

MEETING TRANSCRIPT

JANUARY 13, 2020

LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE MEETING #6

***GROUP LIVING SETTINGS: ASSISTED LIVING, RESIDENTIAL CARE FACILITIES,
SUPPORTED HOUSING, SKILLED NURSING FACILITIES***

###

13:01:08 BECK BACKGROUND GOOD AFTERNOON EVERYONE. WE'RE GOING TO GET STARTED I'M MARK BECKLEY, THE KHEF DEPUTY

13:01:17 DIRECTOR FOR THE CALIFORNIA DEPARTMENT OF AGING. I'M COVERING FOR KIM MCCOY-WADE. IITY WHAT WE'LL DO AS WE

13:01:25 NORMALLY DO, GOOD GO AROUND AND DO INTRODUCTIONS.

>> CARRIE GRAHAM:

13:01:40 GRAM I'M GR I'M GR THE UNIVERSITY OF CALIFORNIA. ACTING AS CONSULTANT.

>> MERCEDES KERR: PRESIDENT OF

13:01:48 BELMONT VILLAGE, SENIOR LIVING.

>> CRAIG CORNETT: THE PRESIDENT OF CALIFORNIA ASSOCIATION HEALTH

13:01:55 FACILITY.

>> JOE DIAZ: REGIONAL DIRECT FOR THE CALIFORNIA ASSOCIATION OF HEALTH FACILITIES.

>> KAREN

13:02:07 FIES: I'M THE DIRECTOR OF SONOMA COUNTY HUMAN SERVICES.

>> MAYA ALTMAN: THE CEO OF HEALTH

>> MARTY OMOTO:

13:02:19 FAMILY MEMBER, CD CANONICAL CALIFORNIA.

>> PATRICIA MCGINNIS: EXECUTIVE DIRECTOR OF CALIFORNIA
ADVOCATES FOR

13:02:28 NURSING HOME REFORM.

>> NINA WEILER-HARWELL: AARP CALIFORNIA.

>> CATHERINE BLAKEMORE:

13:02:46 DISABILITY RIGHTS CALIFORNIA.

>> DR. DONNA BENTON: USC.

>> SUSAN DEMAROIS: ALZHEIMER'S ASSOCIATION.

13:02:55

>> ELLEN SCHMEDING: HERE HEL REPRESENTING ST. PAUL'S SENIOR
SERVICES AND THE CALIFORNIA COMMISSION ON

13:03:02 AGING.

>> JOE RODRIGUES: CALIFORNIA STATE LONG-TERM CARE ONLY BUNDS

13:03:15 MBUDSMAN GOOD

>> ELLEN GOODWIN: DEPUTY OF AGING.

>> JEFF THOM: CALIFORNIA COUNCIL FOR THE BLIND.

>> MARK

13:03:20 BECKLEY: WHO DO WE HAVE ON THE PHONE?

13:03:31

>> I WILL BE JOINING YOU SHORTLY IN PERSON, BUT ON THE PHONE
UNTIL I GET THERE.

>> DR. DONNA BENTON: I'M

13:03:41 GOING TO BE ON THE PHONE UNTIL I GET THERE, ALSO.

>> MARK BECKLEY: GREAT.

>> LYDIA MISSAELIDES: ADULT AID

13:03:48 SERVICES AND I'M NOT GOING TO BE THERE TODAY. I'M
RECOVERING FROM A COLD. YOU ARE PROBABLY HAPPY I'M NOT

13:03:54 THERE.

>> MARK BECKLEY: OKAY, GET BETTER.

13:04:14 IF THAT IS EVERYBODY, THEN WE'LL GO AHEAD AND GET STARTED. SO I'M GOING TO GET STARTED JUST A FEW LOGICAL

13:04:22 HOUSEKEEPING ITEMS. FOR THIS MEETING WE ARE SUESING ZOOM USING ZOOM. LAST MEETING WE HAD LOGISTICAL PROBLEMS

13:04:29 AND WE PUT IN BACK UP PLANS AND HOPEFULLY WE WON'T HAVE THE SAME ISSUES WITH THE DROPPED PHONE LINE. IF SO,

13:04:41 WE WILL GET IT RUNNING FAIRLY QUICKLY.

FOR THE MEETING A JENDSGENDA, TODAY IS THE FOCUS ON GROUP LIVING

13:04:49 CENTERS. TO START OFF WITH, AS WE ALWAYS DO, WE'LL GO OVER CONSUMER VOICES. WE THEN HAVE OUR STATE LONG-TERM

13:04:58 ONLYMBUDSMAN HERE TO TALK ABOUT THE LANDSCAPE OF GROUP LIVING CENTERS, POPULATIONS, TYPES OF CENTERS, DEMOCRAT

13:05:10 DESK GRAPHS AS WELL AS ROLES AND RESPONSIBILITIES.

WE'LL THEN GO INTO SERIES OF PRESENTATIONS ABOUT GROUP

13:05:18 LIVING CENTERS. AND HAVE THE PERSPECTIVES OF THE OPERATORS AS WELL AS THE PERSPECTIVES OF THE ADVOCATES. ONE

13:05:25 ITEM THAT I DO WANT TO NOTE, CLAIRE RAMSEY WAS SCHEDULEED TO DO THE MODIFICATION FOR THE ADVOCATE'S

13:05:32 PERSPECTIVE AND IS UNABLE TO ATTEND TO. AND CARRIE IS GOING TO DO THAT PORTION. AFTER THE PRESENTATIONS

13:05:38 WE'RE GOING TO TAKE A BREAK. AFTER THE BREAK,

13:05:45 T SARAH IS GETTING SET UP.

13:05:54 SUSAN WILL BE CONTINUING THE DISCUSSION FROM LAST WEEK ABOUT COMPLETING THE LONG-TERM SERVICES REPORT AND

13:06:07 THEN WE'LL HAVE PUBLIC COMMENT PERIOD AND WRAB UP WRAP UP WITH REPRESENTATIONS AND ACTION ITEM RECOMMENDATIONS

13:06:18 A JENDSGENDA ITEMS.

I WANT TO THANK EVERYBODY FOR BEING AVAILABLE FOR BACK TO BACK MEETINGS. TOMORROW'S

13:06:31 MEETING WILL BE AT CDA. THE FACILITY IS IN NATOMAS AND I BELIEVE YOU ALL HAVE THE ADDRESS TO GET THERE.

13:06:44 JUST MEETING GUIDELINES. WE'RE USING THE AARP MEETING GUIDELINES. GOALS TO START, END ON TIME AND H WE

13:06:51 ACCOMPLISHED THE FIRST PART AND WE'LL SEE IF WE CAN ACCOMPLISH THE SECOND PART P. ONE PERSON SPEAKS AT A TIME

13:07:02 AND BE FULLY PRESENT AND DISENGAGE FROM OUR ELECTRONIC GUISE DEVICES, BUT I KNOW WE TAKE NOTE. USING

13:07:09 RESPECTFUL LANGUAGE AND TONE. AND TO HELP US STAY ON TRACK FOR THE MEETING TODAY, WE'RE GOING TO USE THE

13:07:15 COLOR CARD SYSTEM. BECAUSE WE DO WANT TO MAKE SURE THAT NOT ONLY DO ALL OF YOU HAVE AN OPPORTUNITY TO SPEAK,

13:07:22 BUT THAT WE DO HAVE AMPLE TIME FOR GROUP DISCUSSION AS WELL AS TO HEAR FROM MEMBERS OF THE PUBLIC THAT WISH TO

13:07:26 MAKE COMMENTS.

13:07:38 NEW IN JANUARY 2020. SOME OF YOU MAY HAVE HEARD THAT THERE WAS A PRESS CONFERENCE HELD ON FRIDAY FOR THE

13:07:49 GOVERNOR'S 20-21 BUDGET. IT IS REALLY AN EXCITE AND INSPIRING TIME, I THINK TO BE WORKING IN STATE

13:07:57 GOVERNMENT. WHEN YOU SAY SUCH A LARGE INVESTMENT IN HEALTH AND HUMAN SERVICE INITIATIVES. SOME OF THESE

13:08:01 INITIATIVES DEFINITELY BENEFIT

13:08:09 OLDER CALIFORNIANS AS WELL AS INDIVIDUALS WITH DISABILITIES. A FEW THAT I'D LIKE TO HIGHLIGHT, BY THE WAY,

13:08:17 WE DON'T HAVE TIME TO REALLY GET INTO ALL THE DETAILS, BUT WE WILL BE SENDING OUT AN E-MAIL TO ALL

13:08:22 STAKEHOLDERS LATER TODAY THAT WILL DETAIL OUT ALL OF THE GOVERNOR'S BUDGET PROPOSALS THAT WE FEEL WOULD

13:08:32 BENEFIT AND ASSIST INDIVIDUALS, OLDER A DPULTDULTS AND INDIVIDUALS WITH DISABILITIES. AS PART OF THE MEDI-CAL

13:08:41 HEALTHIER FOR ALL, I WOULD LIKE TO NOTE THAT THE GOVERNOR IS PROPOSEING THAT ALL CALIFORNIANS, 65 AND OLDER,

13:08:51 BE ELIGIBLE FOR FULL SCOPE MEDI-CAL COVERAGE AND THAT IS HUGE, REGARDLESS OF IMMIGRATION STATISTIC STATUS.

13:08:58 OTHER PROPOSALS IS ADDITIONAL MONEY FOR BEHAVIORAL HEALTH, ADDRESSING MENTAL ILLNESS AND SUBSTANCE ABUSE

13:09:11 ISSUES. HOMELESSNESS, WHICH THE OLDER ADULT, A IS ABOUT 50%, HAS A REBUST INVESTMENT OF \$750 MILLION DOLLARS.

13:09:19 ADDITIONAL MONEY FOR NURSING FACILITIES, LICENSING AND CERTIFICATION OF THOSE FACILITIES. LARGE INVESTMENT

13:09:30 IN VETERAN SERVICES, APPROXIMATELY HALF OF WHICH ARE OVER 65 IN CALIFORNIA. SO THAT IS TO PROVE VETERAN'S

13:09:38 HOMES AS WELL AS IMPROVE BEHAVIORAL HEALTH AND MENTAL HEALTH STAFFING.

AND THEN WE ALSO HAVE MONEY HERE FOR

13:09:47 ALZHEIMER'S AND RELATED DEMENTIA. 3.6 MILLION, ONE TIME GENERAL FUND TO ESTABLISH TRAINING INITIATIVE THROUGH

13:09:59 THE ALZHEIMER'S DISEASE CENTER TO HELP FAMILY CAREGIVERS. THERE IS A LOT TO BE EXCITED AND WE'LL SDIB SDIB

13:10:07 DISTRIBUTE THAT INFORMATION LATER TODAY. IF YOU HAVE QUESTIONS AND WANT FOLLOW UP, FEEL FREE TO CONTACT THE

13:10:15 DEPARTMENT.

THE VETERAN'S HOME MASTER PLAN FOR 2020 AND I ADDRESSED SOME OF THE INVESTMENTS AND ASSISTANCE

13:10:24 WITH THE VETERANS. PLEASE READ THROUGH THAT. IT WILL BE INTERESTING TO SEE HOW THAT PLAN DOVETAILS WITH OUR

13:10:33 OWN PLAN.

CONSUMER VOICES. WE'LL START WITH -- WE HAVE THREE CONSUMER STORIES. AND YOU HAVE THE STORIES

13:10:40 YOUR PACKETS. I'M NOT GOING TO READ THEM VERBATIM. BUT I MIGHT SUMMARIZE THE STORIES BECAUSE I THINK THEY

13:10:49 PROVIDE A GOOD INTRODUCTION TORE FOR THE DISCUSSION TODAY. EACH OF THE INDIVIDUALS ARE HAVE EXPERIENCED GROUP

13:10:56 LIVING CENTERS, MULTIPLE GROUP LIVING CENTERS. YOU WILL FIND COMMONALITIES AMONG THE STORIES AND SIGNIFICANT

13:11:07 DIFFERENCES AMONG THE STORIES.

THE FIRST STORY IS A RESIDENT IN ST. PAUL ASSISTED LIVING FACILITY. HER

13:11:18 STORY BEGINS WITH LIVING IN AN INDEPENDENT LIVING CENTER FOR 13 YEARS. SUFFERED FROM A SIGNIFICANT INJURY,

13:11:25 GOING TO A SKILLED NURSING FACILITY AND THEN GOING TO ASSISTED LIVING FACILITY. SHE IS FORTUNATE TO HAVE A

13:11:32 BROTHER AS WELL AS COMMUNITY PARTNERS TO ASSIST HER IN GETTING AROUND. A FEW THINGS TO NOTE ABOUT HER STORY

13:11:42 THAT IS COMMON AMONG OLDER ADULTS IS JUST THE STRUGGLES MENTALLY AND EMOTIONALLY IN TRANSITIONING INTO OLDER

13:11:50 YEARS AND UNDERSTANDING PHYSICAL LIMITATION AND MOBILITY ISSUES EMERGE. AND REALLY TRYING TO REACH OUT TO GET

13:11:58 HELP WITH HER SITUATION.

TWO SITUATIONS THAT SHE HIGHLIGHTS, ONE IS THE LACK OF TRANSPORTATION. SO THE FACT

13:12:05 THAT SHE DOES HAVE MOBILITY ISSUES AND WOULD LIKE MORE TRANSPORTATION OPTIONS, BUT THEY DON'T EXIST. SO SHE

13:12:12 CAN'T REALLY EXPERIENCE LIFE IN THE WAY THAT SHE WOULD LIKE TO IF SHE HAD THOSE OPTIONS. AND THEN OF COURSE,

13:12:21 HIGHLIGHTING THE COST OF FACILITY CARE AND LONG-TERM CARE COSTS; HOW THAT CAN BE A REAL CHALLENGE FOR PEOPLE

13:12:31 IF THEY DON'T HAVE FINANCIAL RESOURCES TO LIVE IN A GROUP LIVING CENTER.

THE SECOND STORY CONCERNS HE WILL

13:12:43 ELVIN WHO IS RECEIVING CARE THROUGH AN ASSISTIVE CARE FACILITIES ALSO WAS IN A SKILLED NURSING FACILITY. BOTH

13:12:56 WERE SATISFIED WHEN THE CARE THEY RECEIVE DSD IN THE SNF AND IN THE INDEPENDENT LIVING SITUATION. HIS WIFE IS

13:13:07 HIS PRIMARY CARE GIEFGIVER AND TAKES A TOLL. HE HAS FORTUNATE TO HAVE THE FINANCIAL RESOURCES TO INVEST IN A

13:13:12 LONG-TERM CARE SHUNS POLICY,

13:13:26 INSURANCE POLICY WRITE WHICH ALLOWS HIS WIFE? SOME RELIEF. AND TALKS THE STRUGGLES THAT OTHERS FACE.

THE

13:13:43 FINAL STORY IS GLENDA. WAS A RESIDENT IN A SKILLED NURSING FACILITY AND AFTER SHE WRAZ R WAS RELEASED, HER

13:13:51 FAMILY STRUGGLED TO CARE FOR HER AND THEY HAD TO GET HER APPROPRIATE COVERAGE AND SHE RETURNED TO THE SNF. WE

13:14:01 WILL WATCH THE FIRST FEW MINUTES OF THIS VIDEO.

VIDEO:

>> ARE YOU ABLE TO WALK A LITTLE BIT WITH THE

13:14:04 WALKER?

13:14:10

13:14:22 I

13:14:35

>> IF YOU ARE LOOK FORG A CLASS OF PEOPLE TO BULLY AROUND AND TO VIOLATE THEIR RIGHTS, THIS IS PROBABLY THE

13:14:42 BEST GROUP YOU CAN PICK. THEY ARE OLDER AND MEDICALLY FRAGILE AND COMING OFF A SIGNIFICANT MEDICAL CONDITIONS

13:14:52 THAT REQUIRED A HOSPITALATION AND NOW A LOT OF REHABILITATION. POORLY INFORMED ABOUT WHAT THEIR RIGHTS ARE.

13:15:04 THEY CAN BE MANIPULATED.

>> ON ANY GIVEN DAY, 1.4 MILLION AMERICANS ARE LIVEING IN A NURSING HOME AND

13:15:14 THOUSANDS ARE EVICTED AGAINST THEIR WISHES. SOMETIMES ILLEGALLY. SOME CASES THE PEOPLE BEING EVICTED LEAVE

13:15:24 QUIETLY BECAUSE THEY DON'T KNOW WHAT ELSE TO DO.

>> YOU ARE ON CAMERA.

>> EARLIER THIS YEAR, GLENDA WAS

13:15:32 ADMITTED INTO THE NURSING HOME TO RECOVER IF A BACK SURGERY THAT LEFT HER UNABLE TO WALK AND TAKE CARE OF

13:15:41 HERSELF. A FEW WEEKS LATER SHE WAS SHOWN A LETTER EXPLAINING MEDICARE WOULD NO LONGER COVER HER STAY.

>>

13:15:50 THEY CAME IN THERE AND THEY WERE LIKE, YOU ARE READY TO GO. LIKE SHE SAID TO YOU GUYS, I WAS AT MY MOMS AND

13:15:58 MY SON RAN OVER CRYING SAID GRANDMA IS AT THE HOUSE. WHEN I WALKED IN HERE, SHE HAD BEEN SITTING IN HER

13:16:08 WHEELCHAIR FOR 5 HOURS. COULD NOT BREATHE OR GET UP, BATHROOM IN HER PANTS. IT WAS AWFUL. AND I ASKED

13:16:17 GLENDA, WHY ARE YOU HERE IN THIS CONDITION? SHE RELEASED ME.

>> THE CARE CENTER DECLINED TO BE INTERVIEWED

13:16:28 FOR THIS PIECE. GLENDA DID NOT THINK SHE WAS READY TO LIVE ON HER OWN, NEITHER DID HER HER KIDS.

>> MY MOM

13:16:40 GETS 16 \$16 HUNDRED A MONTH. I CAN PAY UP TO

13:16:52 OUT OF MY POCKET, BUT THEY WANT \$9,000 A MONTH. I CONSIDER MYSELF MIDDLE CLASS, WE'RE RENTERS DOING THE BEST

13:17:03 WE CAN.

>> GLENDA'S FAMILY LEARNED LATER AFTER SHE LEFT THAT SHE HAD THE RIGHT TO APPEAL OR FILE FOR

13:17:12 MEDICARE. AND COULD STAY IN THE NURSING HOME AS LONG AS SHE NEEDED CARE. AFTER SHE LEFT SHE LEFT

13:17:23 THE HOME, THINGS NOT GO WELL.

>> SHE GOT PNEUMONIA AND WAS ADMITTED TO THE HOSPITAL.

>> NURSING HOME SAID

13:17:34 WHEN SHE LEFT, SHE LEFT VOLUNTEERLY AND VOLUNTARILY AND THEY GAVE HER PAPERWORK WITH INFORMATION ABOUT HER

13:17:40 RIGHT TO APPEAL.

>> MARK BECKLEY: THOSE ARE CONSUMER PERSPECTIVES AND PEOPLE HAVE HAD DIFFERENT EXPERIENCES

13:17:47 GROUP LIVING SITUATIONS. AND LOTS OF CONFUSION ABOUT COVERAGE, WHAT PEOPLE ARE ELIGIBLE FOR, WHAT SORTS OF

13:17:52 INFORMATION IS AVAILABLE TO INFORM PEOPLE ABOUT COVERAGE OPTIONS.

DEFINITELY A LOT TO TALK ABOUT TODAY. I

13:18:05 THINK WE WILL TURN IT OVER TO JOE RODRIGUES TO SET A FOUNDATION AND TALK ABOUT THE DIFFERENT LIVING

13:18:11 SITUATIONS.

>> JOE RODRIGUES: THANK YOU, MARK.

13:18:26 THE OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN HAS ESTABLISHED BOTH IN THE OLDER AMERICANS ACT AS THE

13:18:35 STATE ACT AS AN INDEPENDENT PERSON-CENTERED RESOLUTION AND ADVOCACY PROGRAM FOR RESIDENTS OF LONG-TERM CARE

13:18:44 FACILITIES. OUR MISSION IS TO IDENTIFY, INVESTIGATE AND RESOLVE COMPLAINTS THAT ARE MADE BY OR ON BEHALF

13:18:55 OF THE RESIDENTS AND MAY AFFECT HEALTH, SAFETY AND WELFARE OR RIGHTS.

WE ALSO ANALYZE, COMMENT ON, AND

13:19:07 MONITOR THE DEVELOPMENT AND MREMEN COMPLEMENT IMPLEMENTATION OF FEDERAL STATE AND LOCAL LAWS AND OTHER

13:19:14 POLICIES, GOVERNMENT ACTIONS APPERTAIN TO THE HEALTH AND SAFETY AND RIGHTS OF RESIDENT. WITH RESPECT TO THE

13:19:21 LONG-TERM SERVICES AND FACILITIES THE STATE. NOT ONLY DO WE

13:19:32 ENDEAVOR TO RESOLVE, BUT IMPROVE THE LONG-TERM HEALTH CARE SYSTEM ITSELF. WE MAKE RECOMMENDATIONS ON THE

13:19:41 POLICIES, LEGISLATION, POTENTIAL PROCEDURES AND ACTIONS THAT THE OFFICE DETERMINES TO BE APPROPRIATE.

13:19:51 THERE ARE ADDITIONAL RESPONSIBILITIES THAT THE STATE HAS GIVEN TO THE CALIFORNIA PROGRAM THAT GO BEYOND WHAT

13:19:58 IS REQUIRED IN THE FEDERAL OLDER AMERICANS ACT. STARTING WITH YEAR, WE PROVIDE REGULAR AND TIMELY ACCESS TO

13:20:08 ONLYMBUDSMAN SERVICES BY VISITING EVERY LONG-TERM CARE FACILITY IN THE STATE ON A QUARTERLY BASIS, THAT IS NOT

13:20:17 IN RESPONSE TO A COMPLAINT. EVERY FACILITY WILL RECEIVE A VISIT FROM A REPRESENTATIVE.' WE ALSO RECEIVE AND

13:20:24 INVESTIGATE REPORTS OF SUSPECTED ABUSE AND NEGLECT THAT OCCUR IN LONG-TERM CARE FACILITIES AND CERTAIN OTHER

13:20:32 COMMUNITY CARE FACILITIES. IN MOST OTHER STATES, THAT IS NOT A RESPONSIBILITY OF THE OMBUDSMAN PROGRAM, IT IS

13:20:41 USUALLY ADULT PROFESSOR PROTECTIVE SERVICES, LOCAL LAW ENFORCEMENT AND LICENSING AGENCY. CALIFORNIA IS ONE OF

13:20:48 THE STATES NATIONWIDE THAT HAS GIVEN THIS RESPONSIBILITY TO THE OMBUDSMAN PROGRAM.

WE WITNESS ADVANCE HEALTH

13:21:00 CARE DIRECTIVES CERTAIN PROPERTY CARE TRANSFER FOR RESIDENTS OF FACILITIES. THE OFFICE IS HOUSED AT THE

13:21:11 CALIFORNIA DEPARTMENT OF AGING THROUGH CONTRACTS WITH THE AREA AGENCIES ON AGING. WE HAVE 35 LOCAL AM

13:21:22 OMBUDSMANENITIES THAT ARE DETECT DEDICATED AND HOUSED IN AREA AGENCIES ON AGING OR NONPROFIT, UNCREDCONSIDERS

13:21:37 OR SUBCONTRACTORS WITH THE DEPARTMENT. IN FISCAL YEAR 18, THERE WERE 825 REPRESENTATIVES WHO OBTAINED MEDICAL

13:21:45 RECORD CLEARANCES, RECEIVING TRAINING, A MINIMUM OF 10 HOURS THE FIELD AND A MINIMUM OF 12 HOURS OF ANNUAL

13:21:56 CONTINUING EDUCATION. NEARLY 80% OF THE REPRESENTATIVES ARE VOLUNTEERS.

13:22:05 AS YOU CAN SEE FROM THE CHART, THESE ARE THE TYPES OF COMPLAINTS THAT OUR PROGRAM HAS RECEIVED OVER THE PAST

13:22:16 FISCAL YEAR. 42% OF ALL COMPLAINTS WERE AROUND RESIDENT RIGHT ISSUES. THESE COULD BE THINGS SUCH AS ABUSE,

13:22:27 NEGLECT AND SXLOET EXPLOITATION, ACCESS TO INFORMATION, TRANSFER, EVICTION, AUTONOMY, CHOICE, EXERCISE OF

13:22:36 RIGHTS, PRIVACY AND COMPLAINTS ABOUT FINANCIAL ABUSE. 23% OF THE COMPLAINTS WERE AROUND QUALITY OF LIFE

13:22:46 ISSUES. THESE ARE ACTIVITIES AND SOCIAL SERVICES, DIETARY AND ENVIRONMENTAL COMPLAINTS.

25% OF COMPLAINTS

13:22:55 ARE AROUND RESIDENT CARE. THIS COULD BE CARE, REHABILITATION OR MAINTION OF MAINTENANCE OF FUNCTION,

13:23:03 RESTRAINTS, CHEMICAL OR PHYSICAL. 3% OF COMPLAINTS WERE AROUND FACILITY ADMINISTRATION. POLICIES,

13:23:12 PROCEDURES, STAFF ATTITUDES, RESOURCES AND STAFFING.

4% OF THE COMPLAINTS WERE COMPLAINTS AGAINST OTHERS,

13:23:19 INDIVIDUALS NOT A FILLFFILIATED WITH THE FACILITY. THESE COULD BE THE CERTIFICATION OR LICENSING AGENCY, THE

13:23:29 STATE MEDICAID AGENCY, THE SYSTEM OR OTHERS. FINALLY, I BELIEVE THAT IS 3% OF THE COMPLAINTS WERE ABOUT

13:23:38 COMPLAINTS IN OTHER SETTINGS OR ABOUT OTHER SERVICES. COMPLAINTS ABOUT SERVICES IN OTHER SETTINGS, SOMEONE

13:23:42 COMINGS TO THE

13:23:51 E SUMS TO UMBERLAND COUNTY MENTAL HEALTH CENTERS TO THE SNF AND WE GET A COMPLAINT. WE GET COMPLAINTS ABOUT

13:24:01 THE FACILITY. THOSE ARE THE ISSUES.

IN FEDERAL FISCAL YEAR 18, THE PROGRAM HERE IN CALIFORNIA INVESTIGATED

13:24:12 APPROXIMATELY 39,000 COMPLAINTS THAT WERE MADE BY OR ON BEHALF OF RESIDENTS. HERE IS ONE STORY WHAT WE

13:24:22 HIGHLIGHTED IN OUR ANNUAL REPORT.

[READING] MILDRED HAD LIVED IN A NURSING HOME 6 MONTHS FOLLOWED BY THE

13:24:29 DEATH OF HER HUSBAND. HER DAUGHTER OVERSAW HER MONEY AND WAS SUPPOSED TO PAY FOR HER CARE. UNFORTUNATELY,

13:24:35 THE DAUGHTER SPENT THE MONEY ON HERSELF AND DID NOT PAY THE NURSING HOME BILL. THE FACILITY STAFF CONTACTED

13:24:46 THE LONG-TERM CARE PROGRAM FOR HELP BECAUSE THEY DID NOT WAN TO EVICT MILL DRID. THEY WORKED WITH THE

13:24:58 DAUGHTER TO HELP HER STOP USING HER MONEY. OTHER FAMILY MEMBERS ARE NOW TAKING CARE OF MILLDRED'S

13:25:08 BILLS.

I'D LIKE TO SAY THAT IS AN UNUSUAL STORY, BUT UNFORTUNATELY, IT IS NOT. ONLYMBUDSMANS SEE A WIDE

13:25:17 VARIETY OF ISSUES THAT AFFECT THE RESIDENT WHO LIVE IN LONG-TERM CARE FACILITIES. AND AS ADVOCATES FOR

13:25:25 RESIDENTS, WE DO OUR BEST TO RESOLVE THE COMPLAINTS TO THE BEST OF OUR ABILITY. STATEWIDE, WE'RE ABLE TO

13:25:36 RESOLVE TO THE SATISFACTION OF THE RESIDENT, ABOUT 67% OF ALL COMPLAINTS A ARE THAT ARE BROUGHT TO THE

13:25:42 PROGRAM. THAT IS PRETTY SIGNIFICANT. TWO-THIRDS OF ALL COMPLAINTS ARE RESOLVED TO THE SATISFACTION OF THE

13:25:53 RESIDENT AND THE. NOT TO THE SATISFACTION OF THE OMBUDSMAN, BUT THE RESIDENT.

RIGHT NOW I'D LIKE TO GO OVER

13:26:01 THE DIFFERENT TYPES OF GROUP LIVING SETTINGS A WE HAVE HERE IN CALIFORNIA. AND THIS CHART WILL HIGHLIGHT THE

13:26:12 MAJOR TYPES OF FACILITIES THAT WE HAVE HERE IN CALIFORNIA THAT SERVE REDOMINANTLY OLDER ADULTS.

IF WE BEGIN

13:26:19 UP IN THE UPPER LEFT HAND CORNER, WE HAVE SKILLED NURSING FACILITIES. THE CALIFORNIA DEPARTMENT OF PUBLIC

13:26:28 HEALTH AND I BELIEVE WE'VE GOT SOMEONE HERE, WHO IS THE KHEF CHIEF OF FIELD OPERATIONS. CALIFORNIA DEPARTMENT

13:26:37 OF PUBLIC HEALTH LICENSES SKILLED NURSING FACILITIES. THESE PROVIDE HOUSING, MEALS, MEDICAL CARE, PERSONAL

13:26:46 CARE, SOCIAL SERVICES AND SOCIAL ACTIVITIES TO PEOPLE WHO HAVE PHYSICAL OR BEHAVIORAL CONDITIONS THAT PREVENT

13:26:54 THEM FROM LIVING ALONE.

IN ADDITION TO BEING LICENSED, NURSING HOMES THAT CHOOSE TO PARTICIPATE IN THE

13:27:00 MEDICARE AND MEDI-CAL PROGRAMS MUST BE CERTIFIED BY THE FEDERAL GOVERNMENT IN ORDER TO QUALIFY FOR PAYMENTS

13:27:08 ARE THE FROM THE PROGRAMS. FEDERALLY CERTIFIED FACILITIES MUST MEET FEDERAL STANDARDS AS WELL AS THE

13:27:14 CALIFORNIA REQUIREMENTS FOR PARTICIPATION. MOST CALIFORNIA NURSING HOMES ARE CERTIFIED TO PARTICIPATE IN BOTH

13:27:26 MEDICARE AND MEDI-CAL.

PATIENTS IN SUBACUTE FACILITIES ARE MEDICALLY FRAGILE, REQUIRE SPECIAL SERVICES.

13:27:38 SUCH AS INHALATION THERAPY, TRACHEOTOMY CARE, COMPLEX WOUND MANAGEMENT CARE. SUBACUTE CARE IS A MEDI-CAL

13:27:47 PROGRAM, NOT A LICENSING OR CERTIFICATION CATEGORY THAT PAYS HIGHER RATES FOR BENEFICIARIES WHO HAVE

13:27:54 EXCEPTIONAL NEEDS. INTERMEDIATE CARE FACILITIES ARE LOWER LEVEL OF NURSING HOME, LICENSED BY THE CALIFORNIA

13:28:02 DEPARTMENT OF PUBLIC HEALTH TO PROVIDE INN PATIENT CARE TO PERSON WHOSE DOS WHO DO NOT REQUIRE CONTINUOUS

13:28:13 NURSING CARE, BUT WHO DO NEED NURSING SUPERVISION AND SUPPORTIVE CARE. MOST FACILITIES ARE CERTIFIED MY

13:28:24 BIOMEDICALLY MED MEDI-CAL. MEDICARE DOES NOT CERTIFY TO PAY THE FACILITIES, BUT THE BENEFICIARIES WHO RESIDE

13:28:33 IN THE FACILITIES CAN USE MEDICARE TO COVER HEALTH SERVICES SUCH AS PHYSICIAN CARE.

ADDITIONALLY, CALIFORNIA

13:28:41 LICENSES THREE SUBCATEGORIES OF INTERMEDIATE CARE FACILITIES THAT SERVE PERSONS WITH DEVELOPMENTAL

13:28:49 DISABILITIES. INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED AND FACILITIES FOR THE DISABLED

13:29:00 NURSING AND INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTAL DISABLED HABILITATIVE.

SOME NURSING HOMES

13:29:08 QUALITY OR ARE CLASSIFIED AS INSTITUTIONS FOR MENTAL DISEASE, WHICH PROVIDE CARE FOR RESIDENTS WITH MENTAL

13:29:16 HEALTH DISORDER. IN CALIFORNIA, THESE NURSING FACILITIES ARE DESIGNATED AS SPECIAL TREATMENT PROGRAMS. COULD

13:29:28 NOT GATE CONGREGATE LIVING HEALTH FACILITIES HAVE THE CAPACITY OF MORE THAN 6 BEDS, WHICH PROVIDE IN-PATIENT

13:29:37 CARE AND PROVIDE MEDICAL SUPERVISION, 24 HOUR SKILLED NURSE AND SUPPORTIVE CARE, PHARMACY, DIETARY, SOCIAL AND

13:29:44 RECREATIONAL SKILLED NURSING CARE ON A RECURRING INTERMITTENT BASIS.

THE CARE IS GENERALLY LESS INTENSE THAN

13:29:49 PROVIDED IN GENERAL AC

13:30:03 SINCE THE INTRODUCTION OF THE NEW LICENSING CATEGORY OF FREE STANDING HOSPICE, MANY ARE CONVERTING THEIR

13:30:15 LICENSE TO HOSPICE. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, AND I BELIEVE WE HAVE SOME

FROM THE

13:30:26 ADMINISTRATOR AND PAM WITH US THIS AFTERNOON. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY SERVE PERSONS 60

13:30:38 AND OLDER PROVIDING ROOM, BOARD, HOUSEKEEPING, SUPERVISION AND HELP WITH BASIC

ACTIVITIES LIKE PERSONAL

13:30:50 HYGIENE, AND WALKING AND EATING. THIS LEVEL OF CARE AND SUPERVISION IS FOR PEOPLE UNABLE TO LIVE BY

13:30:59 THEMSELVES BUT DO NOT REQUIRE OR NEED 24 HOUR NURSING CARE. THEY

ARE CONSIDERED NONMEDICAL FACILITIES AND

13:31:09 ARE NOT REQUIRED TO HAVE NURSES, CERTIFIED NURSING ASSIST

13:31:14 ABOUT

13:31:30 ANTS ON STAFF. WE TALK ABOUT CONTINUING CARE MOMENTARILY. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY OR

13:31:39 ASSISTED LIVING FACILITIES MUST MEET STANDARDS SET BY THE STATE AND ARE LICENSED BY THE COMMUNITY CARE

13:31:48 LICENSING, NO FEDERAL CARE OVERSIGHT FOR THE RESIDENTIAL CARE OF THE ELDERLY. ONE TYPE NOT INCLUDED ON THE

13:32:02 MAP THAT SERVES YOUNGER ADULTS, NOT OLDER ADULTS ARE ADULT RESIDENTIAL FACILITIES, ANY CAPACITY WITH 24 HOUR

13:32:12 A DAYCARE AND

SUPERVISION PEOPLE 18-59 AND SOME CASES, 60 AND OLDER THAT HAVE AGED IN PLACE WITH COMPARABLE

13:32:21 NEEDS THAT REQUIRE THE SAME LEVEL OF CARE AS OTHER CLIENTS IN THE FACILITY. CONTINUING CARE

13:32:28 RETIREMENT

COMMUNITIES PROVIDE HOUSING, ASSISTED LIVING AND NURSING CARE USUALLY IN ONE LOCATION. RESIDENTS

13:32:37 PAY A LARGE ENTRANCE FEE AND SIGN A CONTRACT THAT ENTITLES THEM TO FUTURE CAR -- SOMETIMES FOR

13:32:46 LIFE.

CONTINUING CARE RETIREMENT COMMUNITIES ARE REGULATED BY THE DEPARTMENT OF SOCIAL SERVICES, COMMUNITIES

13:32:55 THAT OPERATE A SKILLED NURSING FACILITY MUST BE LICENSED BY THE CALIFORNIA DEPARTMENT OF

PUBLIC HEALTH. WE

13:33:06 HAVE ON THE CHART VETERAN HOMES, RESIDENTIAL CARE FOR THE ELDERLY OR SKILLED NURSING FACILITIES. LAST BUT NOT

13:33:17 LEAST, THERE ARE APPROXIMATELY 4800 INMATES OVER THE AGE OF 65 WHO

ARE INCARCERATED IN CORRECTIONAL NURSING

13:33:23 FACILITIES THROUGHOUT THE STATE.

13:33:35 WHERE ARE THOSE LOCATED? THERE ARE SEVERAL. THERE IS A CORRECTIONAL FACILITY IN STOCKTON, BUILT PROBABLY

13:33:45 12 YEARS AGO

THAT HOUSES A LARGE NUMBER OF INMATES. THAT FACILITY IS AT CAPACITY, AND SO THE DEPARTMENT OF

13:33:53 CORRECTIONS AND REHABILITATION WILL CONTRACT WITH NURSING HOME IN THE COMMUNITY TO PROVIDE

CARE TO THOSE

13:34:03 INMATES. THOSE INMATES USUALLY HAVE A GUARD AT THE FOOT OF THE BED AND A GUARD OUTSIDE THE ROOM. THERE

13:34:16 AREN'T THAT MANY INMATES WHO ARE IN -- NURSING HOMES IN THE COMMUNITY, BUT THERE

ARE SOME OUT THERE.

13:34:30 YOU CAN SEE FROM THIS PIE CHART HERE THAT OF THE 13.5 MILLION PEOPLE ON

13:34:45 MEDICAL DI MEDI-CALL ARE MANAGED CARE PARTICIPANTS AND 20% FEE FOR SERVICE. THOSE PAID FOR BY

MEDICARE,

13:34:59 60% ARE IN MANAGED CARE PROGRAMS, 40% FEE FOR SERVICE. 84% OF NURSING HOME PATIENTS ARE DISCHARGED TO A LOWER

13:35:11 LEVEL OF CARE WITHIN THREE MONTHS. 59% OF DISCHARGED PATIENTS GO HOME OR

TO AN ASSISTED LIVING FACILITY.

13:35:26 PATTY?

>> PATTY: ISN'T THE REASON THAT MEDICARE HAS BEEN CUT OFF?

>> EVEN THOUGH YOU TYPICALLY HAVE 100

13:35:37 DAYS OF COVERAGE, USUALLY, 20 DAYS IS THE CUTOFF.

>> IT'S BIASED WHEN YOU SAY THE DISCHARGE AT A LOWER LEVEL

13:35:49 OF CARE. MEDICAL DI MEDICARE IS NOT REIMBURSING.

>> CAN I SAY SOMETHING

13:35:59 ? I WANT TO MAKE SURE -- HI. I WANT TO MAKE SURE I UNDERSTAND THE SLIDE. YOU ARE SAYING 80% OF THE PEOPLE

13:36:09 RESIDING IN NURSING HOMES ARE ON MEDICARE MANAGED CARE PROGRAMS, NOT PLANS FOR LONG-TERM CARE? I'M TRYING TO

13:36:16 UNDERSTAND WHAT THIS MEANS?

>> THAT'S MY UNDERSTANDING, YES.

>> THAT'S INTERESTING. I DIDN'T REALIZE IT WAS

13:36:27 THAT HIGH.

>> I HAVE A BRIEF COMMENT. I INCLUDED IN MATERIALS AN ARTICLE WE WROTE ABOUT MEDICARE

13:36:37 DISCRIMINATION IN NURSING HOMES. THOUGH IT MAY RUN OUT 20 TO 23 DAYS, THEY TELL PEOPLE WE DON'T

13:36:44 PROVIDE

SHORT-TERM CARE. ONCE YOUR MEDICARE IS CUT, YOU HAVE TO LEAVE. THAT'S ONE OF THE THINGS THAT'S BEEN

13:36:54 AN EPIDEMIC IN CALIFORNIA WE HAVE BEEN TRYING TO FIGHT AGAINST, THE IDEA THAT YOU CAN'T APPLY FOR

MEDICAL IN

13:37:06 THE NURSING HOME, WHICH YOU CAN. IT'S SIMPLY A MATTER OF MEDICAL DISCRIMINATION.

13:37:14

>> I HAVE A QUESTION ABOUT THE SLIDE THAT'S UP. IF YOU COULD CLARIFY, BECAUSE I CAN'T SEE THE TOP RUNG OF

13:37:21 THE TOP. THERE IS IS, IS A TOTAL OF

13:37:37 13.5 MILLION PEOPLE ON MEDICAID PERIOD, IN THE STATE, CORRECT? NOT IN NURSING HOMES.

>> CORRECT. AND 6.2

13:37:45 MILLION ON MEDICARE?

>> IT DOES SAY SKILLED NURSING FACILITY CENSUS. THESE ARE PEOPLE THAT CAME IN AND

13:37:59 OUT?

>> NO. NO WAY.

>> THERE ARE ABOUT 300,000 A YEAR.

>> THAT'S TOTAL MEDICARE.

>>

13:38:14 13.5 MILLION TOTAL --

>> ALL AGES. OF THE NURSING HOME POPULATION, STILL ROUGHLY THE SAME. CERTAINLY, THE

13:38:21 NEXT SLIDE IS TRUE. I KNOW THAT.

13:38:56 NEXT SLIDE AS WELL, PLEASE. HERE IS A BREAK DOWN OF SKILLED NURSING FACILITY

RESIDENTS BY AGE AND RACE.

13:39:11 THE HIGHEST PERCENTAGE, 75 TO 84 AND 75 TO 94. I CAN'T MAKE THAT OUT, BUT I'M ASSUMING -- YES, LARGEST

13:39:26 PERCENTAGE OF NURSING HOME RESIDENTS BY RACE, 31%, WHITE, 19

HISPANIC, ASIAN AND BLACK 12%, OTHER OR

13:39:37 UNKNOWN 13% AND NATIVE AMERICAN 1%. WE SPOKE BRIEFLY ABOUT RCFES AND LIFE CARE COMMUNITIES AND CONTINUING

13:39:48 CARE COMMUNITIES. JUST AN OBSERVATION IN GENERAL, 17% OF RESIDENTIAL CARE FACILITIES FOR THE ELDERLY WITH 16

13:40:01 OR MORE RESIDENTS HAVE 79% OF ALL RESIDENTS. 79% OF ALL PEOPLE IN RESIDENTIAL CARE ARE IN THE LARGER ASSISTED

13:40:18 LIVING OR RESIDENTIAL CARE

FACILITIES. 83% OF RCFES HAVE 21% OF ALL RCFE RESIDENTS. THERE ARE 105 LIFE PLAN

13:40:26 COMMUNITIES OR CONTINUING CARE COMMUNITY IN THE STATE. THESE ARE FACILITIES THAT HAVE INDEPENDENT

13:40:33 LIVING,

RESIDENTIAL CARE AND SKILLED LIVING ON THE SAME CAMPUS. THERE ARE 16,000 LIVING UNITS IN THE

13:40:47 BUILDINGS, 4,000 ASSISTED LIVING UNITS AND 4800 SKILLED NURSING BEDS.

>> SO WE ARE ALL AWARE THEY ARE CLOSING

13:40:57 DOWN THROUGHOUT THE STATE. I'M LOOKING AT 79% OF ALL BOARD AND CARE FOLKS, RELATIVELY LARGE FACILITIES. WE

13:41:09 DON'T HAVE ONE IN HUMBOLDT COUNTY.

21%, YOU HAVE -- YOU KNOW, IN THE FEWER BEDS, BUT WHAT'S HAPPENING WITH

13:41:20 THOSE PEOPLE WITH CARE THAT ARE CLOSING? SO MANY IN OUR AREA HAVE CLOSED. WE ARE DOWN 2/3, WE HAVE LOST.

13:41:27 IT'S A HORRENDOUS AMOUNT.

>> IT'S A CHALLENGE WE ARE SEEING THROUGHOUT THE STATE. YOU WILL SEE COMMENTS

13:41:39 DISTRIBUTED LATER FROM THE ONLY BUDSMAN PROGRAM IN SAN FRANCISCO SEEING

13:41:55 TREMENDOUS CARE FACILITIES THAT CLOSED, ADULT FACILITIES, ROOM AND BOARD FACILITIES OR NURSING HOMES.

13:42:02 ANY QUESTIONS?

13:42:10 THANK YOU.

13:42:21

>> WE'LL MOVE ON TO MERCEDES.

>> THANK YOU. WHILE I'M GETTING THE CLICKER HERE, I WOULD LIKE TO SAY THAT

13:42:28 WE ARE GRATEFUL TO BE HERE TO DESCRIBE WHAT WE DO IN ASSISTED LIVING. THIS IS SUCH AN IMPORTANT CONVERSATION.

13:42:36 THERE ARE

MANY SOLUTIONS TO WHAT WE ARE TRYING TO ADDRESS, CARE AND NEEDS OF THE SENIOR POPULATION AND IN

13:42:43 ASSISTED LIVING, WE ATTEMPT TO DO OUR PORTION OF THAT. IT'S ONE OF MANY SESSIONS. I'LL DESCRIBE TO

13:42:50 YOU

ABOUT OUR RESIDENTS AND THEIR NEEDS. I'LL DESCRIBE THE KIND OF SERVICES AND THE PURPOSE OF THE SERVICES

13:42:58 WE ARE PROVIDING IN ASSISTED LIVING. I'M GOING TO TALK TO YOU ABOUT THE 2019 HEALTH AFFAIRS

REPORT ON THE

13:43:06 FORGOTTEN MIDDLE AND THE CHALLENGES OF HIGHLIGHTS AND RESPONSES THAT MIGHT HELP US ADDRESS THOSE NEEDS. I

13:43:18 WILL FINISH BY HIGHLIGHTS RECENT POLICY MATTERS RELATED TO ASSISTED LIVING.

MOST TPRAOEPBGT

13:43:28 FREQUENTLY THEY ARE 80 AND ABOVE, OFTEN WOMEN AND HALF OF THEM HAVE CHRONIC CONDITIONS AND MOST REQUIRE

13:43:39 ASSISTANCE WITH DAILY LIVING. ACCORDING TO ANNE TOM AND RESEARCH

THAT STUDIED MEDICARE SPENDING IN 2015, THE

13:43:52 COST OF CARE CAN INCREASE 2.4 TIMES WHEN SOMEONE HAS A FUNCTIONAL IMPAIRMENT RELATED TO A CHRONIC CONDITION.

13:44:03 THEIR ANNUAL CARE MIGHT BE \$5,467 ACCORDING TO THE STUDY 2015. IF SOMEONE HAS THE SAME, 0-2 CHRONIC

13:44:14 CONDITIONS BUT ALSO FUNCTIONAL IMPAIRMENT, THE COST OF ANNUAL CARE IS \$12,831 PER YEAR. AS YOU CAN IMAGINE,

13:44:21 THREE OR MORE CONDITIONS, THE COST IS MORE,

13:44:31 \$11,584, IF YOU HAVE CHRONIC CONDITIONS THREE OR MORE, ADDING FUNCTIONAL IMPAIRMENT,

13:44:40 \$26,972. I PROVIDE THAT TO YOU AS BACKGROUND BECAUSE I WOULD LIKE TO EXPLAIN THE PURPOSE BEHIND

13:44:49 ASSISTED

LIVING AND CARE WELL PROVIDED, IN MANY CASES PREVENTATIVE ILLNESS, WELLNESS AND OTHER TYPES OF

13:44:59 INTERVENTIONS THAT ARE INTENDED TO HELP MANAGE A LIFESTYLE, HAVE A PRODUCTIVE LIFESTYLE, MORE WELLNESS

IN THE

13:45:08 LIFESTYLE AND ALSO MORE PURPOSE, WHICH IS IMPORTANT AND HAS HEALTH BENEFITS AS WELL. IN A COMMUNITY SETTING,

13:45:17 WHAT IS MOST FREQUENTLY PROVIDED IN ASSISTED LIVING IS FOOD SECURITY, NUTRITION

AND HYDRATION, THERE ARE

13:45:26 TRANSPORTATION OPTIONS FOR SOCIAL TYPE OF OUTINGS, AND ALSO TO VISIT THE DOCTOR. THERE IS IMPORTANTLY

13:45:36 COGNITIVE ENGAGEMENT, PHYSICAL ENGAGEMENT, SOCIAL ENGAGEMENT. ISOLATION

IS KNOWN TO CONTRIBUTE TO DEMENTIA,

13:45:45 FOR EXAMPLE, SO A LOT OF THE ENGAGEMENT IS PROBLEMATIC IN NATURE. IT'S NOT WHAT MANY THOUGHT OF IN THE PAST

13:45:57 AS SPOERBL SOCIAL ACTIVITIES,

BUT CAN BE WELL STUDIED. AS AN EXAMPLE, AT BELMONT VILLAGE WE HAVE CIRCLE OF

13:46:05 FRIEND. CIRCLE OF FRIENDS IS INTENDED TO CAPTURE THOSE IN THE EARLIER STAGES OF DEMENTIA SO THERE IS

13:46:16 COGNITIVE, SOCIAL

ENGAGEMENT. IT'S PROVEN IN THE INSTANCE OF OUR RESIDENTS TO DELAY THE PROTKPWECS

13:46:25 PROGRESSION OF DEMENTIA. SAFETY GOES A LONG WAY IN PREVENTING AMBULANCE TRIPS TO THE E.R. MEDICATION

13:46:36 MANAGEMENT

SO IF ANYONE IS DISCHARGED FROM A SKILLED NURSING FACILITY AND HAS NEEDS THAT SHOULD BE MET,

13:46:43 HOPEFULLY, WITH THIS MEDICATION MANAGEMENT AND ALL OF THESE OTHER ACTIVITIES, THERE IS A BETTER OUTCOME

AND A

13:46:53 LOWER COST OF CARE FOR THAT PARTICULAR INDIVIDUAL. THE KAISER FAMILY FOUNDATION, AS WE THINK ABOUT SOCIAL

13:46:59 DETERMINANTS OF HEALTH, THE KAISER FAMILY FOUNDATION HAS GIVEN THE FOLLOWING PERCENTAGES

TO WHAT THEY THINK

13:47:09 ARE THE DIFFERENT COMPONENTS OF HOW ONE MIGHT EXPERIENCE THEIR CARE OR HEALTHCARE JOURNEY. THEY THINK TO

13:47:19 MANAGE YOUR HEALTHCARE JOURNEY, 10% OF THAT IS GOING TO BE -- I GUESS,

RELATED TO YOUR CLINICAL CARE. ONLY

13:47:28 10% OF YOUR HEALTHCARE COSTS WILL BE DETERMINED BY THE KIND OF CLINICAL CARE ONE IS RECEIVING. HOWEVER,

13:47:36 INDIVIDUAL BEHAVIOR WHICH INCLUDES STRESS MANAGEMENT, DIET, EXERCISE, ADHERING TO YOUR CARE PLAN, THAT

13:47:46 CONTRIBUTES 40%. 40% WILL BE DETERMINED BY THE INDIVIDUAL BEHAVIOR. 20% OF IT WILL BE DETERMINED BY SOCIAL

13:47:56 AND ENVIRONMENTAL FACTORS SUCH AS HOME,

FAMILY, ECONOMIC STABILITY, AND THEN 30% OF THAT WILL HAVE TO DO WITH

13:48:07 GENETICS. IF ONE THINKS ABOUT THE SOCIAL AND ENVIRONMENTAL FACTORS THAT IMPACT THE COST OF HEALTHCARE, THAT'S

13:48:15 60% TO BE

INFLUENCED BY SOME DEGREE BY LIVING IN AN ENVIRONMENT CONDUCTIVE TO WELLNESS AND BETTER OUTCOME.

13:48:27 THAT'S WHAT WE STRIVE FOR. IF WE THINK OF THE MISSION BEHIND ASSISTED LIVING, WE STRIVE TO ENGAGE IN

AND

13:48:38 IMPROVE FOR OUR RESIDENTS. SENIORS WHO MAY NOT HAVE ENOUGH RESOURCES TO LIVE IN ASSISTED LIVING COMMUNITIES

13:48:47 BUT HAVE TOO MANY RESOURCES FOR THAT MATTER, TO BE ELIGIBLE FOR MEDICAID UNLESS THEY

SPEND DOWN ASSETS ARE

13:49:00 CALLED "THE FORGOTTEN MIDDLE." IN THE MANUSCRIPT PUBLISHED 2019," HEALTH AFFAIRS "THE FIFTH MOST READ IN 300

13:49:10 STUDIES IN HEALTH AFFAIRS IN THE YEAR. THIS REPORT WAS AUTHORED

BY NIC, NATIONAL CENTER FOR HOUSING AND

13:49:19 CARE, THE UNIVERSITY OF CHICAGO, UNIVERSITY OF MARYLAND AND HARVARD MEDICAL SCHOOL. IN THE REPORT, THEY

13:49:32 DESCRIBE 43% OF SENIORS 75 AND OVER ARE IN THE MIDDLE INCOME SEGMENT IN 2029, SO THAT IN 2029,

13:49:44 14.35 MILLION MIDDLE INCOME SENIOR, 67% WILL HAVE THREE OR MORE CHRONIC CONDITIONS AND

13:49:55 CONDITIONS. 60% OF THEM HAVE MOBILITY LIMITATIONS. WHEN WE THINK OF

THAT IMPACT IN THE CONTEXT OF THE COST

13:50:03 OF CARE I WAS DESCRIBING BEFORE AND HOW IT ESCALATES WHEN DIFFERENT CONDITIONS ARE COMBINED, THIS IS AN

13:50:10 IMPORTANT ISSUE TO ADDRESS. THERE IS AN OPPORTUNITY TO ADDRESS IT IN A BETTER WAY THAN WE HAVE DONE UP TO

13:50:19 THIS POINT. HALF OF THE SENIORS HAVE AN ANNUAL INCOME OF \$60,000 OR LESS YET THE PROJECTED AVERAGE CARE OF

13:50:28 HEALTHCARE IS \$62,000 COMBINED WITH LIVING

COSTS, SO THE SOLUTIONS TO BRIDGE THIS ARE GOING TO BE MULTIFOLD.

13:50:38 THE REPORT CONCLUDES THAT BROADENING ELIGIBILITY TO HOME AND COMMUNITY BASED SERVICES FOR HIGHER NEED

13:50:47 INDIVIDUALS MAY FORESTALL

KEEPING SENIORS IN NONINSTITUTIONAL SETTINGS FOR LONGER. THERE ARE OPPORTUNITIES

13:50:55 TO DEFINE MODULAR CONSTRUCTION AND MIXED USE TYPE OF SETTINGS. THERE ARE OPPORTUNITIES AND OPERATING

13:51:04 MODELS

SUCH AS AUTOMATION, LIMITED SERVICES AND COMMUNITIES, PARTNERING AND SHARING INFRASTRUCTURE COSTS.

13:51:13 THERE ARE FINANCEING OPPORTUNITIES SUCH AS WAIVER PROGRAMS AND TAX INCENTIVES. THERE ARE

COLLABORATIONS WITH

13:51:26 HEALTH SYSTEMS PURPOSING CARE MORE COMING INTO OUR COMMUNITIES TO PROVIDE MEDICARE ADVANTAGE TYPE ADVANTAGES

13:51:35 AND CARE MORE NURSES TO TRY TO MANAGE HEALTHCARE IN A LOWER COST SETTING.

CONSIDERING I'M OUT OF TIME, THERE

13:51:46 ARE A LOT OF OPPORTUNITIES AND A LOT OF OPPORTUNITIES TO COLLABORATE IN PRIVATE/PUBLIC -- AND WAIVER TYPE

13:51:55 OPPORTUNITIES TO ALLOW PEOPLE TO LIVE IN THESE TYPE OF SETTINGS. FINALLY, WITH POLICY MATTERS, ANNUAL

13:52:03 INSPECTIONS RETURNED IN 2019, SOMETHING THAT BENEFITS EVERYBODY INVOLVED. IT INCREASES TRANSPARENCY,

13:52:10 INCREASES ACCOUNTABILITY AND IT'S SOMETHING THAT

THE SENIOR HOUSING INDUSTRY WELCOMED AND THE STATE IS DOING

13:52:14 WELL. CAREGIVER

13:52:25 TRAINING WAS QUADRUPLED, THE CERTIFICATION TIME REQUIREMENT WAS DOUBLED TO 80 HOURS. SINCE 2016, ALL

13:52:34 CAREGIVERS ARE

REQUIRED TO HAVE 12 HOURS DEMENTIA TRAINING. A LOT IS BEING DONE BETWEEN THE STATE AND LIVING

13:52:44 INDUSTRY WITH COMMON OBJECTIVES IN MIND WITH THE OPPORTUNITY TO HELP EVERYBODY THAT IS INVOLVED.

13:53:04

[APPLAUSE]

>> I GUESS I'M NEXT. GOOD AFTERNOON, EVERYONE. THANK YOU FOR BEING HERE AND TAKING TIME FROM

13:53:12 YOUR RESPONSIBILITIES TO PROVIDE INPUT TO THIS IMPORTANT TASK. THANK YOU. THE FACT THAT YOU ARE

HERE, THE

13:53:23 FACT THAT IT DEMONSTRATES YOUR CARING AND DESIRE TO BRING ABOUT THE BEST PLAN AT THE END OF THE DAY WITH A NEW

13:53:33 ERA, NEW GOVERNOR AND NOW A NEW BUDGET IS VERY PROMISING. TODAY, WE WANT TO

TALK ABOUT THE SKILLED NURSING

13:53:39 FACILITY PERSPECTIVE.

13:53:56 NURSING HOMES TODAY, LIKE THEY ARE ACROSS THE NATION, THEY ARE NOT THE NURSING HOMES OF YESTERDAY. THE

13:54:04 NURSING HOME WITHOUT WALLS CONCEPT IS

ALIVE AND WELL IN CALIFORNIA AND ELSEWHERE. THERE ARE MANY CHALLENGES,

13:54:12 NOT THE LEAST OF WHICH IS WORKFORCE. THAT IMPACTS EVERY LEVEL OF CARE IN CALIFORNIA AND ACROSS THE NATION.

13:54:21 DURING THE

RECESSION IN 2008, IT WAS EASY TO RECRUIT. UNFORTUNATELY, IT WAS UNDER NEGATIVE CIRCUMSTANCES.

13:54:30 NOW, THE ANTICIPATED NUMBER OF PROFESSIONALS THAT ARE GOING TO BE NEEDED NOT ONLY IN NURSING HOMES

BUT

13:54:38 ASSISTED LIVING AND ALLIED HEALTH PROFESSIONS IS DRAMATIC AND CONTINUES TO GROW. SOME OF YOU MAY HAVE SEEN

13:54:48 THE NEWS THURSDAY. KAISER FORMED A NEW CORPORATION, A NONPROFIT INFUSING \$135 MILLION

TO TRAIN ALLIED

13:55:01 HEALTHCARE PROVIDERS LBNS TO DATA PROCESSERS TO CODERS, RECOGNIZING THAT THE MAJORITY OF THE GRADUATES END UP

13:55:10 IN THE SYSTEM, AT LEAST THEY ARE PROVIDING THE FOUNDATION FOR ALL

HEALTH PROVIDERS THROUGHOUT CALIFORNIA.

13:55:19 VERY EXCITING BECAUSE AT THAT POINT, WE NEED TO KEEP THE FOCUS ON QUALITY BE FIRST, QUALITY AT ALL LEVELS.

13:55:28 CALIFORNIA HAS MADE DRAMATIC STRIDES IN A NUMBER OF KEY AREAS, PARTICULARLY IN RESTRAINTS AND SO FORTH. WE

13:55:35 ARE EXCITED THAT PROVIDERS IN CALIFORNIA CONTINUE TO STEP UP TO THE PLATE, ALBEIT A NUMBER OF SIGNIFICANT

13:55:42 CHALLENGES. GOVERNMENT SOURCES

BEING THE NUMBER ONE SOURCE FOR PROVIDING CARE IN NURSING HOMES IS

13:55:52 CHALLENGING. IT HAS A NUMBER OF REQUIREMENTS -- STRONG ELIMINATIONS. AS POINTED OUT EARLIER, SOMETIMES

13:56:00 BECAUSE OF MISINFORMATION,

ELIGIBLE INDIVIDUALS IN FACILITIES WHO NEED ADDITIONAL CARE HAVE NOT BEEN ABLE TO

13:56:14 ACCESS THE RIGHT PATH TO QUALIFY. WE ARE STARTING TO SEE HIGHER LEVELS OF ACUITY ACROSS THE NATION. THE

13:56:20 NURSING

HOME TODAY IS NOT THE ONE OF YESTERDAY. BY THE SAME TOKEN, THE OPPORTUNITIES AND EXCITEMENT IN MANY

13:56:32 AREAS OF CALIFORNIA, SOME OF THE NURSING FACILITIES ARE PROVIDING UNIQUE PROGRAMS. IN ORANGE

COUNTY, ONE OF

13:56:44 THE FACILITY COMPANIES DECIDED TO CREATE THE LOLLIPOP PROGRAM SO WHEN THEY CALL IN SICK, THEY HAVE A CHILD IN

13:56:56 A SEPARATE DESIGNATED AREA WITH A FULL RN TO TREAT THE CHILD'S COLD AND

MAKE SURE THEY ARE ISOLATED WITH

13:57:04 VIABLE PROGRAMS DURING THE DAY SO THE PARENT IS AT WORK AND NOT HAVING TO WORRY. WE HAVE EXTRAORDINARY

13:57:14 VEGETABLE GARDENS AND CHICKEN FARMS. MANY OF THE RESIDENTS WHO GREW UP ON RURAL FARMS ENJOY THIS. IT'S

13:57:22 PART OF THEIR MEALS. THEY USE IT TO SUPPLEMENT DIET

13:57:39 (DH2:00)

IF YOU HAVE A RESIDENT THAT NEEDS DIALYSIS, YOU HAVE TO TIE UP A PERSON, TRANSPORTATION SYSTEM. IN

13:57:47 REALITY, MOST OF THE FACILITIES HAVE TO TRAIN PERFECT PERSONNEL TO BE ABLE TO PROVIDE THOSE SERVICES IN HOUSE.

13:57:52 BEHAVIORAL HEALTH. SAME STORY. IT IS IMPORTANT TO HAVE THE OPPORTUNITY WITH TRAINED PERSONNEL TO PROVIDE IN

13:58:00 A UNIVERSAL SETTING WITHIN A FACILITY, THE FULL RANGE OF SERVICES THAT THEY REALLY CAN AND ELIMINATE SOME OF

13:58:11 THE ADDITIONAL COSTS.

THE OTHER PIECE THAT NEEDS TO BE KEPT AS PART OF THISEE OCCASION IS EQUATION, IS

13:58:20 CONSUMER SATISFACTION. MOST WANT THE BEST FOR THEIR LOVED ONE, IN TERMS OF CLINICAL, RESPECT, PROFESSIONALISM

13:58:30 AND THE WORK FORCE FACTOR PLAYS A CRITICAL ROLE. WE OUGHT TO HAVE CONSUMERS MONITORING WHAT WE DO, MONITORING

13:58:39 THE OUTCOMES, GAUGING THE OPPORTUNITIES THAT ARE AVAILABILITY FOR THEIR LOVED ONES WITHOUT EXCEPTION. EXIT

13:58:50 POLE POLLS WE HAVE TO TALK TO FAMILIES AFTER THE LOVED ONES HAVE BEEN IN FACILITIES. WHAT ARE THE

13:58:56 COMMUNICATION, THE EXPERIENCE OF CARE, WHETHER IT IS ACUTE FOR EPISODEAL SITUATION.

THE FACILITY

13:59:04 INFRASTRUCTURE IS THE MOST CHALLENGING IN CALIFORNIA. THE AFTERNOON AGE OF AVERAGE AGE OF FACILITIES IS 47

13:59:14 YEARS OLD. OUR HOMES WHERE WE LIVE OFTEN HAVE SEWER, PIPE, HEATER, ROOFING PROBLEMS. NURSING HOMES ARE NO

13:59:22 EXCEPTION, YET WITHIN THE LAST FOUR YEARS, LESS THAN 7 NEW FACILITIES HAVE BEEN BUILT IN CALIFORNIA. WE'RE

13:59:29 DEALING WITH AN AGING FROM STRUCTURE AND THE SOURCE OF REVENUE TO PROVIDE THOSE UPGRADES IS BASICALLY

13:59:36 GOVERNMENT-DRIVEN. MEDI-CAL AND MEDICARE. THE FACT THAT VERY FEW FACILITIES HAVE BEEN BUILT IS PRIMARY FOR

13:59:43 TWO REASONS; ONE THE COST TO BUILD AND JUST AS PRO-

13:59:57 WH PROHIBITIVE. THE SAME THAT IS BEING FACED BY CONSTRUCTING LIVABLE DWELLS IN P CALIFORNIA IS FACING THE

14:00:08 NURSING FACILITIES AS WELL.

**THESE ARE THE REGULATORY PATHS THAT A NURSING FACILITY CURRENTLY
IN CALIFORNIA**

**14:00:16 MUST GO THROUGH. FROM SURVEYS TO LIFE AND SAFETY AND
FEDERAL JOFR OVERSIGHT. AND THESE ARE COSTLY IN A LOT**

**14:00:26 OF WAYS. COST REPORTS THAT TAKE PLACE IN CALIFORNIA, BUT IT
IS A CATCH UP GAME WITH THE NEW MINIMUM WAGE**

**14:00:34 REQUIREMENTS THE INCREASED EXCEPTION FROM THE JACK IN THE
BOXES DOWN THE STREET TO OTHER ENTRY-LEVEL JOBS THAT**

**14:00:44 PAY 20, 30% HIGHER. OBTAINING THE ABILITY OF QUALITY STAFF
IN THE ENVIRONMENT THAT THIS LIFE PORTRAYS,**

14:00:57 PRESENTS A VERY CHALLENGING ENVIRONMENT.

LET ME TALK A LITTLE BIT ABOUT THE WORKFORCE. THAT IS AN AREA THAT

**14:01:04 THE LONG-TERM CARE PROFESSION MUST REALLY FOCUS ON. WE
NEED TO HAVE THE ABILITY TO TAKE ON THE OPPORTUNITIES**

**14:01:14 IN A TIMELY FASHION, THE HIGHWAYS HIGH SCHOOLS, COMMUNITY
COLLEGES, GRANTS GRANTS, WORKING WITH THE DEPARTMENT**

**14:01:23 OF LABOR AND SETTING UP PROGRAMS ACROSS THE COUNTY. WE
WOULD LIKE TO HAVE THE ABILITY TO STREAMLINE THE**

**14:01:31 PROCESS FOR OBTAINING PERMITS IN THE EVENT IF A FACILITY
WANTS TO IMPLEMENT ADDITIONAL PROGRAMS. AND THEN**

**14:01:40 ALLOW FOR THE TRAINING IN HOUSE OF INDIVIDUALS WHO CAN
PROVIDE THE SERVICES THAT COULD BE PROVIDED WITHIN**

**14:01:49 FACILITIES. REHABILITATION, DIALYSIS, BEHAVIORAL HEALTH,
TELEMEDICINE AND SUCH.**

FINALLY ONE OF THE THINGS THAT

**14:01:57 WILL PRESENT THE BIGGEST CHALLENGE IS THAT WHEN YOU HAVE
IN CALIFORNIA, NEARLY 1200 CITIZENS WHO ARE TURNING**

**14:02:05 65 OR OVER, THE FACT REMAINS THAT EVEN THOUGH ONE-THIRD OF
THEM WILL EVER NEED THOSE SERVICES AS THEY AGE IN**

**14:02:15 PLACE, THE REALITY IS ON ANY GIVEN DAY IN A YEAR, THERE ARE
OVER 100,000 RESIDENTS OBTAINING SERVICES IN**

**14:02:23 NURSING FACILITIES. AND THE MAIN OBJECTIVE IS TO PROVIDE
QUALITY OUTCOMES WITH DIGNITY, CONSIDERATION AND**

**14:02:37 MORE IMPORTANTLY, AS WE MOVE FORWARD, DEVELOP NEW WAYS
THAT WE CAN FIND THE ABILITY TO HAVE GERITICI**

14:02:45 IANS AND OTHER SPECIALTIES BE PART OF THAT. IT IS PART OF THE WELLNESS AND AGING IN PLACEMENT THANK YOU.

14:02:49 [APPLAUSE]

14:02:54

14:03:06

>> MARK BECKLEY: SO, WE'RE GOING TO GO INTO THE GROUP DISCUSSION NOW. TILT YOUR NAME CARD IF YOU'D LIKE TO

14:03:16 MAKE A COMMENT. ELLEN SCHMEDING IS GOING TO BE MODERATING.

14:03:26

>> ELLEN SCHMEDING: I WOULD LIKE TO PUT UP REPRESENTATIONS THAT WE'VE BEEN ABLE TO COMPILE FROM THOSE THAT

14:03:33 WERE SUBMITTED AND ALSO SOME OF THE FEEDBACK THAT JOE JUST SHARED WITH US. JOE, YOU WERE SAYING A LITTLE BIT

14:03:44 ABOUT THE ITEMS, THE FOFRS WORKFORCE, INVESTING AND THINKING ABOUT CONSUMER SATISFY, A WAY TO MEASURE THAT AS

14:03:55 EVIDENCE OF QUALITY. ACCESS TO SERVICES. BROADER ACCESS, DIALYSIS WAS ONE OF THE EXAMPLES. HIGH ACUTE IF

14:04:05 IITY POPULATIONS, TAKING CARE OF INDIVIDUALS WITH DUAL DIAGNOSIS, BEHAVIORAL AND MEDICAL KHABLG CHALLENGES.

14:04:13 AND YOU MENTIONED THE FACILITY UPGRADES. THE PRESCREENING, THE OREGON MODEL, SOME OF YOU MAY BE FAMILIAR.

14:04:20 WHICH IS A PRESCREEN COMING OUT OF THE DISCHARGE PROCESS IN THE HOSPITAL. INDIVIDUAL IS PRESCREENED BEFORE

14:04:29 THEY MOVE TON SKILLED CARE.

I WANT TO HAVE YOU LOOK AT THESE RECOMMENDATIONS AND ALSO OUR ASSISTED LIVING

14:04:36 FACILITY RECOMMENDATIONS. A LOT HAS BEEN DISCUSSED ABOUT THE MISSING MIDDLE. I RECOMMEND YOU TAKE A LOOK AT

14:04:46 SOME OF THE STUDIES FROM NICK AND OTHERS. ONE OF THE THINGS WE SAW A GREAT DEAL OF WAS ASSISTED LIVING WAVER

14:04:53 RECOMMENDATIONS. THESE COME UP IN A NUMBER OF DIFFERENT CATEGORIES AND THERE IS A GREAT DEAL OF SUPPORT FOR

14:05:02 CONTINUING LOBBYING AND ACTIVITIES AROUND INCREASING THE ASSISTED LIVING WAIVER. SLOTS AS WELL AS REGIONS. CAL

14:05:10 QUALITY CARE. I LOT TRACK OF HOW MANY RECOMMENDATIONS CAME IN AROUND THE ISSUE OF THE CARE, A WEBSITE THAT

14:05:18 WOULD ALLOW INFORMATION TO BE SHARED. THOSE ARE SOME OF THE RECOMMENDATIONS THAT WE'VE SEEN COME INSOFAR

14:05:21 THROUGH

14:05:30 FAR THROUGH THE STAKEHOLDER PROCESS. AND I WANT TO MAKE SURE EVERYBODY HAS HAD A CHANCE TO THINK ABOUT

14:05:35 THOSE. WHO DO WE HAVE?

14:05:43

>> DR. DONNA BENTON: THANK YOU SO MUCH FOR THE REALLY GREAT PRESENTATIONS. ONE OF THE THINGS THAT HAS COME

14:05:56 UP IN ONE OF THE CAREGIVER FOCUS GROUPS, THEY WOULD LIKE SO SEE MORE OPTIONS IN THE COMMUNITY FOR RES

14:06:05 PIETPITE. BESIDES IN HOW MANY. IN WE USED TO BE ABLE TO ABIDE TIME, LIKE A WEEK, BUT REGULATION CHANGES

14:06:13 MADE THAT HARDER. IF THERE WAS A WAY TO HAVE THE FACILITIES, BOTH ASSISTED LIVING AND THE DIFFERENT LEVELS OF

14:06:23 CARE, BE ABLE TO HELP WITH BESIDES DAY CARE, LIKE TEMPORARY, MAYBE QUICK WAYS TO GET RESPITE CARE FOR FAMILY

14:06:31 CAREGIVERS, THAT WOULD HELP WITH THE MIDDLE INCOME FAMILIES. AND ALSO THAT NOT NECESSARILY WHERE IT HAS TO BE

14:06:39 OVERNIGHT STAYS, BUT IF THERE IS A WAY TO INCORPORATE FROM A COUPLE HOURS FROM RESPITE TO A WEEK. I WANT TO

14:06:47 THROW THAT OUT BECAUSE IT HAS COME UP IN SEVERAL OF THE FOCUS GROUPS. THANK YOU.

14:06:57

>> PATTY BERG: JOE, I WANTED TO -- GOOD FOR YOU. I REALLY LOVE THE RECOMMENDATIONS AND I THINK YOU HIT

14:07:05 UPON ALMOST ALL OF THEM. I DID SUBMIT A RECOMMENDATION ON PRESscreen FOR THE OREGON MODEL. IT MADE IT IN

14:07:15 THERE. BUT WHAT I WANT TO TALK ABOUT IS SOME OF THE BAD ACTORS. I HAVE S

14:07:25 CHLOMO IN MY COUNTY. AND HE OPERATED ONE OUT OF EVERY 14 BEDS CALIFORNIA. HE IS A BAD ACTOR. RUNS ALL FIVE

14:07:32 FACILITIES IN OUR COUNTY AND I CAN'T TELL YOU THE PROBLEMS WE HAVE HAD. IT REALLY HAS TO DO WITH OVERSIGHT

14:07:39 FROM THE STATE, I THINK. NOT SO MUCH IN TERMS -- I THINK ALL OF THE RECOMMENDATIONS WERE RIGHT ON THE MONEY.

14:07:42 BUT

14:07:50 ANYWAY, I JUST WANT TO SAY, WHEN YOU HAVE A BAD OPERATOR WHO WANTED TO THROW EVERYBODY OUT OF THE FACILITIES

14:08:02 AND MOVE THEM TO OTHER COUNTIES, I MEAN, THAT BECOMES A REALLY BIG DEAL.

AND YOU KNOW, AND HE'S ALLOWED TO

14:08:14 RUN OVER 80 FACILITIES IN THE STATE. THE MAN SHOULD BE IN PRISON, I'M JUST SAYING.

14:08:19

>> SUSAN DEMAROIS:

14:08:32 THANK YOU ALL, THOSE WERE EXTENT PRESENTATIONS, GREAT DATA. AND I ESPECIALLY APPRECIATE JOE, THAT IT CAME

14:08:39 AVENUE THAT WE MENTIONED MEDICARE BECAUSE THAT IS SUCH A KEY PIECE OF THIS. AND IT IS NOT PART OF THE STATE,

14:08:47 BUT WITH THE HUNDRED DAY STAY AND IT DRIVES A LOT OF -- IT DRIVES A LOT OF THIS. I HOPE TOMORROW WHEN WE TALK

14:08:54 ABOUT INTEGRATION AND FINANCING, THAT MEDICARE IS INCLUDED THAT CONVERSATION.

WE'RE TRYING TO BE

14:09:03 PERSON-CENTERS, DATA-DRIVEN. AND TO MERCEDES'S PRESENTATION, THE CDC DOES ANNUAL SURVEYS CALLED THE

14:09:12 BEHAVIORAL RISK FACTOR ASSESSMENT SYSTEM. AND 97% OF PERSONS WITH ALZHEIMER'S HAVE HAD LEAST ONE OTHER

14:09:22 CHRONIC CONDITION. TO YOUR POINT, THE POPULATION WE'RE DWUS DISCUSSING AND WITH ALZHEIMER'S, BUT AGE 85, THE

14:09:29 STATISTICS ARE ONE IN TWO OR ONE IN THREE. SO THE POPULATION YOU ARE DESCRIBING, MULTIPLE CHRONIC CONDITIONS

14:09:36 AND LIKELY TO HAVE A COGNITIVE IMPAIRMENT. TO THE KAISER FAMILY FOUNDATION PIECE, I WANT TO PUT IN A PLUG

14:09:49 THAT FIRST 10%, THE CLINICAL PIECE, WE'RE NOT THERE YET. IN CALIFORNIA OR NATIONWIDE. HALF OF PEOPLE HAVE

14:09:57 ALZHEIMER'S HAVE NOT BEEN DIAGNOSED AND IT HAS NOT BEEN DIAGNOSED IN THE MEDICAL RECORD. I'M IN AGREEMENT

14:10:04 WITH THE SOCIAL AND ENVIRONMENTAL. IF THE CLINICAL PIECE IS NOT DONE WELL AND FIRST, THEY ARE GOING TO MISS

14:10:14 OUT ON THAT 60%. AND IT COMMONLY HAPPENS BEHAVIORAL HEALTH WHERE IT IS UNDETECTED AND UNDIAGNOSED OR NOT

14:10:24 DOCUMENTED IN THE MEDICAL RECORD. THE COGNITIVE BEHAVIORAL HEALTH CONDITION IS ABZ ABSENT BECAUSE WE MISSED

14:10:34 THAT 10% CLINICAL. I WANT TO MAKE SURE THAT THE WORKFORCE ALSO INCLUDES PHYSICIAN TRAINING. STAOEN STAON

14:10:41 THANK YOU FO

>> SARAH STEENHAUSEN: THANK YOU FOR THE PRESENTATIONS. ONE THING THAT COMES UP IN A BUCKET OF

14:10:49 RECOMMENDATION IS THE ISSUE THAT, I KNOW IT NURSING HOMES, THE DESIRE IS TO HAVE THE RESIDENTS THAT NEED AND

14:10:55 WANT TO BE THERE. YOU DON'T WANT RESIDENTS THAT PREFER TO BE IN THE COMMUNITY. WITH THAT SAID, WE KNOW THERE

14:11:02 IS ABOUT 11,000 PEOPLE IN CALIFORNIA'S NURSING HOME THAT HAVE LOWER CARE NEEDS. BUT FOR WHATEVER REASON, DUE

14:11:10 TO NOT HAVING SUPPORT AT HOME OR HOUSING OR APPROPRIATE ALTERNATIVES, THEY HAVE NO OPTION. THEN I THINK ABOUT

14:11:20 WHAT MAYA HAS DONE IN SAN MATEO HEALTH PLAN TO HELP TRANSITION SOME PEOPLE IN NURSING HOMES BACK TO COMMUNITY

14:11:28 SETTINGS. AND THE CAL IS GOAL IS THE CALIFORNIA COMMUNITY TRANSITION PROGRAM. MY QUESTION IS, KNOWING THAT

14:11:38 IN 2021, ALL OF THE COUNTIES ARE GOING TO HAVE RESPONSIBILITIES, THE MEDI-CAL-MANAGED CARE PLANS WILL HAVE THE

14:11:46 SNF CARVE IN. WHAT ARE THE THOUGHTS ON THE POTENTIAL OPPORTUNITIES TO EXPAND THE INITIATIVES USE THE MANAGED

14:11:53 CARE PLAN AS AN INFRASTRUCTURE TO HELP FACILITATE THE COMMUNITY CONNECTIONS?

>> JOE DIAZ: THANK YOU. THERE

14:12:05 ARE ALREADY EXTEN EXCELLENT MODELS. WHEN IT GOES LIFE TO ALL THE COUNTIES, SOME PLANS HAVE CREATED PEER

14:12:13 NAVIGATORS WHICH WORKED WELL AS A FOLLOW UP. SO THAT THE RESIDENT THAT WENT TO THE MANAGED CARE PRIMARY OR

14:12:22 DEG GATED ENTITY, HAS ON HAND, A CARE NAVIGATOR. THIS IS IMPORTANT AND TRUE IN THE AREAS WHICH ARE PRIMARILY

14:12:32 RURAL. AND I'M THINKING NOW THE INLAND EMPIRE, WHICH COVERS SAN BERNARDINO AND RIVERSIDE WITH TWO MAJOR PLANS

14:12:43 OF DEG GATED ENTITIES. BECAUSE OF THE RURAL AREA, IT IS CRITICAL THAT A PATIENT WHO IS DISCHARGED UNDER THE

14:12:52 MANAGED CARE RESPONSIBILITY, HAVE A NOVEMBER NAVIGATOR WHO WILL FOLLOW UP AND MAKE SURE THE FAMILY UNDERSTANDS

14:13:03 THE MED TIN REN REGISTERMEN. THERE ARE RELAPSED SEEN OFTEN. THERE ARE A NUMBER OF RECOMMENDATIONS AND WE ARE

14:13:15 INVOLVED WITH SOME OF THEM AND PROVIDING SOME QUALITY METRICS SOME SUGGESTIONS. SO WHEN THE PLAN GOES LIFE IN

14:13:24 LIVE IN 2022, THEY ARE INCORPORATED DIRECTLY BY THE STATE OR SOME OTHER ENTITY. AND THAT IS WHAT WE WANT TO

14:13:32 MAKE SURE THAT THE PIECES ACCOUNTABILITY AND ACTIONABLE ITEMS ON THE PART OF THE STATE TO ENSURE THAT NUMBER

14:13:45 ONE, ARE IS QUALITY AND NUMBER TWO, UNIFORMITY AND NUMBER THREE, MEASURABLE OUTCOMES.

>> I GOT A TEXT FROM

14:13:54 KAREN WHO SAYS, SHE IS ON THE PHONE. CAN YOU ASK JOE IF THERE IS DATA ON THE NUMBER OF OPEN BEDS IN EACH

14:13:59 CATEGORY OF GROUP LIVING FACILITY?

14:14:11

>> JOE RODRIGUES: HI KAREN, I'M SORRY, I DON'T HAVE THAT INFORMATION. I KNOW AT LEAST WITH REGARD TO

14:14:20 NURSING HOMES AND CRAIG AND JOE, YOU MIGHT HAVE ADDITIONAL INFORMATION. STATEWIDE I THINK WE'RE AT ABOUT 80%

14:14:34 CAPACITY. A LITTLE HIGHER THAN THAT. AND ELLEN IS SAYING, ASSISTED LIVING IS 83, 84% AT CAPACITY.

14:14:37 AK

14:14:42

>> ANA ACTON: TO SHARE RA, YOU

14:14:53 SARAH, YOU TRIGGERED SOMETHING, WITH SKILLED NURSING, WE JUST WENT UNDER THE STATE DESIGNATION PROCESS. AND

14:15:03 ONE OF THE CORE SERVICES IS TRANSITION, HOSPITAL AND NURSING HOME. ONE OF THE QUESTIONS WAS ABOUT THE NDS3.0

14:15:11 SECTION Q. I WANTED TO FLAG THAT OR MAYBE YOU HAVE SOME INPUT ON THAT? WE'VE BEEN DOING TRANSITION FOR A

14:15:20 LONG TIME AND WHEN I SAW THAT QUESTION I WAS LIKE, I'M NOT REALLY SURE HOW THAT IS WORKING. WE'RE NOT SEEING

14:15:28 DEMONSTRATED REFERRALS FROM NURSING FACILITIES THAT ASK -- THAT IS A NEW QUESTION AND WE'RE REQUIRED TO ASK

14:15:34 ABOUT WANTING TO LIVE IN A COMMUNITY AND THEN MAKE THAT REFERRAL TO A LEAD AGENCY, WHICH WE'RE ONE OF. I'M

14:15:43 NOT SEEING THAT HAPPENING. AND I'M THINKING ABOUT THE NAVIGATION PIECE, THAT THERE IS SOMEONE DEDICATED TO

14:15:46 NAVIGATING AND HOW ARE YOU

14:16:03 NAVIGATING THE SECTION NDSQ.

>> CATHERINE BLAKEMORE: THE SECTION Q QUESTION, IS THAT WHAT YOU ARE

14:16:12 ASKING?

>> ANA ACTON: IT IS A MINIMUM DATA SET AND SQ IS THE REQUEST QUESTION AROUND, DO YOU WANT TO REMAIN

14:16:23 HERE OR GO BACK INTO THE COMMUNITY? IF THE ANSWER IS YES THEY DO, THEN THEY HAVE TO PROVIDE A PROPER RESOURCE

14:16:33 TO EXPLORE THAT.

>> CATHERINE BLAKEMORE: I GUESS I HAVE -- I WILL TRY TO BE SHORT, BUT BUCKETS OF AREAS THAT

14:16:41 I THINK ARE WORTH EXPLORING. COUPLE THAT HAVE BEEN MENTIONED AND I SAY I SUPPORT. ONE IS, I THINK WE NEED TO

14:16:50 LOOK AT WHAT ARE ADDITIONAL MODELS OF CARE? SO WE SORT OF HAVE OUR SET THINGS NOW, BUT THAT DOESN'T

14:16:58 NECESSARILY MEAN IT MEETS EVERYONE'S NEEDS. I WILL GIVE YOU EXAMPLES IN THE DEVELOPMENTAL DISABILITY SYSTEM

14:17:04 WHERE THEY HAVE DEVELOPED AN ENHANCED BEHAVIORAL SUPPORT. SOME PEOPLE HAVE BEHAVIORAL CHALLENGES AND THEY ARE

14:17:13 VERY SMALL. THEY HAVE A MORE INTENSIVE STAFFING RATIO, A MEDICAID COVERED SERVICE. BUT THERE IS A HOST OF

14:17:21 OTHER KINDS OF WAYS OF SUPPORTING PEOPLE IN THE COMMUNITY. THESE ARE LICENSED BY DSS THAT I THINK WOULD BE

14:17:29 WORTH LOOKING. BECAUSE I DON'T VIEW POPULATIONS AS THEY JUST THEY FIT IN THIS WAY AND WE FUND THEM HERE.

14:17:38 SAME THING FOR RESPITE HOMES OR SOMETHING THAT EXIST IN OTHER SYSTEMS THAT WE SHOULD HAVE A BETTER HOLD IN THE

14:17:45 SYSTEM.

WHEN WE'RE TALKING ABOUT COMMUNITY TRANSITION FUNDS AND HOW WE'RE GOING TO FUND THAT, THERE HAS BEEN

14:17:54 FEDERAL DOLLARS AVAILABLE FOR THAT, THAT KIND OF KEEPS GETTING EXTENDED BRIEFLY. CALIFORNIA NEEDS TO MAKE A

14:18:03 COMMITMENT TO USE UTILIZING FUNDING TO HELP PEOPLE LEAVE NURSING HOMES WHEN THAT IS THERE PREFERRED OUTCOME

14:18:10 AND THEY CAN LIVE IN THE COMMUNITY SUCCESSFULLY. THE QUESTION QUEUE, WHICH IS SOMETHING WE RAISED IN LOTS OF

14:18:20 LITIGATION THAT WE HAVE DONE IS NOT RARELY ANSWERED OR NOR IS ANYTHING DONE ONCE IT IS ANSWERED. I THINK A

14:18:29 REALLY IMPORTANT SUGGESTION THAT WAS MADE, WE NEED TO LOOK AT CONTINUING TO FIGURE OUT HOW PEOPLE ACCESS IHSS

14:18:36 WHEN THEY ARE LIVING IN A FACILITY. SO YOU GO INTO A FACILITY, YOU MIGHT HAVE HAD IHSS OR MAYBE YOU DIDN'T.

14:18:46 BUT EITHER WAY YOUR IHSS WORKER CAN'T AFFORD JUST TO WAIT AROUND UNTIL YOU COME OUT OR MAYBE YOU DIDN'T NEED

14:18:54 SERVICES BEFORE. AND THAT IS A CRITICAL LINKAGE BACK TO YOUR ABILITY TO LIVE INTO THE COMMUNITY. THERE IS

14:19:02 WORK TO BE DONE ABOUT HOW TO MAKE THAT A MORE SEAMLESS PROCESS.

CALIFORNIA GAVE A RATE INCREASE OR

14:19:11 ADJUSTMENT TO NURSING HOMES A NUMBER OF YEARS AGO,,; MAYBE AS MUCH AS A DECADE FOR QUALITY IMPROVEMENT

14:19:19 INITIATIVES. I WOULD LOVE TO KNOW WHAT HAPPENED WITH THOSE. WHETHER IN FACT IT HAS SBROF

14:19:28 IMPROVED QUALITY. AND WHETHER THERE IS OTHER THINGS WE SHOULD BE DOING WITH THAT PERCENTAGE OF WHAT THE

14:19:34 RATE OF THE INCREASE WAS? AND THEN LASTLY, I JUST WANT TO TALK ABOUT -- I THINK OUR REPORT HAS TO TALK ABOUT

14:19:42 MEANINGFUL DISCHARGE PLANNING. I LIKE THE CONCEPT OF NAVIGATORS IN TERMS OF HELPING. BUT IT IS DISCHARGE

14:19:51 PLANING FROM HOSPITALS WHICH IS USUALLY HOW QUICKLY CAN WE GET YOU OUT? AND IT IS DISCHARGE PLANNING SAY ONCE

14:19:57 YOU ARE IN A NURSING FACILITY TO HOW DO YOU GET BACK TO THE OTHER PLACE YOU WANT TO GO? AND A LOT OF THINKING

14:20:07 OR WORK OR ON HOW THAT WORKS OR DOESN'T WORK AND HOW WE MAKE THAT WORK ON BOTH ENDS OF THAT.

>> NINA

14:20:15 WEILER-HARWELL: I REALLY APPRECIATED THIS SECTION. I WON'T ADD A LOT. I WILL SAY THAT WE WOULD DEFINITELY

14:20:25 SUPPORT A LOT OF THE RECOMMENDATIONS. I REALLY LOOK FORWARD TO PREVIEWING PAT'S PRESENTATION, I KNOW SHE WILL

14:20:38 GET MORE INTO SNF QUALITY. I KNOW THEY HAVE BEEN BIG ALLIES OF AARP.

>> PATRICIA MCGINNIS: I HAVE A COUPLE

14:20:51 OF COMMENTS, THE EXECUTIVE DIRECTOR OF CALIFORNIA NURSING HOME REFORM. BACK ABOUT 15 YEARS AGO WE PASSED

14:21:00 AB1629. AT THAT TIME THE MONEY THAT WE GAVE UNDER MEDI-CAL TO THE INDUSTRY WENT FROM 2.5 BILLION TO MORE THAN

14:21:08 7 BILLION TODAY. I JUST WANT TO SAY THAT I KNOW THAT THE FOLKS WHO RUN THE LARGE FOR PROFIT CORPORATIONS,

14:21:18 THEY PROBABLY HAVE MORE MILLIONAIRES AND BILLIONAIRES THAN THE TRUMP CABINET. THAT JUST ONE POINT, IF YOU

14:21:25 GIVE THE MONEY TO THE EMPLOYEES, THEY WILL COME.

SECONDLY, ONE OF THE REASONS THAT PEOPLE LIKE S. WAS ABLE

14:21:36 TO, ANOTHER MILLIONAIRE IS ABLE TO THRIVE AND RUN UNLICENSED CORPORATIONS AND NURSING HOMES IS BECAUSE THE

14:21:42 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ALLOWS HIM TO DO SO. THIRDLY, ALTHOUGH I WAS THRILLED WITH THE

14:21:51 GOVERNOR'S BUDGET ON MANY ISSUES EXPANDING MEDI-CAL, EARLY CHILDHOOD EDUCATION AND DEVELOPMENT AT

14:22:00 DISABILITIES, ONE OF THE THINGS I FIND APPALLING, WE KNOW THE OCCUPANCY RATE IN NURSING HOMES GOING DOWN. AND

14:22:09 WE KNOW THE DMRAND IN ASSISTED LIVING AND BOARD AND CARE. WE WANT TO THROW MORE MONEY SO WE CAN PUT THE

14:22:15 MENTALLY ILL AND HOMELESS AND ALL OF THAT. ONE OF THE THINGS MISSING FROM THE BUDGET IS ABSOLUTELY NO

14:22:23 ADDITIONAL FUNDING FOR LICENSING AND COMMUNITY CARE LICENSING. FOR THE ADULT AND SENIOR CARE. I FIND THAT

14:22:31 APPALLING. IT IS LIKE LET'S GET THESE PEOPLE OFF THE STREET AND GET THEM INTO BOARD AND CARE HOMES. BUT THEN

14:22:38 LET'S FORGET ABOUT THE QUALITY OF CARE. I'VE BEEN INVOLVED WITH THIS FOR 35 YEARS WATCHED UNDER PREVIOUS

14:22:45 ADMINISTRATIONS, CUTTING THE BUDGET AND CUTTING THE BUDGET OF COMMUNITY CARE LICENSING AND INCREASING THE

14:22:57 BUDGET OF THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, WHICH DOES AN APPALLING JOB OF YOEF OVERSEEING NURSING

14:23:07 HOMES. LET'S GET AN AGENCY THAT IS WILLING TO DO THE JOB AND NUMBER TWO, LET'S FUNDS IT.

>> MARTY OMOTO:

14:23:18 FIRST I WANT TO STRONGLY SUPPORT WHAT PAT SAID. WITH ANY RECOMMENDATION, ESPECIALLY COMING FROM THE

14:23:25 COMMUNITY SIDE, AND NOT THAT PEOPLE WHO RUN NURSING HOMES DO NOT CARE ABOUT QUALITY. IT IS JUST NONE OF THAT

14:23:33 WILL MAKE A DIFFERENCE IF THE ACCOUNTABILITY IS NOT THERE, THE PROPER YOEF OVERSIGHT IS NOT THERE, OR IT IS

14:23:39 NOT FUNDED IN A WAY THAT IS SERIOUS SO THAT WHEN PEOPLE ARE HARMED, THERE IS NOTHING DONE. AND THAT HAPPENED

14:23:46 TO MY OWN SISTER WHEN SHE HAD DEVELOPMENT AT DISABILITIES AND DURING HER LIFETIME, THERE WERE TIMES WHEN SHE

14:23:53 WAS IN A NURSING HOME AND WE COULD CATCH THE ABUSE. IT IS NOT EVERY NURSING HOME OR INDIVIDUAL. IT SHOULDN'T

14:24:03 BE THAT I JUST HAPPENED TO CATCH THE FACT THAT SHE IS LEFT NEIGHBORHOOD I NAKED IN HER BED ON A GIVEN DAY THEY

14:24:10 DID NOT EXPECT ME TO SHOW UP. A IS OVERSIGHT BY ACCIDENT AND ONE OF THE THINGS I THINK IS GOING TO BE

14:24:16 IMPORTANT THAT WE CORRECT. IT SHOULDN'T TAKE LAWSUITS OR OTHER TYPES OF INTERVENTION TO MAKE THAT HAPPEN.

14:24:25 THAT IS ONE THING.

I WANT TO FOLLOW UP WHAT CATHERINE BLAKEMORE SAID ABOUT IHSS IN THOSE TYPES OF FACILITIES

14:24:35 AND I WANT TO ADD TO THAT REGIONAL CENTER, SUPPORTED LIVING. THOSE ARE MEDICARE-FUNDED SERVICES AND THEY ARE

14:24:43 PROHIBITED FROM BEING IN THOSE SETTINGS BECAUSE IT IS PAYING ESSENTIALLY IT TWICE OR THE WAVER WOULD NOT ALLOW

14:24:49 THE SERVICES TO BE PROVIDED. BUT IT IS IMPORTANT TO THINK ABOUT HOW DO WE MAKE THAT HAPPEN? FOR MY SISTER OR

14:24:57 OTHERS WHO RELY ON IHSS OR SUPPORTED LIVING OR OTHER TYPES OF SUPPORTS, HAVING THAT PERSON SOMETIMES CAN BE

14:25:04 EXTREMELY VALUABLE IN THE FACILITY. A, SOMETIMES PEOPLE HAVE LANGUAGE ISSUES. THEY ARE NOT ABLE TO SPEAK AND

14:25:10 THAT PERSON CAN HELP TRANSLATE. NOT JUST TALKING ABOUT DIFFERENT LANGUAGES, I'M TALKING ABOUT THE ABILITY TO

14:25:17 TRANSLATE THE PERSON'S NEEDS.

THE OTHER IS, THE PERSON CAN BE SUPPORT WORKER CAN BE VERY HELPFUL IN

14:25:25 PROVIDING LEVELS OF CARE FOR SUPPORTS THAT THE FACILITY CANNOT. AND WE'RE TALKING ABOUT PERSON-CENTERED

14:25:32 HEALTH CARE HERE AS WELL AS PERSON-CENTERED ADVOCACY. WE SHOULD TRY TO LOOK AT HOW DO WE BREAK THE BARRIERS A

14:25:40 PROHIBIT THE BEST QUALITY OF CARE? AND AGAIN, ALL THIS I WANT TO UNDERSCORE, SUPPORT THE POINT THAT PAT MADE.

14:25:49 THERE HAS TO BE PROPER OVERSIGHT AND ACCOUNTABILITY AT ALL LEVELS OR IT DOESN'T WORK.

14:26:06

>> I'M NOT SURE IF FOLKS CAN HEAR ME. YOU CAN HEAR ME ?

>> YES.

>> OKAY, SORRY. I SIN SERIAL

14:26:09 APOLOGIZE, THI

14:26:28 SINCERELY POLICY GUYAPOLOGIZE. I WANT TO RAISE UP, SEUIU LOCAL 12 REPRESENTS DID ABOUT 20,000 WORKERS ACROSS

14:26:39 THE STATE.

IT IS SIMILAR TO THE KFRSD WE'VE HAD ABOUT IHSS, THE ISSUE AROUND WORKFORCE AND RETAINING AN A

14:26:46 APPROPRIATE WORKFORCE WITH ADD

14:26:51 EQUATE WAGES BENEFITS JOBS THAT PEOPLE WILL WANT TO GET INTO. WE WANT TO MAKE SURE THAT ANY SET OF

14:26:58 RECOMMENDATIONS IS INCLUDING. IF WE DON'T HAVE THE WORKERS IN THE SKILLED WORKING FACILITIES SIMILAR TO IHSS,

14:27:10 WE FIND OURSELVES IN THE SAME PROBLEM.:

>> PETER MENDOZA: THIS IS KIND OF A DIFFICULT TASK. I'M GOING TO

14:27:20 TALK ABOUT THE ONE CASE THAT -- OR THE ONE SITUATION THAT STILL KEEPS ME UP AT NIGHT. I WORK FOR THE MARIN

14:27:29 CENTER FOR INNDEPENDENT LIVING AND WE HAVE A RELATIONSHIP WITH OUR CARE FACILITIES. SO WE'RE ABLE TO WORK

14:27:40 WITH THEM ON DISCHARGE ISSUES. AND TO SET UP TIME FOR IHSS OR

14:27:48 OR WHATEVER ORGANIZATION IS GOING TO HELP WITH DISCHARGE. IN THE ONE CASE THE PERSON PASSED AWAY. THIS

14:28:01 PERSON CAME TO MCI WILL,L, AFTER LOSING THEIR APARTMENT BECAUSE OF A RELATIVE WHO DID NOT PAY RENT ON THE

14:28:06 UNIT. WE FOUND HOUSING FOR HER

14:28:13 IN A HUD UNIT. SHE WAS A PERSON WHO

14:28:29 EVENTUALLY CAME DOWN WITH CANCER. AND SHE HAD LIMP EDEMA LIMP LYMPH EDEMA. IT TOOK A WHILE FOR FOLKS TO

14:28:39 KNOW SHE HAS CANCER, EVEN THOUGH IT WAS PREVIOUSLY DIAGNOSED. SHE WAS A PERSON WHO IT WAS DIFFICULT TO GET

14:28:53 HER TRANSPORTED FROM HER APARTMENT TO THE HOSPITAL AND SHE REQUIRED BAREIATRIC AMBULANCE, BY WHICH WE DIDN'T

14:29:02 HAVE. WE HAD TO GO TO OTHER COUNTIES TO MAKE THAT HAPPEN AND SHE WAS ALSO IN A LOT OF PAIN. SHE EXPERIENCED

14:29:13 FAT SHAMING FROM HER MEDICAL PROVIDER. WHEN SHE GOT TO THE HOSPITAL, THEY FOUND OUT SHE HAD CANCER AND THEY

14:29:23 WERE SAYING HER WEIGHT WAS HER ISSUE AND SHE WAS DOING SOMETHING WRONG. I WOULD LOOK AT HER REFRIGERATOR AND

14:29:28 ONLY SEEING HEALTH FOOD AND

14:29:43 SHE WAS DIAGNOSED WITH DANCER, GIVEN A FEW MONTHS TO LIVE. I'M SORRY. THIS IS HARD FOR ME. THEY WANTED TO

14:29:50 IMMEDIATELY TRANSPORT HER TO A STIFF. THE

14:30:01 FIRE DEPARTMENT SAID SAID IT WAS TOO DIFFICULT

TO GET HER OUT OF THE HOUSE. WE DIDN'T WIN THE ARGUMENT,

14:30:14 SADLY. THE ACUTE HOSPITAL KEPT TRYING TO FIND A NURSING HOME. THEY FINALLY DID. THERE WAS A NURSING HOME

14:30:23 -- I WON'T SAY WHICH ONE,

BUT THEY ARE A CHAIN. THEY TALKED TO THE INDIVIDUAL IN THE HOSPITAL AND SAID THEY

14:30:35 COULD MEET ALL OF HER COME COMPLEX CARE NEEDS. THEY COULDN'T. THEY COULDN'T DO PERSONAL CARE. SHE

14:30:45 HAD

DIETARY DESIRES THEY COULDN'T MEET. HOSPICE GOT INVOLVED. WHAT I FOUND OUT WAS THE CARE FACILITIES HAVE

14:30:55 THE FINAL WORD ON WHAT HOSPICE CAN AND CAN'T DO. THE CARE FACILITY REQUIRED HOSPICE TO

BRING EXTRA PEOPLE

14:31:04 WHEN THEY WORK WITH HER. HOSPICE WASN'T ABLE TO DO THAT. WHEN I TRIED -- WHEN WE TRIED TO COORDINATE NURSING

14:31:13 HOME STAFF TOGETHER WITH HOSPICE, THAT DIDN'T WORK EITHER. THEY

WOULDN'T COORDINATE. I DON'T WANT TO TALK

14:31:23 TOO LONG. END OF LIFE, BECAUSE THEY COULDN'T DO PERSONAL DARE CARE, THERE WAS ODOR IN THE ROOM. THEY LEFT

14:31:33 THE WINDOW OPEN WHEN IT WAS VERY COLD. JULIA

AND I, WE SORT OF ADOPTED HER. SHE CALLED US HER BROTHER AND

14:31:45 SISTER. WE WERE AT HER HOSPITAL BED. I CAME IN, AND IT WAS FREEZING COLD. I RAISED YOU KNOW WHAT, BUT YOU

14:31:53 KNOW WHAT? SHE WANTED TO

DIE AT HOME. SHE SHOULD HAVE BEEN ABLE TO DIE AT HOME. I WANTED HER TO DIE AT

14:32:03 HOME, AND SHE DIED THERE. WHAT I CONSIDER NOT THE WAY I WANT MY LIFE TO END. I APOLOGIZE FOR GETTING

14:32:19 EMOTIONAL.

I'M NOT HERE TO COMPLAIN ABOUT NURSING HOME FACILITIES, BUT MY STIRRUP SISTER UP IN HEAVEN

14:32:27 DESERVES JUSTICE. EVEN THOUGH SHE DIDN'T GET JUSTICE, WE HAVE TO MAKE SURE OTHERS IN THE SAME

SITUATION GET

14:32:38 JUSTICE. IT MAKES ME VERY ANGRY TO THIS DAY THAT SHE HAD CANCER AND SHE WAS FAT SHAMED BY EVERYONE. THE

14:32:52 SYSTEM LET HER DOWN. I APOLOGIZE IF I GOT TOO WORDY, BUT THIS HAS TO CHANGE.

>> THANK YOU.

14:33:09

>> IT'S HARD TO FOLLOW THAT. I HAD A COUPLE OF THINGS I WANTED TO SAY. THIS IS MYEL ALTMAN. IN THE BAY

14:33:19 AREA WE HAVE A CRISIS NURSING HOME CARE. IT COVERS NURSING HOME CARE. WE HAVE A HARD TIME

PLACING PEOPLE ON

14:33:28 MEDICAID, WITH BEHAVIORAL OR COGNITIVE ISSUES. I FULLY SUPPORT THE INFRASTRUCTURE DEVELOPMENT

14:33:34 RECOMMENDATIONS. I THINK WE NEED TO DO EVERYTHING WE CAN TO KEEP THE NURSING HOMES

WE HAVE. WE HAVE A

14:33:43 BANKRUPT HOSPITAL IN OUR AREA THAT HAS 116 BED NURSING HOME ATTACHED TO IT. IT'S GOING TO THREATEN TO CLOSE.

14:33:52 I HAVE BEEN WORKING WITH STATE AGENCIES, BUT IT'S LIKE WE NEED A

TASK FORCE. THE PUBLIC HEALTH TO HONE IN ON

14:34:03 THE NURSING HOMES THAT ARE AT RISK AND DO ALL WE CAN TO SAVE THEM. AS FAR AS THE -- WHAT SARA MENTIONED AND

14:34:12 ALTERNATIVES, WE HAVE HAD A PROGRAM WE

TRANSITIONED ABOUT 300 PEOPLE NURSING HOMES TO COMMUNITY SETTINGS,

14:34:24 INDEPENDENT HOMES OR ASSISTED LIVING. I THINK THE EXPANSION OF THE ASSISTED LIVING WAIVER, BUT -- IN CAL AIM,

14:34:33 THE PROPOSAL TO LET

PLANS USE IN LIEU OF SERVICES TO PROVIDE FOR ASSISTED LIVING IS INCREDIBLY IMPORTANT. I

14:34:42 HOPE THAT IN A FEW YEARS ASSISTED LIVING WILL BE A MEDICAID BENEFIT AND OVERSIGHT WILL BE BETTER AS WELL.

14:34:51 THAT

IS INCREDIBLY IMPORTANT AS AN ALTERNATIVE TO NURSING HOMES. I JUST WANTED TO SAY IN ADDITION TO

14:34:59 NAVIGATORS, IT'S COMPLICATED, ESPECIALLY IN THE BAY AREA TO FIND ALTERNATIVE AREAS FOR PEOPLE. WE

HAVE

14:35:09 HOUSING RELATIONSHIPS, PARTNERSHIPS WITH THE HOUSING AUTHORITY. IT'S A HUGE TEAM EFFORT. PLANS CAN DO IT IF

14:35:20 THEY ARE INCENTIVIZED APPROPRIATELY. I THINK THERE IS A LOT OF OPPORTUNITY HERE.

>> THANK YOU, KAREN. I

14:35:29 AGREE WITH A LOT THAT HAS BEEN SAID HERE TODAY. FROM MY VIEWPOINT, WE NEED TO BE PERSON-CENTERED AS POSSIBLE

14:35:35 AND RESPOND TO THE NEEDS OF THE INDIVIDUAL AND NOT THE NEEDS OF

THE BUREAUCRACY, SOMETIMES, THAT WE WORK

14:35:43 WITH. I DO LIKE THE THOUGHT OF NAVIGATORS. GOING BACK TO WHAT PATTY WAS SAYING, A LOT OF COUNTIES ARE

14:35:51 LIMITED WITH SERVICES THEY HAVE AVAILABLE. IT

MAY BE INTERESTING TO DO MAPPING OF THE FACILITIES AROUND THE

14:35:59 STATE. BAY AREA HAS CHALLENGES, BUT WE HAVE MORE RESOURCES AVAILABLE TO US THAN OUR RURAL COUNTIES.

>> CAN

14:36:10 SOMEONE INCREASE THE MIC VOLUME?

>> I THINK THE BATTERY IS GOING OUT.

14:36:19

>> THERE WE GO. THANKS, CRAIG, FROM THE ASSOCIATION. JUST A COUPLE OF QUICK THINGS, I THINK THIS IS A

14:36:28 GREAT DISCUSS, GREAT CONVERSATION SO FAR. I WANTED TO EMPHASIZE A COUPLE OF THINGS. ONE, WE

TALK ABOUT

14:36:35 ADDITIONAL MODELS WHICH IS A GOOD POINT. THE ONE THING I SAID IN THE FIRST MEETING WE HAD, AND I WANT TO

14:36:44 REITERATE IT AGAIN -- WHERE IS THE PLACEMENT -- THE MOST APPROPRIATE PLACEMENT

POSSIBLE FOR PEOPLE?

14:36:52 SOMETIMES THEY SHOULDN'T BE IN SKILLED NURSING FACILITIES, SOMETIMES THEY SHOULDN'T BE AT HOME, SOMETIMES THEY

14:37:03 SHOULDN'T BE IN ASSISTED LIVING, SOM SOMETIMES THEY SHOULD BE. DONNA, PETER AND MAYA SAID LOOKING AT

14:37:11 ADDITIONAL MODELS IS CRITICAL. WITH THE CAPACITY ISSUES WE HAVE IN THE SKILLED NURSING SECTOR, THEY ARE FULL.

14:37:19 MANY OF THE INFRASTRUCTURES, ARE OLD, THE INFRASTRUCTURE WON'T SURVIVE. WE HAVE TO LOOK AT IT. WE HAVE TO

14:37:26 LOOK AT WHERE ARE THE BEST OPTIONS. THE LAST THING I WOULD SAY, AND WE HEARD THIS AT THE MEETING LAST WEEK,

14:37:35 NONE OF THIS WILL

MATTER IF WE CAN'T FIND THE WORKFORCE. UP AND DOWN THE CHAIN, THE MOST IMPORTANT THING IS

14:37:46 WHERE ARE WE GOING TO FIND THE WORKFORCE TO CARE FOR THIS POPULATION OVER TIME?

>> HI, MERCEDES FROM BELMONT

14:37:54 VILLAGE. I WANTED TO ADD A COUPLE OF THINGS BECAUSE I SUPPLIED INFORMATION THAT CAN BE REVIEWED AFTER THE

14:38:03 MEETING AS WE FINE TUNE RECOMMENDATIONS FOR ASSISTED LIVING.

IN PARTICULAR, THE REPORT ON THE

14:38:10 FORGOTTEN MIDDLE IS THERE AND IT HAS CONCEPTS DESCRIBED INCLUDING MODULAR CONSTRUCTION AND OTHER THINGS

14:38:19 HAPPENING ALREADY IN OTHER STATES. IN PARTICULAR WITH RESPECT TO PHYSICAL STRUCTURE AND DESIGN AND SERVICES

14:38:27 BEING PROVIDED, THERE ARE MODELS IN OTHER STATES THAT ARE PURPOSELY NOT REFERRED TO AS AFFORDABLE HOUSING BUT

14:38:36 RATHER, HOUSING THAT IS

AFFORDABLE. THERE IS A LOT TO BE DONE THERE IN THE REPORT AND I CAN SUPPLEMENT

14:38:45 INFORMATION LATER. I PROVIDED INFORMATION ON THE PROGRAM IN ILLINOIS WHERE RESIDENTS MAY BE PAYING FOR ROOM

14:38:55 AND

BOARD OUT OF THEIR OWN POCKET BUT CARE AT A RATE OF 54.3% OF THE NURSING HOME RATE WITH RESPECT TO

14:39:07 MEDICAID AND OTHER SUPPORTIVE FUNDING. IT IS MUCH MORE REASONABLE COST FOR LIVING FOR INDIVIDUALS

WHO DO NOT

14:39:16 NEED TO BE IN INSTITUTIONAL SETTINGS. I WANTED TO REFERENCE THE REPORT BECAUSE I PROVIDED THEM AND THERE ARE

14:39:24 IDEAS THERE. LAST COMMENT, THERE ARE UNEXPECTED PARTNERSHIPS TAKING PLACE BECAUSE WE HAVE A COMMON GOAL

14:39:33 ADDRESSING THE NEEDS OF THE POPULATION. FOR EXAMPLE, HEALTH SYSTEMS PARTNERING WITH ASSISTED LIVING

14:39:41 PROVIDERS, PAIRS, OTHER KINDS, PARTNERING

WITH ASSISTED LIVING PROVIDERS. THERE IS A LOT THAT CAN BE DONE IN

14:39:49 THE CONTEXT OF PRIVATE/PUBLIC THAT ISN'T COMMONPLACE OR THOUGHT OF BEFORE BUT CONSIDERING WE HAVE A COMMON

14:40:00 OBJECTIVE, I THINK THERE

ARE RICH OPPORTUNITIES THERE.

>> THANK YOU. THIS IS DEFINITELY A HARD ACT TO

14:40:08 FOLLOW ON THIS ONE. I TOTALLY AGREE THAT THE WORKFORCE IS PROBABLY THE BIGGEST KEY TO THIS WHOLE THING.

14:40:19 UNTIL YOU HAVE A PERMANENT, WELL-PAID

WORKFORCE, YOU ARE NOT GOING TO SOLVE MOST OF THE PROBLEMS. I WANT TO

14:40:26 ADDRESS CARE ISSUES THAT HAVEN'T BEEN TOUCHED ON. THAT IS THOSE WITH SENSORY IMPAIRMENTS. WHEN YOU DON'T

14:40:33 HAVE THE TYPE OF

DEVICES YOU NEED TO COMMUNICATE, WHEN YOU DON'T KNOW ABOUT THE ACTIVITIES OF THE DAY BECAUSE

14:40:42 THE LIST IS IN SMALL PRINT RATHER THAN LARGE PRINT, OR YOU DON'T KNOW ABOUT THE MENU BECAUSE OF THE PRINT

14:40:50 SIZE, WHEN YOU DON'T HAVE ORIENTATION TO THE FACILITY, YOU STAY IN YOUR ROOM INSTEAD OF WALKING AROUND TO

14:40:57 VISIT PEOPLE. ALL OF THESE THINGS CAN BE ADDRESSED, EVEN IN A SMALLER BOARD AND CARE

TYPE ENVIRONMENT WITH

14:41:08 THE PROPER TRAINING, AND WITH THE PROPER PARTNERSHIPS, BUT FREQUENTLY, THEY ARE ADDRESSED TODAY.

14:41:17

>> BEFORE WE GO AROUND THE TABLE, I WANT TO CHECK IN WITH PEOPLE ON THE PHONE. WE DON'T HAVE ANYONE QUEUED

14:41:26 UP. IS ANYONE ON THE PHONE THAT WOULD LIKE TO MAKE A COMMENT? GUESS NOT.

14:41:49

[SPEAKING OFF MICROPHONE]

>> CATHERINE, ARE YOU IN THE QUEUE?

[LAUGHTER]

>> I GUESS, ASIDE FROM THE

14:41:57 RESTRUCTURING ISSUE, WHICH I PLAN TO WRITE BECAUSE I HAVE WRITTEN IT ONCE IN TERMS OF THE MASTER PLAN IS THE

14:42:04 ISSUE OF RURAL TO ME. I REPRESENT A RURAL AREA. I DON'T CONSIDER SOME OF THESE COUNTIES THAT CONSIDER

14:42:14 THEMSELVES RURAL. WE ARE RURAL, AND ASIDE FROM WORKFORCE, WHICH I AGREE IS ABOUT WORKFORCE, THERE HAS TO BE A

14:42:24 BASIC SERVICE MIX, A BASIC SERVICE MIX IN

ALL 58 COUNTIES IF WE ARE GOING TO COVER THE STATE IN TERMS OF A

14:42:32 MASTER PLAN. SO YOU HAVE AREAS THAT DON'T HAVE ACUTE HOSPITALS. YOU HAVE AREAS THAT DON'T HAVE A SKILLED

14:42:40 NURSING FACILITY.

THERE ARE WAYS YOU CAN WORK THIS. ALSO, WHEN YOU TALK ABOUT NAVIGATORS, YOU ARE TALKING

14:42:47 ABOUT RURAL AREAS, YOU ARE TALKING ABOUT PARTNERSHIP REPRESENTING THE MEDICAL POPULATION. WE ARE

14:42:56 IN

BUSINESS TO ADDRESS THE MIDDLE INCOME, NOT THE MED

14:43:06 CAL POPULATION. THAT'S WHERE THE MONEY IS GOING TO GO. IT'S GOING TO BE COSTLY AS WORKFORCE IS. OMBUDSMAN,

14:43:16 18, \$20 AN HOUR -- WHO WOULD WORK

FOR \$20 AN HOUR ANYMORE DOING THE THINGS THEY HAVE TO DO, I MEAN, REALLY.

14:43:29 THAT'S THE WHOLE ISSUE IN NURSING FACILITIES AS IT IS WITH PAY AND BAD RAP FOR PEOPLE THAT WORK IN SKILLED

14:43:37 NURSING

FACILITIES IN OUR AREA BECAUSE THEY WORK FOR A TERRIBLE MAN WHO IS INTO PROFIT FOR HIMSELF. JUST

14:43:48 SAYING, AND I HAVE WORKED WITH CHAINS AS WELL. THEY ARE INTO PROFIT. IT'S NOT ABOUT PATIENT

CARE, QUALITY

14:43:57 CARE. THAT'S WHAT THE CHURCHES ARE INTO, AND THAT'S WHAT THE NONPROFITS ARE INTO, BUT NOT THE FOR PROFITS. I

14:44:05 DON'T THINK WE SHOULD LET FOR PROFITS RUN SKILLED NURSING IN

CALIFORNIA. THAT WOULD BE GREAT TO CUT THEM

14:44:14 OFF. I WANT TO MENTION ONE OTHER THING LEADING TO BELMONT VILLAGE. I'M PROBABLY THE OLDEST ONE IN THE ROOM.

14:44:24 I'M PUSHING 80. I'M GETTING OLD, SO I

RELATE TO DARLING LEAH WHEN SHE WAS TALKING ABOUT BEING IN THE

14:44:33 ASSISTED LIVING FACILITY AND HOW SHE DOESN'T LIKE GROWING OLD, HOW SHE'S LOST SO MUCH. WHAT

14:44:43 WHAT I COULD DO AT 70, I CAN'T DO AT

78. THERE ARE THINGS I HAVE TO GIVE UP. I HATE IT. SHE HATES IT.

14:44:56 SHE SAYS, YES, I GET TRANCE PAGES TO TRANSPORTATION TO MEDICAL POINTS AND MAYBE THE STORE ONCE A WEEK. SHE

14:45:05 COULD GO TO THE

LIBRARY. DO YOU SIT DOWN WITH RESIDENTS TO SAY, WHERE WOULD YOU LIKE TO GO IN TERMS OF

14:45:16 OPENING THE DOOR WIDER. WE TAKE PEOPLE TO MEDICAL APPOINTMENTS IN HUMBOLDT COUNTY BUT NOT SOIREES AND

14:45:25 HAIR

APPOINTMENTS AND THAT KIND OF THING AND THAT MAKES THEIR WORLD SMALLER EVEN MORE. IF YOU DON'T DO IT, I

14:45:39 SUGGEST YOU DO.

>> THE CONNECTION TO THE COMMUNITY AT LARGE -- THE CONNECTION TO THE COMMUNICATIONY AT LARGE

14:45:54 COMMUNITY AT LARGE IS VIOLATION VITAL. SO MANY HAVE INTERESTING HISTORIES OF CONTRIBUTING

AND MAY BE DOING

14:46:02 THINGS FOR THE BENEFIT OF THE COMMUNITIES AROUND THEM, BUT ALSO SENIORS CAN FEED OFF OF THE MULTIGENERATIONAL

14:46:11 OPPORTUNITIES THAT ENHANCE THEIR LIFE, THE QUALITY OF LIFE.

ABSOLUTELY. MANY MAY BE SURPRISED TO KNOW THAT

14:46:21 I USED TO BE ON THE BOARD OF SILVERADO ASSISTED LIVING. THE AMOUNT OF ACTIVITIES THAT THOSE PEOPLE SUFFER IN

14:46:32 TERMS OF DEMENTIA AND ALZHEIMER'S

DISEASE, GOING TO THE THEATER, THINGS YOU WOULDN'T THINK WAS POSSIBLE WITH

14:46:40 THOSE WITH ADVANCED STAGES OF DEMENTIA, BUT THERE IS A LOT THAT CAN BE DONE. IT'S LIFE ENHANCING,

14:46:48 ABSOLUTELY.

>> WE ARE GOING TO STOP THE DISCUSSION. THERE WILL BE OPPORTUNITIES AT THE END OF THE MEETING

14:46:58 FOR ADDITIONAL PUBLIC COMMENT AND DISCUSSION. WE WANT TO START Q&A HERE IN THE PRESENTATION TIME. WE

ARE

14:47:02 GOING TO START OFF WITH

14:47:17 PATRICIA MCGINN MCGUINNESS.

>> THANK YOU. HOW CAN WE GET A COPY OF THE THINGS PASSED OUT TODAY?

>> PAT,

14:47:29 WE'LL SEND THE ATTACHMENTS TO ALL, AND POST THEM ON THE WEBSITE.

>> PAT: GREAT.

14:47:40 I APPRECIATE COMMENTS. MY MOTHER DIED IN APRIL. SHE WAS BLIND FROM THE TIME SHE WAS 57 YEARS OLD. SHE

14:47:48 HAD THREE VISITS IN A NURSING HOME. I STAYED OVERNIGHT WITH HER ALL

THREE TIMES. THE PEOPLE THAT WORKED

14:47:59 THERE WERE INSENSITIVE, COME IN, GRAB HER ARM AND TRY TO GIVE HER A SHOT AND PILLS. THAT TAKES EDUCATION.

14:48:14 I'M SCOTT MCGUINNESS FOR NURSING HOME REFORM. WE STARTED THIS 35 YEARS AGO. I HAVE BEEN GIVEN TEN YEAR

14:48:22 MINUTES TO TALK ABOUT 35 YEARS. I'LL TALK FAST. I WANT TO SAY ONE THING -- NO, I WANT TO SAY MANY THINGS.

14:48:37 HOW IS THIS? IS THIS BETTER?

>> NO.

>> HOW IS THIS?

>> NOT VERY GOOD. NEITHER OF THEM IS VERY GOOD.

>>

14:48:52 NO, THEY ARE NOT, ARE THEY? I CAN TALK LOUD. HOW ABOUT THAT? NOW. THERE ARE A BUNCH OF MATERIALS. I WANT

14:49:02 TO SAY THAT OUR ORGANIZATION, WE DEAL WITH NURSING HOME ISSUES, WORKING CLOSELY

WITH THE LONG-TERM CARE

14:49:11 OMBUDSMAN. IN MY PREVIOUS LIFE I DID A LOT OF TRAINING NOT JUST IN CALIFORNIA BUT AROUND THE COUNTRY WHEN

14:49:19 THEY WERE STARTING. WE RELY ON SERVICE ORGANIZATIONS. WE ARE A

SUPPORT GROUP THAT PROVIDES TRAINING AND

14:49:27 TECHNICAL ASSISTANCE AND ADEQUACY SUPPORT PROGRAMS IN CALIFORNIA. I WANT TO SAY, I CAN TELL YOU FROM PERSONAL

14:49:36 EXPERIENCE OVER THE LAST -- MANY, MANY YEARS OF

MY LIFE, WITHOUT THE OMBUDSMAN, THINGS WOULD BE A HELL OF A

14:49:43 LOT WORSE, SO I THANK YOU, AND JOE, WE HAVE KNOWN FOR YEARS. I HAVE BEEN ASKED TO TALK ABOUT THE FEDERAL

14:49:52 LANDSCAPE AND HOW WE CAN FILL IN

THE BLANKS. THE FEDERAL LANDSCAPE IS FULL OF WEEDS. I'LL TALK ABOUT THE

14:50:00 KILLER WEEDS. ONE OF THE FIRST THINGS THAT HAPPENED WHEN TRUMP WAS ELECTED, THEY ROLLED BACK THE OBAMA

14:50:10 ADMINISTRATION BAN

ON ARBITRATION AGREEMENT DESPITE 20 SOMETHING STATE ATTORNEYS SUPPORTED A BAN ON

14:50:18 ARBITRATION. WHY? PEOPLE ARE BEING ASKED TO SIGN THE AGREEMENTS AT ONE OF THE MOST VULNERABLE TIMES OF LIFE,

14:50:27 WHEN

THEIR RELATIVES ARE GOING INTO A NURSING HOME. ONE OF THE PROBLEMS IS, IN THE TRUMP ADMINISTRATION

14:50:37 REPEALED THE BAN. 16 OR 17 STATE ATTORNEY GENERAL ATTORNEY GENERALS WROTE AND SAID,

PLEASE DON'T DO THAT.

14:50:45 YOU ARE SCREWING CONSUMERS. THE OTHER THING THE FEDERAL GOVERNMENT DID, THE PROPOSED ROLL BACK OF REQUIREMENT

14:50:55 OF PARTICIPATION FOR NURSING HOMES, THE GUTS, THE GRIEVANCE

PROCESS, IT MAKES IT EASIER TO ADMINISTER

14:51:03 MEDICATION WITHOUT INFORMED CONSENT AND WATERS DOWN THE RULE OF INFECTION PREVENTION. THE MEDICARE PATIENT

14:51:10 DRIVEN PAYMENT MODEL, IF YOU ARE IN A NURSING HOME, YOU KNOW WHAT I'M TALKING ABOUT IT. IT'S GOING TO

14:51:18 ENCOURAGE UNDER THE BLANKET OF GEE, WE ARE GOING TO SAVE MONEY AND YOU CAN PROVIDE JUST AS MUCH CARE, IT WILL

14:51:28 FORCE PEOPLE INTO GROUP THERAPY,

PHYSICAL THERAPY, ETC., RATHER THAN INDIVIDUAL THERAPY. IT WILL BE A BOW

14:51:31 TPHAPB

14:51:45 BONANZA AMONG NURSING HOMES. CMS WANTS TO REDUCE FREQUENCY OF TOP PERFORMING NURSING HOMES. IF YOU

14:51:57 ACCEPT

THAT, I'LL SELL YOU LAND IN PUNXSUTAWNEY, PENNSYLVANIA. THEY WANT TO REDUCE IT TO 30 TO 36 MONTHS.

14:52:06 NURSING HOMES WOULD BE SURVEYED ONCE EVERY THREE YEARS. ISN'T THAT A GOOD IDEA? THE QUALITY

OF CARE, THERE

**14:52:18 IS SOME HOPE, BUT IT'S DEPENDENTS ON DEMOCRATS OR
REPUBLICANS. THIS IS THE REALITY. THERE IS A BILL QUALITY**

**14:52:29 FOR NURSING HOME CARE ACT INTRODUCED IN CONGRESS IN 2019
ESTABLISHING**

NURSING HOME STAFFING RATIOS TO 4.1,

**14:52:39 DECLARED BY CMS PREVIOUSLY UNDER THE TRUMP
ADMINISTRATION TO BE SAFE STAFFING STANDARDS, ESTABLISHING
PROTOCOL**

**14:52:49 FOR PSYCH TROPIC DRUGS AND PROHIBIT PRE-DISPUTE
ARBITRATION AGREEMENTS. THAT'S PRETTY MUCH WHAT'S GOING ON**

**14:52:56 AT THE FEDERAL LEVEL. WE COULD GO ON FOR OTHER THINGS
GOING ON. I WANT TO FILL IN THE BLANKS ON CALIFORNIA.**

14:53:05 WHAT DO WE NEED TO DO?

**OUR RECOMMENDATIONS ARE NUMBER ONE, REQUIRE ADEQUATE STAFFING.
INCREASE THE MINIMUM**

**14:53:14 HOURS PER PATIENT PER DAY TO 4.1, JUST AS BEING
RECOMMENDED AT THE FEDERAL LEVEL YOU SAID THE DEMOCRATS**

14:53:25 IN

**CONGRESS. INCLUDING AT LEAST .75RN HOURS AND ELIMINATE THE
WAIVERS. WE HADN'T RAISED THE MINIMUM HOURS**

**14:53:34 IN NURSING HOMES FOR YEARS AND YEARS. WE RAISED IT TO 3.5
WITH LEGISLATION AND 40% OF THE**

NURSING HOMES IN

**14:53:44 THIS STATE FILED FOR WAIVERS SO THEY DON'T HAVE TO MEET THE
REQUIRED STANDARDS UNDER THE LAW. WE NEED TO**

**14:53:57 ELIMINATE THE PROGRAM. WE NEED TO DENY LICENSES TO POOR
PERFORMING PROVIDERS. WE HEARD OF ONE OUT OF FIVE**

**14:54:06 NURSING HOMES, CURRENTLY RUNNING 15 NURSING HOMES
WITHOUT A LICENSE OR APPROVAL. HE'S BEEN DOING THAT TWO**

14:54:15 YEARS. WE CAN THANK THE DEPARTMENT OF

**PUBLIC HEALTH FOR THAT. WE NEED TO TIE INCREASES TO REQUIRED
MINIMUM**

**14:54:22 STAFFING LEVELS. I DON'T KNOW HOW MANY OF YOU ARE
INVOLVED. WE WORKED WITH AARP AND THE ALZHEIMER'S**

14:54:32 ASSOCIATION TO

OPPOSE AB1629, REAUTHORIZATION OF FUNDING FOR THE NURSING HOME INDUSTRY. THE REASON WE DID

14:54:39 THAT, IT WASN'T TIED TO ANYTHING. THE POINT OF THE BILL WAS TO PROMOTE QUALITY RESIDENT CARE TO

14:54:47 ADVANCE

DECENT WAGES AND BENEFITS FOR NURSING HOMEWORKERS TO COMPLY WITH APPLICABLE STATE AND FEDERAL

14:54:56 REGULATIONS. NONE OF THAT HAS BEEN ACHIEVED. WE GAVE THEM 2.7 BILLION AT THE TIME. NOW IT'S

4.7 BILLION.

14:55:04 THERE IS 1629 REAUTHORIZATION BILL THIS YEAR. WE ARE THROWING MORE MONEY AFTER BAD WITHOUT TIEING IT TO

14:55:12 PATIENT CARE AND WITHOUT TIEING IT TO ADEQUATE STAFFING. IF WE SAY THE STAFFING

IS THE BIGGEST PROBLEM,

14:55:21 LET'S ADDRESS IT. THIRDLY -- FOURTHLY, FIFTHLY, WHATEVER. WHERE IS THIS THING? WE NEED TO LIMIT RELATED

14:55:30 PARTY TRANSACTIONS. WE KNOW FOR A FACT MANY NURSING HOME

CORPORATIONS HAVE COMPANIES WHERE THEY BUY THEIR

14:55:40 EQUIPMENT AND OTHER THINGS AT MAJOR -- YEAH, WELL -- YOU SAID THAT. I DIDN'T. WE NEED TO INCLUDE CHAIN

14:55:45 INFORMATION ON THE CALIFORNIA HEALTH LINE

WEBSITE. RIGHT NOW, I CAN TELL YOU THE DEPARTMENT OF PUBLIC HEALTH

14:55:55 HAS NO IDEA WHO OWNS WHAT NURSING HOMES AND THERE IS NO WAY FOR CONSUMERS TO FIND OUT. WE SUED THEM BECAUSE

14:56:04 YOU ARE SUPPOSED TO

POST ON YOUR WEBSITE WHO OWNS NURSING HOMES AND WHAT THE RELATED ENTITIES ARE. 20 YEARS

14:56:12 AGO YOU COULD FIND OUT. NOW THEY CAN'T. IT'S LIKE THEY GO OUT OF THEIR WAY TO HIDE WHO OWNS NURSING

14:56:21 HOMES.

I'M TRYING TO TALK FAST. I HAVE TWO MINUTES LEFT? THEN WE NEED TO PROHIBIT THE USE OF ARBITRATION

14:56:28 AGREEMENTS. NOBODY IS SAYING TO OPPOSE ARBITRATION AGREEMENTS. THERE IS A FEDERAL LAW, BUT BEFORE THE

14:56:37 DISPUTE HAPPENS, YOU SHOULD NOT BE PUSHING ARBITRATION AGREEMENTS IN PEOPLE'S FACES AT ONE OF THE MOST

14:56:44 SIGNIFICANT TIMES OF THEIR LIFE WHEN THEY ARE TRYING TO LOOK OVER AN ADMISSION

AGREEMENT TO PUT THEIR MOTHER

14:56:52 OR FATHER OR WIFE OR HUSBAND IN A NURSING HOME. THAT'S SOMETHING WE WANT TO SEE AS PART OF THE MEDICARE

14:57:03 AGREEMENT. RCFES IN CALIFORNIA -- WHERE IS THAT?

OKAY. WE NEED TO FUND AND IMPLEMENT TEAR TIERED LEVELS OF

14:57:15 CARE. MANY YEARS AGO WHEN WE HAD THE RCFE ACT IMPLEMENTED, HEALTH AND SAFETY CODE, AND IT'S STILL IN THE LAW

14:57:23 SAYS WE ARE GOING TO

CREATE LEVELS OF CARE FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY. WHY? THERE ARE

14:57:33 DIFFERENT HR LEVELS. WE KNOW THE PEOPLE IN ASSISTED CARE FACILITIES WERE IN NURSING HOMES TEN YEARS AGO,

14:57:41 PEOPLE IN NURSING HOMES WERE IN HOSPITALS TEN YEARS AGO. WE NEED TO LOOK AT THE LEVEL OF CARE. ASSISTED

14:57:49 LIVING FACILITIES ARE NOT PREPARED TO DEAL WITH THE HIGH ACUITY LEVEL OF SOME OF THE

RESIDENTS THEY ARE

14:57:58 CARING FOR. WE NEED TO, AS I SAID BEFORE PROVIDE ADEQUATE FUNDING FOR ADULT AND SENIOR CARE.

14:58:19 (DLH.3:00)

AT 5,000 PLUS IN CALIFORNIA, SERVING 50,000 RESIDENT IS. YES, WE HAVE NOT GIVEN ADD

14:58:26

14:58:37 -- I HAVE ONE MINUTE. WE SHOULD LOOK AT WASHINGTON AND OREGON. THEY DO PAY UNDER THE MEDICAID PROGRAM FOR

14:58:46 COMMUNITY, ASSISTED LIVE AND BOARD AND CARE. WE'VE MET WITH LEADERS IN JAPAN OVER IN YOUR OUR OFFICES. WE

14:58:56 MET WITH SOUTH KOREA, THEY ARE MAKING A LONG-TERM PLAN. AND WATCH WASHINGTON. THERE PASSED IT? THERE YOU

14:59:04 ARE. WE CAN LOOK AT IT AS A MODEL. WE HAVE A LOT OF MONEY IN CALIFORNIA, LET'S PUT IT TO GOOD USE.

14:59:14 [APPLAUSE]

>> PATTY BERG: GOOD, PAD, GOOD GIRLFRIEND! U.C. BERKELEY I KNOW

14:59:25

>> MARK BECKLEY: I KNOW SOMETIMES THE QUESTIONS -- I KNOW WE ARE PULLING OUT INDIVIDUAL PROVIDERS AND I

14:59:33 CAUTION US NOT TO DO THAT. BUT STAY ON THE SOLUTIONS. AS WE GO THROUGH, WE'LL TALK ABOUT THE CHALLENGES. AND

14:59:41 WE VALUE OUR HEALTH AND HUMAN SERVICES AGENCY PARTNERS. LICENSING, SOCIAL SERVICES. REALLY COMMITTED FOLKS

14:59:47 OBVIOUSLY THERE ARE SYSTEMATIC ISSUES THAT NEED TO BE ADDRESSED. BUT IF WE CAN JUST STAY FOCUSED ON THE

14:59:53 SOLUTIONS, THAT WOULD BE TERRIFIC. LET'S MOVE ON TO THE NEXT PRESENTATION.

15:00:08

>> NICOLE HOWELL: I'M THE EXECUTIVE DIRECTOR FOR ONLYMBUDSMAN SERVICES. LET ME SAY HOW EXCITED I AM TO BE

15:00:15 HERE TODAY. THOSE WHO ARE REPRESENTING US ARE THE LEADER OF THE INDUSTRY AND THIS IS PARTICULARLY RARIFIED

15:00:21 AIR IN THIS ROOM AND I'M EXCITED TO BE HERE TODAY. I APPRECIATE ALL YOUR WORK. AND THOSE WHO ARE DOING THE

15:00:29 WORK ON THE GROUND, REALLY APPRECIATE WHAT YOU ARE DOING AND WE HOPE THAT WE CAN HELP YOU IF YOUR WORK. IT IS

15:00:41 A GOOD IDEA IF I HAVE HAVE THE MIC PHONE, IF I SAY SOMETHING WRONG, DON'T BLAME JOE. I'M JOINED BY LILLIAN R.

15:00:48 SHE IS THE FUNDER WHO HELPED TO SUPPORT AND PARTNER WITH US TO BRING ABOUT THIS PROJECT AND SHE WILL BE ABLE

15:00:55 TO ANSWER ANY ADDITIONAL QUESTIONS YOU MAY HAVE.

I FEEL LIKE I'M SO QUEUED UP FOR THE PRESENTATION. BECAUSE

15:01:02 THE DRUM I HEAR US BEATING IS THAT THERE IS A PROBLEM WITH THE WORK

15:01:11 WORKFORCE AND WE NEED TO SEEK TO ADDRESS IT. HERE, I HAVE A SOLUTION. JOE, I'M CONFIDENT BY THE END YOU

15:01:22 WILL COME OVER WITH A CHECK FROM THE MEMBERSHIP. I'M BEEN AN OMBUDSMAN FOR 15 YEARS AND I'M TIRED OF HELPING

15:01:34 MY STAFF SEE PERSON CENTERED APPROACH DEFINITELY. THAT, WE ARE SEEKING TO CREATE A SOLUTION. THIS IS THE

15:01:45 SCENE, IF I CAN HAVE IT SAY, "DANGER WILL ROBINSON" WE DON'T HAVE NEEDS FOR THOSE WHO HELP IN THE COMMUNITY.

15:01:55 THOSE WHO ARE EXPERIENCING DISABILITIES OR DEMENTIA. PARTLY WE HAVE NOT MET THE NEED BECAUSE WE ARE NOT

15:02:03 MEETING THE NEEDS OF THE WORKFORCE. WE HAVE DENIGRATED WHAT IT IS TO CARE CARE AND GIVE AND IT IS NOT PAID OR

15:02:12 RESPECTED APPROPRIATELY. OVER THE COURSE OF 2018, I SAT DOWN WITH TWO PARTNERS, ONE BEING OPPORTUNITY

15:02:20 JUNCTION. THEY ARE A JOB-TRAINING ORGANIZATION THAT HAS BEEN WORKING FOR MANY YEARS. THEY WORK THROUGH

15:02:30 RELATIONSHIPS HELP TO DEVELOP SOFT AND HARD SKILLS TO HELP PEOPLE SUCCEED.

THE SECOND IS MOUNT DEEIIABLO

15:02:39 ADULT EDUCATION. THEY HAVE BEEN DLIFING ADULT EDUCATION FOR MANY YEARS. THE LAST IS AN INDEPENDENT OWNER

15:02:53 OPERATOR WHOSE FAMILY HAS BEEN PFLDING SKILL PROVIDING SKILLED NURSING SERVICES. WE SAT DOWN AND DEVELOPED A

15:03:01 BUSINESS PLAN AND SAID WHAT ARE OUR PROBLEMS HOW DO WE FIX IT? WE CREATED A COLLABORATIVE PARTNERSHIP IN

15:03:11 GOVERNMENT. IF WE WERE GOING TO FIX A JOB WITH THE WORKFORCE, WE WANT THE RESIDENTS TO HAVE PERSON-CENTERED

15:03:21 CARE AND HAVE ACCESS TO CAREGIVERS ON A RELIABLE BASIS AND WHAT DOES THAT LOOK LIKE? WE ARE DOIN GOING TO

15:03:31 CHALLENGE INDUSTRY STANDARDS. WE ARE GOING TO DEVELOP A PROGRAM THAT IS TRAUFM TRAUMA INFORMED. PEOPLE

15:03:37 THAT ENTER THE FIELD DO SO BECAUSE THEY WANT TO BE CAREGIVERS. BUT INDIVIDUALS WHO ARE ATTRACTED TO THAT

15:03:45 FIELD THEY THEMSELVES, MIGHT HAVE EXPERIENCED TRAUMA AND WE NEED TO KNOW HOW TO WORK WITH THEM.

BECAUSE WE

15:03:52 PROVIDE SUPPORT, OUR TRAINING PROGRAM MIGHT NEED TO BE LONGER. WEEN ENVISIONED THE HEALTH CAREER PATHWAY. IT

15:04:02 IS A 12-WEEK LONG CERTIFIED NURSING PROGRAM. IS TRAUMA-INFORMED. WE ASSUME OUR STUDENTS ARE INDIVIDUALS

15:04:09 ADDRESSABLE BARRIERS AND ASSUME THEY WOULD NOT BE SUCCESSFUL IN A TRADITIONAL PROGRAM. YOU HAVE HAVE THE

15:04:19 \$2,000 TO PAID PAY FOR A PROGRAM AND YOU CAN GET THERE IN FOR THE 6 WEEKS HAVE DAY CARE PAID FOR, YOU ARE NOT

15:04:29 OUR STUDENT. OURS IS AN INDIVIDUAL WHO MAY NOT BE SUCCESSFUL, OR THE FIRST PERSON IN THEIR FAMILY. MAYBE

15:04:35 THEY HAVE BEEN HOMELESS, ENGLISH IS A SECOND LANGUAGE, THAT IS WHO WE WANT. AND THE REASON YOU WANT THAT

15:04:43 PERSON IS, THAT IS WHO IS IN THE SKILLED NURSING FACILITIES. I CAN'T TELL YOU THE AMOUNT OF RESIDENTS THERE

15:04:50 BECAUSE THEY DON'T HAVE ANOTHER HOME TO DOGO TO. BECAUSE THEY HAVE A FAMILY HISTORY OF TRAUMA AND NO ONE IS

15:04:57 THERE TO BE THEIR ADVOCATE. AND WE DESIGNED A PROGRAM FOR THOSE WITH CHALLENGES AND WE BELIEVE IT CAN BE

15:05:08 SUCCESSFUL WITH WRAP AROUND SERVICES.

EVERYDAY, THAFNG THANKS TO THE FOOD BANK, LUNCH COMES TO OUR STUDENTS.

15:05:18 LOAFS AND FISHES. EVERY WEEKEND THEY GO HOME WITH FOOD FOR THE WEEKENDS. YOU DOUGH KNOW WHAT WE DON'T SEE

15:05:27 ON MONDAYS LATENESS AND NOT SHOWING UP BECAUSE THEY DON'T HAVE GAS. ALL OF OUR STUDENTS ARE ACCES HAVE ACCESS

15:05:39 TO TRANSPORTATION. A CLIPPER CARD OR GAS MONEY TO GIVE TO SOMEONE TO DRIVE THEM. WE SAID GOSH, WHAT ELSE CAN

15:05:46 WE DO TO GET STUDENTS TO SCHOOL? WHAT THE FACILITIES REPORT IS THAT IT IS THE SOFT SKILLS PEOPLE DON'T HAVE.

15:05:55 INSTEAD OF SAYING, SUPERVISOR, SARAH, WHAT WOULD I NEED TO DO TO GET FRIDAY OFF BECAUSE IT IS MY KID'S RECITAL

15:06:02 AND IT IS IMPORTANT FOR ME TO GO AND I NEED TO LEAVE AT 2 AND YOU GIVE ME FRIDAY OFF. THOSE ARE THE ISSUES WE

15:06:10 ARE SEEING, LACK OF SOFT SKILLED INDIVIDUALS. THIS IS WHERE THE INDUSTRY NEEDS TO TAKE RESPONSIBILITY, THEY

15:06:18 ARE HAPPY TO PAY A SIGNING BONUS WHEN SOMEONE MAKES 90 DAYS, BUT NOT DOING ANYTHING TO CHANGE THE CULTURE OF

15:06:25 THE FACILITY AND MAKE THAT JOB ENGAGING AND

15:06:34 EMPOWER MIDDLE MANAGERS TO WORK WITH THE CAREGIVERS.

WE WENT TO THE FACILITIES AND SAY KEEP PAYING THAT

15:06:46 SIGNING BONUS. BUT WHAT IF YOU GAVE \$1500 TO US FOR COHORTS AND YOU WRITE US A CHECK? THAT ALLOWS US TO TAKE

15:06:55 THE STUDENT AND HAVE A VERY REDUCED FEE, OUR PROGRAM WAS ORIGINALLY LISTED AT \$350, BUT MOST OF OUR STUDENTS

15:07:02 ARE FREE. MOST OF THE STUDENTS FALL BELOW THE FEDERAL POVERTY LEVEL. YET WHEN WE SEE THEM IN CLASS, THEY ARE

15:07:13 PERFORMING BETTER THAN THEY HAVE AT ANY OTHER TIME. TRAUMA INFORMED. IT IS PERSON-CENTERED. HOW CAN I

15:07:24 EXPECT THE CNA TO BE PERSON-CENTERED? FOR EACH OF THE STUDENTS, WE DEVELOPED A PERSONAL SUCCESS PLAN. WE

15:07:30 KNOW THERE ARE CHALLENGES AND STRUGGLES. AND WE HAVE SOMEONE FROM OPPORTUNITY INTERVENTION AND THAT PERSON

15:07:41 TEACHES SOFT SKILLS IS A CASE MANAGER. NO ONE WANTS TO HAVE A CASE MANAGED, SO WE DON'T SAY THAT. BUT THAT

15:07:49 IS WHAT THAT PERSON DOES. I'M TELLING YOU, OUR STUDENTS ARE MAGIC. WHEN YOU SEE A PERSON -- AND I DON'T SEE

15:07:57 THEM A LOT. A COUPLE TIMES. TO SEE THEM AT THE END, HAVING GRADUATED AND PASSED A TEST THAT IS NO JOKE AND

15:08:05 HAVING BEEN EMPLOYED, THAT PERSON JUST WALKS DIFFERENTLY. JUST SO YOU KNOW THE SLIDES YOU ARE

15:08:13 SEEING, THOSE ARE FROM THE FIRST COHORT, PEOPLE WHO ARE REALLY ENJOYING THE PROGRAM.

WRAP AROUND SUPPORT

15:08:21 SERVICES. YOU ARE THINKING, GREAT, NICOLE, BUT THAT IS ONLY PART OF THE PIPELINE AND YOU ARE RIGHT. WE

15:08:29 STARTED AT CNA BECAUSE THAT IS THE BIGGEST NEED. WE WERE CREATING THIS DURING THE YEAR OF 2018 WHEN THE

15:08:36 WAVERS WERE BEING ADDRESSED AND I SAID TO MY FACILITIES, STOP APPLYING FOR WAVER AND ACTUALLY HIRE FOR THAT

15:08:45 AMOUNT. WE'RE CREATING ANOTHER STRUCTURE. SO THE ROUND TWO WHICH STARTED THIS YEAR, WE'RE BUILDING

15:08:55 ADDITIONAL TRAINING FOR NURSING ASSISTANT AND HOME CARE AID AND BUILDING A HOME CARE PROGRAM. PSI WOULD LOVE

15:09:09 TO PAIR THAT WITH A PSYCH PROGRAM. THE 51/50S COMING OUT, IF WE CAN HAVE TEAM MEMBERS WHO ARE SKILLED AT

15:09:12 DEEXPLANATION, THAT

15:09:19 ESCALATION, THAT WOULD BE AMAZING. WE RECOGNIZE THAT SOME PEOPLE ARE GOING TO WORK AS CNA FOR THEIR LIFE AND

15:09:27 WE RECOGNIZE WE ARE ALWAYS GOING TO NEED PEOPLE ENTERING THE FIELD. BUT IT CANNOT BE THE ONLY WAY. WE CANNOT

15:09:34 SAY THE WAY WE ARE GOING TO CARE FOR OLDER ADULTS IS PAY PEOPLE VERY LITTLE MONEY FOR THE REST OF THEIR

15:09:41 LIVES.

WE'VE HAD A 95% GRADUATION RATE. 50% REPORT HAVING HEALTH INSURANCE FOR THE FIRST TIME. AND

15:09:49 INDUSTRY PARTNERS ARE ACTIVELY SEEKING OUT OUR GRADUATES. WE HAD A FACILITY SAY, YOUR CNAS ARE BETTER THAN

15:09:59 THE ONES WHO HAVE BEEN WITH US FOR 6 MONTHS AND ARE HIRING THEM AT THE HIGHER RATE. THAT IS \$500 IN ANNUAL

15:10:07 COMPENSATION A YEAR. THESE ARE PEOPLE WHO HAD NOT PREVIOUSLY HAD JOBS, WORKING AS WING STOP OR WORKING AS

15:10:14 CAREGIVERS AT HOME AND NOT PAID. LASTLY, HERE IS MY CONTRACT INFORMATION.

>> PATTY BERG: WE NEED TO WRITE

15:10:24 YOU UP AS A RECOMMENDATION. DAMN STRAIGHT.

>> NICOLE HOWELL: WE ARE CURRENTLY WORKING TO BUILD THIS INTO THE

15:10:31 LEGISLATION ACT FOR THIS YEAR AND I NEED YOUR SUPPORT. THE KEY IS, I DO LIVE IN THE BAY AREA, EVEN THOUGH IT

15:10:43 DOES NOT FEEL LIKE WE HAVE RESOURCES, WE DO. I HAVE TO MAKE THIS SO I CAN GIVE IT TO THE AM ONLY MBUDSMAN SO

15:10:51 IT IS ACCESSIBLE TO EVERYONE. AND I THINK THIS IS NOT THE ONLY SOLUTION, BUT ONE OF MANY. AND I'M REALLY

15:10:56 EXCITEED TO PRESENT IT TO YOU. SO THANK YOU.

[APPLAUSE]

15:11:08

>> MARK BECKLEY: WE WILL TAKE COMMENT NOW. ANYBODY IN THE ROOM WHO HAS A COMMENT, TILT YOUR NAME TAG. HO

15:11:14

>> NICOLE HOWELL: ONE MORE THING. THESE ARE THE IMPACT REPORT AT WHICH WE WERE FEATURED IN. I WILL PASS

15:11:20 THIS AROUND AND TAKE IT, IT HAS ADDITIONAL INFORMATION.

15:11:26 GOOD GOOD

15:11:35

>> CLAIRE RAMSEY: I AM CARY

15:11:42 RIE FILLING IN. AND WE'RE GOING TO DISCUSS SOME OF THE RECOMMENDATIONS WE HEARD TODAY FROM PAT AND NICOLE.

15:11:49 WE HAVE A SLIDE UP HERE WITH SOME OF THE RECOMMENDATIONS THAT WE JUST HEARD ABOUT. I THINK ONE THING I WAS

15:11:56 HAPPY TO HEAR WAS THERE IS A LOT OF AGREEMENT FROM THE WORK ABOUT THE

15:12:05 WORKFORCE. WE HAD A WHOLE MEETING ON THIS AND I APPRECIATE NICOLE COMIN TALKING ABOUT ONE SOLUTION. WE HAD

15:12:13 THE CAL QUALITY CARE FROM THE OPERATORS AND ADVOCATES HERE AND THE ASSISTED GIVING WAVER AND WE HAVE AGREEMENT

15:12:25 IN THE ROOM. WE HAVE ABOUT 35-40 MINUTES TO DISCUSS. PUT YOUR NAME TAGS UP AND WE WILL GO AROUND THE

15:12:34 ROOM.

ONE OTHER THING I WANTED TO SAY; WE ALSO REALLY WELCOME RECOMMENDATIONS AROUND OTHER GROUP LIVING

15:12:39 SETTINGS THAT DID NOT GET AS MUCH ATTENTION TODAY AS WE WOULD LIKE. IF YOU HAVE RECOMMENDATIONS AROUND STATE

15:12:47 HOSPITALS, VETERAN HOME, DEVELOPMENTAL RESIDENCES OR OTHER GROUP LIVING. YOU SAW THE SLIDES WITH ALL OF THE

15:12:57 DIFFERENT THINGS, SPEAK UP ABOUT THOSE TOO, BECAUSE WE'RE OPEN TO THOSE.

>> ELLEN SCHMEDING: VERY

15:13:02 INVIGORATING PRESENTATION, THANK YOU. IT REALLY GOT ME THINKING ABOUT ALL THE WAYS THAT WE'RE TRYING TO

15:13:10 ADDRESS THE WORKFORCE ISSUE AND THE DIFFERENT PARTNERSHIPS THAT WE HAVE. ONE OF THE MOST INTERESTING AND MOST

15:13:18 RECENT IS WORKING WITH REFUGEE SERVICES TO HELP PLACE INDIVIDUALS WHO ARE REFUGEES AND HAVE ENGLISH SKILLS IN

15:13:24 SOME OF OUR POSITIONS AND MANY OF THEM ARE VERY HAPPY AND WE'VE SEEN SUCCESS STORIES THERE. WE'RE WORKING

15:13:31 WITH TITLE V, SENIOR EMPLOYMENT AND LOOKING TO PLACE OLDER WORKERS WHO ARE INTERESTED IN CONTINUING TO WORK.

15:13:39 WE'RE WORKING WITH EDD AS ANOTHER AVENUE TO HIRE AND BRING IN PERSONNEL IN OUR ASSISTED LIVING AND SKILLED

15:13:46 NURSE IS FACILITIES AS WELL AS WITH THE COUNTY EMPLOYMENT SERVICES PROGRAM. JUST A FEW. AND I THINK IT IS

15:13:53 GOING TO TAKE ALL OF THESE EFFORTS AND SO MANY MORE TO WORK ON THE WORKFORCE ISSUE.

ONE OF THE THINGS

15:13:58 MENTIONED WAS LEADERSHIP AND I DO THINK THAT IS A BIG PART OF IT. WE HAVE TO CREATE THE ENVIRONMENTS THAT

15:14:04 PEOPLE WANT TO WORK IN AND SUPPORT THEM WITH GREAT LEADERSHIP. AND I THINK THAT IS REALLY THE FOUNDATION OF

15:14:11 HAVING FOLKS SATISFIED WITH THEIR WORK. GOOD

15:14:16

>> LYDIA MISSAELIDES:

15:14:30 LYDIA, ARE YOU THERE?

>> LYDIA MISSAELIDES: CAN YOU HEAR ME NOW? OKAY. GREAT. I JUST HAD SOME THOUGHTS,

15:14:40 IT WAS A FANTASTIC PRESENTATION AND I COULD NOT AGREE MORE WITH EVERYONE ABOUT WORKFORCE. OUR PROGRAMS ARE

15:14:49 ALSO HAVING TREMENDOUS CHALLENGES WITH WORKFORCE AND I WAS EXCITED TO HEAR THE LAST PRESENTATION ABOUT

15:14:56 PRESENTATION ABOUT TRAINING FROM THE ONLYMBUDSMAN AND GOT ME THINKING ABOUT OUR ACCESS MEETING THIS THURSDAY.

15:15:06 I JUST HAD A COUPLE REFLECTIONS, ONE OF THEM HAD TO DO WITH THE CARE NAVIGATION. AND I THINK ALL OF US

15:15:15 UNDERSTAND, THERE IS REALLY NOTHING MAGICAL ABOUT THE IDEA OF SUPPORTING PEOPLE AND NAVIGATING THE SYSTEM, BUT

15:15:24 IT IS EXTREMELY LABOR INTENSIVE. IT GOT ME THINKING ABOUT IF THERE WERE WAYS TO UTILIZE OUR EXISTING

15:15:33 WORKFORCE IN OUR VARIOUS SETTINGS IN A LITTLE DIFFERENT WAY. BUT WITH A MARGINAL INCREASE IN COST, WE MIGHT

15:15:41 NOT BE ABLE TO ADD THAT SERVICE TO SETTINGS THAT WE HAVE TODAY IN A WAY WE HAVE NOT THOUGHT OF BEFORE. AND

15:15:54 I'M REFLECTING ON THE MODEL WHERE THE SIMPLE ADDITION OF ONE PERSON TO CARE NAVIGATE FOR THE PEOPLE HAVE

15:16:03 MADE A DIFFERENCE. IT FELT TO ME LIKE THAT WAS WORTH SOME THINKING ABOUT HOW WE CAN BETTER UTILIZE FOLKS WHO

15:16:13 WE DO HAVE.

AND THERE ARE PROBABLY SOME REGULATORY BARRIERS THERE, MY FAVORITE SUBJECT, THAT WE COULD CHANGE

15:16:20 TO HELP WITH ACCESS TO CARE IN A BETTER WAY.

THE SECOND THING HAD TO DO WITH OUR DISCUSSION ABOUT DISCHARGE,

15:16:32 WHICH RELATES TO NAVIGATION. AND I HAVE BEEN BEGGING FOR YEARS FOR A WAY THAT WE COULD EXPEDITE ENROLLMENT

15:16:44 INTO ADULT DAY HEALTH CARE. EVEN FROM HOSPITAL DISCHARGE TO EXISTING PARTICIPANTS. OR PEOPLE WHO ARE NOT YET

15:16:55 ENROLLED, BUT CAN BENEFIT FROM A LONGER TERM, AND WITH OTHER SERVICES IN THE HOME HEALTH. AND I HAVEN'T

15:17:01 GOTTEN TOO FAR. BUT I MAY PUT IN A QUICK RECOMMENDATION ON THAT. THERE ARE A LOT OF BARRIERS TO GETTING

15:17:09 PEOPLE OF HOSPITALS AND EVEN NURSING HOMES TO THE SETTING OF THEIR CHOICE. WHETHER IT IS HOME OR A LITTLE BIT

15:17:18 LOWER LEVEL OF CARE. AND I THINK IF WE WERE CREATIVE OR JUST HAD THE WILL, WE COULD FIND WAYS TO BETTER AND

15:17:24 EXPEDITE AND FACILITATE THE CARE TRANSITIONS TO

15:17:34 TRANSITIONS TO BE MORE EFFECTIVE. LIKE I WOULD LIKE TO SEE THE CERTIFICATION IN PUBLIC HEALTH. THERE IS A

15:17:44 DISINCENTIVE RIGHT NOW FOR PROVIDERS PARTICULAR TO ACTUALLY SUPPORT MORE OVERSIGHT AND MORE FUNDING FOR

15:17:51 DEPARTMENT OF PUBLIC HEALTH. THAT INCREASES THE COST FOR THE NURSING FEES THAT ALL OF THE PROVIDERS HAVE TO

15:18:00 PAY TO THE DEPARTMENT OF PUBLIC HEALTH BECAUSE IT IS A SELF-FINANCED UNIT WITHIN THAT DEPARTMENT.

>>

15:18:08 PATRICIA MCGINNIS: I WAS NOT SUGGESTING THAT, BUT INCREASE FOR FUNDING IN COMMUNITY CARE LICENSING.

>> LYDIA

15:18:16 MISSAELIDES: MY BRAIN WAS HEARING PUBLIC HEALTH.

>> PATRICIA MCGINNIS: ABSOLUTELY NOT, THEY HAVE PLENTY OF

15:18:22 MONEY AND DO A TERRIBLE JOB WITH IT.

>> LYDIA MISSAELIDES: I AGREE WITH YOUR RECOMMENDATION ON COMMUNITY

15:18:33 CARE LICENSING. ON DEPARTMENT OF PUBLIC HEALTH, THERE IS A DEFINITE CONFLICT OF INTEREST AS FAR AS

15:18:41 THAT FUNCTION GOES. SO THOSE ARE MY QUICK THOUGHTS

15:18:48 . THANKS, EVERYBODY. TALK TO YOU LATER ABOUT THE END OF THE DAY PROCESS.

15:18:54

>> DR. DONNA BENTON:

15:19:03 REALLY, THANK YOU FOR THIS ADVOCATE PERSPECTIVE AND TRAINING. I KNOW THAT SOME OF THE THINGS WHEN FAMILY

15:19:09 CAREGIVERS DISCUSSION THEIR NEEDS ABOUT WHO COMES INTO THEIR HOME, THEY ARE ALWAYS SURPRISED THAT THEY KNOW

15:19:18 MORE THAN THE PERSON WHO THEY MIGHT BE PAYING FOR TO COME IN. HAVING A PROGRAM LIKE THIS, THAT CAN ALSO WORK

15:19:28 FOR FAMILY CAREGIVERS. AND POST CAREGIVING. IT MIGHT BE WE CAN LOOK AT CAREGIVERS, AFTER THEY HAVE A BREAK

15:19:36 FOR THEMSELVES, THAT THEY MIGHT BE WANTING TO DO THIS TYPE OF WORK AND MOVE INTO THE ONLYMBUDSMAN PROGRAM AND

15:19:42 A TRAINING THAT WOULD ALLOW THEM TO USE THE SKILL THAT THEY DEVELOPED INDIVIDUALLY IN THE HOME WHERE THE

15:19:51 MAJORITY OF CARE IS DONE.

BECAUSE WE KNOW THAT WE HAVE TO CONTINUE TO HAVE OUR MINDS IN THAT EQUITY LENS, IS

15:19:59 THAT WHEN WE'RE LOOKING AT ANY OF THE PROGRAMS, TO REMIND OURSELVES THAT I KNOW THAT LIKE RIGHT NOW, I HAVE

15:20:11 FAMILY MEMBERS THAT ARE DOING A 24/7 AT A SKILLED NUSING FACILITY BECAUSE THEY DON'T FEEL IT IS CULTURALLY OR

15:20:19 ETHNICALLY SENSITIVE ENOUGH. THIS IS GOING ON NOW FOR 3 WEEKS AND PEOPLE ARE FLYING IN. THERE IS SOMETHING

15:20:29 WRONG WITH THE SYSTEM WHEN YOU HAVE EQUITY NICK ETHNIC COMMUNITY PEOPLE FEELING AFRAID TO LEAVE THEIR LOVED

15:20:39 ONE IN A PLACE THAT IS SUPPOSED BE THERE, TO HELP THEM 24/7. LGB COMMUNITIES HAVE A LOT OF CULTURAL

15:20:47 DIFFERENCES BETWEEN THE PEOPLE WHO CARE FOR THEM. I KNOW WE DO THE TRAINING, BUT THERE IS STILL A GAP THERE

15:20:56 FOR THOSE COMMUNITIES. SO I AM JUST POINTING THAT OUT. SO THE RECOMMENDATION IS AROUND TRAINING AND HOW WE

15:21:06 CAN CONTINUE FOR THESE SPECIFIC POPULATIONS.

>> SUSAN DEMAROIS: I'M GOING TO CIRCLE BACK TO THE PRIOR TOPIC.

15:21:16 I'M SO GLAD WE'RE TALKING ABOUT HOSPITALS. FOR THE PURPOSES OF THIS GROUP, I FEEL LIKE LTSS DOES NOT

15:21:23 INCLUDE HOSPITALS AND I'M NOT SURE WHERE IN THE MASTER PLAN, ACUTE CARE SHOWS UP. CALIFORNIANS WITH

15:21:33 ALZHEIMER'S VISITS THE EMERGENCY ROOM 900,000 TIMES IN 2017, THE LAST YEAR WE HAVE DATA FOR. AND IT IS A

15:21:43 PRECIPITATING EVENT FOR LTSS. I DON'T KNOW WHERE IT FITS, BUT THEY GO HAND IN HAND.

>> CARRIE GRAHAM: CAN I

15:21:48 JUST ADDRESS REAL QUICK

15:21:59 , HOSPITALS ARE IN THE GOAL 3 HEALTH AND WELL BEING GOAL. WE HAVE HAD SOME RECOMMENDATIONS ON GERIATRIC

15:22:06 EMERGENCY ROOMS. I'M NOT SURE THEY WERE TRANSFERRED TO YOU BECAUSE THEY WERE NOT LTSS RELATED. BUT WE CAN

15:22:16 TALK ABOUT THAT. THAT WOULD BE GOAL 3.

>> SUSAN DEMAROIS: AND SARAH MENTIONED THEY ARE PART OF CARE

15:22:25 TRANSITIONS, THE PURPOSES PATHWAYS TO CARE. LYDIA MENTIONED EXPEDITED ELIGIBLE FOR CBAS

15:22:36 ELIGIBILITY FOR CBAS. ANOTHER PROGRAM THAT GETS BY PASSED IS PACE, BECAUSE OF THE SLOW PACE, IT IS A GREAT

15:22:42 OPTION FOR PEOPLE THAT MAY BE ABLE TO GO STRAIGHT HOME. BUT BECAUSE IT TAKES SO LONG TO QUALIFY, THEY ARE

15:22:49 SENT TO A NURSING HOME. IT COULD BE A GREAT TIME TO CAPTURE PEOPLE FOR THE PACE PROGRAM. NOW MOVING TO

15:22:57 TRAINING. THANK YOU FOR YOUR PRESENTATION. FROM AN ALZHEIMER'S PERSPECTIVE, TRAINING IS SO IMPORTANT,

15:23:03 WHETHER IT IS IN A HOME OR LICENSED SETTING. AND YOUR PRESENTATION SOUNDED SO MUCH LIKE WHAT WE HEARD LAST

15:23:10 WEEK FROM THE CALIFORNIA LONG-TERM CARE EDUCATION CENTER. ON THE ONE HAND, WE REALLY LIKE TO HEAR ABOUT

15:23:20 INNOVATION AND LOCAL CONTROL, BUT IF A LOT OF PEOPLE ARE DOING A SIMILAR 12-WEEK PROGRAM AND IN THE

15:23:28 CASE OF LONG-TERM EDUCATION CARE, FOCUS ON IHSS, THEY FINISHED AND THEY WERE NOT A CNA. IF WE CAN FIND A WAY

15:23:36 TO ROLL ALL OF THESE UP SO THAT PEOPLE HAVE A PORTABLE SET OF SKILLS THAT COULD WORK FOR IHSS, COULD WORK IN A

15:23:49 SKILLED NURSING AND COULD WORK IN RESIDENTIAL AND HOME CARE, THAT'S A GREAT BENEFIT TO THE CONSUMER.

15:24:01

>> NICOLE HOWELL: WE TOTALLY AGREE WITH YOU AND WE ARE WORKING WITH HOME BRIDGE OUT OF SAN FRANCISCO. IF

15:24:08 YOU ARE NOT FAMILY, THEY PROVIDE IHSS SERVICES IN THE CITY OF SAN FRANCISCO. THEY HAVE A STEP UP CAREGIVING

15:24:16 PROGRAM AND OUR GOAL IS TO WORK WITH THEM SO THAT AT THE END OF THAT TIME, THOSE FOLKS LEAVE WITH A CNA

15:24:21 CERTIFY CERTIFICATE.

15:24:29

>> KRISTINA BAS-HAMILTON: IS SETTLE IS THERE A REASON WHY THE MICS ARE NOT WORKING IN I FEEL LIKE EVERYDAY

15:24:36 WE ARE HERE, THERE IS SOMETHING THAT IS NOT WORKING AND I DON'T KNOW WHY THAT IS AND I HAVE VERY LOW TOLERANCE

15:24:43 FOR THAT. I THINK NICOLE, YOUR PRESENTATION WAS FANTASTIC AND I THINK THAT TYPE OF CREATIVE INITIATIVES, IT

15:24:51 IS CRUCIAL TO STARTING TO CHANGE THE TREND OF WHERE THE STUFF IS GOING OR HAS BEEN GOING. BUT I THINK THAT IT

15:24:58 IS IMPORTANT THAT WE AS A GROUP, RECOGNIZE THAT WHEN WE TALK ABOUT WORKFORCE IN ANYTHING RELATING TO LONG-TERM

15:25:10 CARE, DIRECT CARE WORKERS, ALL THE WAY -- I GUESS REALLY THE SPAN OF DIRECT CARE WORKERS, FROM NON-CERTIFIED

15:25:21 ATTENDS TO HOME HEALTH AIDS WHATEVER THE NEXT THING IS UP THERE. WE'RE TALKING ABOUT TRYING TO GO AGAINST

15:25:31 CENTURIES OF HOW THIS WORK HAS BEEN CONSIDERED NOT WORK. AND DLF R THEREFORE, NOT VALUABLE OR WORTH

15:25:40 COMPENSATION. AND WE SHOULDN'T BE NOT RECOGNIZING THAT THAT'S CRAZY HARD AND THAT IS WHAT WE'RE UP AGAINST.

15:25:51 AND PREPARE IT PERHAPS IT WILL MAKE MORE THAN RECOMMENDATIONS IN THE MASTER PLAN FOR AGING THAT WE WILL BEGIN

15:25:59 TO ADDRESS THAT. THIS MIGHT BE SOMETHING THAT THE STATE OR I MIGHT ARGUE, SOME FUNDERS TO CHOOSE TO SAY, THIS

15:26:05 IS A CULTURAL CHANGE THAT NEEDS TO HAPPEN. AND IT IS IN THE STATE'S INTEREST TO DO THIS BECAUSE THE REALITY

15:26:14 IS PEOPLE WON'T BE WILLING TO PAY MORE OR CONSIDER THIS A JOB RESPECTABLE ENOUGH THAT THEY WOULD TREAT THOSE

15:26:18 WORKERS AS

15:26:27 NOT TREAT THOSE WORKERS AS BAD AS THEY DO. AND WE HAVE NOT TALKED UNDOCUMENTED WORKERS AND MANY OF THESE

15:26:36 WORK IN THE RESIDENTIAL FACILITIES. IF YOU READ THE NEWSPAPER REPORTS ABOUT WAGE THEFT AND THE CONDITIONS OF

15:26:43 THOSE PLACES AND KNOW THAT THESE PEOPLE ARE UNDOCUMENTED ARE AFRAID TO COMPLAIN, LET'S BE REAL! THAT IS WHY

15:26:53 THEY HIRE THEM BECAUSE THEY CAN EXPLOIT THEM! LET'S BE REAL, WE CANNOT HAVE THAT BE ACCEPTABLE. WE CAN'T SAY

15:27:03 WE VALUE THE ELDERLY, BUT HERE IS A PERFECT PLACE FOR A BAD ACTOR TO GO TO BASICALLY MILK THE STATE FOR

15:27:13 DOLLARS AT THE EXPENSE OF THE CLIENT AND THE WORKER. WE CANNOT HAVE THAT. SO I WOULD ARGUE WE SAY HERE ARE

15:27:19 STANDARDS AND THESE SHOULD BE INDUSTRY STANDARDS. YOU WANTED TO DO BUSINESS IN THE STATE OF CALIFORNIA, IS

15:27:27 THE LEAST YOU CAN DO. YOU CAN'T STEAL PEOPLES' WAGES, YOU HAVE TO PAY THEM AS LEAST A FAITHFUL FAIR LIVING

15:27:38 WAGE. PERHAPS AS NUFP MUCH AS THE IN AND OUTBUR BURGER IS PAYING THEM. AND HEALTH BENEFITS. WE HAVE TO BE

15:27:44 BOLD OTHERWISE THIS AIN'T GOING TO CHANGE. IT IS GOING TO BE THE SAME THING, UNDOCUMENTED PEOPLE, PEOPLE WHO

15:27:52 ARE COMING OFF OF HOMELESSNESS, PRISON, WITH NO OTHER PLACE TO GO FOR WORK AND THEY ARE TREATED THAN LESS THAN

15:28:01 HUMANS. P IMAGINE THE CARE THEY ARE GOING TO GIVE TO THE PERSON YOU ARE

15:28:06 PERSON YOU CARE ABOUT. THIS IS BONKERS. WE HAVE TO CHANGE THE WHOLE MODEL AND RECOGNIZE WHAT WE ARE DOING

15:28:20 IS CHANGING THE CULTURE!

THAT'S WHERE I'M ADD. YOU WANT A AT, YOU WANT TO RECRUIT PEOPLE, PAY THEM MORE. I

15:28:30 CAN GO TO IN AND OUT BURGER AND GET \$2 MORE AN HOUR AND BENEFITS TO START. I CAN'T GET THAT AT IHSS, WHY ON

15:28:39 EARTH WOULD I DO THAT? I CAN GO TO STARBUCKS AND MAKE LATITY

15:28:49 TES. WHY WOULD I BATHE SOMEONE AND CHANGE THEIR CLOTHING? WE HAVE TO BE REAL WITH WHAT WE'RE TALKING ABOUT.

15:29:01 I JUST GET PISSED OFF BECAUSE WE YOU AR TALKING ABOUT WORKFORCE DEVELOPMENT. PAY THEM AND THEY WILL DO IT.

15:29:12 MY WORRY IS WE WON'T HAVE THOSE PEOPLE IN THE WORKFORCE AND THEY WILL WORK SOME AREWHERE ELSE. THAT IS THE

15:29:19 FIRST THING I THOUGHT OF, IN A YEAR THOSE PEOPLE WOULD BE READY TO

15:29:32

I WANT A RAISE TO CONSIDER AS A RECOMMENDATION, STANDARDS THAT SAY, THESE ARE MINIMUM REQUIREMENTS IF YOU

15:29:40 WANT TO DO BUSINESS IN THE STATE OF CALIFORNIA, DEALING WITH AGING AND PEOPLE WITH DISABILITIES

REGARDLESS

15:29:49 OF THE SETTING. I WANT TO PROPOSE THAT AND SEE IF ANYONE HAS A PROBLEM WITH THAT. THANK YOU.

>> SO THIS IS

15:30:02 BRANDY FROM SIIU. IS NOW AN APPROPRIATE TIME TO JUMP IN OR ARE THERE OTHERS IN THE QUEUE?

>> MIGHT AS WELL

15:30:11 JUMP IN.

>> I WANT TO PIGGYBACK OFF OF WHAT CHRISTINA SAID.

15:30:23 WE WOULD SUPPORT STANDARDS ACROSS THE CARE SYSTEM SO I THINK THAT'S AN APPROPRIATE RECOMMENDATION AND

15:30:32 SOMETHING WE SHOULD ENTERTAIN. I WANT

TO THINK INNOVATIVELY ABOUT HOW WE CAN CREATE THESE AS JOBS THAT

15:30:42 INDIVIDUALS WANT TO DO FOR THE LONG-TERM AND THAT TAKES REAL CONVERSATION, BOLD CONVERSATION ABOUT INVESTMENT.

15:30:58 THE STAFFING STANDARD

BILL PASSED IN 2017 AND THEN IMPLEMENTED IN 2018, IT EQUALED OUT TO ROUGHLY 1,600 CNAS

15:31:07 BEING METED. IN THE NEXT DECADE THERE WILL BE

15:31:18 16,000CNAS NEEDED TO MEET DEMAND. IF WE ARE RECRUITING 1,600 TO

COMPLY WITH THE NEW STAFFING STANDARD, THAT

15:31:29 PUTS THE STATE IN A REAL PREDICAMENT. WE SHARE THE SENTIMENT THAT IT'S INCREDIBLY DISAPPOINTING THAT HALF OF

15:31:37 THE INDUSTRY APPLIED FOR WAIVERS. WE SUPPORT

THE RECOMMENDATION THAT THE WAIVER SHOULD BE REMOVED FROM THE

15:31:48 SBIU PERSPECTIVE. THAT WAS A LAST MINUTE THING, INOPERABLE OR HADN'T BEEN OPERABLE PIECE OF CODE SECTION USED

15:31:56 TO MAKE A WAIVER PROGRAM

AND HAVE NEARLY HALF OF THE INDUSTRY BE ABLE TO GET A WAIVER, BUT I THINK WHERE

15:32:04 THERE IS ROOM FOR THE OPPORTUNITY FOR THE WORKFORCE AND UNION REPRESENTATION AND OTHER TRAINING PROGRAMS AND

15:32:11 UNION TO

WORK TOGETHER THE AROUND CREATING PROGRAMS AND INVESTING IN PROGRAMS THAT CREATE THE CAREER LATTER

15:32:21 THAT GET PEOPLE INTO THE INDUSTRY AND THEN, YOU KNOW, INVESTMENT IN QUALITY WAGES AND BENEFITS FOR

THOSE

15:32:30 INDIVIDUALS THAT ARE MOVING ALONG THE CAREER LADDER. I WANTED TO EMPHASIZE THAT WE WOULD SUPPORT REMOVING THE

15:32:39 WAIVER PROPOSAL TO CREATE TRAINING INNOVATION FOR THE WORKFORCE AND AS CHRISTINA MENTIONED, IMPLEMENT

15:32:48 STANDARDS ACROSS THE BOARD IF YOU WANT TO DO BUSINESS IN CALIFORNIA IN TERMS OF AGING AND THE DISABILITY

15:32:57 POPULATION.

>> THANK YOU, RANDY. I WANT TO DO A TIME CHECK WITH FOLKS. WE HAVE SEVEN SPEAKERS IN THE QUEUE.

15:33:06 I WANT EVERYONE TO LIMIT THEIR COMMENTS TO TWO MINUTES A PIECE AND ELLEN WILL FLAG YOU WHEN IT'S TIME.

WE

15:33:17 WANT TO STAY ON TRACK FOR THE MEETING AND ONE OF THE GROUND RULES, WHICH IS TO END ON TIME.

>> ANNA: DITTO

15:33:28 TO THE LAST COUPLE OF SPEAKERS. I WANTED TO FLAG A COUPLE OF THINGS. WHAT DO WE MEAN BY PERSON CENTER?

15:33:37 NICOLE MENTIONED THAT. WE HAVE TO HAVE A MINIMUM TYPE OF TRAINING FOR

SERVICE. I'M CONCERNED WITH CONSUMER

15:33:44 SATISFACTION BEING REALLY HIGH FOR NURSING HOMES. THAT IS NOT THE REPORT WE GET FROM INDIVIDUALS LIVING IN

15:33:52 THE NURSING HOMES. I THINK PEOPLE ARE BASICALLY

AFRAID TO SPEAK THEIR MIND BECAUSE OF REPERCUSSIONS FROM

15:34:02 STAFF. I THINK WE NEED A BETTER WAY TO MEASURE OUTCOMES AND SATISFACTION WITH THAT KIND OF

15:34:11 INSTITUTIONAL SETTING. I WANTED

TO TALK ABOUT QUALITY CARE.ORG WITH THE IMA WRITING GROUP, THERE ARE

15:34:21 MULTIPLE RECOMMENDATIONS, AND WE PUNTED IT TO THE FACILITY GROUP -- WORK GROUP. WE TRIED TO.

>>

15:34:29 PATHWAYS.

>> IT'S IN PATHWAYS. I WANT TO SAY IF WE ARE FUNDING SPECIFIC PLATFORMS, WE NEED TO BE FUNDING

15:34:37 COMPREHENSIVE, COMMUNITY-BASED SERVICES AS WELL PART OF THE RECOMMENDATION INA PROVIDED IN

15:34:45 OUR

RECOMMENDATION. THEN, ASSISTED LIVING WAIVERS NEED TO BE EXPANDED AND RURAL COMMUNITIES, WE HAVE NO

15:34:56 ACCESS TO THE MEDICAL WAIVERS, MAJORITY ALL OF THEM. I WANTED TO FLAG THAT AND SAY

MAYBE IT WAS A

15:35:06 RECOMMENDATION FROM THE SCAN FOUNDATION. WE HAVE TO FOCUS ON HOW MDS3.0 TO IDENTIFY THE SYSTEM FOR

15:35:13 INDIVIDUALS THAT WANT TO LIVE IN THE COMMUNITY AND CREATE A PATHWAY FOR COMMUNITY SETTINGS

THROUGH A DIGNITY

15:35:23 FUND, IDENTIFICATION OF THE INDIVIDUALS AND TALK ABOUT HOSPITAL TRANSITIONS. I'LL MOVE ALONG HERE.

>> I LIKE

15:35:33 THE WAY YOU DID THAT.

>> GOOD AFTERNOON. NINA, AARP. I'M GOING TO SAY, WE WOULD SUPPORT ALL OF THE

15:35:42 RECOMMENDATIONS PUT FORTH ON THE SLIDES TODAY. THAT'S KIND OF A GIMME. I WANT TO SAY ONE OTHER THING. I

15:35:53 DON'T KNOW

WHERE THIS WOULD GO, BUT IT'S ME THINKING. BY THE WAY, NICOLE, THE CORK THE WORK YOU ARE DOING IS

15:36:04 OUTSTANDING. WE TALK ABOUT CULTURE CHANGE IN TERMS OF CARING FOR WORKERS, CAREGIVERS.

MY HUSBAND IS AN LVN,

15:36:15 MALE NURSE. WAY BACK WHEN HE WORKED IN A NURSING HOME THAT IS UNNAMED HERE IN SACRAMENTO. IT WAS HORRIBLE.

15:36:28 HE WAS NOT TREATED WITH DIGNITY. NO ONE WOULD SHOW UP TO RELIEVE HIM FROM HIS SHIFT. HE WAS LIKE, I COULD

15:36:40 ABANDON HIS POST. I WOULD GET CALLS BEFORE WE WERE TEXTING, I HAVE TO STAY. EVEN KNOW, HE QUIT. WE HAD A

15:36:50 BABY AT HOME. WHEN HE DOES HOME HEALTH,

HE DOESN'T BELIEVE -- AND THE PAY IS OKAY -- HE IS NOT TREATED WELL.

15:37:00 I DON'T KNOW HOW YOU MEASURE THAT OR PUT METRICS ON THAT, BUT HE DOESN'T FEEL PROTECTED BY HIS EMPLOYER. YOU

15:37:09 ARE DEALING

WITH FAMILIES THAT ARE DIFFICULT, SWITCH MEDS, TRY TO SABOTAGE THE NURSE TO MAKE THEM LOOK LIKE

15:37:18 THEY ARE NOT DOING THEIR JOB. THERE ARE EMOTIONAL ISSUES THAT OCCUR WHEN YOU HAVE A DISABLED TRIAL

AND

15:37:25 EVERYTHING THAT HAPPENS IN THE HOME, DRUGS, ALCOHOL, YOU NAME IT, AND THE EMPLOYER NOT PROTECTING HIM. HE'S

15:37:34 NOT UNIONIZED. I DON'T KNOW WHERE WE PUT THAT OR WHAT BUCKET WE PUT IT IN, BUT FROM

HIS PERSPECTIVE, THE

15:37:44 NURSES IN THESE SETTINGS ARE TREATED EXTREMELY POORLY. THANK YOU.

>> I THINK THERE ARE UGLY STEP SISTERS OF

15:37:52 THE HEALTHCARE INDUSTRY. THAT'S ONE OF THE PROBLEMS OF WORKING IN A NURSING HOME, WHICH I DID MANY YEARS

15:38:01 AGO, SO I KNOW WHAT THE TRAUMAS ARE THERE.

WE DID RECOMMENDATIONS AND SUBMITTED THOSE. MANY RECOMMENDATIONS

15:38:09 IN TERMS OF COMMUNITY BASED SERVICES EXPANDING THE ASSISTED LIVING PROGRAM, INCREASING FUNDS TO

15:38:21 ASSISTED

LIVING IN HOME AND COMMUNITY BASED SYSTEMS, NO QUESTION. WE DIDN'T MENTION ELDER ABUSE.

15:38:30 INSTITUTIONALIZED ABUSE AND FINANCIAL, FIDUCIARY ABUSE WITH ELDERS. I DON'T KNOW IF THAT WILL BE

15:38:37 ADDRESSED

IN ANOTHER PART?

>> A WORK GROUP.

>> IS THERE A WORK GROUP ON THAT? WE INCLUDED OUR

15:38:44 RECOMMENDATIONS ON THAT AS WELL IN HERE.

>> IT'S A MASTER PLAN WORK GROUP. IT'S -- DO YOU WANT TO EXPLAIN

15:38:55 THAT FOR PAT ABOUT WHERE ELDER ABUSE ISSUES COME IN?

>> THERE IS A PLACE FOR ADULT PROTECTIVE SERVICES ON

15:39:04 THIS COMMITTEE. ISSUES OF ABUSE AND NEGLECT ARE GOAL THREE OF THE MASTER PLAN. THERE WILL BE A WEBINAR ON

15:39:14 THAT TOPIC. KEVIN IS LEADING EFFORT

AROUND THAT TOPIC FOR THE STAKEHOLDER ADVISORY GROUP, ANOTHER GROUP

15:39:24 SEPARATE FROM THIS LTS SPECIFIC COMMITTEE.

>> A LOT OF IT HAS TO DO WITH INSTITUTIONALIZED CARE. I URGE YOU

15:39:37 TO LOOK AT THE RECOMMENDATIONS HERE.

>> DOES THIS WORK? IT WORKS. MARTY MOUNTAIN TOE.

15:39:49 MOTTO. I APPRECIATE THE COMMENTS BY CHRISTINA AND BRANDY. AT SOME POINT, WE HAVE TO WRAP OUR HANDS AROUND

15:39:57 THE FUNDING ISSUE. WE SHY AWAY FROM

THAT THINKING IT'S NOT APPROPRIATE FOR THE DINNER TABLE, BUT IT IS A

15:40:06 KEY FACTOR TO CAUSE CHANGE WITH OTHER THINGS LINKED TO IT. IT'S IMPORTANT. WE CAN'T AVOID THE CONVERSATION

15:40:13 AT THIS POINT

FROM THE SUBCOMMITTEE AND STAKEHOLDER GROUP AND LEGISLATURE AND ADMINISTRATION. THAT'S A REAL

15:40:21 ISSUE. IT HAS TO BE CONFRONTED AND LINKED TO OTHER THINGS BECAUSE IF WE DON'T ADDRESS THAT AND CONFRONT

EACH

15:40:29 OTHER THAT WE HAVE TO HOLD EACH OTHER ACCOUNTABLE TO THAT, ALL OF THIS IS NOT REAL. I THINK, ULTIMATELY,

15:40:38 WE'LL BE JUDGED -- NOT JUST BY WHAT WE THINK, BUT WE GO BACK TO THE COMMUNITY AND FAMILY

AND WE HAVE TO

15:40:47 INVEST THE TIME WE HAVE DONE SO FAR AND MAKE IT REAL THAT IT WILL MATTER. IT'S TOO LATE FOR MY SISTER. IT'S

15:40:55 TOO LATE FOR PETER'S FRIEND, BUT I THINK THAT SHOULD UNDERSCORE HOW

CRITICAL THIS IS. WE ARE ALL SERIOUS

15:41:05 ABOUT THIS, BUT THIS MATTERS. I KNOW WE HEAR IN BUDGET COMMITTEES, WE THINK, JUST TALK FOR MORE MONEY, BUT IT

15:41:12 ULTIMATELY MATTERS. IT DOES MATTER. WE HAVE TO MAKE SURE IT'S LINKED TO SOMETHING. IF FUNDING IS NOT

15:41:22 LINKED TO GOOD OUTCOMES OR TIED TO ADEQUACY TIED TO OUTCOMES, IT'S THROWING MONEY AT A PROBLEM OR ISSUE AND IT

15:41:29 DOESN'T GO ANYWAY. LASTLY, WHAT

I LIKED ABOUT THE GOVERNOR'S EXECUTIVE ORDER, AT LEAST IT ATTEMPTED TO BREAK

15:41:38 THE SILOS OF SYSTEM SERVICES. WE ARE NOT REALLY DOING THAT, SO WE ARE IN THIS MEETING HERE, BUT THERE ARE

15:41:49 OTHER MASTER

PLAN EFFORTS OCCURRING. PLUS, THE PREVIOUS MASTER PLAN HERE, THERE HAD BEEN WORK TO ADDRESS THE

15:42:01 ISSUE OF WORKFORCE. I THINK THE MOST COMMON THING IS THE PROBLEM OF WORKFORCE, EVERY AREA.

CHILDHOOD CARE,

15:42:08 DEVELOPMENTAL SERVICES -- ALL OF THESE AREAS AND WE SHOULD EXCHANGE INFORMATION IN A MORE AGGRESSIVE WAY. WE

15:42:16 ARE NOT DOING THAT. WE ARE WORKING INDEPENDENTLY. I SERVE ON SOME OF THE

SAME GROUPS. WE HAVE TO GET GOOD

15:42:25 INFORMATION FROM EACH OTHER AND THERE MAY BE PILOTS OR GOOD WORK DONE THAT MIGHT HELP ADDRESS OUR WORKFORCE

15:42:34 ISSUES HERE. CHRISTINA, YOU WERE OUT OF THE ROOM. I WAS GIVING A SHOUTOUT. I APPRECIATE THE WORDS YOU HAD

15:42:46 ABOUT FUNDING.

>> I CAN'T CONTAIN MYSELF.

WHEN SHE GOES OFF, IT'S ONE THING AND WHEN I GO OFF, ANOTHER.

>>

15:42:57 JUST A COUPLE OF THINGS, I AGREE WITH ALL THE PREVIOUS SPEAKERS. EVERY PERSON THAT YOU ARE WORKING WITH WILL

15:43:08 HAVE A DIFFERENT CARE NEED, SO THERE NEEDS TO BE MORE EDUCATION THAN

PEOPLE. THERE ARE MORE FACILITIES OR

**15:43:17 HOSPITALS RELATED TO THE PERSON THEY ARE WORKING FOR. I
THINK ONE THING THAT IS LACKING, AND THAT WE NEED TO**

15:43:27 CHANGE IS LONG-TERM CARE INSURANCE. MOST

LONG-TERM CARE INSURANCE, NOT ALL, DOESN'T PROVIDE CARE IN THE HOME

**15:43:41 OR IF IT DOES, VERY LITTLE. MY MOTHER IN THE 60S AND 70S WAS
VERY ACTIVE. A LOT OF THE LAWS, IDEAL BACK IN**

15:43:53 THE DAY, PUBLIC LAW 142

**IF I HAVE THE NUMBER RIGHT, SHE WAS VICE PRESIDENT OF THE AUTISM
SOCIETY. IN THE**

**15:44:05 70S, EVERY DECADE AFTER 1980, SHE GOT CANCER. TWO YEARS
AGO, SHE DIED OF LUNG CANCER**

15:44:15 . SHE THOUGHT BECAUSE SHE PAID

**INTO LONG-TERM CARE INSURANCE, LISTENED TO MY LECTURE MANY YEARS
AGO ABOUT**

**15:44:23 LONG-TERM CARE INSURANCE, THAT SHE WOULD HAVE CARE AT
HOME. SHE THOUGHT SHE WOULD HAVE \$7,000 A MONTH TO GET**

15:44:33 WHATEVER CARE

**SHE NEEDED AT HOME. HER POLICY WASN'T VALID AT HOME, AND SO
AGAINST MY BETTER JUDGMENT, SHE**

15:44:36 WANT

**15:44:47 SHE WENT INTO A LIVING FACILITY. WE WERE ABLE TO BETWEEN
ALL OF US HAVE CARE AT HOME. IN**

THE SPIRIT OF

**15:44:56 HOMESTEAD, WE NEED TO MAKE THE BENEFITS AVAILABLE IN THE
COMMUNITY MORE. PEOPLE WITH DISABILITIES AND**

**15:45:04 DISABILITIES LIKE MYSELF AND THERE ARE MANY OF US, I'M NOT
HERE TO ININDICT**

FACILITIES, BUT WE SPEND EVERYDAY

15:45:12 MAKING SURE WE WON'T WIND UP IN A CON VA LESS

**15:45:29 ANT FACILITY. I HAVE A BED SAID UP WITH AN EMERGENCY
GENERATOR SO IF SOMEDAY I CAN'T DO MUCH OUT OF THE HOUSE**

15:45:38 OR IF

I'M EVER NOT ABLE TO DO AS MUCH AS I DO NOW, I DON'T HAVE TO GO TO A FACILITY. WE NEED TO MAKE THAT

15:45:50 AVAILABLE FOR EVERYONE. ALSO, WE NEED TO MAKE SURE WE EDUCATE FACILITIES AND HOSPITALS ABOUT

DISABILITY

15:46:03 CULTURAL COMPETENCY. IN FACT, HAVING DIGNITY AND RESPECT IS A RIGHTS ISSUE. IN CLOSING, I WANT TO TALK ABOUT

15:46:14 DME FACILITIES AND HOSPITALS. THERE SHOULD BE MORE ACCESS TO CEILINGS,

ASSISTIVE TECHNOLOGY, COMMUNICATION

15:46:27 DEVICE OR WHEELCHAIR IN HOSPITAL AND FACILITY. THANK YOU. I HOPE THAT WAS TWO MINUTES.

>> GIVE OR TAKE.

15:46:31

>>

15:46:40 KAREN: I USED TO BE A BOARD DIRECTOR. I'M JEALOUS OF YOUR PROGRAM, NICOLE. I DON'T KNOW HOW YOU FUND THAT.

15:46:50 I WANT TO ASK YOU, HOW DO YOU FUND THAT AND THAT? WHAT YOU DO IS ENABLE STUDENTS TO

SUCCEED. PEOPLE THAT

15:47:00 GO INTO THIS KIND OF WORK ARE NOT INDEPENDENTLY WEALTHY TO GET THE LOWER PAY JOBS WE HAVE, WE CREATED A

15:47:13 PIPELINE AND TRAINING FOR CAREER LADDER TRAINING STARTING AT IHHS

AND IHHA, LVNS ETC., BUT WE DIDN'T HAVE

15:47:21 THE WRAP AROUND SUPPORTS IN TERMS OF FOOD, TRANSPORTATION. I THINK ALL OF US IN CALIFORNIA HAVE WORKFORCE

15:47:30 BOARDS AND HAVE MONEY, FEDERAL DOLLARS COMING IN FOR TRAINING, AND IT'S GOOD MONEY, AVAILABLE MONEY. NEED

15:47:37 THE SUPPORT. IF WE CAN DEVELOP SOME SORT OF PUBLIC PUBLIC/PRIVATE PARTNERSHIP TO PROVIDE THE THINGS THE

15:47:49 FEDERAL AND STATE FUNDING WON'T PAY FOR, THAT'S KEY.

>> I'LL BE VERY BRIEF. SOME OF THE THINGS -- SOME OF

15:47:57 THE RECOMMENDATIONS I AGREE WITH. SOME I DO NOT. NICOLE, BY THE WAY, YOUR PROGRAM IS A GREAT ONE. I KNOW

15:48:05 FACILITIES THAT USE IT AND I HEAR

GREAT THINGS ABOUT IT AS WELL. WITH 400,000 PEOPLE COMING THROUGH NURSING

15:48:13 HOMES EVERY YEAR, IT'S EASY TO GET FOCUSED ON RECOMMENDATIONS THAT ARE ABOUT INPUT TO THE SYSTEM. WHAT WE

15:48:22 REALLY OUGHT TO

BE FOCUSED ON ARE WHAT ARE THE OUTCOMES? MARTY SAID IT. WHAT ARE THE QUALITY OUTCOMES? NOT

15:48:30 A LOT OF THIS TALKS ABOUT QUALITY. WHAT ARE THE MEASURES FOR QUALITY AND WHAT ARE THE OUTCOMES WE

15:48:39 SHOULD

FOCUS ON VERSUS NARROW INPUT TO THE SYSTEM.

>> I WANTED TO ADD FOOD FOR THOUGHT AS WE THINK ABOUT

15:48:49 HOW WE CAN ADEQUATELY STAFF THE CARE NEEDS, ESPECIALLY AS THE POPULATION IS CHANGING OR THE DEMOGRAPHICS ARE

15:48:52 CHANGES

15:49:03 ING TO FEWER

CAREGIVERS. THE ESTIMATE, A QUARTER OF JOBS IN THE U.S. WILL BE SEVERELY IMPACTED BY ARTIFICIAL

15:49:11 INTELLIGENCE AND AUTOMATION. THERE WILL BE A LOT OF VERY IMPORTANT WORKFORCE, LOOKING TO REDIRECT

THEIR

15:49:19 CAREERS. WHAT DO THEY DO NEXT IF THEY ARE DISPLACED BY AUTOMATION? THOUGH WE HAVE IMPROVEMENTS BY AUTOMATION

15:49:27 IN ASSISTED LIVING, NOTHING WILL REPLACE THE CARE, TOUCH, HUMAN CONTACT SO

ESSENTIAL TO WHAT WE DO. THERE IS

15:49:35 AN OPPORTUNITY TO TRAIN THE WORKFORCE OTHERWISE ENGAGED TODAY AS AN

15:49:43 EXAMPLE AT BELMONT VILLAGE, THEY TRAIN PEOPLE COMING FROM DIFFERENT BACKGROUNDS. WE SUPPORT

THEM

15:49:52 FINANCIALLY AND HIRE FROM SOME OF THE PROGRAMS THAT THEY ARE PUTTING THROUGH. THERE IS A LOT THERE.

[LOSSES

15:49:57 LOSS OF AUDIO]

15:50:04 [MICROPHONE IS DISCONNECTED]

15:50:44

[LOSS OF AUDIO]

15:53:16

>> BECAUSE WE ARE STILL HAPPY. I WANT TO GO HOME. I WANT TO GO HOME. IT'S THE OWNERSHIP OF THE PEOPLE

15:53:30 THAT WORKED THERE AND THE TRAINING PROGRAM THAT HAD FOLKS UP THE LADDER. THAT WAS ANAHEIM, CALIFORNIA.

15:53:38

>> I JUST WANTED TO -- THIS IS SARA. I WANT TO THANK ALL OF THE PRESENTERS IN THE DISCUSSION. SOMETHING

15:53:47 STICKING OUT IN MY HEAD RIGHT NOW, REALIZING THE CROSS OVER IN THE ISSUES. WE ARE

TALKING ABOUT RESIDENTIAL

15:53:59 CARE SETTINGS AND WORKFORCE AND WE ARE TALKING ABOUT PATHWAYS TO CARE. IT BRINGS ME BACK TO THE INFO

15:54:07 GRAPHICS, LOOKING AT PATHWAYS TO CARE, INFRASTRUCTURE AND ACCESS, THE THREE BUCKETS ARE INTERRELATED. THE

15:54:14 ONLY WAY TO ADDRESS THE ISSUE IS TO ADDRESS EACH OF THE BUCKETS. SEGUEING FROM THAT, I WANTED TO DO A LITTLE

15:54:23 TEASE INTO THE MEETING TOMORROW THAT

MAYA AND MARTY LYNCH AND MYSELF WILL HELP FACILITATE WITH OTHERS. A LOT

15:54:32 OF THE INFRASTRUCTURE ISSUES TOUCHED ON TODAY AS WELL AS PATHWAYS TO CARE INTEGRATION WILL BE DISCUSSED

15:54:41 TOMORROW. I THINK IT

REITERATES THE ENTIRE CONTINUUM OF CARE. CLEARLY, THE ULTIMATE GOAL IS THAT EVERYONE

15:54:47 HAS THE OPPORTUNITY TO LIVE IN THE SETTING OF THEIR CHOICE ACCORDING TO THEIR NEEDS. WE NEED ALL OF THE

15:54:55 SETTINGS.

THAT'S THE OTHER THING. THE WHOLE CONTINUUM IS CRITICAL. THAT'S JUST SOMETHING THAT KEEPS

15:55:10 STICKING OUT IN MY MIND. ONE FINAL MINOR THING, MY POINT ABOUT QUALITY CARE RELATIVE TO

THE INA SYSTEM,

15:55:19 WOULD BE THE INFRASTRUCTURE TO QUALITY CARE SO WHEN A PERSON GETS INFORMATION ABOUT THEIR OPTIONS AND ALL OF

15:55:27 THAT, IT WOULD HAVE THAT INFRASTRUCTURE WITHIN IT. I FEEL THAT'S A PATHWAY TO CARE INFORMATION ISSUE. THERE

15:55:34 IS CLEARLY GOING TO BE A LOT OF NEED TO FIGURE OUT WHERE A LOT OF RECOMMENDATIONS CONVERGE AND HOW WE CAN

15:55:40 SIMPLIFY THEM.

>> SARA, YOU CAN JUST GO AHEAD. WE ARE MOVING INTO THE NEXT SLIDE. WE ARE NOT HAVING THE

15:55:57 BREAK. NINA.

>> OKAY, I'LL SAY SOMETHING QUICK. SO, I'LL RAISE WHAT SARA SAID ABOUT TPHA NINA, AARP. WE

15:56:08 HAVE SUPPORTED OUR PARTNERS. CHARLENE HARRINGTON, WE ARE THANKFUL IT WAS FUNDED FOR THE CURRENT

BUDGET YEAR.

15:56:18 JUST AGREEING WITH SARA AND WHERE WE PUT THAT SUCH AS INA IS THE QUESTION.

15:56:27

>> GREAT. NOW WE HAVE THE OPPORTUNITY TO TALK ABOUT OUR FAVORITE ISSUE, THE LTSS REPORT. I'M GOING TO TURN

15:56:38 IT TO SUSAN DEMORRIS WHO WILL SUMMARIZE AND FACILITATE THE CONVERSATION ON WHERE WE ARE

WITH ALL OF THAT.

>>

15:56:48 SUSAN: FIRST OF ALL, WHEN WAS IT? A WEEK AGO, TEN DAYS AGO THAT WE WERE TOGETHER AND DECIDED ALL OF

15:56:59 THIS?

>> A WEEK.

>> SUSAN: HERE WE ARE. CLOSER TO MARCH 2ND THAN WE HAVE EVER BEEN. FIRST, WE WANTED TO

15:57:13 EXTEND THANKS -- IS CARRIE OUT OF THE ROOM? CARRIE GOT US THE REMEMBERS RECOMMENDATIONS AND

EL ELLEN

15:57:20 CATEGORIZED THEM ALL. THANK YOU VERY MUCH. THAT WAS A MASSIVE UNDERTAKING. LYDIA AND SARA WORK BEHIND THE

15:57:35 SCENES. LYDIA IS ON THE COAL AND SARA WITH AARP WILL GET IT BACK TO US

USING HER EXPERTS. WE

15:57:56

(HDDH 4:00)

HEARING UPDATES FROM EACH OF THE CAPTAIN WHOSE S WHO VOLUNTEERED. MAYA, LYDIA, NINA WHO IS

15:58:08 OVERSEEING FINANCE. ELLEN, YOURS GROWING, THE CROSS CUTTING TOPICS, LEADERSHIP, AND CATHERINE HAS A SUBGROUP

15:58:14 WORKING ON IHSS. IF WE COULD START WITH MAYA, JUST GIVING US AN UPDATE ON WHERE YOU ARE, WHEN YOUR FIRST

15:58:23 MEETING IS. AND IF YOU HAVE ANY ROAD BLOCKS OR SOMETHING THAT YOU NEED FROM ANYONE ON THE TEAM.

>> MAYA

15:58:33 ALTMAN: WE HAVE A CALL SCHEDULED, I THINK IT IS THURSDAY AT 4. AND I HOPE MOST PEOPLE CAN MAKE IT. IT WAS

15:58:42 HARD TO FIND A TIME. I GUESS MY ONLY QUESTION IS, THE CATEGORIZATION YOU HAVE DONE IS IN THE DROP BOX. WE GO

15:58:50 IN THERE WE CAN SEE IT?

>> ELLEN SCHMEDING: SARAH SENT OUT THE LINK.

>> SARAH STEENHAUSEN: IT CAME OUT

15:58:59 TODAY AND IF YOU DIDN'T GET IT, I WILL RESEND IT.

>> MAYA ALTMAN: I PROBABLY DID.

>> SARAH STEENHAUSEN: IT

15:59:11 IS FOR THE SUBCOMMITTEE MEMBERS. IT IS JUST FOR THE REPORT.

>> MAYA ALTMAN: OKAY, I WILL LOOK FOR IT. SO

15:59:20 WE'VE GOT OUR CALL SET UP, AT LEFT LEAST THE INITIAL CALL AND WE'LL GO FROM THERE.

>> SUSAN DEMAROIS: I SEE

15:59:32 IT THURSDAY FROM 9 TO 10:30. THAT IS LYDIA'S, NEVER MIND. GREAT. THURSDAY AT 4 PM. EXCELLENT. AND LYDIA,

15:59:37 ARE YOU STILL ON THE LINE?

15:59:41 LYDIA MISSAELIDES?

15:59:54 LYDIA'S IS THURSDAY FROM 9 TO 10:30. THAT'S THE ONE I WAS LOOKING AT.

>> LYDIA MISSAELIDES: SORRY, I WAS

16:00:06 MUTED BY SOMEONE ELSE. BUT CAN YOU HEAR ME? YES, OUR FIRST MEETING IS 9 TO 10:30 THIS THURSDAY. WE HAVE,

16:00:16 FOR MY TEAM MEMBERS, WE HAVE, I BELIEVE, I JUST ADDED THEM UP TODAY, 69 RECOMMENDATIONS, INCLUDING SOME THAT

16:00:26 ARE REPORTS. SO I'M HOPING THE REPORT IS MERELY A SUPPLEMENT TO A RECOMMENDATION. I HAVE NOT OPENED ALL 69

16:00:37 OF THEM YET, BUT I WILL. I KNOW, I'M I'VE BEEN A LITTLE OUT OF COMMISSION. I WANT TO SAY TO THE PEOPLE WHO

16:00:45 ARE PARTICIPATING IN THE ACCESS GROUP, IF YOU HAVE THOUGHTS THE MEANTIME ABOUT ANY OF THESE RECOMMENDATIONS,

16:00:54 SENDS THEM TO SEND THEM TO ME. IS THIS WHERE YOU WANT ME TO TALK ABOUT ORGANIZATIONAL STUFF OR WAIT UNTIL THE

16:01:05 END?

>> SARAH STEENHAUSEN: GO FOR IT LYDIA.

>> LYDIA MISSAELIDES: OKAY. SO LOOKING AT THE 69, AND THEN

16:01:14 REALIZING AS THEY ARE VIEWED ON THE DRIVE IF YOU HAVEN'T LOOKED AT THEM YET, THERE IS NO SYSTEMATIC WAY OF

16:01:23 IDENTIFYING THE AUTHOR, THE TOPIC AND SO ON. AND THAT WAS DRIVING ME A LITTLE BIT NUTS BECAUSE THEN YOU

16:01:30 LITERALLY HAVE TO OPEN UP EVERY SINGLE ONE. I WAS WONDERING AND I TALKED TO SARAH AND SUSAN ABOUT THIS TODAY,

16:01:41 IF PEOPLE THINK THAT IT MIGHT BE HELPFUL IF PERHAPS A COUPLE OF US, AND BELIEVE IT OR NOT, I VOLUNTEERED ALONG

16:01:53 WITH SARAH WHO IS EQUALLY AS CRAZY, TO GO INTO EACH OF THE FOLDERS AND COME UP WITH A LOGICAL SYSTEMATIC WAY

16:01:59 OF LABELING EACH OF THE RECOMMENDATIONS. LIKE WE WOULD GIVE IT A CODE THAT WOULD REPRESENT THE SUBCOMMITTEE.

16:02:07 MAYBE WE WOULD NUMBER IT AND REALLY SHORT DESCRIPTION OF THE SUBJECT AND WHO IT WAS FROM AND MAYBE DATE IT IN

16:02:16 CASE WE GET SOME SIMILAR OR LATER AMENDMENTS TO THE RECOMMENDATIONS.

AND THAT WAY, WHEN WE'RE TALKING ABOUT

16:02:28 THEM TO EACH OTHER, WE COULD SAY, YOU KNOW, IT IS RECOMMENDATION A 33 CBAS FROM YOU KNOW, IT IS LYDIA, DATED

16:02:35 BLAH, BLAH, BLAH. WHAT DO YOU GUYS THINK ABOUT THAT IDEA? IT WOULD TAKE US A BIT OF TIME TO DO IT AND WE

16:02:43 DON'T WANT TO MESS UP WHAT YOU'VE ALREADY DONE, THE CAPTAINS. FOR ME PERSONALLY, UNDER S.S., IT WAS DRIVING

16:02:51 ME A LITTLE BONKERS. THOUGHTS, FEEDBACK?

16:02:59

>> SUSAN DEMAROIS: WE WELCOME THAT WORK.

>> LYDIA MISSAELIDES: MAYBE I'M THE ONLY ONE, IN WHICH CASE I

16:03:07 WILL DO MY FOLDER.

>> SUSAN DEMAROIS: IF WE UNDERSTAND, YOU AND SARAH WILL ORGANIZE ALL OF THIS FOR EACH OF

16:03:14 THE GROUPS YOU ARE NOT ASKING THE CAPTAINS TO DO THAT? YES.

>> LYDIA MISSAELIDES: I DON'T WANT TO MESS UP

16:03:23 ANY SYSTEM THE CAPTAINS HAVE ALREADY CREATED AND IDENTIFIED. AND YES, THAT IS A CRAZY THING TO AGREE TO DO.

16:03:30 IT JUST MY OCD COMING OUT. I DON'T KNOW HOW AELS WE TALK ABOUT RECOMMENDATIONS, YOU GUYS, WITHOUT HAVING A

16:03:44 WAY TO IDENTIFY THEM. AND SECONDLY, YOU CAN'T SEE THE WHOLE FILE NAME EASILY. SO --

>> CATHERINE

16:03:57 BLAKEMORE: I JUST WANTED TO SAY, WE HAD A BELIEF BRIEF DISCUSSION THIS MORNING AND BRAND BRANDI WOLF AGREED TO

16:04:05 ORGANIZE THE GETTING TO IHSS BY THE THEMES. I'M NOT SURE IF SHE IS RELABELING THINGS OR NOT. BUT IF YOU HAVE

16:04:17 SOME SUGGESTION ABOUT HOW WE SHOULD DO THIS CONSISTENTLY, CAN YOU REACH OUT TO BRANDY IF BRANDI IF SHE IS

16:04:29 STILL NOT ON THE PHONE? SHE IS PLANING TO DO THIS BY WEDNESDAY.

WE HAD OUR FIRST CALL TODAY AND IT WAS VERY

16:04:40 PRODUCTIVE. KRISTINA SENT UT US AROUND NICE NOTES AND WE INCLUDED BROAD BUCKETS OF THINGS TO INCLUDE IN THE

16:04:47 REPORT. PEOPLE ARE GOING TO LOOK AT THE RECOMMEND RECOMMENDATIONS BECAUSE MANY OF US HAVE NOT HAD THE

16:04:57 OPPORTUNITY TO DO THIS. ON FRIDAY MORNING WE WILL HAVE ANOTHER CALL, A SECOND CALL TO GO THROUGH CH

16:05:05 KRISTINA'S NOTES AND OTHER RECOMMENDATIONS AND ASSIGN TASKS FOR WRITING THINGS, BECAUSE WE THINK THAT THE

16:05:13 TIMELINE IS VERY SHORT AND WE ONLY HAVE UNTIL THE 24TH OF JANUARY, RIGHT? SO WE'RE GOING TO PROCEED. BUT WE

16:05:33 HAVE A GREAT GROUP, KRISTINA, BRANDI, JEFF, MARTY, PARTY AND, PARTY PETER AND HOPEFULLY JOINED BY CLAIRE AND

16:05:37 KAREN.

16:05:51

>> CAN

>> LYDIA MISSAELIDES: DO YOU HAVE KIND OF A STRUCTURE FOR YOUR PORTION OF THE WRITING? OR ARE YOU

16:06:01 FOLLOWING A GENERAL OUTLINE THAT SARAH PROVIDED TO EVERYBODY; THE FRAMEWORK PROCESS AND TIMELINE?

>>

16:06:09 CATHERINE BLAKEMORE: I DON'T THINK WE'VE QUITE GOTTEN THERE YET, BUT WE HAVE A BUCKET OF HERE'S THE TOPICS WE

16:06:16 WANT TO COVER. WHEN WE MEET ON FRIDAY, WE'LL WORK THROUGH WHAT ARE PEOPLES' WRITING ASSIGNMENTS GOING TO LOOK

16:06:22 LIKE. WE SHOULD KNOW MORE ON FRIDAY.

>> LYDIA MISSAELIDES: THE OTHER THOUGHT I HAD WAS MAYBE AFTER THIS

16:06:31 WEEK IT MIGHT BE USEFUL TO HAVE MAYBE A CAPTAIN AND COCAPTAIN'S CALL TO TOUCH BASES WITH EACH OTHER IF THAT

16:06:37 MADE ANY SENSE, BEFORE WE GOT TO THE FINAL.

16:06:50

>> NINA WEILER-HARWELL: I'M THE CAPTAIN FOR THE LONG-TERM AFFORDABILITY WRITING TEAM. I HAVE DRAFTED -- WE

16:07:00 DIDN'T HAVE THAT MANY RECOMMENDATIONS. THERE WAS NOT ANYTHING UNIQUE IN THERE, THERE WAS ONE. ONLY ONE THAT

16:07:10 WAS UNIQUE. MOST WAS LTSS FINANCING, THERE WAS A GLOBAL SYSTEM, BUDGETING LONG. THE LONG-TERM CARE PROGRAM,

16:07:21 COUNTY FUNDING ALIGNMENT FROM SCAN. THERE WAS ONE ABOUT LONG-TERM CARE INSURANCE. THAT IS ALL, LAST I

16:07:29 LOOKED. MOST OF THEM WERE JUST LETTERS SUPPORTING THE FINANCING PIECE. SO I HAVE ACTUALLY DRAFTED BASED ON

16:07:39 WHAT SARAH SUGGESTED I WRITE, AND I SENT IT TO SUSAN. DID YOU SEE MY E-MAIL?

>> SUSAN DEMAROIS: I DID, AND

16:07:48 THIS IS HELPFUL BECAUSE I THOUGHT YOU WERE JUST SENDING IT AS A SAMPLE AND WHAT YOU SENT IS IT, RIGHT?

>>

16:07:53 NINA WEILER-HARWELL: IS THAT OKAY?

>> SUSAN DEMAROIS: YES.

16:08:04

>> NINA WEILER-HARWELL: WHAT I HAVE DONE, I SAID PLEASE RESPOND, MY TIME BETWEEN NOW AND NEXT THURSDAY IS

16:08:11 STIFF. WHENEVER WE CAN GET EVERYONE TOGETHER AND THERE WAS ONLY 5 HOURS OR SOMETHING THAT I WAS ACTUALLY

16:08:17 OPEN. IF YOU GOT MY E-MAIL, YOU NEED TO RESPOND TO MY

16:08:27 POLL BY CLOSE OF BUSINESS. I SENT OUT A DOODLE POLL BECAUSE I NEED TO SCHEDULE THAT. ONE OF THE TIMES NOW

16:08:36 CLOSED IS AT 9 AM ON THURSDAY BECAUSE OF THE ACCESS CALL. I'M DOING WHAT I CAN. BUT WE DON'T HAVE A MEETING

16:08:47 TIME YET. IN TERMS OF A CAPTAIN'S CALL, I AM SUPER, DUPER CHALLENGED. MAYBE BETWEEN SUSAN AND ME WE COULD

16:08:54 FIGURE OUT OUR AVAILABILITY.

AGAIN, IF YOU ARE ON THE WRITING TEAM, YOU'VE GOT A DOODLE POLL COMING, PLEASE

16:08:58 RESPOND ASPA WITH

16:09:09 AP WITH YOUR AVAILABLE TIMES AND I WILL TEND YOU A DRAFT OF WHAT I'VE WRITTEN.

>> CATHERINE BLAKEMORE: I CAN

16:09:18 SEE THE VALUE OF SORTING OUT BEFORE WE GET TOO FAR DOWN THE PIPE, LIKE WHAT'S GOING WHERE BECAUSE THERE IS INN

16:09:27 HRNTLHERENTLY A LOT OF OVERLAP. I FEEL LIKE WE NEED A LITTLE MORE TIME WITH OUR TEAM, LIKE THROUGH THE END

16:09:38 OF THIS WEEK TO FIGURE OUT WHAT WE ARE COVERING AND THEN MAYBE A CALL? SO THEN PEOPLE, BEFORE THEY DWROET

16:09:44 DEVOTE HOURS TO WRITING THINGS KNOW THAT IS GOING TO BE COVERED SOMEWHERE ELSE. MAYBE NOT THIS WEEK, WHICH I

16:09:54 AGREE SEEMS IMPOSSIBLE. I'M ALWAYS HOPEFUL FOR THE NEW WEEK.

>> SUSAN DEMAROIS: THAT WOULD ALLOW US TO GET

16:10:02 INPUT ON TUESDAY FROM THE FULL STAKEHOLDER ADVISORY COMMITTEE AND BRING THAT TO THE CAPTAIN'S CALL. IN CASE

16:10:11 THEY HAVE A NEW THOUGHT OR DIRECTION THAT WE HAVEN'T THOUGHT OF. BLAKE WLAIK

>> CATHERINE BLAKEMORE: THEN

16:10:18 THEY CAN JOIN THE CIG WRITING TEAM AND WRITE IT.

>> NINA WEILER-HARWELL: IN TERMS OF THE WRITING, IT WAS MY

16:10:25 UNDERSTANDING WE HAVE THE FULL RECOMMENDATIONS, THE BIG, LONG ONES. THIS IS A BRIEFER SUMMARY OF THE

16:10:34 RECOMMENDATIONS. BUT I HAVE A QUESTION; PAID FAMILY LEAVE EXPANSION, I'M GOING IT REQUEST THAT THAT

16:10:41 RECOMMENDATION, PLEASE GET INTO A SECTION. WHY? BECAUSE THE GOVERNOR'S BUDGET IS NOT CLEAR ON WHAT IS MEANT

16:10:53 BY JOB PROTECTIONS EXPANDED TO MORE EMPLOYEES. IT IS IN ACCESS? THEN GOOD. THAT'S IT.

16:11:01

>> SARAH STEENHAUSEN: ALSO, RECOMMENDATIONS ARE STILL COMING IN BECAUSE WE ENDED UP HAVING TO HAVE THE

16:11:09 FINAL, FINAL DATE AS THIS FRIDAY. FOR EXAMPLE, LYDIA, I JUST DROPPED IN A COUPLE IN RECOMMENDATIONS IN YOUR

16:11:16 ACCESS WORK GROUP SO THERE IS NOW 71 IN THERE. AND A FEW OTHERS IN THE OTHER ONE. JUST SO YOU KNOW THAT DROP

16:11:25 BOX GETS UPDATED AND IT WILL UNTIL FRIDAY. YOU WILL SEE THERE MIGHT BE SOME DUPE CASE AS LYDIA SAID, WE NEED

16:11:31 TO JUST CLEAN UP THE FILES.

16:11:39

>> ELLEN SCHMEDING: I HAVE THE CROSS CUTTING OR LEADERSHIP DATA GROUP. AND I'M EXCITED TO SAY WE'VE GOT A

16:11:47 DOODLE POLL DONE. SO WE HAVE OUR FIRST MEETING SCHEDULED AND OUR RECOMMENDATIONS. I THINK WE HAVE A

16:11:55 MANAGEABLE GROUP AND NUMBER OF RECOMMENDATIONS SO I THINK WE'RE GOING TO BE IN GOOD SHAPE.

16:12:05

>> SUSAN DEMAROIS: EXCELLENT. SO THE KEY DATES, JUST TO RECAP, JANUARY 21ST, NEXT TUESDAY IS THE FULL --

16:12:15 THAT IS WHEN OUR DRAFT REPORT IS DUE TO THE STAKEHOLDER ADVISORY COMMITTEE. BY DRAFT, WE INTEND TO HAVE THE

16:12:25 GRAPHICS. SO NINA?

>> NINA WEILER-HARWELL: NO, THERE WAS NOT AGREED UPON UNTIL LATER. WAS THE OUTLINE.

16:12:34 THE GRAPHIC YOU WILL HAVE AHEAD OF THE 24TH FINAL, WHATEVER.

>> SUSAN DEMAROIS: WE'LL SHARE THE SOME GRAPHIC

16:12:43 IMAGE AND THE OUTLINES AT THE MEETING ON THE 21ST. AND IT WOULD BE GREAT IF THE CAPTAINS ARE PREPARED. IF

16:12:48 QUESTIONS COME UP ON A GIVEN TOPIC,

16:12:58 -- IF SOMETHING COMES UP ABOUT IHSS, YOU WOULD SAY, GOOD, I WILL TAKE IT TO MY WRITING TEAM.

>> KAREN FIES:

16:13:11 I VOLUNTEERED TO HELP WITH EDITING. AND THIEP DO HAPPY TO DO SO. ANY TIMEFRAME I CAN EXPECT SO I CAN SET

16:13:20 TIME ASIDE TO REVIEW WHATEVER IT IS?

>> SUSAN DEMAROIS: THAT IS A PERFECT SEGUE. SO TWO OTHER DATES, IN

16:13:30 ADDITION TO THE 21ST WHEN WE REPORT TO THIS FULL -- DO YOU KNOW HOW MUCH TIME WILL BE AN THE AGENDA DEVOTED TO

16:13:38 THE LTSS, ROUGHLY? IS IT A QUICK UPDATE?

16:13:47 GADD IT I

>> ELLEN GOODWIN: IT IS NOT A LENGTHY UPDATE.

>> SUSAN DEMAROIS: AFTER THAT WE TALKED ABOUT A

16:13:55 WEBINAR WHERE WE BRING TOGETHER ALL OF THE WRITING TEAMS. THURSDAY JANUARY 30TH IS THE PROPOSED DATE. AND

16:14:14 WE'RE SUGGESTING EITHER 8 TO 10 AM, 3 TO 1 OR 11 TO 5. THAT IS WHEN WE WERE WILL WALK THROUGH THE ROLLED UP

16:14:19 VERSION OF EACH OF THE TEAM'S REPORTS.

16:14:29

>> SARAH STEENHAUSEN: THE 27TH IS WHEN ALL OF THE TEAMS WILL HAVE THEIR SEMI FINAL. AND THE 30TH WE'LL DO

16:14:40 THE WALK THROUGH ON THE WEBINAR OF THE SEMI FINAL DRAFT.

>> KAREN FIES: SO THE 27TH AND THE 30TH?

>> SUSAN

16:14:47 DEMAROIS: YES. AND AGAIN AFTER THAT TO TAKE IN THE FEEDBACK.

16:14:53

>> SARAH STEENHAUSEN: IT WILL BE A WEBINAR.

16:15:04

>> CATHERINE BLAKEMORE: CAN YOU JUST RUN THROUGH THE -- LIKE I'M A LITTLE LOST. IS IT THAT YOU SENT US

16:15:11 TODAY?

>> SARAH STEENHAUSEN: I WILL SEND ANOTHER FRAMEWORK WITH ALL OF THE INFORMATION UPDATED RIGHT

16:15:18 NOW.

>> CATHERINE BLAKEMORE: SURE. AM I SUPPOSED TO RESPOND ABOUT THE 30TH?

>> SUSAN DEMAROIS: WE CAN

16:15:28 JUST SEND A DOODLE POLL TO EVERYONE. AND WE HOPE ON THE 30TH THAT WE CAN SPEND UP TO 2 HOURS, HOPEFULLY NOT 2

16:15:37 HOURS, BUT WE'LL ALLOW, TO LOOK AT EVERYTHING FOR THE FIRST TIME IN ONE PLACE. AND THEN WE'LL TALK SOME INPUT

16:15:51 ON THAT AND FEBRUARY 19TH, IS THE DATE WHERE WE HAD TALKED ABOUT A CALL, SOME SUGGESTED -- IN PERSON. THAT ON

16:15:57 FEBRUARY 19TH, WE WERE SCHEDULED TO

16:16:04 SCHEDULED TO MEET TO DO THE FINAL DRAFT AS A GROUP. THAT IS GOING TO BE A VERY IMPORTANT MEETING. IF THERE

16:16:13 IS ANYTHING THAT CONTRADICTS OR SOMEBODY DOES NOT AGREE TO, THAT IS THE TIME BEFORE WE GO INTO FINAL EDITING,

16:16:22 LAYOUT AND PUTTING IT IN A FORMAT THAT THE ADMINISTRATION CAN CIRCULATE AND HAVE READY FOR THE MARCH SECOND

16:16:33 MEETING. SO FEBRUARY 19TH, FROM 1 TO 4, ARE PEOPLE AVAILABLE TO MEET IN PERSON? IF NOT, WE WOULD BRING YOU

16:16:42 IN BY PHONE AND WORK WITH ELLEN. GREAT.

>> SARAH STEENHAUSEN: SO IF WE SCHEDULE THAT, CAN WE GET ASSISTANCE

16:16:52 WITH NIEN FINDING A MEETING WORK?

>> ELLEN GOODWIN: MOST LIKELY CDA.

>> SARAH STEENHAUSEN: PERFECT. I'M

16:17:01 PUTTING THIS DOWN ON THE UPDATED FRAMEWORK THAT YOU ALL WILL GET.

>> PETER MENDOZA: FOR THE MEETING, THE

16:17:15 19TH WILL WORK. FOR ME, CAN WE COUNT EVERYBODY? IF IT DOESN'T GET ON MY CALENDAR, I MAY NOT BE THERE.

16:17:28

>> ELLEN GOODWIN: WE'LL CHANGE THE DATE TO THE 19DTH.

>> SUSAN DEMAROIS: YOU WILL GET A DOODLE POLL AND A

16:17:40 CALENDAR REQUEST FOR FEBRUARY 19TH. AND YOU WILL GET AN UPDATED FRAMEWORK THAT LAYS THIS ALL OUT.

>> KAREN

16:17:49 FIES: MY ONE REQUEST, ON ALL THOSE, ARE YOU JUST GOING TO SEND THEM AND PEOPLE WILL BE INVITED? LIKE CAPTAIN

16:17:57 VERSUS THE WHOLE SUBCOMMITTEE? STAOEN STAON

>> SARAH STEENHAUSEN: ALL OF THESE WERE EVERYBODY. YES.

>>

16:18:05 ELLEN GOODWIN: ON THE 30TH, DO YOU WANT IN PERSON?

>> SARAH STEENHAUSEN: WEBINAR. AND THE TIME TO BE

16:18:14 DETERMINED, WE HAVE TO DO A DOODLE POLL.

>> ELLEN SCHMEDING: AND A ZOOM OPTION FOR THE 19TH OF

16:18:23 FEBRUARY.

>> SUSAN DEMAROIS: DOES ANYONE HAVE ANY ADDITIONAL QUESTIONS OR COMMENTS? PANIC? ANY PANIC OR

16:18:28 FEAR? WORRIES?

16:18:47

OKAY.

[APPLAUSE]

16:19:05

>> MARK BECKLEY: ALL RIGHT. AMAZINGLY WE MADE UP TIME; I CAN'T BELIEVE IT. WE ARE READY FOR PUBLIC

16:19:08 COMMENT.

16:19:17 WE HAVE SOMEBODY ON THE PHONE IF YOU WOULD LIKE TO GO AHEAD AND MAKE YOUR COMMENT.

>> HI. CAN YOU HEAR

16:19:30 ME?

>> MARK BECKLEY: YES.

>> I'M JO REILY AND I HAVE BEEN A PROVIDER FOR IHSS FOR 33 YEARS. AND

16:19:40 THE PROBLEM THAT I SAW AND SEE IN THIS MEETING IS THAT THERE IS NOT ANY KIND OF REAL RESPECT FOR THE CONSUMER

16:19:49 OR THE PROVIDER. SO IF YOU WANT A CAREER LADDER, THAT DOESN'T REALLY HELP CONSUMERS WHO WANT TO RETAIN

16:19:59 WORKERS. THERE IS A PROVIDER SHORTAGE AND NOT VERY MANY CAREGIVERS IN IHSS OR

16:20:10 INSTITUTIONS BECAUSE THEY DON'T GET ENOUGH PAY. BARELY ABOVE MINIMUM WAGE SOMETIMES AND NO HEALTH CARE. SO

16:20:17 THERE IS -- IT IS HARD TO RETAIN THEM AND KEEP THEM. IF THERE IS THIS CAREER LADDER WHERE YOU ARE GETTING THE

16:20:29 CREAM OF THE CROP TO COME OUT AND BE LVNS AND CNA, YOU ARE TAKING THEM AWAY FROM IHSS AND MAKING THE PROVIDER

16:20:36 SHORTAGE WORSE FOR THE CONSUMERS. WHAT I DON'T UNDERSTAND, WHY YOU CAN'T VALUE PROVIDERS? WHY CAN'T IHSS

16:20:43 PROVIDERS BE A CAREER? WHY CAN'T THAT BE GOOD ENOUGH? AND WE GET RAISES LIKE EVERYBODY ELSE? WHY CAN'T WE

16:20:53 GET WORK PLACE PROTECTIONS OR PROPER SICK LEAVE OR PROPER PROPER WORKER'S COMPENSATION, WHICH WE DO NOT HAVE.

16:21:01 I IF YOU VALUE THE CONSUMER, THE DISABLED OR ELDERLY PERSON WOULD WANT THE PERSON WHO IS TAKING CARE OF THEM

16:21:10 TO HAVE RAISES AND TO REWARD THEM FOR GOOD BEHAVIOR. BUT THEY ARE NOT ALLOWED TO. THEY DON'T GET HEALTH CARE

16:21:16 OR WHATEVER BECAUSE THE COUNTIES MAKE THAT DECISION. SO IT IS NOT THAT THE CONSUMER IS DIRECTING ANYTHING.

16:21:26 AND IT USED TO BE BACK IN THE DAY WHEN I WAS WORKING WITH ELLEN BACK IN THE EARLY 90S, WE HAD ADVANCE PAY.

16:21:36 AND A CONSUMER THAT HAD A WORKER THAT YOU KNOW, WAS NOT GOOD -- THEY HAD A BAD RELATIONSHIP OR BAD STUFF

16:21:44 HAPPENING, THEY COULD GET ANOTHER PROVIDER IN, 4 MINUTES. THEY COULD JUST ASK A NEIGHBOR COME IN AND THEY

16:21:52 WOULD HAVE A WORKER OR SOMEBODY IN THEIR SAFETY NET AND THEY WOULD BE PAID. NOW, THEY HAVE TO TOLERATE A BAD

16:22:01 WORKER FOR OVER 4 MONTHS BECAUSE THE WAY THAT THE BUREAUCRACY IS SET UP IS TO JUST GROW MORE BUREAUCRACY.

16:22:07 INSTEAD OF REWARDING GOOD BEHAVIOR WITH PROVIDERS AND SAYING YOU DID A GOOD JOB AND YOU ARE DOING BETTER THAN

16:22:16 INSTITUTIONAL CARE SO WE SHOULD AT LEAST MATCH THAT. BUT YOU DON'T, YOU DO A FRAGMENTATION OF THE

16:22:28 FRACTION OF THE CARE AND DON'T REWARD IT. ANY OF THE MONEY THAT CAME FROM SAN DAIG DAIG DIEGO, WENT TO

16:22:38 BUREAUCRACY. THERE IS SOCIAL WORKERS AND ELIGIBILITY WORKERS, WHICH THEY ARE MAINLY NOW, HAVE NO RESPECT FOR

16:22:47 THE PROVIDERS AND THEY DON'T HAVE ANY ACCOUNTABILITY WHEN THEY GET WRONG INFORMATION OR THEY DROP THE CASE

16:22:54 WILLY-NILLY OR DO ANY OF THAT. THERE IS JUST NO ACCOUNTABILITY. AND MAKING PEOPLE WAIT 4 MONTHS TO GET PAID

16:23:01 OR TO GET A NEW WORKERS THAT DOESN'T WORK. AND IT WAS BETTER BEFORE IN THE PAST. BUT THE REASON THAT WE HAVE

16:23:10 IT IS BECAUSE BUREAUCRACY --

>> MARK BECKLEY: WE'VE GOT OTHER PEOPLE IN THE QUEUE AND WE ARE GOING TO HAVE

16:23:19 TO MOVE ON. BUT THANK YOU FOR YOUR COMMENT.

>> THANK YOU.

>> MARK BECKLEY: WE DO HAVE ON THE WEBSITE, IF

16:23:27 YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, YOU CAN DO IT OVER THE AGING WEBSITE AND THE DETAILS ARE POSTED

16:23:37 UP ON ZOOM RIGHT NOW.

>> RANDI. CALIFORNIA WITH DISABILITY RIGHTS AND I AGREE WITH EVERYTHING THAT

16:23:45 EVERYBODY SAID. ECONOMIC SECURITY. WHAT IS HAPPENING IS THAT BECAUSE OF WHAT THE FEDERAL GOVERNMENT IS DOING

16:23:56 AND NOT A RAISE IN SSISI AND SSP, EVERYBODY WANTS LONG-TERM SERVICES SUPPORTS. BUT WHAT HAPPENS WHEN THEY

16:24:06 HAVE TO* GO HOME AND THEY HAVE TO EAT OR GO OUT SOMEWHERE. DO YOU KNOW HOW MUCH IT COSTS \$20,000 FOR SOMEONE

16:24:16 TO LIVE ON THEIR OWN. HOW MUCH IS SSI AND SSP GET YOU AND SERVICES GENERAL. THAT IS WHAT I'M WORRIED ABOUT.

16:24:22 WE WANT TO GET ALL OF THE PEOPLE SERVICES, BUT WE DON'T WANT TO GIVE THEM A RAISE IN INCOME. SO THEY CAN USE

16:24:32 THE SERVICES, IT JUST DOES NOT MAKE ANY SENSE TO ME. SO AND IN THE GOVERNOR'S BUDGET, THERE IS NO RAISE FOR

16:24:41 SSI SSP, AGAIN, LAST TIME THEY DID IT THEY WENT THROUGH CASH OUT AND SAID WE'RE GOING TO GET MORE MONEY

16:24:50 THROUGH THAT WAY. BUT THAT HAS NOT WORKED OUT FOR EVERYBODY, HAS IT. AS YOU GUYS MOVE ALONG IN THIS PROJECT

16:24:56 HERE AND I'M GOING TO KEEP AN EYE ON IT. I'M NOT GOING TO BE HERE TOMORROW BECAUSE I DON'T HAVE THE MONEY TO

16:25:07 GET ON LYFT TO GET TO THE MEETING. AND YOU DON'T HAVE PARATRANSIT. IF YOU CAN'T MAKE A RIDE, YOU ARE NOT

16:25:17 GETTING OUT THERE IF YOU ARE DISABLED. YOU HAVE TO HAVE TRANSIT. EITHER TAKE THE LYFT OR A 21 MINUTE WALK.

16:25:25 THAT IS THE WHAT THEY SAY RIGHT NOW, WHAT THE RT THING SAYS RIGHT NOW. YOU WANT PEOPLE OUT HERE, YOU WANT

16:25:34 CONSUMERS, YOU WANT THE DISABILITY COMMUNITY TO SHOW UP, DAMN WELL BETTER HAVE IT CLOSE WHERE PEOPLE CAN GET

16:25:41 TO.

>> MARK BECKLEY: DO WE HAVE ANYBODY ELSE?

16:25:53

>> LISA COLEMAN, FOUR THANK YOU FOR CONTINUING THIS WORK. YOU GUYS ARE AWESOME. DON'T LOSE STEAM; YOU

16:26:05 ARE STILL ON A ROLL. SUPPORTING THE ASSISTED LIVING WAIVER, THAT HAS COME UP WITH THE BUDGET FOR THE STATE,

16:26:13 HOW IT SAVE DS MONEY BECAUSE ASSISTED LIVING COSTS THE STATE LESS THAN NURSING FACILITIES. IT IS NOT ABOUT A

16:26:22 GIVEN FACILITY OR A GFN GIVEN PLACE, IS ABOUT OPTIONS AND WHAT WORKS BEST FOR INDIVIDUALS BASED ON THEIR

16:26:28 PREFERENCES AND ALSO THEIR HEALTH CONDITIONS. IT MAY BE IN A PREFERENCE TO STAY IN MY ENVIRONMENT, BUT MY

16:26:35 HEALTH DICTATES OTHERWISE; THAT IS JUST PART OF THE REALITY.

ANOTHER POINT ABOUT THE LICENSING AGENCIES, WE

16:26:44 TALK ABOUT THIS PERSON-CENTERED CARE. BUT LICENSING BY DEFAULT IS A REGULATORY ORGANIZATION AND THEY ARE

16:26:52 ABOUT INFRACTIONS. THEY DO FOCUS ON CARE, BUT IT IS IMPORTANT THAT WE THINK ABOUT THEIR ROLE IS TO LOOK FOR

16:27:02 REGULATORY INFRACTIONS. IT IS YOUR ADVOCATE AND OMBUDSMAN PROGRAMS THAT ARE FOCUSED ON GIVING A VOICE TO THE

16:27:12 RESIDENT. LAST YEAR YOU HEARD ABOUT THE NUMBERS, ALMOST 39,000 COMPLAINT INVESTIGATIONS ARE WERE CONDUCTED BY

16:27:25 THE PROGRAMS. IT WAS A REMINDER, 80% OF YOUR FIELD ONLY BUDSMBUDSMAN ARE VOLUNTEERS. WHEN WE ARE LOOKING AT

16:27:35 FUNDING, OF THE 39,000, 20% FELL IN THE CATEGORY OF ABUSE, SEXUAL, PHYSICAL, FINANCIAL, EMOTIONAL ABUSE. ARE

16:27:44 WE REALLY SAYING THAT THIS IS APPROPRIATE FOR VOLUNTEERS? PREPARE IT IS PERHAPS IT IS TIME WE LOOKED AT

16:27:51 INVESTING IN THE ADVOCACY PROGRAM, MAKING IT MORE OF A FIELD OMBUDSMAN AS A PAID POSITION, SUPPORTED BY

16:27:58 VOLUNTEERS, INSTEAD OF THE OTHER WAY AROUND, WHICH IS THE CURRENT SYSTEM. I THINK WHEN YOU ARE TRYING TO GET

16:28:13 TO IS A SYSTEM THAT PROMOTES PERSONAL-SEN PERSON-CENTERED CARE AND THE ADVOCATE THAT DOES THE BEST JOB D IN MY

16:28:27 OPINION IS GOING TO BE THE OMBUDSMAN.

>> CONNIE HERE, DISABILITY RIGHTS ADVOCATE. THE DPIRS FIRST POINT,

16:28:33 DIFFERENTIATE PROVIDER PAY FOR SEVERELY SDIEBLS. YOU CAN'T JUST RAISE IT ACROSS THE BOARD AND EXPECT THAT

16:28:43 PROVIDERS ARE GOING TO WORK FOR THE SEVERELY DISABLED WHO HAVE CHRONIC CONDITIONS OR HIGH LEVEL CARE NEEDS.

16:28:50 NUMBER TWO, EMERGENCY BACK UP SERVICES. HIGHER PAY, THERE HAS TO BE INCENTIVE TO PEOPLE FILL IN THE ROLE.

16:28:58 THE PUBLIC AUTHORITIES URGENT CARE SYSTEM IS NOT WORKING AND THE ONLY PROGRAM I KNOW IS IN BERKELEY THAT IS

16:29:05 FUNDED BY THE CITY. AND THE RECIPIENT HAS TO PAY ADDITIONAL FUNDS. AND SOME OF THE SEVERELY DISABLED THAT

16:29:12 ARE ON VENTILATORS AND THINGS LIKE THAT ARE GOING BANKRUPT TRYING TO PAY FROM THEIR LIMITED INCOME TO MAKE

16:29:20 SURE THAT THEY HAVE THE ABILITY TO FUNCTION.

AND THEY DON'T. THEY CAN'T FIND PEOPLE TO WORK FOR THEM ON 16:29:27 THE WEEKEND.

SOMEBODY BROUGHT UP IHSS ADVANCE PAY.

16:29:39 IHHS

ADVANCED PAY IS DECREASING THOUGH IT'S AVAILABLE. THEY ARE TRYING TO ADVANCE AGAINST THE RECIPIENTS

16:29:52 FOR FAILING TO GET TIME SHEETS TURNED IN 45 DAYS FROM TH ISSUANCE OF THE CHECK. THAT

IS A PROBLEM, CLERKING

16:30:00 FROM PEOPLE THAT DON'T HAVE FUNDS IS LIKE TRYING TO GET MONEY FROM SOMEONE THAT CAN'T AFFORD TO GET MONEY

16:30:07 BACK. THERE ARE DIFFICULTIES WHEN THE SYSTEM IS BUREAUCRATIC AND

THE PERSON CAN'T GET THE TIME SHEET FROM

16:30:14 THE PROVIDER. IT USED TO BE SENT TO THE RECIPIENT AND LESS PROBLEMS. NOW IT'S SENT TO THE PROVIDER AND YOU

16:30:24 HAVE TO COLLECT THE TIME SHEET FROM THE PROVIDER.

WE ARE GOING ELECTRONIC, BUT THAT'S ANOTHER PROBLEM TO GET

16:30:32 COOPERATION TO BE SURE THE HOURS ENTERED ACCORDING TO WHAT WAS WORKED AND IT'S NOT GOING TO GENERATE

16:30:39 OVERPAYMENT BASED ON AN UNCOOPERATIVE

PROVIDER. I WOULD THINK THEY WANT TO BE PAID SINCE YOU ARE PAYING THEM

16:30:47 DIRECTLY. EVERY TIME WAGES INCREASE, THEY CUT HOURS OF RECIPIENTS. I WANT YOU TO KEEP THAT IN MIND. THERE

16:30:55 IS A COST

CONTAINMENT. YOU GIVE ON ONE END AND TAKE THE HOURS AWAY TO BALANCE IT OUT ON THE OTHER SIDE.

16:31:02 NOBODY WANTS TO LIVE OR DIE IN A NURSING HOME. IT'S IMPORTANT TO ADDRESS THE WHOLE PERSON INCLUDING

DRUG OR

16:31:10 ALCOHOL ADDICTION PROBLEMS A PERSON MAY HAVE. DO NOT LOCATE HOUSING ACROSS THE STREET FROM A BAR. WHY DO I

16:31:17 SAY THAT? I HELPED A QUADRIPLEGIC IN

16:31:25 '80S THAT WAS AFRICAN-AMERICAN. SHE HAD A

FAMILY HISTORY OF BEING PUT IN A WHEELCHAIR BY SOMEONE WHO BEAT

16:31:37 HER UP, HER HUSBAND AND LEFT HER AT THE SIDE OF THE ROAD AND GOT CUSTODY OF THE CHIRP KEURPB CHILDREN AND LEFT

16:31:46 HER TO DIE. SHE

GOT A H.U.D. UNIT ACROSS FROM THE BAR AND SHE WANTED LOVE, SO PEOPLE TOOK ADVANTAGE OF HER

16:31:55 AND SHE ENDED UP IN A NURSING HOME. I REGRET THAT I DIDN'T KNOW EVERYTHING GOING ON. SHE PASSED AWAY IN

THE

16:32:02 NURSING HOME. THE NURSING HOME TOLD HER, YOU WILL END UP BACK HERE. THAT IS THE SAME AS WHAT PETER WAS

16:32:11 TALKING ABOUT, HOW THEY WERE SHAMING ANOTHER PERSON WITH A DISABILITY ABOUT THEIR WEIGHT.

I WAS READING THE

16:32:23 ATTACHMENT. AGGREGATE HOUSING, ASSISTED LIVING OR WHATEVER FOR LOW INCOME AND MIDDLE INCOME MUST INCLUDE

16:32:31 MONEY FOR THE INDIVIDUAL. HOME UPKEEP ALLOWANCE IS CRITICAL. I'M NOT SURE

THE LEGISLATION WAS PASSED AT THE

16:32:38 LEGISLATURE. I SPOKE IN SUPPORT OF THAT WHEN PEOPLE GO TO A NURSING HOME AND ARE NOT ALLOWED TO KEEP A

16:32:46 CERTAIN AMOUNT OF MONEY TO ALLOW THEM THE ABILITY TO GO BACK

HOME. IT'S A CRITICAL THING ASSISTED LIVING

16:32:58 WAIVER OR ANYTHING ELSE.

>> THAT IS IMPORTANT, ACTUALLY.

>> WELL, OKAY, COME BACK TO ME.

>> CAN WE CLARIFY

16:33:06 FOR CONNIE WHEN THE DEADLINE IS TO SUBMIT RECOMMENDATIONS?

>> THE 17TH.

>> ONE MORE THING --

>> CONNIE, DID

16:33:18 YOU HEAR THAT?

>> I HAVE 12 PAGES, BUT YOU KNOW -- THE CAS CONFERENCE IN LAS VEGAS, THERE IS A NEW HEAD PIECE

16:33:28 THAT CONVERTS ENGLISH -- REALTIME CONVERSION OF SAY ENGLISH TO NON-ENGLISH SPEAKERS, REALTIME. IF

16:33:37 I'M

TALKING TO SOMEONE WHO SPEAKS RUSSIAN AND I SAY "CAN YOU BRING ME A CUP OF WATER?" IT SAYS IT IN

16:33:45 RUSSIAN. WHERE IS YOUR CUP LOCATED? IT TELLS ME WHAT THEY SAID -- WHERE IS THE CUP LOCATED? THIS

IS A

16:33:51 GREAT ADVANCE TO HELP THE WORKFORCE. ANOTHER CRITICAL THING ON THE WORKFORCE IS THAT THEY SHOULD CONSIDER

16:33:59 OPPORTUNITIES TO INCLUDE PEOPLE WITH DISABILITIES ARE HIGH FUNCTIONING TO BECOME PART

OF THE WORKFORCE OF

16:34:06 CAREGIVERS. I DON'T THINK THAT'S BEEN MENTIONED. I THINK IT'S SOMETHING ED ROBERTS WOULD HAVE WONDERED WHY

16:34:15 WE DON'T HAVE OTHER MEMBERS CAPABLE OF PROVIDING CARE GIVING

DOING THAT? WE HAVE TO CONSIDER THAT. THERE

16:34:24 WILL BE MORE.

>> WE'LL HAVE THE NEXT SPEAKER IN LINE.

>> WE'LL GO TO THE NEXT SPEAKER ON THE LINE. PLEASE,

16:34:37 MAKE YOUR COMMENT.

>> I'M GEORGE. I WORK WITH RESIDENTIAL CARE HOMES THROUGHOUT THE STATE OF CALIFORNIA, BOR

16:34:43 BOARDING CARE HOMES. I WANT TO ECHO CONCERN ABOUT THE CLOSURE OF BOARDING CARE HOMES. IT'S

A PROBLEM

16:34:54 THROUGHOUT THE STATE IN AREAS LIKE SAN FRANCISCO AND L.A. THE HOMES CLOSING IN PARTICULAR FOCUS ON CARING FOR

16:35:02 THE POPULATION. IF WE LOOK AT THE NONMEDICAL BOARDING CARE RATE, IT'S

A LITTLE OVER A THOUSAND DOLLARS.

16:35:11 YOU CAN'T AFFORD TO LIVE IN A ROACH INFESTED HOTEL FOR A THOUSAND DOLLARS A MONTH. RESIDENTIAL CARE PROVIDERS

16:35:24 ARE ASKED TO NOT JUST PROVIDE HOUSING AND UTILITIES, FOOD, ASSISTANCE ACTIVITIES, WAGES, PAYROLL TAXES,

16:35:31 WORKER COMP AND LIABILITY INSURANCE AND THE STATE OF CALIFORNIA EXPECTS THEM TO STAY IN BUSINESS. THIS IS WHY

16:35:38 THEY ARE CLOSING. IF YOU LOOK AT

THE DEMOGRAPHICS, THEY SHOULDN'T BE CLOSING, BUT THEY ARE BECAUSE THE

16:35:45 ECONOMICS ARE NOT WORKING. SOMEONE BROUGHT UP A FUNDING ISSUE. THAT IS PART OF IT. EXPANDING THE ASSISTED

16:35:55 LIVING PROGRAMS,

BUT OTHER THINGS BEHIND THE ASSISTED LIVING WAIVER PROGRAM AS WELL. THE OTHER ISSUE IS

16:36:04 ACCESS TO CAPITAL. THE BANKING SYSTEM IS FAILING BOARDING CARE FACILITIES. SAY THEY GO TO A BANK AND

16:36:14 THE

LENDER SAYS, NO, YOU ARE RUNNING A BUSINESS INSIDE OF A HOME. A COMMERCIAL LENDER SAYS YOU ARE RUNNING A

16:36:23 BUSINESS, BUT YOU ARE DOING IT IN A HOME. WE DON'T DO THAT. THEY FALL INTO A MARKETING

CRACK. THE ONLY

16:36:33 PROGRAM THEY CAN ACCESS IS SBA. IT'S DIFFICULT TO ACCESS, NOT THAT EASY. WE ARE LOOKING AT CLOSURES IN AREAS

16:36:45 LIKE SAN FRANCISCO AND L.A. ONE COMMON DOMINATOR IS HOUSING COSTS.

AVERAGE IS A MILLION PLUS. THE ONLY

16:36:54 ONES THERE ARE THOSE THAT BOUGHT THE PROPERTIES AT A SIGNIFICANTLY LOWER VALUE. EVEN THOSE ARE CLOSING AND

16:37:01 RENTING THEM OUT AS A HOME. ONE OF THE THINGS IS THE STATE OF CALIFORNIA NEEDS TO STEP OUT TO FILL THE VOID

16:37:11 THE BANKING SYSTEM IS LEAVING. THEY NEED ACCESS TO CAPITAL TO ACQUIRE HOMES AND RENOVATE THEM FOR USE OF

16:37:21 BOARDING CARE THROUGHOUT THE STATE OF

CALIFORNIA. THEY NEED ACCESS TO CHEAP, FIXED RATE CAPITAL OTHER

16:37:28 FACILITIES ACCESS NOW BUT BOARDING CARES DON'T GET TO ACCESS.

>> THANK YOU FOR YOUR COMMENT. WE'LL MOVE ON.

16:37:37 THERE IS AN OPPORTUNITY TO MAKE YOUR PUBLIC COMMENT ONLINE AS WELL. THAT IS ON THE ZOOM SCREEN. LAST

16:37:51 SPEAKER, PLEASE? IS THERE ANOTHER PERSON WHO WOULD LIKE TO MAKE A COMMENT?

16:38:03 OKAY, AGAIN, FOR THE LAST SPEAKER, YOU ARE NOT COMING THROUGH. YOU CAN GO ON THE WEBSITE TO SUBMIT YOUR

16:38:13 COMMENT. THAT CONCLUDES OUR MEETING. SORRY, NO? IF YOU COULD

GO ONLINE, WE HAVE TO WRAP UP THE MEETING.

16:38:24 WE ARE OUT OF TIME. PLEASE, DO SUBMIT YOUR COMMENTS ONLINE. WE ARE GOING TO WRAP UP THE MEETING. NOW, A

16:38:31 REMINDER, ON THE ORIGINAL AGENDA THAT WENT

OUT FOR TOMORROW, THE AGENDA WAS -- IT STATED WE ARE MEETING HERE

16:38:40 AGAIN. WE ARE NOT. WE'LL BE AT THE CALIFORNIA DEPARTMENT OF AGING WHICH IS OTHER ON 1300 NATIONAL DRIVE.

16:38:50 PLEASE GO TO YOUR AGENDA

AND GET THAT ADDRESS. WE'LL BE CONVENING AT 1:00. THE POWERPOINT PRESENTATION, THE

16:38:58 PRESENTATION SLIDES, AS SOON AS WE GET BACK TO THE OFFICE, SHE WILL SEND THOSE MATERIALS AND WE'LL GO OVER

16:39:12 THEM.

ANYTHING ELSE?

>> WE ARE MEETING TOMORROW, JANUARY 14TH ON LPS FINANCING. WE HAVE A MEETING

16:39:23 SCHEDULED JANUARY 27TH THAT WAS INTENDED TO BE IHHS PART 2 AND REPORT WRITING, BUT THERE IS NOW A WEBINAR ON

16:39:31 THE

30TH. I NEED TO TALK TO YOU, SARA --

>> IT'S NEEDED BECAUSE THAT WILL BE THE DAY ALL OF THE WRITING

16:39:39 GROUPS GET THE FINAL DRAFTS TO THE EDITING TEAM. SUSAN WILL TURN IT AROUND. WE'LL LOOK AT IT TOGETHER TO

16:39:48 MAKE INITIAL COMMENTS SO

SUSAN IN HER MAGICAL WORK, WITH THE EDITING TEAM AND KAREN CAN TURN IT AROUND OVER

16:39:56 THE WEEKEND. WE DO NEED THAT.

>> IN ADDITION TO THE 27TH. I WANTED TO MAKE SURE. WE ARE SWITCHING FEBRUARY

16:40:06 20TH TO FEBRUARY 19TH FOR ANOTHER WEBINAR?

>> IN PERSON ON THE 19TH. SWITCHING FROM WEBINAR TO IN PERSON ON

16:40:15 FEBRUARY 19TH. YOU WILL GET AN INVITATION FOR THAT. I ALSO WANT TO PUT A PLUG IN BECAUSE YOU GUYS DON'T HAVE

16:40:26 ENOUGH MEETINGS, ON THE

RESEARCH SUBCOMMITTEE MEETING JANUARY 24TH UC BERKELEY 1:00 TO 5:00. THE RESEARCH

16:40:32 SUBCOMMITTEE MEETING, THE GOAL IS TO THINK ABOUT THE DASHBOARD AND HOW TO MEASURE ALL OF THIS STUFF ON THE

16:40:42 DASHBOARD.

THIS IS OUR FINAL MEETING WHERE WE'LL TALK ABOUT LTSS AND GOAL 1 DASHBOARD. TO PLUG IN, THAT

16:40:50 CONVERSATION IS HAPPENING. MARTY IS ON THAT COMMITTEE AS WELL AS DONNA -- ANYONE ELSE. ANYWAY,

JUST WANTED

16:41:02 TO MAKE THAT ANNOUNCEMENT.

>> JUST A -- RANDY'S POINT, IF -- I KNOW GETTING MEETING SPACE IS VERY, VERY

16:41:10 DIFFICULT. THERE ARE SO MANY DEPARTMENTS DOING STAKEHOLDER MEETINGS, BUT THE DEPARTMENT OF AGING OFFICE IS

16:41:19 PHYSICALLY --

IT'S A NICE PLACE. IT'S ACCESSIBLE, THE BUILDING ITSELF. THE PROBLEM IS, IT TAKES TWO BUSES

16:41:28 FROM DOWNTOWN. THERE IS A LINK LENGTH TO WALK. WE HAVE TO BE CONSCIOUS OF THAT. I DON'T HAVE A CAR,

FOR

16:41:37 INSTANCE, SO I DEPEND ON LYFT TO TAKE ME PLACES. THAT GETS EXPENSIVE. I DON'T HAVE A REGULAR INCOME. WE

16:41:46 HAVE TO BE SENSITIVE THAT ACCESS IS NOT JUST IF THE DOOR IS WIDE ENOUGH AND THE BATHROOM.

IT'S ABOUT GETTING

16:41:56 SOMEWHERE. THE FINAL MEETINGS, LIKE IHHS, FOR INSTANCE, WE SHOULD WORK HARD TO DO MEETINGS IN A PLACE

16:42:05 ACCESSIBLE BY TRANSPORTATION. IF IT'S A BARRIER TO FIND A MEETING PLACE,

DOING LTTS IS GOING TO BE

16:42:12 IMPOSSIBLE TO DO. WE HAVE TO FIND A WAY TO TACKLE THE MEETING LOCATION ACCESSIBLE FOR THOSE THAT RELY ON

16:42:23 PUBLIC TRANSPORTATION. I LOVE CDA. IT'S NOT LIKE I DON'T LIKE CDA.

I LOVE CDA. THE BUILDING IS BEAUTIFUL.

16:42:34 THANK YOU.

>> DRC HAS AN OFFICE.

>> NINA HAS A COMMENT.

>> NINA: I HAVE A QUICK COMMENT. IT'S GOING TO

16:42:42 TAKE A WHILE TO GET THERE. MAYBE THAT'S A RECOMMENDATION THAT COMES OUT OF THIS GROUP OR MASTER PLAN IS THAT

16:42:53 THE DEPARTMENT OF AGING BE BROUGHT

CLOSER TO ITS PARTNERS. I MEAN, I UNDERSTAND IT COSTS MONEY, AND WITH

16:43:01 SOME OF THE DISCUSSIONS WE ARE HAVING WITH BETTER INTEGRATION, MAYBE SAVINGS CAN BE FOUND IN THAT. I HAPPEN

16:43:13 TO AGREE -- MARK

GETS IT.

>> I KNOW YOU GUYS GET IT.

>> IT NEEDS TO BE HERE AND DOWNTOWN WITH THE OTHER

16:43:20 DEPARTMENT.

>> REMEMBER WHEN DOR WAS NEAR THE POST OFFICE? YOU DON'T REMEMBER? IT WAS NEAR THE POST

16:43:26 OFFICE.

>> I REMEMBER THAT.

>> I'LL MAKE A QUICK COMMENT ON THAT POINT. THIS BUDGET, WE ARE FORTUNATE TO

16:43:35 HAVE RELOCATION MONEY IN THERE. WE ARE PLANNING TO RELOCATE OUR FACILITIES, SO TIMELY THAT YOU SAY THAT. I

16:43:50 WILL

SAY, NO LEASE HAS BEEN SIGNED OR ANYTHING --

>> YOU MADE A RECOMMENDATION FOR MONEY IN IT.

>> IT IS

16:43:57 TWO YEARS OFF. THE LOCATION WE HAVE IS NOT DOWNTOWN, UNFORTUNATELY. WE HAD TO FIND SOMETHING THAT COULD HOLD

16:44:10 US.

>> WHERE IS IT?

>> IT IS STILL IN THOMAS. IF YOU KNOW WHERE JUDICIAL COUNCIL IS AND PLACES LIKE THAT,

16:44:22 IT'S AN ADA FRIENDLY BUILDING AND WE SHOULD HAVE PLENTY OF CLOSET SPACE FOR STAKEHOLDERS. THAT'S OUR HOPE.

16:44:30

WE HAD TO GO WITH WHAT WAS ON THE MARKET THAT WE COULD GO WITH.

16:44:40