEMENT.

>> THANKS SO MUCH, ANA FOR SHARING THOSE
STORIES WHICH TO ME IS ALSO IMPORTANT AND
POWERFUL BECAUSE IT'S WHY I THINK EVERYONE ON
THIS CALL DOES THE WORK THAT WE ALL DO SO THOSE

WERE COMPELLING AND SOMETIMES A LITTLE HARD TO
HEAR JUST THE PAIN THAT PEOPLE GO THROUGH. I WANT
TO THANK THE DEPARTMENT OF HEALTH CARE SERVICES
STAFF FOR THE WORK THAT YOU'VE DONE AND FOR THE
FRAMING THAT YOU DONE TODAY. AND FROM THAT I JUST
WANT TO START BY REFLECTING FOR A MOMENT BEFORE
I GO IN TO OUR PHYSICIAN STATEMENT WHAT I REALLY
THINK ARE NOW A SET OF SOME SHARED VALUES THAT
WILL HELP US AS WE'RE GOING FORWARD. AND THE
THINGS I HEARD

THAT ARE SHARED IS ONE, J. C. GAVE EXAMPLE
IN ADDITION, TO ANA'S WHICH IS WE SHOULD FOCUS ON
THE PEOPLE INVOLVED. WILL SPOKE TO THE
IMPORTANCE OF LEVERAGING EXISTING RESOURCES. I

THINK J. C. TALKED ABOUT WE WANT TO DO IT RIGHT.

AND THAT THERE'S ALSO AN INTEREST IN, YOU KNOW, WE

NEED TO ADDRESS THE IMMEDIATE NEED AND CRISIS

THAT WE'RE IN AND ENSURE THE SYSTEM IS EQUABLE.

SO I THINK THOSE PROVIDE COMMON FOUNDATION FOR

US AS WE'RE GOING FORWARD.

AND ON THE MINDS OF LONG TERM SERVICES

SUB COMMITTEE AS WE BEGIN A WAY TO APPROACH

MANY FETAL ALCOHOL SYNDROME SETS OF THE

PROPOSAL AND THE CURRENT CRISIS WE'RE IN. I WANT

TO SPEAK FOR A FEW MOMENTS TO THAT. I THINK YOU

WERE SENT A COPY OF OUR SHORT STATEMENT TODAY

THAT YOU CAN READ IN ITS ENTIRETY. WE REALLY

BELIEVE THAT WE NEED TO DO AS WE'RE THINKING

ABOUT THIS LONG TERM HOME CARE BENEFIT IS DO TWO

THINGS. WE NEED TO LOOK AT THE IMMEDIATE CRISIS

RESPONSE BECAUSE WE ARE -- WE SPOKE ABOUT HOW IN

APRIL AND MAY THIS WAS DISCUSSED AS SOMETHING

THAT NEEDED TO HAPPEN TO HELP PEOPLE MOVE FROM

LONG TERM FACILITY. BUT IF YOU LOOK AT DATA WE

WERE BACK TO WHERE WE WERE IN TERMS OF RISE OF

COVID- AND THAT MEANS WE NEED TO FOCUS ENERGY

AND TIME ON

WHAT CAN WE DO NOW AS WE'RE DEVELOPING

OTHER PROPOSALS. I'M GOING TALK A LITTLE MORE
ABOUT THAT CRISIS RESPONSE AND THE SECOND PIECE
IS PLANNING FOR MEANINGFUL LONG TERM CARE
BENEFIT. SO FOR US, THE IMMEDIATE CRISIS RESPONSE
REALLY MEANS AN OPPORTUNITY TO STEP BACK AND SAY
HOW CAN WE LEVERAGE EXISTING RESOURCES AND
ADDITIONAL FLEXIBILITY THAT THE FEDERAL
GOVERNMENT HAS ALLOWED STATES TO DO TO LOOK AT
WAYS THAT VERY QUICKLY WE CAN HELP PEOPLE MOVE
FROM NURSING FACILITIES OTHER CARE AFFILIATES
BACK TO THEIR HOME WITH THE APPROPRIATE KINDS OF
SUPPORT. I THINK IT IS

ALSO THE OPPORTUNITY IN THIS PERIOD OF TIME
TO THINK ABOUT THE EXISTING PROVIDERS OF SERVICES
AND FIGURE OUT HOW THEY CAN HAVE INCREASED
FLEXIBILITY TO PROVIDE SOME OF THE VERY THINGS
THAT WE'RE TALKING ABOUT AS PART OF THIS LONG
TERM CARE BENEFIT SO IT WILL HELP NOT ONLY
ADDRESS THE IMMEDIATE CRISIS BUT ALSO HELP INFORM
WHAT WE CAN DO IN TERMS OF MOVING FORWARD AS
WE'RE LOOKING FOR PROVIDE IS WE'LL BE ABLE TO
OFFER THAT LONG TERM CARE AT HOME BENEFIT. WE
LOOK THE STATE PUT TOGETHER A CHART THAT IS SOME
WHAT REMARKABLY AVAILABLE HERE'S WHAT EXISTS

AND HERE'S OVER LAPS AND WE'RE GOING TO DEVELOP

IF YOU LOOK AT PEOPLE THAT NEED TO MOVE FROM

HOSPITAL TO HOME WHO CAN PERFORM THAT SERVICE

SOMEONE WHO'S

IN SKILLED NURSING FACILITY WHO HAS NEEDS

AT HOME WHO CAN PROVIDE SERVICES AND WHAT

WOULD THAT LOOK LIKE? AND OUR COMMITMENT IS TO

FINISH THAT WORK BY THE END OF JULY AND HAVE A

PROPOSAL FOR THE NEXT STAKEHOLDER MEETING

WHERE WE CAN TALK ABOUT WHAT CAN WE DO NOW. I

THINK FOR US THE CRISIS REMAINS IN FRONT OF US. WE

ALL KNOW THAT PEOPLE IN NURSING HOMES DIE AT

HIGHER RATES THAN OTHER PEOPLE AND WE ALSO

KNOW OF THE DEVASTATING IMPACT THAT THOSE
DEATHS HAVE ON BLACK AND BROWN COMMUNITIES AND
IT IS INCUMBENT ON ALL OF US TO WORK HARD TO
ADDRESS THAT CRISIS.

AND THE SECOND PART IS TO LOOK AT WHAT
DOES A MEANINGFUL LONG TERM CARE BENEFIT AT
HOME LOOK LIKE? WHAT ARE THE COMPONENTS OF
THAT HAVE TO BE INCLUDED IN IT? I'M GRATEFUL FOR
ADDITIONAL WORK THAT THE STATE HAS DONE. I THINK
THERE'S MORE OPPORTUNITIES FOR US TO TALK ABOUT
NOT ONLY THE PRINCIPLES THAT SHOULD GUIDE THAT

BUT ALSO THE SPECIFICS AND SCOPE OF BENEFITS
MEDICAL AND HOME AND BASED SERVICE THAT SHOULD
BE AVAILABLE. AND, AGAIN, WE'RE GOING TO DO THAT
WORK BY END OF JULY TO PRESENT AT UPCOMING
MEETING. THOSE ARE TWO COMPONENTS THAT
LONG-TERM SUPPORT SERVICE WORKING ON. I WE LOOK
FORWARD TO CONTINUE TO WORK WITH ALL OF YOU.

>> THANK YOU, ANA AND CATHERINE AND
THANK YOU ALSO FOR GROUNDING US IN THE PEOPLE
AND THE VALUES AND COLLABORATING WITH US ALL THE
WAY THROUGH. I WANT TO THANK EVERYBODY FOR
MOVING QUICKLY TO CREATE TIME AND SPACE FOR THE
INVITED STAKEHOLDERS TO PROVIDE CONTENT. WE'RE

GOING TO CHANGE THE SCREEN A LITTLE BIT AND START

RAISING HANDS SO

SO WE CAN

>> THANK YOU KIM AND THANK YOU

STAKEHOLDERS I THINK IF YOU HAVE A COMMENT OR

QUESTION JUST GO AHEAD AND TOGGLE YOUR HAND YOU

CAN USE THE RAISED HAND ON YOUR AND IF YOU ARE

DIALLING IN BY PHONE I THINK WE HAVE A COUPLE YOU

WILL HIT START NINE AND THAT WILL RAISE YOUR HAND.

SO FIRST UP I THINK WE HAVE ELLEN. ELLEN, UNMUTE

YOURSELF AND GO AHEAD

>> GREAT. THANK YOU SO MUCH. VERY

INVIGORATING AND I HAD CHANCE TO READ THE UPDATE

AND I'M HIGHLY IMPRESSED BY A CHART. I THINK THIS IS

SOMETHING THAT'S VERY VALUABLE. MY QUESTION IS:

HOW MANY PEOPLE ARE WE TALKING ABOUT? FOR THIS

PROGRAM, DO YOU HAVE ANY SENSE OF THE SIZE OF THE

POPULATION THAT CAN BE SERVED AND HOW YOU WILL

MEASURE SUCCESS? HOW YOU WILL KNOW THE

PROGRAM IS SUCCESSFUL?

>> SO WE ARE STILL RUNNING DATA IN

REGARDS TO THE SIZE AND NUMBERS AND WE WILL NEED

TO DO THAT FOR FINANCIAL MODELING SO WE'RE STILL

DOING DATA SO I DON'T HAVE A NUMBER FOR YOU TODAY

BUT IN THE FUTURE HAPPY TO HAVE CONVERSATION.

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AND MEASURING SUCCESS IS GREAT FLAG FOR US.

WE'VE BEEN HEAD DOWN THINKING ABOUT THE

POLICY BUT HAVE TO BUILD THAT IN LIGHT OF THE

OUTCOMES AND PRINCIPLE THIS WE WANT TO ACHIEVE.

1915 C. WAIVERS WHERE WE LOOK AT MYRIAD

OF OUTCOMES THAT WE REPORT TO CMS AND THEY

DON'T ALSO REFLECT MAYBE WHAT WE'RE TRYING TO

SEE AS OUTCOMES AH SO I THINK COMMENTS FROM SO

MANY SUBJECT MATTER EXPERTS TO BE ABLE TO BRING

IN THOSE IDEAS AS WE START CONTINUE --

>> I'LL ADD ON OUTCOME OF COURSE, MASTER

PLAN WILL HAVE OUTCOMES INCLUDING INDEPENDENT
LIVING HEALTH AND WELL-BEING SO THIS WOULD BE ONE
OF THE DRIVERS POTENTIALLY OF THAT CONTINUED
EXPANSION OF LIVING AT HOME WITH THOSE WELLNESS

AND OUTCOMES

>> THANK YOU VERY MUCH. AMBER. YOU'RE UP

NEXT

>> HI THANK YOU SO MUCH FOR INCLUDING --

>> AFTER I FINISH MY QUESTIONS OR MAYBE J.

C. ACTUALLY FOR THE BENEFIT OF THOSE LISTENING,
WHO ARE NOT ON THE COMMITTEE JUST EXPLAIN WHAT

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DID HE COME PRESENTATION MEANS BECAUSE THAT'S
THE NOT A TERM THAT NORMAL PEOPLE USE UNLESS
THEY ARE PART OF THIS GROUP AND THAT'S A KEY TERM,
YOU KNOW, FOR ALL OF US TO UNDERSTAND. AND JUST
TO FOLLOW-UP ON WHAT ELLEN YOUR QUESTION ABOUT
HOW MANY PEOPLE. AND I THINK THAT IS A GOOD
QUESTION AND ALSO WHERE ARE THEY COMING FROM?
AND HOW ARE THEY TOUCHING OR NOT TOUCHING

COMMUNITIES OF COLOR WHEN WE TALK ABOUT EQUITY.

TO FOLLOW-UP ON THE OUTCOMES ISSUE TO MAKE SURE

WE'RE NOT MEASURING ALL THAT WHICH IS HIS

THEORETICALLY BEEN THE MEASUREMENT AND KIM I

THINK YOU'RE REFERENCING THE TOOLS WE TALKED

ABOUT SO THAT WOULD BE GOOD. IN THE OTHER STATES

J. C. YOU MENTIONED OTHER STATES HAVE TRIED THIS

MODEL OR OTHER STATES WERE GOING TO TRY IT. AND

IT WOULD BE INTERESTING TO KNOW WHAT STATES AND

WHERE ARE THEY IN TERMS OF MOVING FORWARD ON

THIS AND WHAT ACCESSES THAT I ACHIEVED AND SO

THAT WOULD BE GOOD FOR US TO KNOW. AND LASTLY

TWO MORE POINTS ON THE DEPARTMENT OF

DEPARTMENT SERVICE AND THIS COULD IMPACT PEOPLE

WITH DEVELOPMENT DISABILITY LIKE MY OLDER SISTER IF

SHE WAS STILL ALIVE HOW MUCH HAS SHE BEEN

ENGAGED WORKING WITH YOU. THERE'S A PROVIDER

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NETWORK THAT COULD BE USEFUL TOOL IN TERMS OF

ACCESSING NOSE PROVIDERS AS A POTENTIAL NETWORK

OF PROVIDER. AND LASTLY, TO FOLLOW-UP CATHERINE'S

POINT

ON ISSUE OF EMERGENCY RESPONSE -- WELL

RESPONSE TO EMERGENCY WE'RE FACING NOW AND

UNDER SCORE WE ALL FEEL WE DID NOTHING THAT

UNDERMINES OUR ABILITY TO RESPOND IN THE COMING
MONTHS AND THE COMING YEAR. AND ALSO THANK YOU
J. C. AND TEAM AND EVERYBODY ELSE ALL OF US FOR
WORKING TOGETHER ON THIS TO TRY AND FIND
SOLUTIONS. THANK YOU. AND SO THERE'S SOME
QUESTIONS IN THERE ACTUALLY TOO.

>> THERE WERE QUITE A FEW QUESTIONS. I'LL
TRY TO HIT THEM. I WAS TYPING A FEW AS WE WENT JUST
TO MAKE SURE WE COULD TOUCH

>> IT WAS LIKE A WHITE HOUSE BRIEFING
TRYING TO GET IT ALL IN.

>> YEAH. I'LL TRY TO GO QUICKLY SO JUST SO
OTHERS CAN GET THEIR COMMENTS. FROM A DID HE
COME PRESENTATION WITH THE OUT BREAK OF COVID-

CASES THAT WE'RE SEEING IS IN SOME skilled NURSING
FACILITIES HAVING OPPORTUNITIES FOR INDIVIDUALS TO
BE RELOCATED FROM THE SKILLED NURSING FACILITY TO
ANOTHER OPTION GOING HOME WITH ADDITIONAL

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SERVICES FOR THEM. THAT'S WHAT WE MEAN IN
REGARDS TO SOME OF THOSE COMMENTS. WHERE
THOSE PEOPLE COMING FROM? COMING FROM HOME
EITHER AVOIDING HOSPITALIZATION, COMING FROM skilled
NURSING FACILITY IF THEY CAN SAFELY RESIDE IN THEIR
HOME THERE ARE GOING TO BE A LOT OF PEOPLE THAT

NEED SKILLED NURSING FACILITY THIS WILL NOT FIT FOR
EVERYONE IT IS JUST A CHOICE. AND FROM HOSPITALS A
DISCHARGE OPTION FOR INDIVIDUALS TO CONSIDER AS
THEY ARE MAKING DECISIONS FOR THEIR LOVED ONES SO
THAT'S WHERE THEY WILL COME FROM. AND DATA WISE
BECAUSE WE RUN A HANDFUL A LOT OF 1915 C. WAIVERS
WE HAVE QUITE A BIT OF DATA. . OTHER STATES
CURRENTLY TRACKING NEW YORK, MASSACHUSETTS,
ASK A FEW OTHERS SLIPPING MY MIND. WE ARE GOING
TO BE REACHING OUT AND HAVING CONVERSATION SO
WE CAN LEARN WHAT THEY'VE DONE AND INFORM OUR
MODEL. I HOPE I HIT ALL YOUR QUESTIONS AND I
APOLOGIZE IF I MISSED ONE. BUT WE CAN ALSO WRAP

BACK

>>

>> WE ARE WORKING WITH CALIFORNIA

DEPARTMENT DISABILITY ON THE BACK END THEY ARE

PART OF INTERNAL WORK GROUPS TO INFORM OUR

POLICY AS WELL. THANK YOU, KIM

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>> AND MARTY I WANTED TO THANK YOU FOR

CALLING US YOU'RE RIGHT DID HE COME PRESENTATION

WE'RE TALKING ABOUT REDUCING CASES OF COVID- IN

NURSING HOME AND THIS IS ONE STRATEGY IN THAT

APPROACH. THE OPERATORS CRAIG HAVE OTHERS IN

PROCESS WOULD COMMEND A NEW -- WITH 30
RECOMMENDATION AND THE SECRETARY IS BRIEFED ON
THAT AS WELL.

>> THANK YOU OUR NEXT COMMENT WILL BE
FROM DONNA. GO AHEAD AND UNMUTE
>> THANK YOU. THANK YOU SO MUCH FOR THE
UPDATE. WE ONLY GOT TO LOOK AT IT CURSORY. ONE
THING I YOU HAVE QUESTION HOW YOU WILL BRING THE
UNPAID FAMILY CAREGIVER INTO THE FOREGROUND
WHEN THEY'VE BEEN RIGHT NOW IN THE BACKGROUND
OF ANYTHING THAT I LOOKED AT SO FAR IT JUST LIGHTLY
TOUCHES ON THE FACT THAT FAMILY MEMBERS WILL BE
TALKED TO. BUT ONE OF THE THINGS WE FIND AND I
DON'T THINK THIS IS GOING TO CHANGE AS PEOPLE GO

FROM HOSPITAL TO HOME USUALLY THE BULK IS DONE
BY UNPAID FAMILY CAREGIVER AND IF WE DON'T BRING
THEM IN SOONER OR ACCESS THEM SEPARATELY WE
HAVE PROBLEMS AND I DON'T SEE THAT REALLY WELL
ARTICULATED IN THE DOCUMENT NOR DO I SEE
COLLABORATION WITH THE STATEWIDE RESOURCE

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CENTER SYSTEM. SO HOW WILL THOSE BE ADDRESSED

>> SURE. THANK YOU FOR THAT FEEDBACK.

CAREGIVERS WHEN THERE IS A CAREGIVER IN THE HOME
WITH THE INDIVIDUAL IT'S GOING TO VERY VARY AND THE

CRITICAL AS WE ARE EVALUATING THE INDIVIDUAL TO
RESIDE AND CONTINUE RESIDE THERE IN THEIR CAPACITY
BECAUSE OFTENTIMES CAN SEEM LIKE A GOOD IDEA AND
BECOME OVER WHELMED FOR THE CAREGIVER. ONE
THING WE HAVE LISTED, WE WOULD BE HAPPY TO
ENGAGE WITH PEOPLE WHAT THAT LOOKS LIKE AND

WHAT THAT IS,

>> NEXT WE'VE GOT JEANNIE.

>> HI THIS IS JEANNIE PARKER MARTIN. I WANT
TO THANK STACY AND KIM WITH YOUR GREAT
PARTNERSHIP WITH ALL OF US AND ASKING AND
INTEGRATING FEEDBACK AFTER THESE TYPES OF CALLS
SO THANK YOU AND THIS PRESENTATION SO FAR IS
REALLY HELPFUL TO HEAR SOME ADVANCED THINKING

AND WHERE WE'RE GOING. I WANT TO ASK OR MAKE TWO
COMMENTS AND QUESTIONS. YOU HEARD FROM ANA'S
GREAT STORY A WHILE AGO WHEN SHE GAVE THREE
STORIES VERY DIFFERENT SITUATIONS OF INDIVIDUALS
WHO WERE IN SOME LEVEL OF A TRANSITION. ONE AS
HOPE THAT WE ALL HAVE FOR NEW BENEFIT IT'S LESS
FRAGMENT AND INTEGRATED MOVING FORWARD. SO

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BECAUSE WE'RE DEALING WITH COVID- AND NEW BENEFIT
AND INTENDED TO BE LONG LASTING HOW WILL THAT BE
ACCOMPLISHED IF YOU KNOW OR WHAT ARE SOME EARLY

THOUGHTS ON INTEGRATION AND NOT MAKING THIS AS
JUST ANOTHER OPTION IS SOMEONE IS CONTEMPLATING
HOSPITAL DISCHARGE TRANSITION FROM NURSING HOME,
SO THAT'S ONE QUESTION THAT I HAVE. AND THEN THE
OTHER QUESTION THAT CAME UP AS YOU WERE TALKING
EARLIER RELATES TO THE OTHER PROVIDER TYPES. IF I
AM ELIGIBLE FOR LONG TERM CARE AT HOME BENEFIT,
CAN I SIMULTANEOUS RECEIVE SERVICES ON MEDICARE
MEDI-CAL HOME HEALTH BENEFIT OR MEDICARE OR
MEDI-CAL HOSPICE CARE IN CALIFORNIA?
SOMEBODY MAY HAVE NEEDS GREATER THAN
WHAT THOSE TWO BENEFITS PROVIDE IN ORDER TO
RECEIVE SERVICE AT HOME AND I WAS CONFUSED WHEN
YOU WERE COMMENTING ON THOSE EARLIER. THIS IS

JUST ANOTHER OPTION FOR DISCHARGE HOW DOES IT
MAKE LESS COMPLICATED, LESS FRAGMENTED HOW DO
THEY INTEGRATE TOGETHER. SO THOSE ARE MY TWO

QUESTIONS

>> SURE. ON THE INTEGRATED PIECE I THINK
THAT'S ONE OF THE PIECES WE'RE TRYING TO THINK
THROUGH. WHAT WE'RE HOPING TO SEE IS THAT IT IS A
BENEFIT THAT IS AVAILABLE TO MEDI-CAL BENEFICIARIES

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ALONG THE CONTINUUM. AS CHANGES AND AS LEVEL OF
CARE GETS TO A POINT WHERE THEY NEED THESE

ADDITIONAL SERVICES THEY WOULD BE ABLE TO GET
BUNDLED SERVICES THROUGH HOME CARE WHICH IS
BEGINNINGS OF MEDICAL THERAPY AND SERVICES.
WHETHER THAT PERSONAL CARE SERVICE OR OTHER
TYPE OF SERVICES THEY WOULD NEED BUT BEING
PROVIDED BY ONE PROVIDER ORGANIZATION, AND NOT
HAVING TO PIECEMEAL IT TOGETHER 6789AL
ALLOWING FOR A TREATING PHYSICIAN TO SAY
WELL WE'VE PROVIDE SOME SERVICE PERIODICALLY BUT
WE'RE YOU NEED ADDITIONAL SERVICES YOU NEED HELP
DAILY ACTIVITIES, MAYBE MEDICAL APPOINTMENT IN THE
HOME. WE'RE GOING TO PUT IN REFERRAL TO MANAGED
CARE PLAN AND THEN LONG TERM CARE WOULD YOU BE
ABLE TO PROVIDE AND THEN AT SOME POINT IT EVOLVES

TO A POINT WHERE NOW IT'S CLOSER TO END OF LIFE
AND WE'LL PUT IN REFERRAL TO TRANSITION. I THINK
WE'RE STARTING TO DRAW THOSE THINGS OUT. WE CAN
THINK ABOUT WARM HAND OFF AS PEOPLE DISEASE
EVOLVED AND THE NECESSARY LEVEL OF CARE NEEDED.
SOME CASES SOME MAY BE ACUTE OR MAY NOT
BE AVAILABLE. THERE MAY BE OTHER OPTIONS FOR
FAMILIES TO GO HOME. WHAT WE ARE SAYING WE HAD
SOME INITIAL CONVERSATION WE DO HAVE TO AS WE

SUBMIT FORWARD THINK ABOUT THE DUPLICATION OF

SERVICES. YOU MAY NOT HAVE HAD A CHANCE TO LOOK
AT CONTINUUM DOCUMENT. WE TRIED TO OUTLINE, I'M
SURE WE MISSED ONE. WE WANTED TO BE AS
COMPREHENSIVE AS WE COULD. WHERE THERE'S OVER
LAP IN THE SERVICES PROVIDED IN THE OTHER SERVICES
WHERE SOMEONE WOULD NOT BE ABLE TO BE ON
HOSPICE AND BOTH AS PER DIEM WITH THE SAME
SERVICE YOU CAN'T DUPLICATE THERE. WE WILL HAVE
TO THINK THROUGH THOSE.

FEEDBACK FROM PEOPLE IS HELPFUL FOR US

TO THINK THREW AS WE DEVELOP POLICY

>> GREAT. THANK YOU SO MUCH J. C.

>> I HOPE THE SUB COMMITTEE WILL ALLOW ME.

I ASKED MARIA TO HELP -- YOU MAY BE SKIPPED BUT

THINK THAT LEAVES BRIANNA NEXT.

>> ALL RIGHT. THANK YOU. GOOD AFTERNOON.

SEEING THAT THERE'S 4 50 SOMETHING PEOPLE

LISTENING. I'M BRIANNA. THAT'S MEDICARE -- JUST

BRIEFLY J. C. HIGH-LEVEL COMMENT AND TWO

QUESTIONS WITH NOT REALLY EXPECTATION AS

ANSWERABLE NOW BUT PLACING IT ON THE RADAR.

HIGH-LEVEL, YOU KNOW, MANY LOCAL PLANS ARE DOING

SOME OF THOSE SERVICES AND PROGRAMS TODAY EVEN

THOUGH NOT A BENEFIT. I THINK FOLKS ARE WELL

AWARE THAT PLANS DO THIS. THEY ARE USING OTHER
RESOURCES. A LOT OF EXCITEMENT TO TURN THIS INTO A
BENEFIT SO WE CAN SEE IT MORE BROADLY. BECAUSE
IT'S A BENEFIT LOTS OF DIMENSIONS TO IT. LOTS OF
QUESTIONS, WHO, WHAT, WHEN, HOW AND? PAGES OF
QUESTIONS. WE SEE THAT PART AND WE GET EXCITED.
IT'S A REMINDER WE NEED A CHART TO UNDERSTAND THE
SYSTEM. WHILE WE REALLY LOVE TO HAVE IN FRONT IS
DISHEARTENING WE NEED CHART TO UNDERSTAND THE
SYSTEM. SO THIS HIGH-LEVEL AGREE WITH THE
SENTIMENT THE FOCUS ON PHRASE OF DID HE COME
PRESENTATION AND TALKING TO PLANS IN TERMS OF
WHAT THEY ARE DOING TODAY. SEEMS TO BE SOME
CONSENSUS AROUND THAT AND PRIORITY. WHEN YOU'RE

LOOKING AT EXISTING SOURCE AND OPERATION OUT
THERE AT LEAST IN THE MANAGED CARE THE AVOIDANCE
OF THE SHORT TERM STAYS.

THE WRAP AROUND OF THIS SOCIAL SERVICES
AND SUPPORTS. HIGH-LEVEL SENTIMENTS REALLY
EXCITED, SOME QUESTIONS, BUT FOCUSING ON THE BIG
FRAMEWORK PICTURE. SO WITH THAT, TWO QUESTIONS.
OBSERVATIONS WHICH WE'RE REALLY WONDERING WHAT
WE MEAN BY HOME AND I THINK A LOT OF PEOPLE HAVE
THAT SAME QUESTION. AND I DID LOOK AT THE REVISED
PAPER. I'M NOT SURE IT'S IN THERE. AND MAYBE IT'S NOT

THAT AND JUST REFLECTING THAT WE'RE ALL
RECOGNIZING THAT WITH THIS POPULATION THERE'S NOT
HOME OR MAYBE IT'S DIFFERENT PLACE. AND THE OTHER
PIECE, SO MANY QUESTIONS AND ANSWER WE HAVE DO
DEPEND ON WHAT THE POPULATIONS ARE. SO LOOKING
FORWARD TO IDENTIFYING A LITTLE MORE WHAT
POPULATIONS SERVED. AS YOU KNOW MANAGED CARE IS
FOREIGN OR UNFORTUNATELY LONG TERM CARE IS NOT
COVERED IN ALL OF MANAGED CARE. THAT'S SOMETHING
CAL AIM WAS GOING TO ACCOMPLISH. SO THERE'S KNEW
ANSWERS THERE THAT COULD BE ADDRESSED WHEN
IDENTIFYING THE POPULATION. THANK YOU I THINK
THAT'S IT. WE'RE EXCITED TO WORK ON IT.

>> THANKS WE LOOK FORWARD TO CONTINUE
TO WORK AND ESPECIALLY WITH ALL THE EXPERIENCE
AND CCI PLANS DOING A LOT OF GREAT WORK FOR A
LONG TIME. IN THE HOME IS STILL A LITTLE VAGUE RIGHT
NOW. WE ARE LOOKING AT A LOT OF THINGS. IT IS
COMPLICATED AS YOU CAN IMAGINE. WE WANT TO MAKE
SURE WE ARE BEING THOUGHTFUL. WE ARE REALLY
THINKING THROUGH SOME OF THE SERVICES WHETHER
ASSISTED LIVING ETCETERA. I THINK WE'RE STILL
THINKING THROUGH THAT IT IS VAGUE BUT THERE'S NOTE
SAYS IT'S OUT FOR THIS VERSION BUT WE ARE LOOKING
AND EXPAND AND WE GOT LETTER THINKING BROADLY

WHAT IS THE DEFINITION OF HOME. WHEN IT COMES TO
THE POPULATIONS, IT WASN'T PRIMED FOR THIS VERSION.

WHEN IT COMES TO ELIGIBILITY AND POPULATIONS.

WHAT I WOULD SAY IS LOOK FORWARD TO ENGAGING
WITH PEOPLE ON THAT IN THE FUTURE AND WE WILL PUT

MORE DETAIL THERE OTHER THAN THE HIGH-LEVEL

BUCKETS WE HAVE RIGHT NOW JUST NURSE LEVEL OF
CARE. WE WILL HAVE TO HAVE FOR THE SUBMISSION AND

THEN POINT TO YOUR PIECE AS MANY OF YOU KNOW A
LOT OF COMPONENTS IN THIS PROPOSAL WERE COVERED

UNDER CAL AIM. INTERACTION OF WHAT THAT LOOKS

LIKE AND HOW WE CAN LEVERAGE AND THAT WILL BE IN

FUTURE IT RATIONS.

>> AND NEXT WE HAVE KIM LOUIS.

>> HI, KIM LOUIS FROM NATIONAL HEALTH LAW

PROGRAM. I WANT TO THANK DETECTIVE AGING FOR THE

PRESENTATION AND HAVING THIS CONVERSATION I THINK

IT'S REALLY IMPORTANT AND I WANT TO UNDER SCORE

COMMENTS I THINK MADE EARLIER ON SUB COMMITTEE

ON LONG TERM SERVICE AND SUPPORT ON A MODEL -- I

THINK A LOT OF WHAT WE SEE WHEN WE DO A MORE

MEDICAL MODEL MORE NARROW FOCUSSING ON NEEDS

MEET PEOPLE HOLISTIC AND MEETING SOCIAL NEEDS

FOR HOUSING AND WHETHER THEY ARE COVERED UNDER

THIS BENEFIT OR NOT I THINK ARE CRITICAL FOR THEIR

SUCCESS. I LOOK FORWARD SEEING YOUR PROPOSAL
FROM YOU ALL. A COUPLE THINGS TO MAKE
OBSERVATION. THE 19 BENEFIT IS BROADER THAN 1915
WAIVERS AND OFFICER OPPORTUNITIES IN TWO
RESPECTS THAT WE SHOULD BE THINKING ABOUT. ONE
IS THAT IT DOESN'T LIMIT THE POPULATION, A TARGET
POPULATION WHERE YOU MIGHT HAVE VERY NARROW
GROUP THAT YOU'RE SERVING, WHETHER HIGH IN
MEDICAL NEEDS AND BUILDING A WAIT LIST AROUND IT
AND ALSO NARROW IN THE SCOPE AND FOCUS
OF THE PROGRAM. THAT'S AN OPPORTUNITY AS WELL AS

A CHALLENGE BECAUSE THEN THE STATE HAS TO REALLY
THINK ABOUT WHO'S THE TARGET OF THIS SERVICE AND
NOT EVERYONE'S NEEDS ARE SAME. PEOPLE WITH MORE
HIGH END MEDICAL NEEDS PEOPLE WITH DEVELOPMENT
DISABILITIES. IF WE'RE GOING TO TRY AND OPEN THIS
BENEFIT UP, WE REALLY NEED TO TAILOR THOSE
SERVICE TO MEET NEEDS OF THOSE INDIVIDUALS. SO
THAT'S A CHALLENGE IN TERMS OF MAKING IT BROADLY
AVAILABLE BUT RELEVANT FOR INDIVIDUALS AND BE
INDIVIDUALLY DRIVEN. ANOTHER THING THAT'S AN
OPPORTUNITY IS, THE STATE PLAN AMENDMENT ALSO
MEANS YOU DON'T HAVE TO MEET INSTITUTIONAL
CRITERIA TO GET BENEFIT. AND I THINK THAT'S
SOMETHING ISN'T THE FOCUS OF THIS CONVERSATION

IN ORDER TO AVOID INSTITUTIONIZING WE WANT
TO SERVE PEOPLE BEFORE THEY GET TO THE
INSTITUTION LEVEL AND NOW WE'RE GOING TO SERVE
THEM AT HOME. I THINK THE OPPORTUNITY TO BROADEN
THAT AND I THINK THAT'S THE PURPOSE SO IT ISN'T JUST
WHEN YOU NEED INSTITUTION CRITERIA SO I THINK HOW
WE CAN BUILD BACKWARDS FROM THE NURSING FACILITY
OR INSTITUTION PLACEMENT SINCE YOU'RE NOT GOING
TO FOCUS ON ABOUT COMMUNITY SETTINGS. THOSE ARE
ALL PLACES AND POPULATIONS THAT COULD BE SERVED

BY THE I WAIVER. I THINK IT'S SOMETHING TO BE
THOUGHT THROUGH. AND IN TERMS OF ASSESSMENT
AND ELIGIBILITY. I SAW INFORMATION IN PROPOSAL
ABOUT ASSESSMENT AND THERE'S NO TALK ABOUT
ELIGIBILITY. HAVING ASSESSMENT OF INDIVIDUAL NEEDS
IS NOT SAME AS DETERMINING ELIGIBILITY FOR THE
PROGRAM.

THAT'S GOING TO BE ABOUT WHO GETS IN AND
WHO DOESN'T GET IN WHEN YOU HAVE LIMITED BENEFIT.
SO THAT'S CRITICAL AND I THINK THAT'S SOMETHING TO
BE THOUGHT THROUGH HERE. AND FINALLY YOU
TOUCHED ON A LITTLE BIT, BUT INTENSIVE CARE ASPECTS
NOT ON JUST MEDICAL NEEDS BUT EITHER MANAGED
CARE PLANS RESPONSIBILITY OR SOCIAL SERVICE OR

MANAGED CARE MENTAL HEALTH PLANS IF THEY NEED

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BEHAVIOR SERVICE. S.

HOW ARE THOSE SERVICES TO BE

COORDINATED BY NOT ONLY IHSS BUT OTHER SYSTEMS

WHERE THE NEEDS ARE GOING TO BE THERE. I'M GLAD

YOU'RE THINKING ABOUT ENHANCED CARE

COORDINATION BECAUSE THAT WAS TIME SPENT ON CAL

AIM. . I THINK THOSE ARE THINGS TO THINK THROUGH

AND EXCITED ABOUT THIS BENEFIT BUT HOW DO WE BE

SUCCESSFUL IN MAKING THIS WORK AND ACTUALLY

SERVING INDIVIDUAL NEEDS AND FAMILIES THAT WE'RE

TARGETING. THANKS

>> THANKS KIM. I WON'T NECESSARILY

RESPOND TO ALL THE DIFFERENT PIECES BUT I THINK

THEY ARE ALL IMPORTANT AND WHY YOU PROBABLY

HAVEN'T SEEN US COME OUT WITH ELIGIBILITY OR

DEFINED TARGET POPULATION OTHER THAN THE VERY

HIGH-LEVEL PIECES IN THE PROPOSAL BECAUSE IT'S

REALLY COMPLEX AND BECAUSE STATEWIDE AND

BECAUSE IT IS OUTSIDE OF JUST INSTITUTION LEVEL OF

CARE WHICH IS MOST OF THE WAIVERS BECAUSE OF THE

REQUIREMENT AND WE'RE TRYING TO BE THOUGHTFUL

THERE AND THOUGHTS OR FEEDBACK IT IS SOMETHING

PEOPLE SUBMITTED COMMENTS WE WANT MORE

INFORMATION ABOUT THIS ITEM. AS WE CONTINUE TO
ENGAGE PEOPLE ESPECIALLY WITH AD HOC WHAT IS THE

41

NEED. THE BENEFIT HAS TO EVOLVED OVER TIME. I
THINK WE WOULD LIKE TO HEAR FROM PEOPLE, WHAT
ARE MOST PRESSING NEEDS. THE EYE OF BEING OUTSIDE
OF JUST INSTITUTION LEVEL OF CARE. WHAT DOES THAT
LOOKS LIKE? TO MAKE SURE WE CONTINUE TO BE
PRUDENT WITH OUR DOLLARS AND ALSO MAKE SURE WE
ARE AVOIDING. ADVANTAGE TO AVOID INSTITUTION AND
THAT LEVEL OF CARE WHEN AND IF POSSIBLE SO THANK

YOU FOR YOUR THOUGHTFUL COMMENT

>> I'M GOING TO POINT OUT WE HAVE TEN

MEMBERS THAT WOULD LIKE TO MAKE COMMENTS TO

TRY TO HAVE THE EXCHANGE BE ABOUT TWO MINUTES

BUT WE DO WANT TO HEAR FROM A LOT OF VOICES. I DO

BELIEVE DENIECE.

>> HI THANK YOU FOR INVITING ME TO BE HERE

TODAY. WE HAVE M S PROGRAM AND MS ASSOCIATION.

MY FIRST ONE IS EASY ONE. ARE WE STILL TARGETED TO

HAVE ALL THIS WRAPPED UP BY JANUARY BECAUSE AS

WE'RE HEARING THERE'S SO MANY QUESTIONS THAN

THERE ARE ANSWER AND THIS IS GREAT

SO QUESTION NUMBER 1 IS TIMELINE. I KNOW

YOU GUYS WERE HOPING TO WRAP UP THIS MONTH.

QUESTION NUMBER 2 LOOKING AT VENN NEAT TODAY I
CAN EASILY MAP OUT PROGRAMS THAT MMSP MANAGED
AND COORDINATED AND ALL OF THEM THAT ALREADY DO

42

THE COORDINATION AND I HEARD YOU TALK ABOUT THIS
NEW BENEFIT WOULD BE BRINGING EVERYTHING UNDER
ONE ROOF. FINDING ALL OF THAT STUFF TOGETHER IS
REALLY HARD. I'M GOING TO POSE THE QUESTION
DIFFERENTLY. SET ASIDE THE FUNDING, THE C'S AND I'S
EVERYTHING. HOW IS LTC AT HOME DIFFERENT THAN
ANYTHING ON THIS PAGE? WHAT GAP IS THAT FILLING

THAT WE DON'T

HAVE IN THE INFRASTRUCTURE? WE HAVE SO
MUCH COMPETENCY AND YEARS TO DO THIS TYPE OF
WORK AND COORDINATION AND HELPING PEOPLE TO BE
SUCCESSFUL IN THE COMMUNITY WHAT'S DIFFERENT

>> SURE THE QUESTION ABOUT JANUARY IS

UNLIKELY I THINK WE ARE REALISTIC. I NEVER SAY
JANUARY I ALSO SAY 2021. I HAVE LEARNED TO NOT GIVE

HARD DATES WE RARELY MEET THEM SO WE USE

SEASONS: WE'RE COMMITTED TO ENGAGE WHILE
KEEPING MOMENTUM BUT ENGAGING TO GET THE POLICY

RIGHT. ON YOUR SECOND QUESTION. I THINK WE WANT

TO SEE EVEN IF IT TAKES TIME WE WANT TO SEE HIGHER

LEVEL OF COORDINATION. FEEDBACK WE GET FROM

PEOPLE, BENEFICIARY IN THE PROGRAM EVEN WHEN
THEY HAVE CASE MANAGER OR COORDINATOR HOW
COMPLICATED IT IS. AND THING WE GET FEEDBACK IS
BARRIERS AND ISSUES AND CONCERNS.

43

IT'S NOT CART BLANK IT IS DESIRED GOAL
EMBEDDED IN THE SYSTEM. WE LIKE THE FLEXIBILITY OF
THE I. THE IDEA STATEWIDE BENEFIT YOU MENTIONED
AREN'T STATEWIDE BUT WE THINK THERE MAY BE
CAPACITY TAPPING INTO THOSE VERY SEASON PED
PROVIDERS AND TAPPING INTO RESOURCE TO LEVERAGE

AND GET IT STATEWIDE. WE NEED A LOT OF WORK SO

THOSE ARE IMMEDIATE ONES TO KIND OF HIGHLIGHT

WHAT WE'RE LOOKING FOR AND LOOKING AT. WE NEED

LEVERAGE AND LEAN ON EXPERIENCED TO MAKE THIS

WORK AND STILL A LOT OF WORK TO BE DONE.

>> SUB COMMITTEE RECOMMENDATION OF

STATEWIDE COURSE THAT TAKING SERVICES THAT ARE

SO HIGH QUALITY BUT ACCESS AND THE COORDINATION

ARE SUCH A CHALLENGE. IF WE CAN BREAKTHROUGH

ACCESS AND COORDINATION ISSUES AND BUILD ON

THOSE MODEL ALL OVER THE STATE THAT'S THE PERFECT

MIX WE'RE TRYING TO GET.

SHOULD WE MOVE TO PAT?

>> YES. THANK YOU. THANKS FOR INCLUDING

ME IN THE CONVERSATION. I'M PAT WITH CALIFORNIA
HOSPITAL ASSOCIATION AND I SUPPORT OUR POST
ACUTE CARE PROVIDERS AS WELL AS HOSPITAL CASE
MANAGERS. I WANT TO ADD TO THE CONVERSATION
ALLOW MYSELF WITH THE COMMENTS OF MY

44

COLLEAGUES ONE OF THE THINGS I WOULD ENCOURAGE
THE GROUP TO THINK ABOUT IS HOW CARE TRANSITIONS,
CARE COORDINATION AND THE SERVICES PROVIDED
THROUGH THIS BENEFIT OR ANY OTHER,
INTERCONNECTED. I AM A BIT STRUCK BY -- I HAVEN'T

HAD CHANCE TO GO THROUGH DESIGN DOCUMENT THAT
CAME OUT. TRANSITION SERVICE DEFINED SOMETHING
SEPARATE FROM CARE COORDINATION SERVICES. IN
FACT WE DON'T ADDRESS THE ISSUES AS CLEARLY AS WE
NEED TO. IF WE THINK OF CARE TRANSITIONS WITH
START POINT AND END POINT THAT DOESN'T ADDRESS
THE NEEDS OF THE INDIVIDUALS WE'RE SERVING. MORE
OFTEN A PLAN CAN BE SET UP AND FINE FOR A FEW DAYS
BUT ALSO MAY NOT BE -- IT MAY NEED TO BE CHANGED
OR TWEAKED AS THE NEEDS OF
INDIVIDUAL beneficiaries CHANGE. WHEN
COMING HOME IS DIFFERENT THAN WHAT THEY NEED A
MONTH DOWN THE LINE. AS PEOPLE GET OLDER THEIR
CONDITION MAY DECLINE. AND THE DISTINCTION -- WELL I

DON'T WANT TO CALL IT FRAGMENTATION BUT IF WE
DEFINE CARE SERVICES AS SEPARATE ONE TIME SERVICE
IT'S ACCESSED DIFFERENTLY THAN CARE COORDINATION
SERVICES THAT MAY NOT AWE ALLOW US TO IDENTIFY
THOSE THINGS THAT MAY HELP A PERSON STAY IN THE
HOME AND NEGATE THE NEED FOR THAT TRANSITION. I

45

ENCOURAGE THE GROUP TO THINK ABOUT HOW CARE
TRANSITION AND CARE COORDINATION SHOULDN'T BE
ONE POINT IN TIME THING THAT IT IS SOMETHING
NEEDS TO BE HAPPENING ON GOING AND LONGITUDE

BASIS

>> HI PAT THANK YOU FOR COMMENT. WE'LL

LOOK AT THE WRITE UP YOU TO SEE WHY IT'S COMING
OFF THAT WAY. TRANSITION IS MORE STANDARD WHAT
WE CALL TRANSITION AND SUPPORT SERVICES WHERE
SOMEONE IS FINDING THE PLACEMENT AND DOING THE
HOME MODIFICATION WHEN THEY GET THERE NOT THERE
WOULDN'T BE NEED IN THE FUTURE YOUR POINT WELL
TAKEN WE'LL MAKE SURE TO ADDRESS IN THE WRITE UP.

TRANSITION COST WOULD YOU BE PART OF PER
DIEM LONG TERM CARE AT HOME COSTS. PEOPLE WHO
KNOW HOW TO DO TRANSITION BE COSTLY TO DO ALL
PLACEMENT, TO GET HOME MODIFICATION DONE, IT CAN
BE COSTLY. WE NEEDED THAT TO BE SEPARATE NOT

THAT IT'S NOT COORDINATED. WE CAN MAKE SURE
THAT'S CLEAR IN THE DOCUMENT. THE COORDINATION
WILL BE CROSSBOW. WE MAY HAVE GONE TOO FAR
TRYING TO DISTINGUISH THE TWO SO THE PAYMENT
MECHANISM WAS CLEAR.

JUNIOR HIGH SCHOOL GREAT. I THINK NEXT WE
HAVE KRISTIN.

46

>> HI. GOOD AFTERNOON. HI THIS IS KRISTIN.
I'M EXECUTIVE DIRECTOR FOR CALIFORNIA ADULT DAY
SERVICES I JUST WANTED TO SAY THANKS SO MUCH FOR

KIM FOR PARTICIPATION IN TODAY'S COMMITTEE AND FOR OPPORTUNITY TO PROVIDE YOU WITH COUPLE COMMENTS ON PROPOSED BENEFIT. MY COLLEAGUE ADDRESSED THE QUESTIONS THAT I WAS GOING TO ASK. I'M REALLY JUST GOING TO PROVIDE A COUPLE COMMENTS AND I ALSO WANTED TO THANK SUB COMMITTEE FOR REVISED PAPER THEY OFFERED. JUST FOR CONTEXT FOR THOSE OF YOU ON THE CALL. ADULT DAY HEALTHCARE AND CBAS COMMUNITY IS MEDI-CAL BENEFIT THAT'S DELIVERED BY LICENSED AND CERTIFICATED AND PROVIDES COST EFFECTIVE REPLACEMENT. AS DENIECE POINTED OUT JUST COUPLE SPEAKERS AGO. TWO VERY EFFECTIVE LEFT TURN SS MODEL THAT HAVE VERY DEEP EXPERTISE INDIVIDUALS DEFER INSTITUTION PLACEMENT.

AND EACH PROGRAM 40 YEARS (UNINTELLIGIBLE). WE

AGREE WITH COLLEAGUES AND -- (DISTORTED AUDIO)

WE CERTAINLY WANT TO BE THOUGHTFUL HOW

WE CAN SEVERAL CALIFORNIA OVER LONG TERM RATHER

THAN RUSH INTO THE PROCESS. JUST AT OUTSET OF THE

PAN DEMOCRATIC GOVERNOR DEEMED CBAS THOSE

MOST AT RISK DUE TO AGE AND UNDERLYING AND OVER A

MONTH. PROVIDING THEM WITH ESSENTIAL CARE AND

47

SUPPORT THEY NEED. WE PROVIDE SERVICES IN THE

COMMUNITY WITH THIS PROGRAM SEEKS TO DO TO DID HE

COME PRESS AND ACTUALLY AVOID skilled NURSING
PLACEMENT. WE RECOGNIZE THE COVID- 19 HAS
INCREASED DURING THIS CRISIS AND WE ARE READY TO
ASSIST WITH DEVELOPMENT OF A REALISTIC MEANINGFUL
BENEFIT THAT COULD IF IT BUILDS UPON AND ENHANCES
THE PROGRAMS THAT HAVE PAVED THE WAY. THANK YOU
FOR YOUR TIME AND APPRECIATE ALL THAT YOU'VE BEEN
DOING. THANK YOU.

>> THANK YOU SO MUCH. WE GOT ABOUT FIVE
MORE SO I'M GOING TO ASK YOU FOR A MINUTE AND
TRYING TO KEEP RESPONSE SOCIAL SECURITY TIGHT AS
WELL.

>> HI EVERYBODY I'M DEAN. WE'RE SUPPORTIVE
OBVIOUSLY BY DEFINITION OF CARE PROVIDED IN THE

HOME. EXACTLY A LARGE NUMBER OF OUR MEMBERS DO
PROVIDE HOME HEALTH SERVICES WE'RE EXCITED ABOUT
PARTICIPATING IN THIS PROGRAM. WE LOOK FORWARD
TO WORK WITH ALL OF YOU WHATEVER CERTIFICATION
CRITERIA MAYBE AND HOWEVER EDUCATIONAL WE CAN
BE SUPPORTIVE. THANK YOU.

>> THANK YOU, DEAN.

>> DOCTOR LINCOLN.

>> HI EVERYONE I AM KAREN ASSOCIATE

SUB COMMITTEE AND AS WELL AS COUPLE OTHER
COMMITTEES. MY COMMENT IS IN REGARDS TO THE
BEAUTIFUL STATEMENT AND THE ONE WORD THAT I
WOULD LIKE FOR YOU TO INCLUDE IN THE STATEMENT
AND THAT IS QUALITY BECAUSE I'M ON EQUITY WORK
GROUP AND MY RESEARCH FOCUS TYPICALLY WITH
AFRICAN I THINK IT'S IMPORTANT TO ADDRESS ISSUE OF
EQUITY. WE HAVE TO ALSO CONSIDER THE QUALITY OF
CARE WHICH IS VERY POOR FOR MANY AFRICAN
AMERICANS AND IN EMERGENCY ROOMS OF MEASURE
ASSESSMENT REALLY IMPORTANT TO THINK ABOUT
NURSING HOMES AND LOW INCOME NEIGHBORHOOD
MORE LIKELY TO CLOSE. PEOPLE BEING MOVED AND
PEOPLE NOT HAVING ACCESS AND LONGER TERM

PLACEMENTS IN NURSING HOMES AS RESULT OF POOR
CARE AND POOR OUTCOMES AND HIGHER LEVEL OF NEED
ONCE PEOPLE DISCHARGED BECAUSE OF WHAT HAPPENS
IN SOME OF THOSE HOMES. INCREASING ACCESS AND
IMPORTANT TO CONSIDER MAKE SURE RESOURCES
AVAILABLE TO SOME OF THOSE UNDERSERVED
COMMUNITIES HAVE A HIGHER QUALITY AND GOING TO
CONFLICT WITH THE DEMAND ON THE HEALTHCARE
PARTICULARLY AGING WORKFORCE. IN TERMS WHO WITH
GOING TO BE PROVIDING CARE, QUALITY OF CARE THESE

THINGS NEED TO BE TAKEN INTO ACCOUNT WHEN

ADDRESSING ISSUES OF EQUITY.

>> THANK YOU, VERY MUCH.

>> HI EVERYONE. I'M AN SAN FRANCISCO

GENERAL AND PLEASED TO BE PART OF THIS GROUP. I

HAVE A COUPLE COMMENTS OR QUESTIONS. I NOTICE

SIGNIFICANCE DIFFERENCE BETWEEN THE FIRST DRAFT

THEY SAW JUST BEGINNING OF THE WEEK AND THE

DRAFT TA THAT I SAW TODAY, THIS MOST CURRENTLY

DRAFT EXCLUDES. I JUST WANTED TO VOICE THAT I

THINK THAT WOULD BE MISSING, PRETTY BIG

POPULATION WHO MIGHT BENEFIT FROM THESE

SERVICES. I'M HOPING THAT IS NOT SET IN STONE AND

CAN BE CONSIDERED RECOGNIZING PEOPLE CAN'T HAVE

TWO 1915 PROGRAMS SO ASSISTING LIVING WAIVER THEY
CAN DO THAT BUT WHAT ABOUT THE PEOPLE THAT ARE
NOT USING THAT WAIVER. ANOTHER POINT BUILDING OFF
WHAT DOCTOR LINCOLN MENTIONED. I WILL SAY
PREDOMINANTLY A CLINICIAN WORKING IN SAN
FRANCISCO RIGHT NOW THAT DURING THE PAN
DEMOCRATIC SINCE WE'RE TALKING ABOUT NURSING
FACILITIES BIG PROBLEM OF PEOPLE GETTING RELIABLE
HOME CARE. IF WE'RE USING THIS AS A MECHANISM TO
TRY TO GET PEOPLE OUT OF HIGH RISK ENVIRONMENTS
HOW ARE WE GOING TO ENSURE THEY ARE GOING TO

SERVICES IN THE HOME. AND LAST POINT FOR
CONSIDERATION OVER ALL. I THINK MENTIONED WITH
THE CHART WHICH IS AMAZING BUT I WILL CONFESS I YOU
LIKE I SAID I'M PRACTICING CLINICIAN AND KEEPING
TRACK OF ALL THESE BENEFITS IS HARD ENOUGH FOR ME

SO TRYING TO IMAGINE

SOMEONE AS A RULABLE AND TRYING TO WAIVE
BENEFITS OF AH DIFFERENT PROGRAMS WITH THE
SUPPORT AND WHO ARE PEOPLE THAT KNOW ALL OF
THESE OPTION AND REALLY TRY TO COUNCIL PEOPLE
WHO AREN'T HEALTHCARE PROFESSIONALS AND MAKING

THESE HARD CHOICES

>> THANK YOU, ANNA, THE ONLY THING I WOULD

SAY YOUR LAST POINT EMPHASIZES THE FUTURE OF
LONG TERM CARE, THE OPPORTUNITY WITH LONG TERM
CARE BECAUSE OF THAT EXACT COMPLICATION
ESPECIALLY NAVIGATING SOME OF THOSE OTHER
PROGRAMS NOT ALL OF THEM CAN BE VERY
CHALLENGING SO WE AGREE AS ONE OF THE GUIDING
PARALLELS WE HAVE AS WE CONTINUE TO DESIGN THE
POLICY AROUND IT SO IS TO REDUCE SOME OF THAT
COMPLEXITY.

>>

>> FIRST ONE IS I LOVE THE VIGNETTE BECAUSE
THERE'S BROAD SPECTRUM OF WITHIN FAMILIES AND

PERSONS NEEDING THIS TYPE OF ASSISTANCE IT'S
HELPFUL TO HAVE VINETTE THAT TELLS THE STORY AND
SEE HOW IT WORKS FOR EACH KIND OF CONDITION BUT I
HAVE TO SAY THERE'S NO STORY THAT REALLY
CONCERNS THE FAMILIES WE'VE BEEN DEALING WITH.
FOR DECADE. DOES MAKE A DIFFERENCE IN THE TERMS
OF YOUR APPROACH AND SERVICES AND SO ON. AND SO
THAT WAS ONE THING THEN I THINK THE ISSUE AROUND
IMPAIRMENT AND PEOPLE WHO MAY NOT ACTUALLY BE
ABLE TO SELF-DIRECT AS MANY OTHERS MIGHT BE ABLE
TO IS A CONFOUNDING FACTOR. THE OTHER ISSUE IS
AROUND THE ROLL OF FAMILY MEMBERS. I JUST WANT

TO AMPLIFY A BIT AND THAT IS IN 2014 THERE WAS ROLE
CHANGE PLAN OF CARE RESTS ON THE PRESENCE OF
UNPAID SUPPORT IN THE HOME WAS LIKELY PROVIDED BY
FAMILY AND FRIENDS ASSESSMENT OF THOSE INVOLVED
THEIR OWN CARE NEEDS. THIS ROLL STOOD AND IN OUR
WORK IN LOOKING AROUND REVIEWING THE WAIVERS
FOR HVCS SERVICE AT LARGE HOME AND COMMUNITY
BASED SERVICE MOSTLY IHSS OTHER IN HOME SUPPORT
SERVICE WAIVER WE FOUND FEW STATES REALLY DO AN
EVALUATION OR ASSESSMENT OF FAMILY CARE GIVER OR
LESS THAN TEN HAD
ROBUST APPROACH MOSTLY USING THOSE
UNIFORM CAREGIVER SETTLEMENT THAT WERE USED IN

OTHER PROGRAMS IN THE STATE TO FILL IN THE BLANKS
ON THE KIND OF CAREGIVER NEEDS THAT MIGHT BE
THERE. ONE THING I WANT TO EMPHASIZE. ISSUE
AROUND ASSESSMENT HAS TO GO BEYOND WILLING AND
ABLE. AND THE QUESTIONS NEED TO BE DIRECTED TO
FAMILY CAREGIVER AND NOT THE PERSON WHO HE HAS
NEEDING THE SYSTEM. THIS IS SUCH A BASIC THING I
FELT I NEED TO POINT OUT IN THE REPORT BUT THOSE
ARE ISSUES BEFORE US BECAUSE SOME PEOPLE WILL
GO BACK TO A LIVING SITUATION FOR WHICH THERE IS NO
SUPPORT IN THE HOME BUT VERY MANY OF THESE

INDIVIDUALS THAT YOU'RE JUST TALKING ABOUT WILL GO

HOME TO FAMILY MEMBERS.

AND THEIR NEEDS PARTICULARLY AT THAT

STAGE OF IMPAIRMENT REALLY NEED TO BE ACCESSED

FOR THEIR OWN NEEDS BEYOND WHETHER OR NOT THEY

ARE GOING TO BE AVAILABLE TO PROVIDE THAT LEVEL

OF CARE. THANK YOU VERY MUCH.

>> COLLEEN.

>> HI. MY NAME IS PAUL LEAN I'M DEPUTY

DIRECTOR FOR CALIFORNIA ADVOCATE NURSING HOME

REFORM AND I APPRECIATE THE OPPORTUNITY TO

COMMENT AND WORK WITH YOU ALL. WE HAVE A 1,800

HOTLINE AND WE RECEIVE CALLS FROM ALL OVER

CALIFORNIA FROM CONSUMERS FROM NURSING HOME

DISCRIMINATION WHEN THEY ARE TRYING TO GET IN ON
MEDI-CAL AND SOMETIMES AS THE skilled NURSING
FACILITY WANTS TO GET RID OF RESIDENTS WE WILL SEE
STAFF REFER PEOPLE TO TRANSITION SERVICES SO WE
WANTED TO KNOW WHAT WILL BE DONE TO ENSURE THAT
FACILITIES AREN'T USING THIS TO DISCRIMINATE AGAINST
RESIDENTS THAT THE REFERRALS ARE MADE BY
REQUESTS OR MADE BY RESIDENTS OR
REPRESENTATIVES AND NOT JUST BY FACILITIES
LOOKING TO GET RID OF. AND WE GET MANY CALLS

FROM PEOPLE THAT WANTS AWAY TO LEAVE FACILITIES
WANT CARE AT HOME. BUT ISSUE IS SHARE OF COST
WHEN THEY GO HOME. ONE QUESTION WE HAVE
WILL APPLY FOR THIS PROGRAM AND ALSO CAN
RENT BE USED AS A DEDUCTION LIKE IT WOULD BE FOR
EXAMPLE IN THE BOARD AND CARE DEDUCTION BECAUSE
MANY PEOPLE UNABLE TO ACCESS MEDI-CAL BECAUSE
OF HIGH COST AND UNABLE TO AFFORD OTHER
HOUSEHOLD NEEDS. THANK YOU.

>> THANK YOU. TWO MORE COMMENTS AND

THEN GO TO PUBLIC COMMENT. LINDA,

>> GOOD AFTERNOON. LINDA WAY WITH

WESTERN ON POVERTY THANKS FOR INVITATION TO

PARTICIPANT AND NEW BENEFIT BUILDS UPON

OPPORTUNITY TO REPLACE EXISTING SERVICES. I SHARE

54

REQUEST QUESTION, WANT TO ECHO THE NEED TO
CENTER THE BENEFIT AROUND EQUITY AND ASK WHAT IS
BEING DONE TO ENSURE THAT THIS NEW BENEFIT
PROVIDES HIGH QUALITY CARE TO CALIFORNIA DIVERSE
COMMUNITIES PARTICULARLY IN LIGHT OF THE IMPACT OF
COVID-.

>> THANK YOU. LINDA, AND I BELIEVE OUR LAST

COMMENT WILL BE FROM RICARDO.

>> THANK YOU VERY MUCH. Kathleen AND

DONNA'S POINT ABOUT IN TERMS OF WORKING WITH
FAMILIES AND THE HOME ENVIRONMENT. I'M BOARD
MEMBER OF NATIVE HEALTH CENTER IN SACRAMENTO.
AND TO MAKE A COUPLE COMMENTS AND KEEP AS SHORT
AS POSSIBLE. MY CONCERN IS RELATED TO STANDARD
OF STATEWIDE CARE AND WE SAW THAT CERTAINLY WITH
COVID-. THE DISPROPORTION IN THAT EXPLOSIONS OF
RURAL AND REMOTE AREAS IS WHAT CONCERNS ME AND I
THINK WE NEED TO TAKE THAT INTO CONSIDERATION
WHEN WE LOOK AT THE SERVICES WE WANT TO ENSURE
FOR OUR POPULATION. AND THIS PROGRAM THAT WE'RE
TALKING ABOUT. WE SAW KERN COUNTY AND
IMPERIAL VALLEY ETCETERA THOSE PLACES
REMOTE DON'T HAVE SAME KIND OF QUALITY AND

ACCESS TO SERVICES THAT SOME OF THE OTHER
SERVICES DO. THAT'S JUST IN GENERAL. BUT IMPACT

55

PEOPLE OF COLOR VERY SPECIFICALLY. AT THE SAME
POINT REMOTE IS WHERE GOVERNMENT HAS PLACED
NATIVE AMERICAN POPULATION AND WE DON'T HAVE
SAME ACCESS FOR EXAMPLE DRIVE AN HOUR TO EUREKA
TO GO TO HOSPITAL. EVEN THOUGH THEY HAVE SMALL
CLINIC ON RESERVATION THEY DON'T HAVE SAME
ACCESS TO CARE THAT MANY OTHER POPULATIONS
HAVE. SO I WOULD LIKE YOU TO CONSIDER WORKING

WITH TRIABLE GOVERNMENT AND THE TRIABLE IN
CALIFORNIA AND SEE THEM AS PARTNERS IN VENTURE
BECAUSE WE WORK ON A DAILY BASIS WITH ALL THESE
ENTITIES AND CAN ENSURE THE ACCESS TO OUR
POPULATION AND WE ARE THANKFUL YOU INCLUDED US
IN THIS CONVERSATION. THANK YOU VERY MUCH.

>> THANK YOU SO MUCH. WONDERFUL TO HEAR
FROM SO MANY NEW VOICES AT THIS TABLE BUT NOT
NEW TO THIS CONVERSATION SO THANK YOU SO MUCH.
BEFORE WE TURN TO PUBLIC COMMENT. COME BACK TO
SUB COMMITTEE FIRST.

>> I THINK THE CONVERSATION IS RICH AND I
APPRECIATE EVERYTHING PEOPLE HAVE BROUGHT TO

THE CONVERSATION. I THINK WE HAVE OBLIGATION TO
THINK ABOUT IT AND FIGURE OUT HOW TO INCORPORATE
THE GOOD THINKING

56

>> THANK YOU I'LL ADD THANK YOU EVERYONE
FOR COMMENTS IT'S REALLY IMPORTANT TO HEAR
DIFFERENT PERSPECTIVE AND I'LL TAKING YOUR POINTS
BACK AS PART OF OUR CONVERSATION AS WE MOVE
FORWARD. THANK YOU ALL.

>> THE ONLY THING I WOULD ADD KIM FOR
THOSE WEREN'T ABLE TO SPEAK IF YOU WOULD LIKE TO

SUBMIT COMMENTS WE HAVE INBOX ON.

(SIMULTANEOUS TALKING).

>> EXACTLY. WE DO HAVE 388 ATTENDEES I

DON'T THINK WE'LL BE ABLE TO HEAR FROM ALL OF THEM

IN THE NEXT FEW MINUTES. WE HAVE WONDERFUL

THOUGHTFUL AND WE READ E-MAILS. FOR THIS PROJECT

YOU SEE THE E-MAIL ON THE SLIDE RIGHT THERE. YOU'RE

ALSO WELCOME TO E-MAIL ENGAGE FOR MASTER PLAN

AND MAKE SURE BOTH OF US HAVE THAT INPUT IN ALL

DIRECTIONS. WE HEARD FROM I BELIEVE MY TEAM SAID

HUNDRED OF FOLKS. AND CAN YOU LEAD US HOW

PUBLIC COMMENT IS GOING TO WORK.

>> SURE. PUBLIC COMMENTS IF YOU'RE

JOINING ON YOUR COMPUTER YOU ALSO HAVE AN OPTION
TO USE RAISED HAND ICON TO GET INTO THE QUEUE. IF
YOU ARE JOINING BY PHONE YOU'LL WANT TO HIT STAR
NINE AND THAT WILL RAISE YOUR HAND. WE'LL START

57

OFF WITH JEFFREY WHO HE HAS PARTLY BEEN WAITING
TO BE CALLED ON. JEFFREY. GO AHEAD.

>> I'LL BE VERY QUICK SINCE I HAVE OTHER

WAYS OF SAYING IS IT. THE ONLY POINT I WANT TO MAKE

OTHER THAN THE THANK YOU FOR OPPORTUNITY TO

MAKE THIS DISCUSSION AND ONE GROUP THAT HAS NOT

BEEN ENGAGED IN THIS DISCUSSION ARE ENTITIES THAT
PROVIDE SPECIAL SERVICE TO PEOPLE WHO ARE BLIND
OR HAVE LOW VISION. THESE PROVIDERS MOST OF
WHOM SPECIALIZED AGENCY FOR PEOPLE WITH VISION
LOSE MY LIKE FREED PROVIDE ESSENTIAL SERVICES
THAT MAKE THE DIFFERENCE BETWEEN MANY PEOPLE
WITH VISION LOSS BEING ABLE TO REMAIN IN THEIR OWN
HOMES AND AVOID INSTITUTIONIZATION. THANK YOU
VERY MUCH.

>> THANK YOU JEFF. I THINK WE'RE GOING TO

ANOTHER JEFF

>> YES I'M JEFF AND I ADVOCATE AND, AGAIN,
REMINDER IS PHYSICALLY THE CLIENTS BUT TO KIM AND
TO -- CAN YOU GIVE ME A BETTER UNDERSTANDING OF

WHY CALIFORNIA IS CHANGING THE WAY WAIVER FROM
1915 C TO 1915 I AND WHAT HAPPENS BETWEEN C AND I
THAT TA YOU HAD TO GO THAT FAR FOR STATE OF
CALIFORNIA?

>> I THINK JEFFREY WE'RE GOING TO TAKE THAT

58

QUESTION BACK BECAUSE ONE THING WE HEARD LOUD
AND CLEAR WE NEED TO COMMUNICATE MORE
INFORMATION.

(SIMULTANEOUS TALKING).

>> KIM, YOU'RE MUTED NOW. SHE MUTED EVERYONE. WE HEARD FEEDBACK TO HAVE MORE COMMUNICATION THAT HAVE MORE COMMUNICATION AND BACKGROUND. I TOO HAVE A CHALLENGE WITH THE CHART. WE WILL TAKE THAT BACK TO RENEWED COMMITMENT TO MORE CLEARER COMMUNICATIONS. LET'S KEEP MOVING THROUGH THE QUEUE.

>> HI EVERYBODY. CAN YOU HEAR ME ALL RIGHT? ALL RIGHT. THANK YOU SO MUCH. QUICKLY I'M CONCERNED WITH HUMAN BRAIN POWER AND ENERGY ON CREATING NEW BENEFIT WHEN WE HAVE PEOPLE DIAGNOSE BY THOUSANDS WITH HISTORICAL SUBSTANDARDS OF CARE AND WE HAVE THIS IMPACTING ELDER OF PEOPLE OF COLOR AND WOMEN WE SHOULD

BE FOCUSSED ON ENERGY AND EFFORT ON LIFTING
UPSTANDING. MOVING FORWARD YES WE WANT TO DO
THINGS STATEWIDE WE WANT MORE OPTIONS FOR
PEOPLE I'M CURIOUS WHY WE'RE SILENT WHEN WE TALK
ABOUT APPROPRIATE ORGANIZATION THAT COULD BE
PROVIDING THIS THAT WE DO NOT INCLUDE EXPERTS

59

DOING THIS WORK ALREADY. THOSE ARE MY COMMENTS.

THANK YOU.

>> THANK YOU. BILL P.

>> HELLO O. THANK YOU GREAT PRESENTATION

TODAY. TWO THINGS THAT COME TO MIND. AS GREAT AS
THE BENEFIT IS I WOULD LIKE TO HEAR A LITTLE BIT ON
THE SUPPLY END ARGUABLY THE BENEFIT IS THE
DEMAND IN. ONE OF THE ISSUES WE HAVE IN THE SAN
FRANCISCO BAY AREA DUE TO HIGH COST OF LIVING WE
HAVE SHORTAGE PAID WORKERS THEY CANNOT AFFORD
TO DO. AND MY FATHER WHEN HE WAS ALIVE. THE
CAREGIVER AS PEAN P POINTED OUT IN HOME ALONE
VISIT AARP REPORT FAMILY CAREGIVERS DEALING WITH
SIGNIFICANT COMPLEX ISSUES UNPAID IN THE HOME
ENVIRONMENT. AND SIMPLY ASKING SOMEBODY AND I'M
THINKING ABOUT MY MOM, ASKING HER IF SHE'S ABLE
AND READ TO TAKE CARE OF MY DAD. SHE'S GOING TO
SAY YES WHEN IN FACT SHE'S NOT PHYSICALLY CAPABLE

OF DOING THAT. WE NEED TO HAVE SOME SAFEGUARDS
HERE AND I'LL END ON THIS POINT. ON THE AREA PLAN
THAT IS GOING OUT OF DATE IN ALAMEDA COUNTY IT WAS
NOTED THAT TEN PERCENT OF THE FAMILY CAREGIVERS
ARE OVER THE AGE OF 80 AND SO EVEN IF THEY ARE
DOING VERY BASIC CAREGIVING THEY ARE AT RISK AND
IN A COUNTY WHERE ALAMEDA COUNTY RIGHTFULLY

60

CELEBRATES THEIR FALL PREVENTION PROGRAM I DON'T

SEE THOSE

TWO NOTIONS COMPATIBLE. AGAIN, IF I COULD

HEAR ABOUT WHAT I MENTIONED I WOULD APPRECIATE IT.

THANK YOU FOR ALL THE WORK YOU'RE DOING.

>> AGAIN THERE WILL BE MORE COMING. LET'S

GET A COUPLE MORE VOICES IN THE ROOM. NANCY.

NANCY.

>>

>> SORRY. HELLO. NOW FIRST THANK YOU ALL

FOR PULLING THIS TOGETHER LISTENING TO SO MANY OF

MY COLLEAGUES AND FRIENDS FROM THE STATE IT'S

REALLY ASPIRING TO HEAR THE CONVERSATION. DEBBY,

SAID MUCH OF WHAT I WAS THINKING. I WILL JUST SAY

DITTO WHAT SHE SAID. I DO THINK ONE OF THE

QUESTIONS J. C. REFERRED TO COUPLE TIMES HOW THIS

WILL EXPAND ACCESS. IT'S NOT CLEAR TO ME HOW THIS

PLAN EXPAND REACH INTO OTHER AREAS CURRENTLY
UNDER SERVED AND HOW THIS SOLVES THAT PROBLEM.
THE OTHER QUESTION I HAVE IS A COMMENT ON UPDATED
DRAFT REFERS TO THERE OTHER RESOURCES FOR
FUNDS FOR RENTAL ASSISTANCE AND HOUSING
TRANSITION AND I THINK IF YOU LOOK AT CONVERSATION
AROUND HOUSING AND HOMELESSNESS IN THE SATE IT'S
CLEAR THAT'S NOT SUFFICIENT CURRENTLY. AND HAS

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BUILT IN RACIAL INEQUITIES SO I URGE YOU TO
GO TO NEXT VERSION TO REVISIT AND RECONSIDER THAT

PERSPECTIVE. THANK YOU SO MUCH.

>> THANK YOU CRAIG TOM SON.

>> CRAIG, YOUR LINE IS OPEN YOU BE UH-UH

MIGHT HAVE TO UNMUTE.

>> SORRY THANK YOU FOR THE OPPORTUNITY

KIM. I'M GLAD YOUR BACK. I WANT TO ECHO LAST

COMMENT I'M CONFUSED ON THE GOALS. SEEMS LIKE

IMMEDIATE CRISIS RESPONSE WE NEED. WHEN I HEARD

2021 IS A GOAL SEEMS LIKE A LOT OF PEOPLE CAN DIE

FROM THIS. MY QUESTION IS: IS THIS THE ONLY WAY WE

CAN DO IT? IT SEEMS LIKE YOU'RE TRYING TO

ACCOMPLISH TWO THINGS. ONE TO SOLVE THE

IMMEDIATE CRISIS, AND TWO CREATE EXCELLENT

LONG-TERM SUPPORT PROGRAM. SO THAT WAS MY

QUESTION AND COMMENT AND THANK YOU TO YOU WILL

A THE STAKEHOLDER AND COMMUNITY MEMBERS.

>> THANK YOU. ELEANOR.

>> ELEANOR, YOUR LINE IS OPEN BUT YOU

MIGHT HAVE TO UNMUTE. SHOULD WE SWING BACK

AROUND KIM?

>> SOUNDS GOOD. MARY SHERTON.

>> HI THANK YOU VERY MUCH. A LOT OF WHAT I

WAS GOING TO SAY HAS ALREADY BEEN SAID SO I WANT

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TO ADD ON TO THE TAIL END OF IT. I'M THE DIRECTOR OF

SOURCE OF CALIFORNIA CAREGIVER SOURCE. WE WITH
40 YEARS OF EXPERIENCE DOING SETTLEMENTS OF
FAMILY CAREGIVERS AND SUPPORTING THEIR NEEDS AND
I WANT TO OFFER UP AS AN ORGANIZATION THAT IS
EXPERIENCED TO ADD TO THE CONVERSATION AS YOU GO
FORWARD. AND THANK YOU VERY MUCH.

>> THANK YOU AMANDA.

>> THERE WE GO. FIRST OF ALL I WANT TO
THANK DEPARTMENT OF HEALTHCARE SERVICE SO MUCH
FOR RECOGNIZING GETTING PEOPLE OUT OF NURSING
HOME AND PREVENTING I'M LICENSED CLINICAL SOCIAL
WORKER AND I WORKED IN HOSPICE AND AS A SOCIAL
WORKER AND THE REASON I GOT INTO ADULT DAYCARE
EXACTLY REASON WE'RE WORKING AT LONG TERM CARE.

KEEPING PEOPLE OUT OF NURSING HOMES AND HELPING
PEOPLE TRANSITION OUT. WHEN I READ THE REGULARS
IN THE VERY BEGINNING IT WAS ADULT DAY HEALTHCARE
WAS NURSING CARE DURING THE DAY WHERE PEOPLE
COULD GO HOME I DEEPLY APPRECIATE YOU ADDED INTO
NEW DOCUMENT AS ONE OF THE POTENTIAL PROVIDER
AS ONE OF THE SERVICES. IT'S OUR GUIDING PRINCIPAL.
I DEEPLY APPRECIATE THAT. ONE THING I WANTED TO
TALK ABOUT, WHAT MY GOAL WOULD BE OR MY HOPE
WOULD BE THIS PROGRAM WOULD BE SHORT TERM

PROGRAM. PEOPLE MIGHT NEED IT FOR QUICK ACUTE
SERVICE BUT AFTER THEY ARE ABLE TO RECEIVE
SERVICE SAY IN C BASS THAT IS KIND OF GOAL OF
COURSE, SOME PEOPLE WON'T BE ABLE TO DO IT BUT
HOPEFULLY, GO BACK OUT IN THE COMMUNITY OR C
BASS CENTER WHERE SERVICE LESS EXPENSIVE AND
ALSO GET ALL THE SERVICE AT C BASS COULD PROVIDE
WITH THE SOCIAL AND KEEPING DOWN ISOLATION AND
ALL THE OTHER THINGS THAT PROGRAMS PROVIDE. THAT
LOOK AT DISCHARGE PLAN AND HAVE THAT AS
COMMITMENTS OF THE PROGRAM ASK IS AND AWE
ALLOW US TO PROVIDE SERVICES IN THE HOME AS C
BASS SERVICES IN THE HOME WHICH WE'RE CURRENTLY
DOING IT

>> AND WE CAN CIRCLE BACK TO GET Eleanor

>> I JUST WANTED TO SAY THANK YOU FOR THIS
MEETING. I DON'T HAVE A QUESTION RIGHT NOW BUT I
REALLY APPRECIATE ALL THE FEEDBACK WE HEARD
FROM THIS MEETING

>> THANK YOU AND I SEE WE ARE AT TIME SO I
JUST WANT TO REFLECT BACK. THE THANK YOU TO THE
300 PLUS ALMOST 400 PEOPLE WITH US. HERE NEXT
STEPS TAKING BACK FIRST WE'RE POST WONDERFUL
DOCUMENTS THE STORIES THAT ANNA SHARED AND
CATHERINE SHARED. THANK YOU. SECOND WE'LL BE

WORKING ON VERSION OF THE DESIGN DOCUMENT
TAKING IN ALL THE WONDERFUL FEEDBACK. THIRD
STAKEHOLDER PROCESS WE HEAR YOU ABOUT NEED TO
SPEND MORE TIME TOGETHER. AND I THINK WE'RE
THINKING ABOUT OTHER COMMUNICATION THAT WOULD
BE HELPFUL TO HAVE MORE BACKGROUND SPEAK TO
OTHER AUDIENCE AND TALK ABOUT OTHER RESPONSES.
MORE COMMUNICATION COMING AND THEN OF COURSE,
5TH ON GOING COMMUNICATION IS WELCOME. SMALL
MEETING E-MAILS LETTERS DIALOGUES WITH
LEGISLATURE ALL IS EXPECTED AND HAD DEEPLY
APPRECIATED AS WE START THIS NEW PATH TOGETHER.
WITH THAT J. C. OR JCS ANYTHING TO SAY

>> NO JUST THANK YOU SO MUCH FOR
ENGAGEMENT ON THIS TODAY AND WE LOOK FORWARD
TO WORK TOGETHER ON THIS IN THE FUTURE
>> THANK YOU ALL. STAY SAFE AND STAY
CONNECTED.